conesp Derauf

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January 2, 1990

Henry W. Blackburn, M.D.
Professor & Director of Div. of Epidemiology
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Dear Henry:

Richard Reece's recent interview of you in "Minnesota Medicine" was certainly timely. I have been interested in preventative aspects of practice for almost all of my medical career. We have been doing HDL cholesterols for about 12 years and have long realized that the cholesterol HDL ratio is probably of more importance than the cholesterol by itself.

I have sent a copy of the article in "Minnesota Medicine" in reference to you to Stan Hubbard and to G. Timothy Johnson, Medical Editor of ABC News. I am enclosing a copy of a letter Stan Hubbard received from Dr. Johnson which I thought was appropriate.

With warm regards Orduf

Donald E. Derauf, M.D.

DED/mkk Enclosure

## October 26, 1989

Dr. Tim Johnson ABC 77 West 66th Street New York, NY 10023

Dear Tim:

I am sorry I have not had the chance to see you for quite a long time. I hope everything is well with you and your family.

Tim, I think I can tell you one aspect which is wrong with over-promoting the risk of cholesterol. What I think happens is that you scare people half to death for no reason at all, and I don't think people should have to go through life scared when their cholesterol is 210, especially in light of the fact that a great many renowned physicians agree that 210 is not a dangerous cholesterol level, especially if no other risk factors are present. I spoke with a friend at the Mayo Clinic last week, and he told me they do not put the big emphasis on cholesterol having to be 200 as some others do. Certainly, when a person's cholesterol level gets to about 230 or 240, a person then should be more careful. Tim, I do not think it is right at all for those of us in the television business to scare the heck out of people who maybe have a 205 or 210 or 215 cholesterol when the truth of the matter is that if you understand statistics, you can understand that the research does not in any way indicate that those cholesterol levels are at all dangerous.

Normal people should be able to have a bowl of ice cream or a cookie without TV telling them to have a guilty conscience.

I hope you will consider what I have had to say; and anytime you want, I would be delighted to personally take you down to the Mayo Clinic to meet some of the world's great authorities.

Warm best regards,

Stanley S. Hubbard



G. Timothy Johnson, M.D., M.P.H., Medical Editor

December 8, 1989

Mr. Stanley S. Hubbard
President and Chief Executive Officer
Hubbard Broadcasting, Inc.
3415 University Avenue
Saint Paul, Minnesota 55114

Dear Stan:

Pardon my delayed response to your note of October 26, but your letter just reached me in Boston via New York.

I could write a book in response to your letter since I have spent a lifetime following the cholesterol saga and studying the issue of cholesterol and heart disease in particular. I will only make a couple of random comments in response to the issues you raise.

First, I totally agree that we should not be in the business of scaring people unnecessarily. And while there is always a certain risk in a national campaign of any kind healthwise, I honestly don't believe we have terrified too many people. Indeed, my personal conviction is that we have probably done more good than harm with our national campaign.

The issue of whether or not somebody should worry about a cholesterol of 210 or 200 is a little more complicated than it might appear. I have become convinced that the most important cholesterol indicator is not the total number, but the ratio of the total to the so-called good cholesterol, or HDL. For example, if a person has a total of 200 and 50 of that is in the form of HDL, they would have a ratio of 4 (200 divided by 50). However, another person with a total of 200 and an HDL of only 25 would have a ratio of 8. That person should worry considerably about their over-all cholesterol profile even though their total may be 200. Conversely, a person might have a total 240 or above, but with such a large amount in the form of HDL that it would not be worrisome. (I have just talked to one person at ABC for example who had a total of 300, but an HDL of 100, therefore a ratio of 3.)

The other huge problem in dealing with general numbers for the general public is that we do know of course that many people can eat anything they want without worrying about their cholesterol levels. They are

blessed with good genetic machinery. Unfortunately, we can't tell people if they are of that sort unless they are willing to have their blood cholesterol profiles done periodically in relation to their diet -- and most people simply aren't going to do that kind of periodic testing. Therefore, I still think the best general advice is to cut down on saturated fats knowing that not everybody needs to do it as rigorously as others.

Indeed, ultimately I come to that sort of common sense bottom line which is that none of us needs the extra calories usually associated with saturated fats and many of us will benefit by cutting down; so it remains good general advice. However, if we make people hysterical, then we've done our job in the wrong way obviously.

It was good to hear from you and I hope our paths cross in the near future.

Sincerely,

111h

G. Timothy Johnson, M.D.

gtj.jcb