

# Issues and Updates

## ADA, iiFAR, and Thank You Research Laud Diabetes Researchers for Their Efforts

By October 21, as many as 5000 thank-you cards will be mailed to diabetes researchers around the country. The cards, from diabetic patients and their families, are being sent to show special appreciation for diabetes researchers who use animals in their studies. The American Diabetes Association (ADA), Thank You Research, and Incurably Ill For Animal Research (iiFAR) have organized the mailing and are lobbying for a Joint Resolution of Congress to declare October 21 as National Biomedical Research Day.

Controversy surrounding the use of animals for medical research has increased as the public has become more aware of testing methods and as ethical questions about the use of animals have been raised. Many researchers have received hate mail and threats to their research from animal rights activists and others.

But behind all of the emotional responses to animal research lies a human element, the people whose lives are touched directly by animal research, the patients who benefit, stresses iiFAR's Chief Executive Officer Greg Maas.

iiFAR and Thank You Research

were formed to present the patient's perspective on animal research. iiFAR attempts to increase public awareness of the benefits of animal research by "providing living, breathing examples of those who have benefited from animal research," says iiFAR's Greg Maas. Thank You Research works to boost the morale of researchers and keep their enthusiasm high.

Thank You Research was started in 1992 by Nora Rumpf, who is also an iiFAR member. When Rumpf's son was saved by a procedure that could not have been developed without animal research, she decided to express her gratitude to the research community. Other grateful parents joined her by sending thank-you cards to researchers with a picture of their child attached. The response was so overwhelming that Rumpf and her associate Kathy Braga recently opened their first Thank You Research office in Washington, DC. Through their efforts, many patients and their families have been given an opportunity to personally thank researchers.

When asked about the impact of Thank You Research, Rumpf replies "if you measure success by the impact on researchers who have received the cards, we have been very successful." Researchers who have received cards express both surprise and gratitude. One researcher, for example, stated that the "card was so encouraging—it has touched many people's hearts because it really is the first real thank you for a difficult job. One of our caretakers—a middle-aged man who has cleaned cages for 12 years—had tears in his eyes." Rumpf hopes that

eventually the thank-you cards will "hang over every lab bench in America."

iiFAR was established in 1985 by a group of patients who suffered from incurable diseases. All of these individuals were benefiting from treatments that would not have been possible without animal-based research and wanted to generate positive press for the work of researchers. The organization mushroomed and in 1987, iiFAR became a nationwide organization with a national headquarters and 20 state chapters around the U.S. iiFAR Chair of the Board Royanne Hollins, who has insulin-dependent diabetes, notes that "this is the only organization out there consisting strictly of patients."

iiFAR works primarily at a grassroots level. The state chapters serve as the mouthpiece for patients and also develop new research-support programs. According to Maas, "local chapters are striving to become more proactive, not reactive to issues surrounding animal research and the incurably ill." To do this, iiFAR members attend health fairs, write letters to the editors of local newspapers, participate in television talk shows, and generally promote good public relations about animal-based research.

Because iiFAR's mission is so close to that of ADA and other health organizations, iiFAR wants to continue involvement in the activities of ADA and wants to create more working relationships with health-care organizations, says Mass. He feels that iiFAR can play a vital part in the advocacy role of such organizations.

In addition to their joint effort of

sending thank-you cards to researchers, iiFAR, ADA, and Thank You Research are collaborating to gain official recognition for a National Biomedical Day—a day to thank the research community for their endeavors, promote public awareness of how animal research helps diabetic individuals and others with incurable diseases, and acknowledge the successes of biomedical researchers.

Thank You Research, ADA, and iiFAR are planning to continue working together to promote what they consider to be the lifesaving work that diabetes researchers are involved in. The huge response from diabetic individuals who are writing and sending out cards shows that these individuals have much to say.

—Christianna L. Shortridge

## Surgeon General Calls on Health-Care Professionals to Support Health-Care Reform

Surgeon General of the U.S. Public Health Service, M. Joycelyn Elders, MD, urged physicians to take an active part in our nation's health-care reform when she addressed fellow members of the Endocrine Society at their 75th annual meeting on 11 June 1993 and in her essay entitled "The Future of U.S. Public Health" (*Pulse/JAMA* 269:2293–95). She stressed that physicians must support universal health care as a right for every American and promote reforms that make it available, accessible, and affordable.

