file copy



UNIVERSITY OF MINNESOTA Laboratory of Physiological Hygiene School of Public Health Stadium Gate 27 Minneapolis, Minnesota 55455

March 21, 1977

Professor Robert Vernier Department of Pediatrics 13-246 Health Sciences Unit A University of Minnesota Minneapolis, Minnesota 55455

Dear Bob:

Your March 16 summary to Dean Gault on the Governor's program was very well done, I felt. I don't believe we were informed to submit estimates concerning core facilities and special equipment which make up such a large portion of that request. It seems to me appropriate that the Schools of Public Health, Nursing and Pharmacy cardiovascular efforts should be included in needed core facilities.

I am sure if any awards are made that this need will be considered in a balanced fashion by the powers that be.

I was interested in your two personal comments the other day and react here briefly to them. One was your feeling that "it can't be done" to change health behavior, a central thrust of our cardiovascular researches at this time here. I am sure you would not want to pass judgement lightly on the nature or possible outcome of well-designed researches to test comparative methodologies for changing smoking, eating and exercise behavior, which is what we propose. I am sure you would not deny the validity overall of the epidemiological-population approach to disease problems, which provide complementary information to the other disciplines: Clinical-pathological and Laboratory-experimental. Information from all three major areas is essential to full understanding of disease and its prevention.

You also "suspect" that we agitate politically for research support in our department. I am sure that you are probably quite aware that peer review in the field of population - epidemiological studies is probably every bit as rigorous as in others. There is certainly no departure from the peer review process in the applications from this department. Our only contact with state legislators has been on the occasion of their invitations to discuss programs involving primary prevention which interest them greatly. I am sure that you also understand that some legislators locally and nationally are not a litted bit fatigued at the long-term outlay of research funds and ever increasing medical technology, when the results don't always pay off in reductions in health care costs or overall morbidity. Our interest and our specialty as you know is to be concerned with the environmental and personal attributes related to cardiovascular diseases. This is a discipline which we think contributes strength and balance to Minnesota's programs.

I guess I would like to hope and in fact insist, through your private ear, that in this and future considerations of institutional grants in cardiovascular programs that the interests of population-epidemiological studies have peer review by those informed and experienced in epidemiological methods, preventive concerns and public health disciplines. I have no doubt that your even-handed and fair approach to this will prevail despite your personal skepticism of its contribution.

The enclosed was on the occasion of a very personal opportunity to express a couple of ideas. The slight alienation herein may amuse you.

Cordially,

Henry Blackburn, M.D.

HB:1mb

Enclosure -

signed to

(Righant) Econ. ms.

I prairielated for