

CONTROVERSY



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*Correspondence*  
*pc in Controversy*  
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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 "artificial 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 than 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.

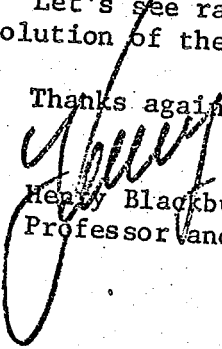
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Of course, CHD is multifactorial! But where the diet is "favorable" in a whole population the other "multiple factors" don't result in a population burden of CHD.

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