

**Framingham Heart Study**  
**Appreciation Event**  
**November 29, 2007**

**Welcome and Introduction of Guests - Dr. Daniel Levy**

Good morning, I'm Dr. Daniel Levy and I'm joined by a number of distinguished dignitaries I'll have the pleasure of introducing in a few moments. They've come to Framingham today to thank the people whose devotion to a revolutionary study has changed the health of millions of people around the world.

Nearly sixty years ago the Framingham Heart Study was started by the U.S. Public Health Service and the National Heart, Lung, and Blood Institute at a time when cardiovascular disease had catapulted to become the leading cause of death in the United States. Back then, we knew almost nothing about the underlying causes of heart disease and even less about approaches to its prevention or treatment. It was in this setting that Congress set aside money to establish a long-term prospective epidemiology study in the town of Framingham Massachusetts. The goals of the study were to enroll and follow about 5,000 townspeople in an attempt to discover some of the underlying causes of our nation's leading killer. In the mid 1990s, the Framingham Omni Study of Minorities enrolled Framingham's vibrant and growing minority community into the study.

The town of Framingham was chosen for this novel study because during the First World War years its doctors and citizens had cooperated in a successful tuberculosis study; Framingham had a low rate of unemployment; it was located near major universities that could provide researchers; and, most importantly, because it was oh so ordinary. Framingham was a community that could be counted on to volunteer to participate in research, and it was an average town where unbeknownst to its citizens, a killer lurked in their midst.

By studying 5,209 men and women from Framingham -- you, your parents, and grandparents – and following them for the development of heart disease and stroke, certain patterns became apparent. People with high blood pressure and those with high cholesterol levels were at increased risk of developing cardiovascular disease. So too were people with diabetes, tobacco users, and those who were overweight or sedentary. An important legacy of the Framingham Heart Study was the identification of these key risk factors for heart disease. Every doctor knows the list of risk factors and so do most patients, but what few people realize is that even the very term “Risk Factor” was coined by the Framingham Heart Study through the pioneering work of Framingham researchers Drs. Roy Dawber and Bill Kannel.

My predecessor, Dr. Bill Castelli, who is here today, and a now new generation of investigators have continued that research and as you will soon hear from Dr. Elizabeth Nabel, they are steering the Framingham Heart Study in many new research directions.

The most common question I am asked by reporters is “Why do the Framingham Heart Study participants return every few years for lengthy follow-up exams where they are subjected to hours of testing, questions about private health matters, and where they are examined by strangers, and stuck with needles?”

This question is only asked by those who are unfamiliar with the people of Framingham and the study you have been part of. The answer is obvious to those of us who are part of the Study. The Framingham Heart Study participants are motivated by altruism. As the dictionary says, altruism is a charitable act that advances the interests of society above those of the individual. Patriotism and heroism are two common forms of altruism. And yes, because of what you’ve done for our nation and the world, the people of Framingham deserve to be thought of as heroes and patriots.

There are a number of people here today who also want to express their thanks to you, but before I introduce them I would like to take a moment to acknowledge a few special guests. First, I would like to introduce the Acting Surgeon General, Rear Admiral Steven K. Galson. I would also like to acknowledge Dr. Paul Sorlie, a statistician and epidemiologist from the NHLBI and the project officer for the Framingham Heart Study.

Our first speaker today will be **Secretary Mike Leavitt**, head of the US Department of Health and Human Services. You will notice that the program has him speaking last but he needs to return to Washington earlier than expected. Secretary Leavitt has come to pay tribute to the participants in the Framingham Heart Study and to thank you for your contributions to advancing the cause of personalized medicine.

As most of you know, the study is conducted as a partnership between the National Heart, Lung, and Blood Institute and Boston University. Following Secretary Leavitt, we will hear from the leaders of each of these institutions. **Dr. Robert Brown**, distinguished scholar in education and research, is president of Boston University. **Dr. Karen Antman**, a renowned cancer researcher, is Dean of the Boston University School of Medicine. And **Dr. Philip Wolf**, a neurologist at Boston Medical Center, is Boston University's principal investigator.

**Dr. Elizabeth Nabel**, a prominent cardiovascular researcher, is the director of NHLBI. **Dr. Elias Zerhouni**, a scientist and radiologist, is the director of the National Institutes of Health. And, of course, finally, we will turn hear from several participants in the study.

Please join me in welcoming Secretary Leavitt.

