

## UNIVERSITY OF MINNESOTA

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April 2, 1980

Dr. Robert Beaglehole University of Auckland Community Health Department School of Medicine Auckland, New Zealand

Dear Bob:

It was nice to get your note and to hear about the happy personal and professional situation you have found at Auckland. I had hoped that we had seduced you on this side of the pond, but I am delighted to hear that you're well established back there. I share your view that there is much to be learned from the natural experiments in your several populations. If you have a rapidly rising incidence in the Maoris, a possibly rising incidence in the Tokelau immigrants and a slowly falling incidence in the major population group, you do indeed have a situation where simultaneous surveillance might offer clues.

We were finally able to persuade NIH to see the logic of the simultaneous surveillance of health behavior, risk factor levels, medical care, change, morbidity and mortality, and now have a full fledged operation in force. The problem is we're on a consistently downward slope and we don't have the interesting subgroups.

Much to our surprise, mixed pleasure and pain, we've also received notification that the next phase of my "grand plan", a major demonstration project, a prevention program in sequential pairs of Minnesota communities, has been approved and funded at a very substantial level.

I was just getting things under control organizationally in this rapidly growing outfit and everybody productively occupied and administratively responsible. I had even accepted a six week travel stint in which I would spend three weeks in Johannesburg and three weeks with Richard Leakey summarizing my amateur dabblings in the diet and activity of Early Man. I had other pleasant dreams about life in Minnesota and all that has been overthrown by the necessity to increase our size and output by 2/3s in the next six months.

I also have the feeling that you may have lost Gary Fraser, but I believe at heart that he is basically a New Zealander. Clearly, if he were not a SDA, he would've returned home, but they are able to carry their culture with them, in whatever setting.

I believe he is demonstrating his capacity for collaborative undertakings now and should be a marvelous colleague in the future. For his period with us, he was an isolated individual investigator and had very little interaction with what I believed to be an exciting and intellectually active young faculty. I hear that this has changed at Lorra Linda. Whatever, he is a profoundly competent investigator.

I'm sorry not to be able to send you the whole monograph enclosed on the conference on Health Effects of Blood Lipids. It is important and deserves wider circulation, because independently, experimental pathologists, clinical investigators and my group came to the same conclusions about what might be ideal or desirable lipid levels for populations. However, I'm sure a copy of the November 1979 issue of Preventive Medicine will eventually make it to your library. I enclose a copy of my section for your comment.

Best regards to Ruth and I will much enjoy keeping in touch.

Cordially,

Henry Blackburn, M.D. Professor and Director

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