

*Reply to
M- to O.D.*

March 13, 1972

Dr. Jeremiah Stamler
Professor and Chairman
Department of Community Health and
Preventive Medicine
Northwestern University Medical School
303 East Chicago Avenue
Chicago, Illinois 60611

Dear Jerry:

Thiokol screening in industry in Utah, independent of medical society or heart association involvement, caused considerable discussion and concern at the AHA Central Committee meeting.

Our Thiokol friends had some pretty badly worded letters to the screeners now apparently improved, had offered a sort of rake-off to the Heart Association and had done no preparation of the community for their program.

The general tone was that ECG screening alone was medically indefensible, and I agree. There was some extremist talk by Dr. Glenn of action against Thiokol, in court if necessary.

I hope you will strongly counsel Harvey and crew to cease and desist in independent commercial screening based only on the ECA. If they want to go the commercial route, in industry, they should add a minimum of blood pressure, and always be under the aegis of the company doctor, and make preliminary efforts to join with the Heart Association and prepare the community.

I think we have agreed before that the two main reasons for ECG screening are 1) to make more imperative the intervention on modifiable factors--which they are not measuring and which the M.D. may not grasp and 2) to make a cardiac screening survey medically "respectable", which is not the case when it is the sole tool, and here engenders wide professional resistance to screening.

If they try to move into any areas overlapping with current screening for trials I think we will have to lower the boom on them.