CONTROVERSY

UNIVERSITY OF MINNESOTA
TWIN CITIES

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

August 17, 1977

Professor C. E. Allen
137 MeatScience Lab
St. Paul Campus

Correspondence pc in Controversy pc in Nutrition

Dear Gene:

Many thanks for your most helpful letter. I see no reason on earth for you to agree with my editorial formulation! The beauty of editorial writing is to be able to make and explain such formulations. I welcome, of course, private discussions of the issues you do not accept. Public discussions are probably worthless.

Specifics: I will watch the "play on words" about "artifical beasts", I come, however, from an entirely different experience than you. And I find a "distorted environment" for broilers which never reach the good earth and steers in forced confinement and all the other accoutrements of mass and convenient production of these food "commodities". But your point is helpful.

I will try to find a way to word my points about nutritive value to express "non-fat nutritive value". My point is that, serving for serving or unit for unit, the proportion of nutrition from muscle is higher in lean meat. In fat meats we are paying for fat, and I believe that generally undesirable. In that respect, I do not accept your estimate that 8 billion pounds of fat is good and 4 billion excessive. I suggest you might find that as hard to defend as I would find it hard to establish a "desirable" level of leanness.

I surely need more information on the labeling proposals. I am aware that the industry proposed more that the "consumerists" permitted.

My point, and the whole (unsuccessful) point of our joint seminar last year was to create an understanding (if not acceptance) of the broader public health view of the problem. I would hardly expect Dr. Sampson, or for that matter, most private practitioners or traditional medical investigators to understand or purvey this viewpoint. Diagnosis and treatment in the individual, and training leading to individual rather than public health practice do not lead one to comprehend that diagnosis of a socio-cultural problem and a public health "treatment" are a quite different matter conceptually and practically than an individual's illness. My role is to encourage the insights available from population experience and that I attempt in this chapter and elsewhere.

Of course, CHD is multifactorial! But where the diet is "favorable" in a whole population the other "multiple factors" don't result in a population burden of CHD.

Your self-prescription is a reasonable one for you irrespective of your heredity. I happen to think it is also a reasonable one for a whole culture i.e., to encourage (not enforce) healthful behavior irrespective of the genetic heritage of that culture.

I hope I do not embarrass you by my questions and correspondence. I truly desire to learn. I do respect other viewpoints. But I hope you'll agree that I have tried to support my views with evidence and logic. I continue to look for contrary evidence and logic on the public health issue. I have no desire to incorporate the controversy "into my writings". The controversy is all too obvious! Let's see rather the counter evidence and arguments to arrive at more resolution of the controversy.

Thanks again,

Henry Blackburn, M.D.
Professor and Director

HB/as

UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Animal Science
St. Paul, Minnesota 55108

August 12, 1977

Dr. Henry Blackburn
Professor and Director
Laboratory of Physiological Hygiene
School of Public Health
Stadium Gate 27
Minneapolis Campus

Dear Henry:

I have read most of the chapter that you have prepared entitled, "Diet and Mass Hyperlipidemia, Public Health Considerations." As you may know, I have always considered and continue to consider my viewpoint on the diet - heart controversy somewhat in the middle of the extremes that can be found on either side. Therefore, while I agree with many of the things that are in this particular document, there are other things which I do not accept. Rather than spend additional time discussing generalities, I would like to give you my opinion on specifics, especially those that you requested that I comment on. I will do this by pages and paragraphs.

Page 20 - The description of the present feeding and managements practices for domesticated ruminants in the U.S. as a "distorted environment" resulting in "artificial beasts" and "bizarre creatures" is I believe a misrepresentation of the actual fact and a play on words. The average animal as seen alive that results in even a U.S.D.A. Prime or certainly a U.S.D.A. Choice grade carcass is by no means a bizarre-looking creature. As a matter of fact, as most livestock buyers would assure you, it is very difficult to distinguish in the live animal between those which will grade Good and Choice and frequently even Prime, since the correlation between subcutaneous fat and intramuscular fat is not very high.

