

2000 Presidential Address

It was quite a year to be president of the American Diabetes Association (ADA). About halfway through my term, I received some very unexpected news: I was diagnosed with a malignant brain tumor. After 5 months of intensive treatment—surgery followed by radiation and chemotherapy—I am delighted to have been able to complete my term as president and am hopeful about the future. Needless to say, this experience has given me a whole new perspective on what it takes to conquer serious illness. You certainly need all that medical technology can offer, but you also need a community that cares. It was a revelation to me that we have that community right here, and let me tell you, it is powerful.

While I was in the hospital, I received hundreds of cards and letters not just from family and friends, but from patients, physicians, nurse educators, dietitians, and research scientists from around the world. Diabetologists from Saudi Arabia to Argentina to Italy e-mailed me with messages of courage.

I also received tremendous support from the staff and volunteers I worked with at the ADA. Our chairman, Ed Hawthorne, and our president of health care and education, Elizabeth Walker, both accomplished their own duties as leaders of the association and capably filled in for me when I was unable to perform some of the tasks of the presidency. Our secretary-treasurer, Jim Horbowicz, kept us on track financially and reminded us of the dedication of people with diabetes. I have also been fortunate to have good support from my Mayo colleagues, particularly my close friends Colum Gorman, John Service, and Bob Rizza.

This year has been particularly difficult for my wife of 32 years, Cristina. She has shown remarkable strength and has been very helpful and supportive. I can only surmise this strength of character comes from being born one of five and being raised in Buenos Aires. We are particularly proud of our three children, Paul, an archeologist, Giselle, who works in international relief, and Vanessa, who is a talented artist. Their support is helping to carry me through this difficult time.

I am quite confident that the remarkable support I have received during my

treatment from all of these people and many more than I can name has been, and continues to be, essential to my recovery.

The fact is, diabetes has created a unique and diverse community of caring. The very nature of the work we do with people who have diabetes brings all kinds of people together in ways that do not routinely happen in acute care. The disease we battle does not go away, so over time, we really get to know each other.

This community has meant the world to me these last few months. But beyond my own situation, it has become absolutely clear to me that the community itself is one of the best resources we have for fighting diabetes in every corner of the globe. Here in the U.S., the ADA is the focal point for that community. But this is not a disease with a national identity. It affects people in every country, in every walk of life. As a global community, we can—and we must—do more to stop the explosive growth of diabetes worldwide.

Individually and through this association, you and I have the power to make a difference. The ADA is both unusually strong and remarkably diverse. Unlike most professional societies whose membership focuses on one specialty or another, our members reflect the comprehensive nature of the illness itself. We are clinical physicians, research physicians, fellows, nurse educators, dietitians, psychologists, and many others. And we are not just health care professionals. We are highly skilled staff members. We are lawyers, community activists, business people, and other professionals outside of health care who volunteer their time to our cause. Most importantly, we are more than 3 million professionals, patients, family members, and others who, like you and me, are dedicated to a future free of diabetes.

This organization builds community among all of these varied groups. We work on committees. We get together at scientific conferences and workshops and serve on advisory boards. We work together on research studies and do peer review for ADA journals and research applications. Through this association, we have many opportunities to get to know each other. In all of this, it is our sense of common cause that binds us together. No matter

how we are involved, each of us knows first-hand how devastating diabetes can be for individuals, families, communities, and increasingly, for nations. And we are determined to do our part to make this disease history.

That is a big enough challenge in this country, where an estimated 16 million people already have diabetes and the population is growing at an alarming rate. But globally it is almost 10 times worse. In fact, more than 150 million men, women, and children around the world suffer with this cruel disease. If current trends continue, in the next 25 years, the number of people with diabetes will nearly double to 300 million.

Even worse, diabetes is likely to grow faster in developing countries that can least afford it. By 2025, Bangladesh will have more than 4 million people with diabetes—that is more than 2.5 times the number of cases in that country today. Saudi Arabia's diabetic population is expected to mushroom from less than 1 million to nearly 2.5 million—an increase of nearly 150%. Syria and Kenya will triple their cases of diabetes. Mexico's caseload is projected to grow from just under 5 million today to nearly 12 million in a quarter of a century. It is frightening to think about nearly 40 million Chinese and nearly 60 million Asian Indians with diabetes—well over double the number cases in each of those countries today—but unless we change things, that is where we are headed.

The numbers are staggering. Yet the problem diabetes poses to worldwide health and the world economy too often goes unrecognized. Recently we have been hearing a lot about how the growing AIDS pandemic threatens to destabilize the world. That is a very serious concern. But what about the diabetes pandemic? How will numbers like these affect not only the countries burdened with them, but the whole world? The toll will be heavy, for sure—both in human terms and in economic terms.

As we all know, however, this scenario is not inevitable. We have time—but not a lot of time—to reverse these trends. It will not happen without the concerted efforts of the global diabetes community. As a member of that community, the ADA needs to think and act more globally than we did a generation ago—and we need to do more.

Fortunately, technology has already begun to help us accomplish this. Like many of you, I am in regular touch with physicians and scientists in several countries. In fact, this year I have had several wonderful "get well" e-mail messages from around the world. With the Internet, not only can we share information at lightning speed, but we can build stronger relationships between individuals and organizations to strengthen the global diabetes community.

The Internet is great, but there is nothing like meeting people face to face. In the past several years, I have been privileged to visit several countries where the explosion of diabetes is a serious concern, and I have learned a great deal from practitioners and research scientists in those places. People like Dr. Kamal Al-Shoumer in Kuwait and Dr. Essa Dhafiri in Saudi Arabia; in Singapore, Dr. C. Rajasooya and Dr. Thai ah Chuan; in Mexico, Dr. Juan Ramon del la Fuente, minister of health; Professor Raptis, head of a diabetes center in Greece; in Argentina, Dr. Maximino Ruiz; and many of their colleagues in all of these countries. I was always impressed by their knowledge and dedication.