### **Remarks by Secretary Mike Leavitt**

I'm honored to be here in Framingham. My personal history, of course, is mostly in the state of Utah. But the first Leavitts in America settled just down the road here, in Hingham, Massachusetts.

In fact, there's a Leavitt Street in Hingham today.

So, like many Americans in all 50 states, I feel a personal connection to Massachusetts.

And, like all Americans, I actually have a personal stake in Framingham. And that's because of the Framingham Heart Study.

I asked Dr. Zerhouni and Dr. Nabel for this opportunity to come and talk with you because there are so many things to acknowledge and be thankful for here, as this Study begins its 60<sup>th</sup> year.

The first thing to be thankful for is the study itself. This is the study that first pointed us toward the risk factors for cardiovascular disease that are so familiar to us all today.

These factors are part of the way I think about my own health and the choices I make about what to eat and how to exercise. And that holds true for people all across the country and around the world. When it comes to getting across a message, you've had quite a success!

There are millions of us today who will look at something really delicious and tempting — like a fine piece of cheese cake — and say to ourselves, "You know, I really don't need all that cholesterol." And we'll walk away.

And the next thing we should say is, “Thanks, Framingham” — because knowledge is power. And the Framingham Study has given us the knowledge and with it the power to make healthier choices, and to prevent disease, and to treat disease more effectively.

That power was made possible by the willingness of 14,000 study participants in the Framingham area to share their health information.

So that’s the most important thing to be thankful for: namely, you, the participants in this study.

Framingham is a very special case: 60 years and three generations of sharing your health information. This is long-term, conscientious commitment. Maybe after all these years, it may seem no big deal to you. But it’s a rare gift you’ve given, and that you’re continuing to give.

For a health care researcher, the Framingham data looks like 24-carat gold. The reliability and the depth that researchers see in this data come from your consistency and openness over more than half a century.

Now I understand that no one is going to get the Nobel Prize for being a volunteer participant in medical research. But the truth is that progress in medicine is built on the experience that comes from patients.

All of us at HHS, all those who work in the health care field, and indeed all Americans owe a debt of gratitude to patient volunteers. We owe an expression of thanks — and yet that thanks is rarely articulated.

So another gift that you’re giving us is the opportunity — here today in Framingham — to say “thank you” to all those who take part in medical research

everywhere. Often, they take part in the hope of being at the cutting edge of some medical advance. But most important, I think, they take part for the same reasons that I believe you do — for the reward of giving and sharing.

This is the silent gift of all patient volunteers. Every so often, we should break that silence and say “Thank You.” I’m honored to have that opportunity here today.

There’s another reason to recognize the participants in the Framingham Heart Study at this point in time — and that’s your willingness to take a new leap into the future. If the Framingham Study hasn’t already given enough, I believe you’re on the cusp of giving much more.

I’m talking about Project SHARe. I think some of the other speakers will talk about the wealth of genetic information that is being made available through that project, and the exceptional value of having 60 years of well-defined clinical information to pair with that genetic data.

I’d like to talk about why I think this new phase for the Framingham Study is so important. It’s part of a new generation of research. And if this new research succeeds as we expect it to, it will help us achieve a new level of effectiveness in medical care.

I call the goal “Personalized Health Care,” and it means making health care much more individualized and precise for every patient.

Personalized Health Care depends on learning much more about the genetic basis of our health. By understanding the connection between genes and specific health conditions, we’ll be able to target health care much more precisely.

Today, our medical knowledge is tied to our anatomy. We talk about lung cancer

and heart disease. But in the future, we'll be talking about diseases at a much different level. We'll be talking about molecular-based diseases.

That will give us all kinds of new treatments that are effective for very specific conditions in individual patients.

Here's an example: the drug Warfarin, which is an important pharmaceutical that's been used for decades to help prevent stroke.

It's widely prescribed — almost 2 million prescriptions a year. But it's a difficult drug to use. Physicians tell me patients respond in very different ways, and the results can be dangerous. The FDA has recently added a Black Box warning for that very reason.

In the past, doctors have had to rely on trial and error to reach the best dose for every patient. But today we know that two genes are associated with the different responses to the drug.

With that knowledge, it appears very likely that doctors will be able to determine the right dose with greater accuracy. The result would save people a lot of suffering.

It would also have a profound impact financially, by avoiding costly adverse reactions. This could mean almost a billion dollars a year in savings.

