

Division of Epidemiology School of Public Health Stadium Gate 27 611 Beacon Street S.E. Minneapolis, Minnesota 55455 (612) 624-5400

May 12, 1989

Darwin Labarthe 5457 Lynbrook Drive Houston, TX 77056

Dear Dar:

Ole! Welcome back from Spain. I have passed up several recent opportunities to visit that fascinating land and thus, envy you.

I was terribly sorry to miss my responsibility for which I was prepared, to discuss participants in the seminar. There was a comedy of errors in which I got stuck in a long line of traffic driving from Fort Lauderdale to Palm Beach, and had a deadline of 12:00 noon to meet the Palm Beach family that is threatening to give us a couple of million dollars. If I had taken the freeway instead of the coastal road I would have had 45 minutes leeway and could have joined in the call!

The thing that I am writing about, that I am frustrated about, is that again as in the past, I failed to send in a formal application for Mike Sprafka, whom you agreed, earlier by 'phone in principle, to accept as an observer. I don't know if there is a problem of numbers, or whether I've missed the boat by not getting a formal application in. At any rate, if you recall, the reason is that Mike is the convener for the MPH Master's Program in Epi (replacing Prineas). He is very personable with a delightful family and we've made a long-term commitment to him. He is particularly interested in innovative and non-traditional approaches to education. He's been our survey director for over two years and he's also involved in the Epidemiology of Diabetes. I need him to come to Tahoe in terms of inspiring and modelling our Master's Program. I hope it's possible?

Thanks for your note and acceptance on the International Seminar Planning Group. The basic issues I think I've laid out. There is clearly a market for continuing the present format. There needs to be discussion of future format, however, and a more thoroughgoing review of the advanced seminars. There will soon be the experience of three of them. We need to address the issues as we have not successfully done anywhere, of integrated or parallel approaches to seminars on preventive practice and/or community health promotion strategies.

The difficult issue is what we will do in the long run without Rose and Jerry. My personal, private and confidential opinion is that they have done a magnificent job but should step down gracefully in the next period, with a smooth transition. My private agenda would be to see you in the central role. Whether or not Marilee would want to take on Rose's convening role is, of course, an issue. Rose's important secretarial function we would have to replace. They keep making noises about stepping aside, so I just wanted to give them another opening to set their date for a transition. If they don't do that, I'm not inclined to raise the issue until they do. Clearly, if the seminar format should be changed it would be a good time to consider changed management.

So in fact, the committee task may be a very easy one: to accept the status quo and to postpone any plans for a change, leaving to others the development of seminars addressed toward interventions. I would hope that it might be more substantive than that, however, and the people I proposed are not likely to be shy with their ideas.

Cordially,

Henry Blackburn, MD Professor and Director

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September 18, 1989

Claude Lenfant, MD Director NHLBI, NIH 9000 Rockville Pike Building 31, 5A 52 Bethesda, MD 20892

Personal and Confidential 19/20

Dear Dr. Lenfant:

Many thanks for the charming evening in your home. I would also like to acknowledge and express appreciation for your comment to me that your remarks about TOMHS were not personal or based on any preconception that I am personally involved or in conflict due to TOMHS. I would, of course, be uncomfortable and compromised to be included in the views of TOMHS investigators. Though I am "indirectly responsible", because part of the application came from my unit, as you know, I am neither directly involved with the project scientifically, nor am I supportive of, or participatory in, the way approaches were made to Congress.

My single and simple question to Bill Harlan and you at the end of his presentation was: "What are the Institute's future plans in the area of mild hypertension now that the two initiatives have been withdrawn or rejected?" I thought that the response was appropriate and I think we agree that there clearly needs to be more thinking about the issue. Particularly we need to separate the pharmacological issues raised by John Oates from the disease and safety issues involved in testing therapeutic regimens. I believe that Harlan and Cutler are effectively addressing the scientific issues. I will simply continue to advise my colleagues working on TOMHS to acknowledge the miscommunications and errors of judgement made, and to seek wider consultation on future initiatives.

May I close with another observation, now that I am a "veteran" of two meetings of the Council. An issue of balance was sharply brought to focus by the response of three blood specialists to the excellent initiatives of the Blood Division. This might be a good time for the Council, and for us personally, to discuss a real imbalance on the Council in respect to the broad areas of preventive cardiology, behavioral science, epidemiology and clinical trials, in the light of the rather "token" representation of that huge field (me!).

Again thanks for an excellent meeting and pleasant affair in your delightful home.

Cordially,

Henry Blackburn, MD Professor and Director

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p.s. The enclosed may amuse you.

(Hocal Pharmacist)