

November 19, 1971

Mr. Len Cook
American Heart Association
44 East 23rd Street
New York, New York 10010

Dear Len:

Would you send me please a list of all councils and committees of the AHA and their executive membership and please indicate on the list the members of our council. Please list our official liaison members and comment on those from whom we should request written reports; i. e. not reporting in Anaheim.

Please send me a list of the names, function and appointment periods for all committees of our council.

Will you be sending AHA stationery to me and Nemat?

Have you recommendations for a credentials committee? Could it not be combined with a standing nominating committee?

How do we go about getting the Vice-Chairman slated as president-elect? This seems to have been well received by the group. What would be the way to have the membership vote on this in Tampa and can a part of the motion be to make it retroactive to apply to Nemat?

Should we circularize the membership to propose strong young candidates for an Established Investigatorship in Epidemiology, and to propose whether their institution would be an appropriate one for such a pursuit?

Is it possible to have, or does AHA have any direct liaison to the CV section of WHO? I will explore whether it is possible for them to accept one.

Can I be informed of the viewpoints and probable decisions of Bennett versus Hurley on post-graduate seminars?

I believe a major effort of our council should be to run a U. S. Seminar on CV Epidemiology, probably in conjunction with the ACC.

Barrow is agreeable to Nemat as official liaison to Community Program.

N. Wenger is agreeable to be considered a liaison or member-at-large of our council from the Rehabilitation Committee.

December 1, 1971

Mr. Leonard Cook
American Heart Association
44 East 23rd Street
New York, New York 10010

Dear Len:

Now is the time in the next days that Ted Cooper needs the most support for his program with the budget people.

Could you please see that our executive council letter supporting his program on arteriosclerosis gets out immediately.

I presume that Cam Moses is active in this regard and I hope the matter can be put on the Central Committee agenda. The budget is very tight and there will be no new programs unless there is high level and directly effective influence.

When for the first time, I believe, in history NIH has a clearly enunciated acceptable policy and program in this field, I'm sure that AHA will want to pull out all stops.

Cordially,

Henry Blackburn, M.D.

HB/rs

c.c. C. Moses
J. Doyle
N. Borhani