

UNIVERSITY OF MINNESOTA

Laboratory of Physiological Hygiene School of Public Health Stadium Gate 27 611 Beacon Street S.E. Minneapolis, Minnesota 55455

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CONFIDENTIAL

Dean Lee Stauffer School of Public Health Box 1360 Mayo Memorial Building

Dear Lee:

I understand your having been responsible for getting the Legislative Special on Prevention in the first place and having divided that with one-half of it coming to LPH as I recall. With this I was able to recruit Luepker and Gillum and was aided by Gillum immediately winning a RCD Award from NIH. I've never questioned where the rest of the Special went and am not questioning where it all goes now (you recently indicated we no longer get it). However, with the possibility that legislators this week might ask what is being done with the Legislative Special now, we (you) should be prepared to reply. I also well understand your attempts to save people's jobs and the School in these trouble times. Would you consider, nevertheless, the following issues:

- that Jacobs and Gillum, leading younger researches in prevention, are shortly coming off their RCDAs and the source, medium term of their support is not apparent;
- 2) that the Lab is now in a chronic state of underfunding since we receive 200 K and have 300 K of tenured faculty. This built-in "forever" condition is serious;
- 3) with an equal (not equitable) distribution of <u>all</u> SPH funding only among LPH tenured faculty, other than myself, each would still be required to "produce" 50% or more of their own income. If only 50%, this still might be feasible;
- 4) but, in fact, each of our regular faculty must in the future produce 80% of their income. This provides little time or incentive for other needed academic activities, especially teaching, just at a time when we are called on to increase our teaching function;
- 5) finally, is the chilling effect of the severe reduction in currently available and future NIH research funds.

All these issues lead me to ask you to consider reallocation next year of some of the Preventive Special, or other sources, to LPH tenured faculty. You already sense my very great concern that you may, in the present climate, further erode an Epidemiology Program functioning heroically -- for the support of smaller programs. I felt there was a clear mandate in the retreat, and from most of your advisors, that the "basic" and stronger and larger divisions be held at strength and augmented. Withdrawal of the Stebbings' position from Epidemiology will surely require more discussions and actually a reconsideration of the plans now laid out for merger. The assumption by LPH faculty of an Epidemiology teaching workload for five Epidemiology people with support for four (or whatever), in a situation where LPH tenured faculty are still required to produce most of their income from research, will clearly not be a viable proposition.

Am I not seeing this clearly?

In addition, Lee, you have been privy to what has happened here in respect to our administrative load and problems involving a staff of over 400 and four million dollars in 40 accounts. I'm sure we'll continue to make mistakes, but I hope we will not repeat the same ones. With the Lab producing the largest income in research, I guess I would be grateful if you would take another look from standpoints of accountability and fairness at the indirect cost recovery available for research administration. It seems to me we have the greatest need. It was extremely valuable to us in handling Gretchen Newman's salary previously. It is my understanding that none of these funds is now provided us. At this time, in our urgent and overwhelming needs for administration recognized by us, by you and by ORA as being insufficient in quantity and skills, this is no time for us to be removed from parts of funds provided for or earned by School researches for application to research administrative needs in the School. Am I not seeing this issue clearly?

One of the many assignments made to Norm Briggs, and not carried out, was to put the LPH central administration, Data Processing Unit, Chemistry Laboratory, ECG Center, and perhaps Survey group, on a firm service basis so that we would know unit costs and appropriately prepare grant proposals for these services. We need to continue to develop these efforts. Now it is all we can do to survive with our existing administrative staff. There is no time for planning and setting up these new systems so desperately needed if we're going to function more effectively.

Jenry Blackburn, M.D. Professor and Director

HB/ljb

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1/21/20