

CARDIOVASCULAR HEALTH CENTER
ALBANY MEDICAL COLLEGE
UNION UNIVERSITY
ALBANY, NEW YORK 12208

JOSEPH T. DOYLE, M. D.
DIRECTOR

February 2, 1972

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Henry W. Blackburn, M.D.
Chairman
AHA Council on Epidemiology
Laboratory of Physiological Hygiene
School of Public Health
University of Minnesota
Stadium Gate 27
Minneapolis, Minnesota 55455

Dear Henry:

I have blocked more than usual in undertaking a fundamentally ungenial chore, viz. responding to Dr. Hurst's mandate to define our Council's views on our role as a scientific body and our stance on current priorities for research and community needs. I fear that I have had a surfeit of this sort of thing in several quite different contexts.

Fortunately, and probably predictably, Fred Epstein has anticipated Willis' request in a preliminary statement considered but not acted upon in March 1969 by our Executive Committee. Leonard Cook was kind enough to call this document to my attention. Subject to minor revisions and updating this document in my opinion is still cogent and responsive. I would urge that it be forwarded to our President as an eloquent expression of what I believe to be our consensus, with due credit to its author.

Since Oley Paul won us Council status I believe that we have gradually gained acceptance by our peer group. This has been neither quick nor easy. It is my conviction that our continued viability rests largely on our willingness to communicate with the other Councils. So long as we continue to eschew the traditional Public Health or, as Roy Dawber would say, the Big E image, I am sure that we will succeed. This means, however, that our governance must remain clinically oriented or, in short, undemocratic and oligarchical.

The ravages of age are gradually overtaking even the current executive body. I would strongly urge that their successors be vigorously recruited from the Young Turks of our Council with strong identification with congenial Councils rather than from the academic groves of public health.

I would hope that our Council will aggressively assert its stake in the initiation, design, conduct and evaluation of any large scale efforts to observe or to modify behavior as it relates specifically to cardiovascular health. It is inappropriate as well as demonstrably futile to ask our reactions to a fait largely accompli.

Lastly, the agenda of the Executive Committee have steadily become longer, more complex and replete with important issues. Despite the increased time and expense, consideration should be given to quarterly meetings. The alternatives, to invest more responsibility in standing and ad hoc committees, would, I fear, disastrously replicate so much that is wrong with the lay administration of the parent organization, while to abridge the meetings would be to default on our numerous if often self-imposed responsibilities.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Joe' or 'Joey', written in a cursive style.

Joseph T. Doyle, M.D.

cc: Leonard P. Cook