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Laboratory of Physiological Hygiene,
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University of Minnesota, Twin Cities,
Stadium Gate 27,
611 Beacon Street SE,
Minneapolis,
Minnesota 55455,
USA.

Dear Henry,

29 September 1982

This is just to say how nice it is to see our association continued in the new edition of the WHO manual. The first edition proved remarkably useful, and I hope that the second will follow suit.

I feel great sympathy for the MRFIT investigators in the rather negative outcome. In its scientific conduct it was a splendid study, and it must be a bit of disappointment that the behavioural changes in the controls and the low incidence rate so reducedits power. I thought that the JAMA report, and Steve Hulley's presentation in Barcelona were commendably clear and honest.

cvic. p.c. R. Grimm
R Crow
Concep. M.M.
Sent 10/10/82

Yours,

Geoffrey Rose


MINNEAPOLIS TRIBUNE
SACK
H2O
SMOKE DETECTOR
The NO-RISK CIGARETTE

Coms - Rapaport

UNIVERSITY OF MINNESOTA
TWIN CITIES

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

July 28, 1982

Elliot Rapaport, M.D.
Editor, Circulation
Cardiopulmonary Unit
Building 9
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA. 94110

Dear Elliot:

You have surely noted the famous "Levy arrow" in various NIH reports. You may also have noted that part of the continuum of research supported by NHLBI are research and demonstration projects, experiments in the effective transposition of knowledge, located between applications research and health action. The four papers enclosed succinctly summarize what these cardiovascular disease prevention programs are about and point up their strong scientific components. The last of the series are the very pertinent remarks by Robert Levy on these programs, their challenge, opportunity and responsibilities. You might prefer his remarks first in the series.

Because we think these are important scientific undertakings, and because NHLBI now has a $30 million investment in three independent investigator-initiated projects in this country (California, Minnesota and Rhode Island), I would think it would be interesting to have these short papers in the most outstanding journal of Circulation in the country. Its readership should know about this significant effort in the 1980s.

If because of the purely descriptive nature of the articles, without results of analyses (they are only in their second or third year of funding), your editorial board should lack sufficient enthusiasm for occupying the regular pages on the journal, I invite your consideration to having it in the AHA section. These reports were given at an official council meeting of the American Heart Association, the 21st Annual Conference on Cardiovascular Disease Epidemiology.

I am rather hoping that you will share our idea of the importance (and visibility and cost), of these researches in prevention and the importance of international understanding of their goals and operations. I submit the manuscripts on behalf of all four groups.

Cordially,

Henry Blackburn, M.D.
Professor and Director

/jml

Enclosures
- The Stanford Five City Project
- The Minnesota Heart Health Program: A Research and Demonstration Project in Cardiovascular Disease Prevention
- The Pawtucket Heart Health Program: A Prospectus
- Robert Levy's presentation on March 28, 1981

After NEJM
Olestra editorial

George V. Mann, M.D.
Cardwell
324 C Cardwell Rd.
McMinnville, TN 37110

7/15/96

Dear Henry,

Your commentary on the Olestra matter is very good. We will probably now see a re-run of the complications of mineral oil as a laxative — lipid pneumonia and mesenteric lymph nodes loaded with oil.

Do you suppose Kessler is on the take? How were the statins approved s̄ evidence of safety or efficiency?

Regards

George

December 7, 1973

Dean Lee D. Stauffer
School of Public Health
1325 Mayo
Minneapolis, Minnesota 55455

Dear Lee:

The Laboratory of Physiological Hygiene is increasingly non-competitive in salary for physicians. This is generally true and specifically true for physician salaries within the national programs largely supporting our clinical staff.

Realizing the severe constraints of the University's commitment to this professional staff, a very tenuous commitment, I am embarrassed and troubled by the economic problems of my staff. Though competition with the "outside" world of physicians is out of the question, comparison with similar appointments in the Medical School here is important, as is comparison with others taking similar roles in our program in other schools of public health.

I would like to submit, in my continuing applications to NIH, a new salary scale for my clinical staff for next year. I expect I need your approval and support for this, and negotiations with the business office, because promotions in academic rank are a year or two premature to consider.

Can you advise me? I am thinking in general terms as below:

	Now	Proposed
E. Trapp	$25,500	Normal % increase
R. Crow	$25,000	$28,000
R. Prineas	$25,000	$30,000
A. Leon	$32,000	Normal % increase

Regards,

Henry Blackburn, M.D.
Professor and Director

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