

# UNIVERSITY OF MINNESOTA

Twin Cities Campus

Division of Epidemiology  
School of Public Health

Suite 300  
1300 South Second Street  
Minneapolis, MN 55454-1015  
612-624-1818  
Fax: 612-624-0315

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Mr. Joseph Isaacs  
President  
National Health Council, Inc  
1730 M Street, NW, Suite 500  
Washington, DC 20036

Dear Mr. Isaacs:

I am very impressed with what you are attempting to do with the National Health Council (though I can't imagine how you will boil down such Town Meeting discussions to anything rational!).

Just coming off NHLBI Advisory Council, NIH issues are closest to my heart. It seems to me that one of the major functions of your Council must be to support NIH. I would like to know more about your activities. One of the problems is that there is no good mechanism for the scientific community, industry, NIH and Congress to consult with each other on topical, urgent, and day-to-day issues or on long term-planning. I would be interested to know how you think this poor communication might be addressed by what sort of process and what sort of organization. Are there other organizations striving for this?

The increasing Congressional mandates for special NIH programs, even if they were with accompanied by adequate funds, are making serious inroads into the management of NIH and research directions. There are so many knowledgeable people on legislative staffs, (Dr. Foote for example) and so many people of good will in organizations like yours, it seems to me we ought to find better ways to facilitate communications and planning.

You obviously also represent the industry part of the biomedical research establishment and I would like to hear your views on how we can improve that collaboration, with processes acceptable to the research and academic community, NIH and industry, without distortions of academic purpose and the serious conflicts of interest that we have seen. It seems

bpc: Dean Joseph  
T. Louis  
R. L.  
S. Foote  
A. Caplan

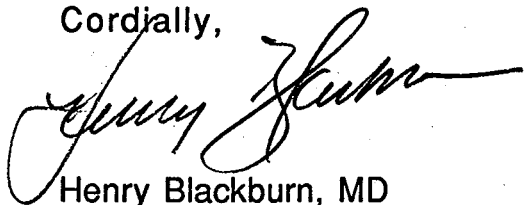
to me that the generic support of academic institutes, with matched funding, is the more rational way to go. I am quite unhappy with what is happening on my campus. People are destroying the credibility of our institution and of science by purposefully or unconsciously getting trapped into inappropriate relationships with industry.

The enclosed editorial represents a special interest and is certainly no profound synthesis of issues, but it's a type of ventilation I think we need more of from the scientific community. In this case it has led to very constructive action on the part of the American Heart Association Council on Epidemiology and NHLBI with the appointment of a Task Force in Prevention Research.

Wasn't it interesting that only Councilmember Long of St. Paul mentioned the word prevention all day last Friday? Of course, the road of high-tech science is molecular biology and computers. But the enclosed attempts to outline arguments that research must be balanced, and addressing the population causes of disease about which a great deal could be accomplished with existing knowledge!

Finally, I am disappointed to see at all levels of NIH and Congress, people who shrug their shoulders and say that "no more money will be forthcoming" from the government for biomedical research. Somebody has to have the courage to make a greater investment in basic research and in R & D with its unbelievable return. It is shortsighted to say "nothing can or should happen" at the government end. I am interested in the origin of your "15 to 1 yield" on investment in research, and would like to stay in touch with your activities.

Cordially,



Henry Blackburn, MD  
Mayo Professor of Public Health  
and Professor of Medicine