



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

Comptes - Kolata

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Ms. Gina Kolata
SCIENCE MAGAZINE
1515 Massachusetts Avenue N.W.
Washington, D.C. 20005

Dear Gina:

Your April 2 article on salt was very readable. I hope you won't mind my slight expression of discouragement when you highlight controversy rather than attempting to resolve the issues. You have the expertise to help this. A major reason for controversy on major medical issues in this country is in my view the failure to understand the difference between individual variation (within a high risk culture) and the different risks for whole populations, and the individual versus the population approaches appropriate and needed. This is in a sense the genetic versus environmental issue as well; i.e., "nature versus nurture."

A leading writer for Science could help by: Understanding the different needs for knowledge of mechanisms, evidence for individual action and needs for public policy without experimental proof when the latter is unattainable. Using fewer intimidating, emotionally charged terms such as "health planners are talking about" Be specific!

Asking the people you interview (Herb Langford, Harriet Dunstan, etc.) crucial questions: What is the physiological requirement for sodium? What is the physiological basis justifying our continued habitual consumption of 10-20 times that physiological requirement? How can you say "why in the name of heaven we should restrict sodium" when sodium intake is entirely culturally determined in humans, and why should we make it so difficult for people to eat physiological levels? Why would you not ask people like Alderman: "I think it is incumbent on those who want to change our diets to provide evidence that we should do so," what evidence they require? When it is not available, it may not be feasible to obtain it. "What, therefore, do you, Dr. Anderson, recommend to patients and the public when definitive experimental proof is not obtainable? Is it not prudent to make such recommendations when something is reasonable and demonstrated to be safe and physiologic? Do you really feel that it is necessary for food companies to add so much sodium and salt in food processing? Do you not think it reasonable for people to be encouraged to eat fresh fruits and natural foods in preference to those prepared, to avoid sodium, now declared an additive." Why would you not ask Herb Langford what specific subgroups of the population he is

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talking about that might be harmed by low sodium diets? How many people might they represent in the country and could they not be dealt with intelligently and safely as individuals? Why would you not ask Dr. Dunstan: "Of course, there are many other factors involved in primitive populations, but are the findings in primitive populations compatible with a theory that salt plays a role in population differences, the appropriate scientific question, to be put into congruence, or otherwise, with clinical and laboratory data. I would think that a distinguished scientific writer would surely question Dr. Dunstan's quote of a single Danish study on a relationship of physical conditioning and hypertension when 99 other studies show no such relationship, etc., etc.

I predict you would contribute far more to understanding and to the resolution of controversy rather than highlighting polar views if you would think in population and public health terms, as well as individuals and mechanisms, and ask the appropriate questions, and think of the three major research disciplines rather than just one or two: i.e., clinical-pathological, laboratory-experimental, population-epidemiological.

I'm sure you will accept these remarks from a person who very much admires your consistently effective writing and reporting. I'm sure you might have some equally tough questions about the "balance" of the enclosed, just as I question the balance of your summary.

Cordially,

Henry Blackburn, M.D.
Professor and Director

HB/jml

Enclosures: Rom 2 MS
FBIS MS.

J. J. K. S. Z
4/9/82
JLK