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bcc: ✓ C. Moses, L. ✓ Cook, N. Borhani, J. Stamler, R. Remington, H. Taylor, F. Epstein, G. Friedman

AAA

December 18, 1972

Dr. Joseph T. Doyle  
Director, Cardiovascular Health  
Center  
Albany Medical College  
Albany, New York 12208

Dear Joe:

Thanks for your letter about representation on the AHA Executive Council. I believe we and other councils have made our point firmly and emphasized the dangers of reducing council representation and affiliate representation. All councils and all affiliates will be represented on the board, according to present COFARS considerations, but not in the Executive. The Executive will be a small body and this apparently has the support of Yu and Hurst and Moses.

I have tried to make our point about Epidemiology playing a role due to our "wider" view of the AHA priorities. But the role of counselor without client is an uncomfortable one as you know. I was particularly flabbergasted in NYC at the Central Committee to see for the first time the latest AHA Diet-Coronary Disease Statement as it was put up for a vote of acceptance! The Risk Reduction Committee saw it for the first time apparently in Dallas. Such a failure of communication about this most critical AHA policy is serious indeed, and I was forced to challenge and delay the vote on this. It is still incomprehensible to me that the chief author felt absolutely no need to get our support and input into the statement.

I share your concern. Having met with COFARS, however, I am convinced there is no plot against the Councils, only a desire to make management more effective. As I see it it is up to us to work hard and carefully on council representation. I expect that our view may not always prevail and that the largest or more entrenched councils will more often serve on the Executive Committee. This will not necessarily work against us but is little guarantee for the future.

Dr. Joseph T. Doyle

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December 18, 1972

What we have to offer is not being automatically sought after or bought. In this situation we have to try to be more convincing and at times, when ignored, to blow a whistle.

Please keep in touch. You might talk to Paul Ya.

Regards,

Henry Blackburn, M.D.  
Professor and Director

cao

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ANN  
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JOSEPH T. DOYLE, M. D.  
DIRECTOR

November 30, 1972

Henry Blackburn, M.D.  
Laboratory of Physiological Hygiene  
University of Minnesota  
Stadium Gate 27  
Minneapolis, Minn. 55455

Dear Henry:

I am sorry to have missed you in Dallas and trust that you are now recovered from the pestilence that smote you so grievously.

I write to express my dismay over the direction the Heart Association appears to be taking. I am resolutely opposed to the current move to turn control of the AHA over to the laity. Although Dick Remington made a most articulate and plausible case for accepting the then advertised COFARS recommendation of reduced Council representation on the Executive Committee, I am now persuaded that his views are based on logic alone and reflect a very limited experience of AHA politics. Clearly the Executive Committee runs the show and without representation from all Councils I fail to see how we can exercise any real scientific/medical leadership. Dick, and Bill Kannel too, are smarting from bruising confrontations with their conferees. Of course, epidemiology is a far more heterogeneous group of disciplines than those represented by our sister/brother Councils, but we do coexist and I am convinced that we will thrive only so long as we establish cross-linkages with other Councils. Realistically, this will have to be by the clinical route and which, historically, accounts for what success we have achieved as a Council.

With best regards,

Sincerely,



Joseph T. Doyle, M.D.

cc: Mr. Leonard P. Cook  
AHA