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February 23, 1979

TELEPHONE
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Henry Blackburn, M.D.
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Dear Henry:

I am enclosing a commentary appearing in this month's Therapaeia, which is a supplement to Medical Tribune. It is titled MRFIT and Dr. Puska (Hypertension, Smoking and Cholesterol), and derives mostly from the October meeting in Chicago where your group's paper was presented by Dr. Prineas. As you will note, I have taken a quotation from a recent paper of yours in the boxed Saturated Fat Debate. My apologies for the typographer who downgraded THE SEVEN COUNTRIES STUDY to Seven Counties.

I am enclosing two recent articles on the UGDP concerning which you have assailed me and Medical Tribune several times during the past year. Possibly you have not seen these current articles, which may give meaning to what might have seemed a running down of UGDP as relentless as the pursuit by Javert in Les Miserables. The ADA withdrawal of endorsement of the UGDP is important, and even more so the issue of "Why the UGDP Controversy Is So Critically Important." As I wrote you when you first expressed your disapproval to me so strongly, the UGDP was - and is - "considered by the publisher a big medical news story which has enormous portents of control of medicine by commissions and federal fiat." This is precisely the position Arthur Sackler articulates in his recent column.

Hope to see you at one of the several Spring meetings soon coming up. When do you next visit your folks here? Best regards to Nellie.

Cordially,

Dick

Richard S. Gubner, M.D.

RSG/ah

*Dick: Thanks for keeping me posted
Never! Only the Secret*

*reporting in your Trib. on UGDP
& not "assailed", only privately, only
expressing my pain at reading the
emotional journalism.
Seriously out of context,
to show, presumably, he denies
of association = causation. The
causal inference is not from the
association itself!*

*mailed
letter
3/1/79*



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Gubner
FILE COPY

March 6, 1979

Richard S. Gubner, M.D.
105 N. Bayshore Blvd.
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Dear Dick:

Thank you for your February 23rd letter. I am sorry if my barbed letters have penetrated your skin. I have not meant to be critical of you as you may have assumed. But I am vigorously critical and seriously concerned about the level and character of the Tribune's reporting on the UGDP, news or no news!

Your reporting on MRFIT may contain a few misapprehensions. The style is not healthy; the idea should be to resolve differences and point out where there are agreements and differences and to get to the reasons, mostly superficial, in the controversy. The use of such terms as the Saturated Fat Debate, quoting me out of context when causal inference from associations is related to a whole series of observations other than the associations themselves, are all of mild concern.

Would it not in your opening sentence have been more accurate to indicate that MRFIT may be able to show whether "modification of a few well-defined risk factors can reduce the high total cardiovascular morbidity and mortality -- in a small fraction of the highest risk, apparently healthy, middle-aged American male population." Your appreciation of the Karelia experience should indicate that the results of MRFIT are not highly relevant at all to the public health issues of diet, activity, smoking, and blood pressure which involve the masses.

I was interested that you highlighted the slight rise in HDL cholesterol in an emphasis greater than the reduction in LDL cholesterol. That, of course, remains to be seen.

I guess we shouldn't interpret an uncontrolled, population-wide, multiple-strategy, mass media, educational and community organization demonstration program as having any relationship to MRFIT, a randomized controlled trial among individuals. North Karelia is not "a MRFIT of lesser dimension" in any sense of the word. It is a public health demonstration project of sizable dimensions and interesting outcomes.

Clearly, we would've been better off to push ahead in this area in '70-'72 rather than getting bogged down in the huge high risk, group trials. But the scientific community and the public were not ready for such things other than on the pilot scale of the Stanford Program.

You are quite right to indicate, however, that we could have more trouble than now with the academic community about prevention efforts if MRFIT'S results are equivocal. Fortunately, future community prevention efforts will not depend on this.

Cordially,



Henry Blackburn, M.D.

HB:amo

P.S. You and Yvonne should come to New Orleans for March 19-21 Council on Epidemiology meeting.

P.P.S. I'm having a ball preparing the Bishop Lecture for the American College of Cardiology. At the moment, the message isn't clear!



CONGRES - GUBNER



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May 13, 1980

Richard S. Gubner, M.D.
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Dear Richard:

I called several times around the time of your surgery to wish you well, but didn't get through to anyone. Many thanks for your kind May 5 letter. I am glad you have come through with what you regard as a good result and with a remarkable weight loss already manifest in your handsome portrait.

Yes, we've been through some very difficult times, too, but seem to be coming out the other side for the moment. Our son is now free of disability after completing his therapy for a cerebellar meduloblastoma. Nelly and I are together and enjoying Spring in Minnesota. I have just received a \$10 million grant to approach successive pairs of Minnesota communities with an intensive multiple strategy health education message and to evaluate its impact over the next decade. I continue with hobbies, taking the Preservation Hall Band to the National Academy of Science last week in Washington and next week in New Orleans for a meeting called by Ed Froelicher. So, life continues to be exciting and worthwhile.

I found your review of by-pass surgery most readable, most mature, most clinical and most delightful. I'm sorry you had to take a crack at clinical trials, since most of the substantial conclusions at which you arrived were based on such trials being well-conducted. You may have to eat those words. At any rate, you clearly can't be looked upon as someone "over the hill".

Your DuMortuCordis is a masterpiece of succinct and condensed history. Henry Taylor here is still playing with the predictive value of BCG, not only in the Coronary Drug Project data, but in MRFIT. Nevertheless, the instrument hasn't come back into vogue and neither has our finding of 15 years ago of the predictive value of the cold pressor test. We live in a plumbing whirl.

A final note is that Ancel Keys' tenure opus on our Seven Countries Study has just been published by Harvard Press. Some of its conclusions will amuse you particularly.

Cordially,

Henry Blackburn, M.D.
Professor and Director

HB:kr

Enclosures: Levy, Miha, Houston, Optimal Lipid ms.

HEALTH SCIENCES