Personalized Health Care can help us know our individual vulnerabilities. It can make health care more preventive. It can help us spot the onset of disease at a much earlier stage. And it can help us prescribe new therapies that are much more targeted and more effective.

Now there's no way around the fact that we have a long way to go to achieve the promise of Personalized Health Care. We have years, and even decades of work ahead of us, in many different fields.

But we also have a head start, in the form of studies like Framingham. One of the most fundamental building blocks for achieving Personalized Health Care is the kind of information that can be gathered from existing studies, just as is being done through Project SHARe.

- First, we need to be able to observe the variations between many different patients, so that we can understand the role of genetics in our health. In Project SHARe, you've agreed to provide access to genetic data that has been collected as part of the Framingham Study.
- Second, we need to have the best possible information about patients' health and lifestyles, so that we can begin to understand the specific roles that genes play, as well as the role of other factors. In PROJECT SHARe, some of the best clinical data available to us has been collected over three generations — and you are sharing that data with researchers.
- Finally, we need to have data from very substantial numbers of patients, so that we can get meaningful results for increasingly narrow subgroups. Large samples will be a key to “personalizing” our findings. And again, Framingham is one of our largest long-term studies.

In all of this, Framingham is a leader. And in the future, when health information technology is widely adopted, I believe we'll be turning again to this study. We'll need new analytical tools and new structures to understand the large amount of patient data that will become available. And once again, Framingham will be ahead of the curve. This study will have new lessons to teach us about aggregating and analyzing large amounts of patient data, getting sound results, and doing it securely.

That's why we're here today — to recognize the leadership of this study and the generosity of its participants, in the past 60 years and in a future of Personalized Health Care.

Thank you for sharing your lives with the world and for giving us all more hope for better health.

Dr. Brown.

## **REMARKS BY Dr. Robert Brown, President Of Boston University**

Secretary Leavitt, Directors Zerhouni and Nabel, Dr. Levy, friends: Thank you for the honor of participating in this wonderful event.

The American research university is designed to stand most successfully on three pillars: the creation and dissemination of new knowledge, education, and community service. Nowhere do these three pillars find firmer footing than here, in Framingham, Massachusetts, in the Framingham Heart Study.

The cardiovascular research that has been conducted here over the past six decades is virtually unparalleled in its scope and impact. Starting in 1948, teams of researchers have pursued their objectives in concert with academia, the government, and the community. In doing so, they have set the standard for long-term epidemiological research, involving now three generations of participants.

The findings from this research inform education conducted in virtually all schools of medicine and health science departments around the world. Generations of health practitioners are better able to care for their patients because of the greater understanding of the relationship between risk factors and cardiovascular disease. They can do so because they have been taught, in medical school, nursing, and allied health classrooms, the lessons learned in Framingham.

The world is a better and healthier place because of what has been accomplished here. This, truly, is a community service for which we are all grateful. Boston University is indeed proud to have been a part of this outstanding effort, and to have been a partner with NIH and the National Heart, Lung, and Blood Institute over the years.

Our greatest thanks must go to the people of Framingham. It could not have been easy to accept the proposition that was offered back in 1948. It must have seemed intrusive, at least. But you have remained steadfast in your commitment to this work for three generations. The rewards are increased knowledge and better health, not only for the people of Framingham, but for people around the world. On behalf of Boston University, I offer you my deepest thanks.

Dr. Antman.

## **REMARKS BY Dr. Karen Antman, Dean Of The Boston University School Of Medicine**

Thank you, Dr. Brown.

60 years ago, the National Heart, Lung, and Blood Institute and a small community with vision launched a research study on cardiovascular disease. At the time, very little was known about the general causes of heart disease and stroke. What researchers did know was that the death rates for cardiovascular disease had increased steadily since the beginning of the century and had become an American epidemic.

The study initially identified risk factors for heart disease such as high blood pressure and high cholesterol. Many then questioned whether reducing blood pressure or cholesterol would decrease the cardiovascular risk. A series of well-designed clinical trials has now proven that identifying risk factors and intervening before a patient developed heart disease decreases cardiovascular mortality. Deaths from cardiovascular disease have fallen dramatically.

In retrospect, the study had launched a new research field of cardiovascular epidemiology, a population-based study to identify risk factors for cardiovascular disease. The study has moved medicine from the paradigm of diagnosis and treatment to prediction and prevention.