Page 22, 3rd paragraph - Item b The U.S.D.A. quality grades of beef effectively categorize beef carcasses according to maturity and marbling. Therefore if I want beef with less marbling I can buy a lower grade. If you are referring to fat content in nutritive value then you cannot say that the beef quality grades don't take nutritive value into account. Other than differences in fat content the nutritive value of beef is similar across all maturities and grades, so there is no other nutritive factor to grade. Item d in this paragraph implies that neither the government nor those involved with the industry have made attempts to improve the grading system. As I have indicated to you previously this is not the case with the beef grading system where the most recent updating in relaxing the marbling requirements for the higher grades, went further than what the "consumer representatives" and many retailers would have permitted.

recently reminded of this when I read the previously referred to statement by Dr. Salmon of the American Medical Association. In that statement the AMA went on record as being opposed to the adoption of the national dietary goals as proposed by the Senate Select Committee on Nutrition and Human Needs. With regard to ischemic heart disease Dr. Salmon quotes a statement made by Dr. Theodore Cooper, Director of the National Heart Institute, National Institute of Health in 1969 which was, "Evidence which is suggestive, fragmentary and even conflicting links the American diet with the American death rate from ischemic heart disease." Dr. Salmon indicates "this statement is still valid in 1977." Thus, I believe that there are definitely still two substantial points of view in the medical community relative to the extent to which national dietary recommendations should be imposed upon the population. I do not believe that this chapter which you have prepared for the book by Robert Levy et al., sufficiently incorporates this controversy. I personally feel that this is unfortunate and in fact unfair to the topic. This is one of the reasons why organizations such as the National Livestock and Meat Board are apparently so far apart from the particular point of view that you and your colleagues have about this subject. Likewise, within the medical community there are widely divergent views on diet and coronary heart disease. Too frequently one medical group does not talk about the other group's work when it is not supportive. I believe this has been true for some time. From a scientific and public health point of view this is much more serious than what you believed were significant omissions in the one page December/January 1976-77 Food and Nutrition News published by the National Livestock and Meat Board which you addressed Dr. W. C. Sherman about in a letter dated July 27, 1977. One can currently support with scientific literature, any point of view on coronary heart disease and diet that one chooses to take. This situation does not lend itself to providing scientifically clear dietary recommendations for the entire U.S. population. It indicates to me that coronary heart disease is a multi-factorial condition, and to some individuals dietary aspects are very important, but to other individuals, not so important.

Personally I believe calories from fat should be restricted, that I should avoid being overweight, having elevated blood pressure and smoking cigarettes. In addition, I hope that my parents did not predispose me to coronary heart disease by creating me! Please accept these comments as being my honest professional opinion rather than that of someone on the opposite side. I would be happy to discuss this philosophy with you in greater detail if you believe it would be fruitful.

Sincerely,

Gene

C. E. Allen
Professor

CEA:jls
cc: R. W. Touchberry
W. F. Hueg
E. F. Caldwell

So you see, I simply don't accept the President of the AMA's view as valid or relevant to the public health, no matter how fine a personal physician he may be. What the agricultural scientists may not realize is that the AMA has no scientific stature whatever. But nevermind that! It represents the private practitioner, and that, poorly!

I agree that the return to "whole grain staples" is both extreme and simplistic. I'll try to change it "towards" grain and away from the high fat meat and dairy emphasis.

I am aware that disappearance and consumption are very different. But I believe consumption has not been adequately studied or as long studied as studied as disappearance. Cannot the latter be used an an index?

Many thanks for the information on USDA grading originating from the USDA not the producers. I'd gotten the impression that a large Colorado producer was central in supporting the change and am simply ignorant of the details (which is why I need and value your help). I am glad to hear that the reasonable USDA proposals stemmed from reasonable researches. I have been aware of your annoyance over the impact of the uninformed "consumer reps". In the future I could help bring to bear American Heart Association and other policy supports for such worthwhile changes if you'd let me know when you think they are indicated.

I am sorry you don't appreciate the value of an "editorial type" statement giving an analysis of the scientific issue as I see it, and that to you it appears, or is, "unbalanced". This doesn't mean that I consider all the knowledge "in", but it does mean that the arguments and analyses presented by some of your colleagues and others have not convinced me, or many others in this field, that the basic thrust of our arguments are in error. Neither have I heard a "balanced" pro-con presentation of the evidence from a distinguished scientist who understands the pathogenesis and public health issues of human atherosclerosis. I am summarizing the arguments I find valid.

Your last sentence of your first paragraph on page three indicates that you, too, may have failed to separate one essential issue, i.e., the "individual risk" from the "cultural risk". Yes, diet is relatively unimportant to that individual who, on the one hand, has an intrinsically low blood lipid level (good heredity in his favor) and on the other, maybe smokes cigarettes (a cultural factor against him!). But this individual situation, and your own risk and mine, have little to do at all with the importance of diet to a whole population, in which diet is probably the central factor in mass hyperlipidemia and the population distribution of this risk characteristic: blood lipids. The doctor tries to control the individual risk situation. Those in the public health try to reduce the socio-cultural influence, i.e., the mass phenomenon.

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