Partnerships with colleagues around the globe are essential to addressing the diabetes epidemic. The ADA pursues such partnerships in a number of ways. Let me highlight just a few for you. For more than 20 years, the ADA has been an active member of the International Diabetes Federation (IDF). In case you are not aware of it, the IDF is an umbrella group of diabetes organizations in 130 countries, working to build the kind of community I have been talking about. At ADA, we provide office space and computers for the organization's work in North America. We also give them volunteer and financial support. One of the most exciting areas of cooperation is our work to explore ways we can use the Internet to improve patient care. The ADA and IDF both have excellent websites, as does the World Health Organization. These are all great sources of information for both professionals and consumers.

In November, the IDF will be holding its triennial congress in Mexico City. This is an important opportunity for people like us throughout the Western Hemisphere to get together to discuss the global problems of diabetes. There are already more than 5,000 people signed up for the conference.

Here in San Antonio, we have presented the Harold Rifkin Award for Distinguished International Service in the Cause of Dia-

betes to IDF's outgoing president, Maria de Alva. And we look forward to working with the incoming president, George Alberti.

It is especially important that we work closely with our colleagues in Central and South America. Nearly 35 million people with diabetes live in the Americas, which is nearly a quarter of the world's total caseload. By the year 2025, the caseload in the Americas is expected to increase to nearly 65 million. That is why the ADA is one of more than 50 diabetes organizations from Canada to Argentina that support the Declaration of the Americas on Diabetes. This movement was spearheaded 3 years ago by the IDF and the Pan American Health Organization to make the public more aware of diabetes and to develop national programs throughout the Americas. From the beginning, our association has supported the Declaration with staff to help get the project going. Now we are providing the program with office space, computers, and consultation services.

We assist international efforts in a number of other ways: from helping people in other countries start diabetes organizations to sending our journals free of charge to IDF member organizations that cannot afford the subscription.

We have made a good start toward a more global approach for this association, but there is so much more to do. The worldwide challenges are daunting and will outpace our efforts unless we expand them. We have many opportunities to do so. Let me mention just a few.

Although I have received insightful suggestions from Sterling Tucker and Henry Rivera from the IDF, I should make clear that the ideas I am about to share are not official recommendations of either the ADA or the IDF. I am acutely aware that at times the U.S. is viewed as a bull in a china shop, and I would not want to do anything to destroy our relationship with the IDF or other diabetes organizations. But I believe that we are blessed as an organization to have the resources to make a unique difference.

First, we can use the Internet in new ways to improve the quality of care of people with diabetes. Studies have consistently shown that problems are common throughout the world in delivering care that meets ADA standards or the standards of the St. Vincent declaration. These problems have nothing to do with the availability of medications or the knowledge and dedication of the global diabetes community. They have to do with the systems of care.

Evidenced-based treatment standards and the Internet can help us solve these problems. For the past 10 years, our group at Mayo has been trying to improve the system of care by using computerized patient records to track treatment plans and manage patients with diabetes. The Diabetes Electronic Management System we have developed is now being used at sites in the U.S., Greece, the Netherlands, and Canada and has been shown to be successful. We have the data to show that computerized records are very effective tools for managing diabetes and improving the way care teams follow guidelines for care. Now we are moving to a Web-based system, and it would be easy to make it widely available. I would love to see Mayo work with the ADA and the IDF on a computerized management system that could improve the care of people with diabetes throughout the world.

Second, we can reach more widely with continuing education programs for physicians, nurse educators, and other members of the diabetes team. For years, the ADA has conducted successful continuing education programs throughout the U.S. With adequate funding, we could share these programs with the diabetes community around the world.

We have plenty to learn from our peers in other places as well. I would like to see us bring people from places like Singapore, India, Mexico, and Saudi Arabia to teach us about the unique clinical aspects of diabetes in their countries. The better we understand the ethnic differences in diabetes, the more quickly we will untangle the genetics of diabetes and figure out how to prevent it. Maybe we can even work with other countries to develop research studies to help answer these questions.

Third, we can promote advocacy efforts around the globe. In recent years we have learned the tremendous role that patients can play as our allies and political advocates. With the active involvement of people with diabetes in this country, we have increased coverage for patient medical supplies and education, and funding for research. If we could marshal the political energy of people all around the world who have diabetes, just think what a powerful force for change that would be.

The growth curve for diabetes in the coming century is clear, and it is chilling. If we are to alter that curve, we have no time to waste. As the great Russian novelist Leo

Tolstoy once wrote,

There is only one time that is important—NOW! It is the most important time because it is the only time that we have any power.

My own recent experience with illness has made me acutely aware of that truth. I have been handed both the challenge of illness and the opportunity to marshal the resources of a caring community for my own healing. Now is the time for me to meet that challenge and take that opportunity.

The ADA has been handed both the challenge of a potentially catastrophic pandemic of diabetes in the next two to three decades and the opportunity to marshal the resources of the global diabetes community for healing—not just in our own country but around the world. Now is the time to meet that challenge and take that opportunity.

With the help of this community, I am making it day by day through the nightmare of this illness and moving toward the day when this experience will be only a memory. With the help of the diabetes community around the world, we can

wake up from the nightmare of a global epidemic and move more rapidly toward the day when diabetes will be nothing but a distant memory. I urge you to take every opportunity to bring us to that day. Now is the time.

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