The importance of the Framingham study is now recognized internationally. In December 1999 the Washington Post, selected the 10 greatest medical accomplishments of the 20th century. The FHS was fourth, after Antibiotics, Vaccines, and Vitamins.

Boston University became the academic home for this study at a time of restricted NIH funding 40 years ago. The collaboration between the Framingham community, Boston University faculty and NHLBI investigators has been productive over the past 40 years. The study has produced more than 1,500 articles in leading medical journals. The concept of cardiovascular heart disease

risk factors has become an integral part of the modern medical curriculum and has led to the development of effective treatment and preventive strategies in clinical practice.

Today we have come to recognize the accomplishments of the Framingham community, and the vision of the National Heart, Lung, and Blood Institute for funding the study. But to paraphrase Lincoln's famous address, "the world will little note, ... what we say here, but it can never forget what they did here... It is rather for us to be here dedicated to the great task remaining before us."

Cardiovascular disease remains the major cause of death for Americans in 2007. Again the Framingham community has agreed to be a part of the next step in the investigation of risk factors for cardiovascular, and now many other diseases. Three generations of participants, all carefully evaluated for a variety of health outcomes, allows unprecedented study of potential genetic markers of risk.

These extensive genetic and outcomes data will be available to physicians and scientists around the world to accelerate discovery of disease prevention and treatment strategies.

None of these achievements would have been possible without the dedication and cooperation of the Framingham participants.

I would now like to introduce Dr. Philip Wolf, a Professor of Neurology at Boston University. Dr. Wolf has been the Principal Investigator of the Framingham Heart Study since 1989.

## **REMARKS BY Dr. Philip Wolf, Boston University Principal Investigator**

Thanks Karen – I'm delighted to have the opportunity to acknowledge the longstanding cooperation and collaboration of a number of institutions and individuals. The Framingham Heart Study has prospered as a result of the sustained support of the NHLBI over these 60 years. There has also been strong cooperation and collaboration between investigators at Boston University and those of the NHLBI – we have worked together as a research team, sharing the labor and the responsibilities for the conduct of the study.

Of course, none of this would have mattered without the steadfast cooperation and support of the Heart Study participants whose commitment has provided the foundation for this historic effort.

The original leaders of the Framingham Heart Study, Dr. Thomas Dawber and William Kannel were National Heart Institute researchers who upon retiring from the US Public Health Service joined the faculty at Boston University School of Medicine as successive Chairs of the Department of Preventive Medicine. In this role they continued their creative scientific studies and productivity. They also attracted many of the current key Framingham investigators from Boston University and from other academic centers. Bill Kannel recruited me to the Framingham Study for research in stroke 40 years ago - I've been working here ever since. Over the years, scores of physicians and scientists from around the world received training as research fellows at the Heart Study. Many have become leaders in Preventive Cardiology and Cardiovascular Epidemiology.

As the participants know, the Framingham Heart Study has been more than “just” a *heart* study – It has been a study of most of the conditions afflicting adults particularly older adults: arthritis; osteoporosis; stroke; diabetes, dementia and Alzheimer's Disease. Landmark discoveries have been made in many of these areas as well as in heart disease and hypertension.

On behalf of the many Framingham investigators I want to thank the NHLBI for its support for The Framingham Heart Study. In particular, I need to thank the three generations of Framingham Heart Study participants for their unflagging support and endorsement of our efforts who have made this work possible.

Dr. Nabel....

**REMARKS BY Dr. Elizabeth Nabel, Director of the National Heart, Lung, and Blood Institute**

Good afternoon. It is a pleasure to pay tribute to the remarkable and ongoing Framingham Heart Study – a study made possible by funding from the National Heart, Lung, and Blood Institute of the National Institutes of Health and the Department of Health and Human Services. The Framingham Heart Study has been a tremendous scientific resource and has led to many important discoveries. As you have heard today, Framingham is famous throughout the world for identifying the major risk factors for cardiovascular disease. Identification of these risk factors in turn led to the development of new treatments that revolutionized medicine in the latter half of the 20<sup>th</sup> century.

Over the years, there have been many other accomplishments. For example, Framingham investigators have described many other factors related to heart disease and stroke – such as the contributions of low HDL cholesterol, age, gender, and psychosocial issues.

