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Morton A. Meyer, M.D.
Chairman, Clinical Faculty
Department of Medicine
University of California
1482 5th Avenue
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Dear Dr. Meyer:

This letter is in support of the promotion of Dr. Dean Ornish to Assistant Clinical Professor of Medicine. I've known Dr. Ornish and his work for about three years, first as part of an external review committee of a research application and later as a consultant to his application for a clinical trial. Still later, he was a student at the American Heart Association Summer Seminar on Cardiovascular Epidemiology and Prevention in which I am a faculty member.

Dean Ornish's approach to the investigation of the causes and prevention of disease can be characterized by intelligence, originality and intensity. He is clearly one of the brighter young minds in medicine. He has a vast scientific knowledge, a ready grasp of issues, an ability to formulate questions and a remarkable enterprise in implementing the study of questions he considers important. He brings a background of training in physical science, medical science and internal medicine, and excellence in photography and photojournalism. He brings a deep commitment to humanism in medicine.

I have no direct experience of his clinical abilities but rather in his broad approach to medicine. I have specific knowledge of his ability to formulate research questions. His questioning is basic. He's able to move from questions to action and to completion of projects that he begins. He has recognized coronary artery disease and preventive strategies as leading issues. He has recognized problems of time, organization, and support as well as measurement and population size required to deal effectively with preventive issues in coronary disease. He has focused on a practical research strategy to achieve maximal interventions and measurable differences by a combination of methods:

- 1) appropriate selection of high risk patients;
- 2) reduced variability and increased precision of measurement (by quantitative techniques, functional as well as anatomical and disease endpoints); and finally,
- 3) by maximal interventions in which he has demonstrated competence to achieve sizeable change in risk factor levels in high risk

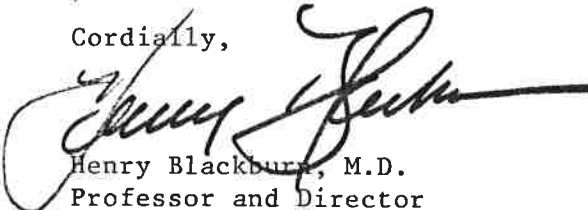
individuals. Thus, he has devised a strategy in which a limited number of collaborators have a good shot at demonstrating secondary preventive effects in coronary disease if such occur. His enterprise in arranging funding for these studies is also remarkable.

Dr. Ornish is persistent and energetic and strongly directed, yet he is responsive to criticism and advice. If there is anything to be mentioned in a less than strongly supportive sense it is a quality of impatience and doggedness in proceeding with a project with support outside the establishment (that is, NIH). In other words, it is possible that his brilliance and insights lead him to a personal perception that he, virtually alone, can produce a major "breakthrough" which is singularly important. This may be more important to him than developing a longer term or collaborative strategy which successfully competes and establishes a track record with NIH, the only way that a modern research career can be productive over the long term.

If I were to weigh brightness, clear vision and enterprise against patience, deliberation and following established patterns in long term career planning, I would probably come down on the side of enterprise and brilliance.

But obviously, characteristics should be measured in respect to the position. Dean Ornish's characteristics, it seems to me, are perfectly suited to a clinical assistant professor appointment as he is a stimulating young investigator and practitioner in an important new field of cardiovascular disease prevention. If he were a candidate for a tenure track and teaching and research position, over the long term, I would probably bemoan his lack of establishment ways and values but hire him anyway, because he is exceptional.

Cordially,



Henry Blackburn, M.D.
Professor and Director

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