



UNIVERSITY OF MINNESOTA
TWIN CITIES

CONFIDENTIAL CORREY - GORLIN

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April 16, 1981

CONFIDENTIAL

Richard Gorlin, M.D.
Department of Medicine
Mount Sinai School of Medicine
5th Avenue and 100th Street
New York, N.Y. 10029

Dear Dick:

It was good to see you, though briefly, in Milwaukee. I would enjoy a continuing dialogue with you on the issue of personal versus public health recommendations (though I share your view on governmental regulation). You were out of the room when I outlined reasons why I felt that the "see your doctor" and the individual approach to a tailored diagnosis and treatment, particularly in regard to diet, won't do the job. Even with the information you desire on population subgroups with particular needs, it won't do the job. My formulation is that this individual, tailored approach works when: 1) the disease is relatively uncommon, 2) the diagnosis or risk pattern is readily obtained and precise, 3) the causes are primarily individual or intrinsic, 4) when treatment can be carried out early in the pathological process and by traditional means, and 5) when the system is prepared to handle it.

But I ask you to consider how this approach breaks down in the presence of mass disease such as atherosclerosis, or situations with the following conditions: 1) the disease or condition is ubiquitous, 2) the causes of the disease include powerful and widespread cultural factors, 3) the determination of risk is imprecise, 4) when the susceptibility (such as susceptibility to hypertension and atherosclerosis), involves most of the population, 5) when the causal factors are powerful and predominantly environmental and cultural, 6) when the traditional treatment is possible only late in the disease process, 7) when the treatment required is untraditional, and 8) when the system is unprepared to handle the problem.

But, I am really writing to ask your advice on another and confidential matter, which I hope is not a painful one for you. I have heard (tenth hand) that decisions or rulings or precedents for rulings were made concerning ownership, possession, and utilization of data bases in association

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with your departure from Harvard. Is there any decision or precedent written down that you could point me to which clarifies accessibility, utilization, and ownership of data collected under federal grants by an individual leaving or having left that institution, and the rights of the institution?

Cordially,

Henry Blackburn, M.D.
Professor and Director

HB:jml