Since the study began, research capabilities have evolved and new diagnostic technologies such as CT scanning of the coronary arteries have been incorporated into the evaluations. Today, the Framingham Heart Study is different in many ways from the study you, your parents, or grandparents joined nearly 60 years ago. Now the study has active research programs not only in cardiovascular disease, but also in lung disease, sleep disorders, arthritis and

osteoporosis, cancer, Alzheimer's and Parkinson's diseases, to name just a few. On a broader scale, the study is at the cutting edge of new advances in genetics and biomarker science.

Last month, the study entered a new "era" so to speak - with the unveiling of the SHARe study, one of the world's premier genetic research resources. SHARe is the culmination of years of planning, and it incorporates the vision of many scientists including Dr. Chris O'Donnell, the SHARe scientific director, Dr. Larry Atwood, the co-director, and Dr. Cashell Jaquish, the project officer from NHLBI.

SHARe, which stands for the SNP Health Association Resource, is a database of 5 billion individual DNA alterations, or genotypes, from over 9,000 Framingham Heart Study participants. The SHARe resource also includes a large database of three generations of Framingham participants' clinical information. The SHARe resource is enormous, and the task of discovery extends beyond the capacity of any single research team. For this reason, it is important that this resource be made available to the broader scientific community to ensure that discoveries are made that will transform the way we understand health and disease.

As we open up this resource to scientists, it is also critically important to protect your privacy and confidentiality. In planning for SHARe, we were careful at every step of the journey to consult with study participants, to form an ethics advisory

board to guide us, to keep you informed through regular newsletters, and to create this resource in a way that is consistent with the preferences you expressed. And in creating SHARe, we built in some key protections to preserve your rights as research participants.

First, in SHARe we only include data from participants who have expressed a willingness to share their data and DNA with outside researchers. Second, the SHARe resource is made available exclusively through the National Center for Biotechnology Information, a branch of the National Library of Medicine and the NIH. Each DNA sample in the database – and the clinical information it is linked to -- has been assigned new identifiers to protect confidentiality.

Third, to further protect Framingham participants, investigators seeking access to the SHARe resource must submit an application that is reviewed by an NIH Data Access Committee and accompanied by an approval letter from that investigator's Institutional Review Board. As you know, Institutional Review Boards have an obligation to protect you and your interests. Fourth, the application process requires that a senior official at the investigator's institution sign an agreement that firmly establishes the terms under which data can be used. And last, anyone applying to access the SHARe resource must provide a computer security plan, including the encryption of laptop computers. In order to safeguard your privacy, the NIH will enforce all the protections we have insisted on for the SHARe study.

There is enormous potential in the SHARe resource. Recently, researchers using approaches similar to SHARe, have discovered genes and gene regions that are responsible for promoting heart disease, diabetes, obesity, and many other diseases. I believe that the investment NIH has made in SHARe will lead to additional new discoveries of genetic causes of cardiovascular disease and its risk factors, and also of many other conditions that have been studied in Framingham for the past 6 decades.

It is a good guess that many discoveries from SHARe will be made by the Framingham Heart Study researchers from NHLBI and Boston University who have been devoted to the study for decades and who are here today. Through Framingham SHARe we hope to unlock genetic mysteries of disease that will open the way to new treatments to improve the health of future generations. We and our children and grandchildren will be the beneficiaries of the generosity of the people of Framingham. Our visit today is an expression of our gratitude to you – the participants in the Framingham Heart Study.

It is now my pleasure to turn over the podium to the Director of the National Institutes of Health, Dr. Elias Zerhouni.

**REMARKS BY Dr. Elias Zerhouni, Director Of The NIH**

**Framingham Heart Study: Thanking Patient Participants in Medical  
Research**

**Ballroom, Framingham Sheraton Hotel, Framingham, MA**

**Thursday, November 29, 2007**

**11:30am-1:15 pm**

**Talking Points for Dr. Elias A. Zerhouni**

- Thank you, Betsy. It's an honor to be here today with this distinguished panel of speakers—and, even more, to be here with you, the people of Framingham.
- Your city has its own unique history and tradition. In addition to this local identity, you have, through your long partnership with the National Institutes of Health, also become a city of international renown—synonymous with what is *now* seen as “conventional wisdom” about living a healthful and long life.
- Many have rightly paid tribute to your contributions to our understanding of heart disease. Many will rightly do so for years to come. Today, though, I would like to spend a few minutes thanking you for what you've done for NIH – and for biomedical research in America.
- The National Institutes of Health, as you well know, is the nation's biomedical research agency. I am confident that you know this, because you helped make NIH what it is today.
- What do I mean? Let's return to the early days of the Framingham Heart Study, in the late 1940s. It was a pivotal time in history. The potential of medicine, and of America itself, offered—to borrow a phrase from the period—an “endless frontier.”

