

October 29, 1971

PERSONAL AND CONFIDENTIAL

Dr. William J. Zukel
National Heart and Lung Institute
Building 21, Room IC-07
Bethesda, Maryland 20014

Dear Bill:

Many thanks for your follow-up call. I believe I have sufficiently in mind the great challenge you offer and the many pros for the decision. I want to take a hard look at the cons prior to a visit with my dean on 1 November and to Chicago on 4 November--to arrive hopefully at a balance by the following week. I outline the cons below, inviting your commentary, if possible by phone next week.

Risk of the Laboratory of Physiological Hygiene. There is still a selling job to do with our young, non-M.D. dean of the School of Public Health. Anything less than total commitment here might well result in the lab phasing out, with no permanent director named to replace Dr. Keys, jeopardy of our planned new quarters, etc. There is no likelihood of transferring any senior staff to a new laboratory in the Washington area and such a department would be a completely new and lone developmental job, at a difficult time. I am not entirely secure about our competitive situation for a major contract in clinical trials if I leave, even temporarily. There is no medical person with community contacts here to take over. I am quite confident that Henry Taylor could put together such an operation, working with me if I were partly in Minnesota, but I have some reservations about how such a proposal might be accepted by reviewers. I have some concern about the development of a new program at the lab., and the lab's direction if I am nominally director but on leave of absence, and Henry Taylor nominally acting director but Ancel Keys still physically present, as he will be for another period.

My personal considerations also bring up some cons. I may be more comfortable dealing directly with research, its applications, and solid data than with supervisory functions. I am accustomed to many aspects of freedom of action provided in our unique academic setting, which might be considerably curtailed in a government position. I am comfortable in different cultures and would probably be more at home in Bethesda--Washington than in the midwest, but would lose a community base built in 17 years here. I am principal consultant for a nationwide paramedical service to the insurance industry, the function of which is an eventual inevitability, but which will be in a precarious economic state over the next period. This consultation would presumably not be permitted

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if I joined NIH. I have been a medical director of an insurance company here for 15 years and am chairman elect of the organization of Life Insurance Medical Directors. The possibility to do something there might be jeopardized by the move to Bethesda, and I am not quite sure what the government would say about my holding that position. In any case, I presume that my income from these two consultations would have to be forfeited.

With respect to salary I would then have to adjust to a considerable cut at the time when needs are greatest, since I will have 1 to 3 children in private school or college for another seven years. This is a secondary consideration, after the job challenge, but nonetheless

I will call you next week as things develop.

Best regards, -and thanks,

Henry Blackburn, M.D.

HB/rs