

*Corresp - Gubner*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Division of Epidemiology  
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November 25, 1987

Richard Gubner, M.D.  
2905 Mill Stream Court  
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Dear Dick:

Thanks for your hand-penned note of August 7. I am just back from six months of touring with my new spouse, with interesting stops in South Africa, Crete, Finland, Norway and Ireland. We are happy to be at home with our feet on the ground and don't plan to leave again until spring.

We are dreaming of spending a couple of weeks on Anna Maria beach in April and will let you know if we make it. It would be great to get together. It was fine to hear reports of your family too.

I'm still holding down this huge department, now with 600 employees and a faculty of 40 and a budget of \$15 million. It's more than I bargained for and we're looking for ways to get smaller without collapsing. I am also losing my longest term colleague, Ron Prineas, who, for reasons that none of us can figure out, is going to try to put something together in Epidemiology at the University of Miami. We wish him well and will miss him sorely.

Our large community-based projects are headed toward completion at the end of the decade and the question is whether I will set the next directions for the Division, or whether I'll step aside and let someone else do it. I've already made some very significant changes here in dissolution of the Laboratory of Physiological Hygiene and becoming the Division of Epidemiology. We have hired a fine cancer epidemiologist who's moving forward most effectively in developing that area, and I'm now concentrating on infectious disease.

My personal life has been remarkably happy the last two years with my new companion Stacy, and my ex-wife Nelly is happily remarried. My daughters are delightful and close friends. I stay active musically. It was good to hear from you--please give my best to Yvonne.

Cordially,

Henry Blackburn, M.D.



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Dear Dick:

Comments on your neat editorial. It has always bothered me that there is an inconsistency between the skepticism of the physician about changing habits and the lack of enthusiasm for such undertakings as against the wide recognition that it is these substantial behavioral changes now on-going that are probably primarily responsible for dramatic changes in disease trends. Why do we pander to the skepticism, inactivity and dullness of some American physicians in this area. Rather we should speak positively and enthusiastically about the changes that are occurring in the profession and in the public. The profession is being led by its clients and rapid changes in the public.

We have some information now in the Minnesota Heart Survey that suggests "accomplishments" in coronary disease prevention do appear to be slowing. We have found a tapering off of improvement in the blood pressure and smoking picture and a decreased rate of decline, if not an actual plateauing, of coronary death data. As you know, nobody has very good coronary incidence data.

Some of my colleagues have computed that hypertensive therapy medications could not be responsible for more than a small fraction (4%) of the total reduction in stroke mortality (Ruth Bonita Beaglehole, ).

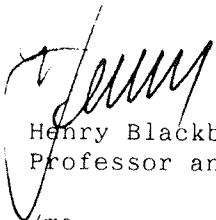
I see you've jumped on the monounsaturated fat bandwagon. Indeed, it was our studies in Crete with Ancel that led us to believe that they are not harmful. But the fact is that it's low saturated fat intake (below 10%), that is the only consistent fact in all the epidemiology of coronary disease. Certainly Grundy's experiments do not demonstrate that monounsaturated fats do "as well as polyunsaturates in lowering cholesterol". His studies were not designed to, and indeed did not, produce such a result. They demonstrate only that substitution of mono for saturated achieves (the predicted) TC lowering.

The epidemiology of the fish issue is far weaker than it has been ballyhooed. The relationship is not not graded. The fish involved in the prediction of lower coronary mortality (Zutphen Study) are not fish that are high in the Omega-3 fatty acids. There has never been such rapid promotion of a concept based on such poor epidemiology and the absence of appropriate experiments in the whole history of the diet, lipid, cholesterol connection.

I'm sorry to see the continued swipes at the LRC/CPPT listing its cost and criticizing its reporting "with eclat" and the extrapolations made from it. The extrapolations were not based on the LRC study, but were based on interpretation of totality of the evidence. It has seemed to me, from your earliest editorials in this area, going back to the late '40's, that you were among the most competent to look at the totality of evidence.

I don't know what you accomplish by citations of the Harvard and the British and the Marshall Becker editorial. Your dealing with the issues of uncertainty are scholarly. The "desultory interest" of the public is certainly not our experience here. The public has led the profession in its interest in cholesterol lowering and healthy eating patterns over the decades. It seems the intelligent layman has less difficulty synthesizing the evidence than many academics.

Cordially,



Henry Blackburn, M.D.  
Professor and Director

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