

December 18, 1972

Arthur Feinfield, M.D.  
13320 Riverside Drive  
Sherman Oaks, California 91403

Dear Dr. Feinfield:

Enclosed is a resolution of the Executive Committee of the Council on Epidemiology which met November 19, 1972 in Dallas.

Resolution No. 2 appears on the face of it to be baldly self-serving by proposing specific representation of this Council on the Executive Committee. I hope you will appreciate that it is born out of a real concern that hospital-based physicians have not traditionally provided the evidence, concepts, impetus or the methodology toward prevention of coronary and hypertensive heart diseases in the community. Their contribution is in research, teaching and sick patient care. In contrast, this council contains physicians and scientists who have made major contributions in this area, and who are happy to help provide direction to the AHA in reaching the priorities which it has given to prevention.

Without a strong input from those oriented toward the community rather than toward the individual sick patient, we are concerned that a significant preventive effort may be impaired. There has been evidence of some inadequacies in policy statements and program efforts in the field of prevention, nutrition and risk reduction drawn up by AHA groups without active participation of the Council on Epidemiology where the expertise lies. Epidemiology is the basic science of prevention. If prevention is the real central priority of the AHA, epidemiological direction is essential.

Cordially,

Henry Blackburn, M.D.  
Chairman, Council on Epidemiology

HB/rs

c.c.J. W. Hurst

L. Cook

P. Boyle 44

C. Moses

Executive Committee, Council on Epidemiology