

DONALD M. FRASER  
5TH DISTRICT, MINNESOTA

1111 HOUSE OFFICE BUILDING  
225-4755

Congress of the United States  
House of Representatives

Washington, D.C. 20515

July 12, 1977

*Congr. Concept.*

Dr. Henry Blackburn  
Laboratory of Physiological Hygiene  
University of Minnesota  
School of Public Health  
Stadium Gate 27  
Minneapolis, Minnesota 55455

Dear Dr. Blackburn:

I'm glad I had the chance to meet with you  
and I appreciate having the copy of your  
informative letter to Janet Shapiro.

I agree with you on the need to place  
more emphasis on preventive health and  
modification of lifestyles that contribute  
to high disease levels. We'll be glad to  
pass any ideas you have on to the appropriate  
House Subcommittee and the Department of  
Health, Education and Welfare.

With best wishes.

Sincerely,

*Donald M. Fraser*

Donald M. Fraser

June 27, 1977

Ms. Janet Shapiro  
Office of Congressman Fraser  
110 South 4th Street  
Minneapolis, MN 55401

Dear Janet,

I don't know if you desire any follow-up on our pleasant luncheon with Don Fraser. One issue that I would like to convey to him is a major flap about studies on disease prevention among the academic community which I believe is unhealthy, divisive and unnecessary. It pits those of us concerned with the public health against the majority of clinical and basic kinds of investigators. We are in an inappropriate competition for funds from NIH because both efforts are desirable and essential. This has come about because the increased appropriations for basic and clinical research at NIH have not been sufficient to take care of inflation and because of the inroads of contract research on the total funds. The most visible of the contract prevention studies are the preventive trials, i.e., the Hypertension Detection and Follow-Up Program and Multiple Risk Factor Intervention Trial in which we are so active.

The point I believe Don Fraser and our other legislators need to appreciate is that if we're going to get anything accomplished longterm in prevention for the public health there needs to be a clear commitment and segregation (line item?) of funds for such purposes, either within or without appropriations for NIH.

Public health researches and programs of the present administration should become as independent as possible of the powerful and long-vested interests in basic and clinical sciences and of the institutions of the technologically- and disease-oriented medical and research community. NIH has tried reasonably successfully to date to fight off these powerful academic and commercial interests and they have supported the essential and widely recommended mass preventive trials. But NIH difficulties in this effort are becoming more and more manifest. It is unlikely that future needed trials or community researches and prevention programs can go forward appropriately unless this matter is carefully addressed and such efforts extracted from the general pot of funding for the requirements of so-called "mainstream" medical technology and science.

Those of us in investigations related to prevention and the public health can assure our Congressman that significant researches in the understanding of basic mechanisms of hypertension and atherosclerosis (heart attack and stroke diseases)