- Its heroic contributions to a second World War had just established the United States as an international force to be reckoned with ... And medicine finally began to realize its long-held dream of curing disease, offering the world a series of antibiotics that promised to hold infectious diseases at bay.
- Infectious disease had long been a focus of medical research. For, it was diseases such as cholera and malaria, tuberculosis and influenza, that had most dramatically shortened the life spans of so many of the people then living. Not coincidentally, it was to control just such diseases that NIH was first created, as a small hygienic laboratory at the end of the 19<sup>th</sup> century.
- On that “endless frontier” of the late 1940s, a pattern, faint yet distinctive, was becoming evident. More and more Americans were suffering from “derangements of the heart and arteries.” American medical researchers were quick to take note. The American Journal of Public Health wisely recognized the scope of the problem.
  - “It is these diseases of later life,” the Journal editorialized, “... which present the major public health challenges of the future. It is most essential that they should be studied so thoroughly that the contributory factors may be identified. We may confidently believe that such investigation will enable us to postpone degenerative changes and to mitigate their effects.”<sup>i</sup>
- The editors were referring to the new heart study ... being undertaken in Framingham, Massachusetts.
- That study was being directed by the new National Heart Institute at NIH. And, it so happens that NIH had just become “NIH” – with a plural “institutes” rather than its earlier, singular, form – *because* the National Heart Institute was officially added to our small but growing campus.

- Today, NIH boasts some 27 institutes and centers. And, in part due to the fuller understanding of heart disease that Framingham provided, the National Heart Institute has itself expanded, bringing “Lung and Blood” studies into its realm ... and its name.
- Not only was the new Framingham project attached to a new institute—it also reflected NIH’s post-WWII, expanded mission.
  - Looking beyond those increasingly-controlled infectious diseases, NIH began to investigate *chronic* diseases.
  - Expanding its vision, it began to undertake clinical, as well as laboratory, research.
- And, through Framingham, the National Institutes of Health recognized the irreplaceable role that public **participation** must have in any successful biomedical research program.
- Your participation in our research program allowed us to associate a variety of risk factors with the eventual onset of heart disease, and of other diseases. It allowed us to identify certain measurable quantities, such as cholesterol, that help us **predict** who is at risk for heart disease.
- In fact, the association of cholesterol with heart disease has pointed us in the direction of other “biomarkers.”
  - These biomarkers promise to become more numerous and more precise as our understanding of biological processes grows.
  - They are already leading us to earlier diagnoses of many diseases ... and to improved assessment of the effectiveness of specific treatments in specific individuals.
  - This is a crucial part of Secretary Leavitt’s “personalized” medicine.

- And so, Framingham helped the National Institutes of Health step into the future of biomedical research. For sixty years now, you have helped us all live healthier lives by showing us that, by avoiding risk factors, we can **preempt** heart disease.
  
- Today, as Dr. Nabel has mentioned, Framingham continues to help NIH move into the future of biomedicine—through participation in the “SHARe” study.
  - By combining the rich clinical evidence you have already shared, with further research on a molecular level, you will deepen our understanding of the complex interactions of genetics, the environment, and lifestyle choices.
  - You will help us **personalize** treatments more effectively.
  - Ultimately, you will allow us to **preempt** disease before symptoms ever strike patients.
  
- And so, I thank you:
  - As Director of the National Institutes of Health, I thank you for making NIH what it is today.
  - As a doctor, I thank you for helping bring within our reach a future in which medicine will have the power to lessen human suffering on a level once barely imagined.
  - And, as a new grandfather, I thank you for improving the chances that future generations will live healthier lives than ever before in human history.
  
- As an expression of the Nation’s appreciation, I’m happy to join the National Heart, Lung, and Blood Institute and the Department of Health and Human Services in presenting a certificate to the participants in the Framingham Heart Study. Each participant in the Study will be receiving one of these certificates.

## **REMARKS BY FRAMINGHAM PARTICIPANT Dr. David Anghinetti**

On behalf of all the participants in The Framingham Heart Study, I would like to thank Secretary Leavitt and all of the speakers for their kind words.

It is an honor and a privilege for me to represent the Framingham Heart Study participants, including all those who are no longer with us, those that are currently participating and those that hopefully will come to participate in the future.

I was asked to explain what it is like to be a participant. I can best do that with an example. Public speaking is not something that I am comfortable doing but, when I was asked if I would do it, I simply said yes. This, in a nutshell, is the crux of the relationship that exists between the participants of the Framingham Heart Study and the researchers. There is never a hesitation when we are asked to perform a particular task.

In the beginning those original participants had no idea what the so-called Heart Study would entail. But that first group, who had already experienced World War I, The Great Depression and World War II, brought to the Study a wonderful sense of purpose and commitment. Tom Brokaw rightfully called them "The Greatest Generation". Over time, they began to realize they were becoming part of something very important and so developed a trust, respect and dedication to the Study that is evident still today. They felt they were so fortunate

and privileged to have been given this wonderful opportunity to give something back to the society that they fought so hard to preserve.

In a parallel path all those that came to work at the Heart Study started to experience those same feelings towards the participants. Thus evolved a wonderful symbiotic relationship that has carried the Framingham Heart Study to the heights that exist today. Both groups would never, ever let the other down nor would they ever do anything to damage that relationship. We have always trusted that, whatever we are asked to do, our best interests were always considered first and foremost.

I believe the following story tells a lot about what it is like to be part of The Framingham Heart Study. Some years ago I was skiing in Northern Italy. I sat on the chair lift next to an Italian gentleman. We greeted one another in Italian. We chatted in English, and he told me he lived in Rome and asked me where in America I came from. I said near Boston. He said that he was familiar with Boston because he had spent two years at Yale studying his specialty of medicine and that he was now a cardiologist in Rome. So where did I actually live. I told him in a town about twenty miles west of Boston called Framingham. He then said isn't that where the Framingham Heart Study is? I said yes and that I am a participant. He looked at me in amazement and explained how he and his colleagues were constantly quoting the findings from that Study and how they all wondered who these participants were and if they actually existed. He said if he

only had his camera he would take my picture to show all of his colleagues back in Rome that Heart Study participants really do exist and here's what one of them looks like. When we reached the top of the lift he shook my hands many times and thanked me for all that The Heart Study has done in the treatment of cardiovascular disease. As I skied away I felt kind of special.....and today.....I still feel kind of special.

## Remarks by Rev. Dr. J. Anthony Lloyd

Good Afternoon!

On this the occasion of the celebration of the 60<sup>th</sup> year of the Framingham Heart Study as well as the celebration of entering into a new phase, the SHARe project, I would want you to know that I am honored to "Stand and Be Seen". From my heritage as an African American comes the old adage from the elders when someone asked them How are you doing? They would respond by saying: I am happy to be seen! This morning, I think these words capture my sentiment for the occasion.

I am happy to be seen as a participant of the OMNI Cohort of the Framingham Heart Study. Thank you for the inclusion of myself as well as the hundreds of other African Americans from Framingham who have not only benefited from the Study by enabling them to be proactive in their own health care management, but also by giving them an opportunity to contribute to the furtherance of research in the field. The partnership between the Study and participants has enhanced the quality of life and enabled countless individuals and families to improve their own health as well as that of others. Thank you for the legacy that is ours and our children and grandchildren because of this opportunity to participate.

I remind my Congregation from time to time that we have not always been invited to the table, but we have always been willing to be at the table. "It is good to be Seen!" I also stand to be seen as the great, great, grandson of slaves who would thank you for the research, and dedication that has gone on these past 60 years to gain more knowledge in the service of humankind. Your stewardship and that is what it is, goes beyond personal achievement and success in your field of research, but speaks to the character of the human family that is made in God's image. Thank you on behalf of the thousands of individuals over the years who have had a better quality of life because you have labored.

As a member of the Ethics Committee of the Framingham Heart Study, I know you labor honestly to do justly by your research as to not disturb the image of God in all of us. So today we pause to celebrate and say thank you to all those who have labored and all those who have been participants. In closing, I would encourage you from an old song from my tradition that we have sung down through the years. It has been inspiration to continue in the struggle of the journey of life. The words are:

Walk together children. Don't get weary  
Walk together children. Don't get weary  
Walk together children, Don't get weary  
There's a great camp meeting in the promise land

We're gonna walk and never tire, walk and never tire, walk and never  
tire

For there's a great camp meeting in the promise land

Congratulations, Framingham Heart Study on 60 years, it is good to" Stand and Be Seen".