The concept of universal access to health care is not new and is common among the many proposals for reform being reviewed by Congress. For exam-



Dr. M. Joycelyn Elders

ple, the American Diabetes Association (ADA) has included universal health-care coverage in its Statement of Principles for Health-Care Reform, which outlines what must be included in a reform package for ADA to endorse it. Universal coverage means that no one will be denied access to health care, even those with a pre-existing condition, such as diabetes.

Dr. Elders believes that necessary reforms can only come about by refocusing the health-care system toward prevention. In terms of costs, "we know the cost-effectiveness of many preventive measures, yet we spend just 0.8% of our health-care budget on prevention." Of the \$840 billion spent on health care in this country, noted Dr. Elders, 90% is spent in the last few months of life. "So what we really pay for is not health, but very expensive dying." The health-care system focuses on keeping people alive rather than keeping people healthy. "We provide the best tertiary care in the world," she told endocrinologists, "but what is not available is primary preventive health care."

One factor that contributes to the unavailability of primary preventive health care is a lack of generalists. "Of 600,000 physicians, 70% of them are specialists. We need 60–70% generalists as opposed to specialists." A partial solution recommended by Dr. Elders is for specialists to position themselves so that "the specialist becomes the primary care physician." Dr. Elders believes this is already the case for many diabetic patients, who may initially visit a general practitioner and then be referred to a specialist, who they continue to see thereafter.

Another factor that contributes to the unavailability of primary preventive health care is the lack of health-care providers in rural areas. Elders pointed out that there are many health-care providers in urban areas, but "our medical training institutions must recruit and train professionals willing to work in underserved areas and with high-need populations." Only then will the health-care system be able to focus on primary preventive care and create true access.

True access to health-care services starts at the community level, according to Dr. Elders. She believes the Public Health System should diagnose and assess community needs, determine regional trends, and work with health-care providers to meet those needs. She stresses that health-care providers have a responsibility to be the power-brokers for their community by helping identify needed programs and policies. "Physicians should work to link patients with services that address social and economic barriers, recognizing that these factors (e.g., lack of transportation) influence health status as much as the ability to pay for services." Once community needs have been assessed, Dr. Elders feels they must be addressed with broad-based prevention strategies.

And "prevention entails education as much as it does access to services. With respect to patient education in prevention, physicians have done too little, too late," she admonishes. Providers are not being fair when "we prevent them

from dying, but we have not taught them how to be healthy." Dr. Elders emphasized that everyone must be educated early about health. She advocates comprehensive health education programs in our schools from kindergarten to the 12th grade "because this is where our children are." She asks physicians to work with parents and educators to address the health needs of children. In addition to schools, she proposes the use of churches to educate communities.

None of these improvements will be effective "if health-care professionals sit idle" and unless the Public Health Service addresses the overriding problem that "we lack a true health-care system." Dr. Elders characterized the Public Health System as in complete disarray, lacking both funds and leadership.

Dr. Elders intends to bring leadership and organization to the health-care system through the post of Surgeon General of the U.S. Public Health Service.

Dr. Elders, a pediatric endocrinologist, was professor of pediatrics and chief resident of pediatrics at the University of Arkansas Medical Center. She was formerly on the board of directors at ADA's Arkansas Affiliate.

In her six years as director of the Arkansas Department of Health, Dr. Elders has been a proponent of comprehensive school-based health services and has focused on preventing unwanted, unplanned pregnancy by promoting contraception, sex education, and abortion rights. She is emphatic that both contraception and abortion be covered by health insurance.

Dr. Elders believes that the most important thing she has learned as a health director is to keep her eye on the prize. "The prize for me is that every child in America will be able to grow up healthy, educated, motivated, and to have hope for the future."

—Karen Lombardi Ingle

## Shalala Addresses National Health Council

Donna Shalala, Secretary of Health and Human Services (HHS), discussed implementing a health-care reform package and refocusing the health-care system toward prevention in her July address to the National Health Council, of which the American Diabetes Association (ADA) is a member.

Despite the difficulties inherent in developing a proposal for health-care reform, Secretary Shalala assured National Health Council members that the Clinton Administration would be ready to present a health-care reform package to the public within the next few months. The package will outline a basic comprehensive benefits package and include a gradual phase-in of mental health benefits.

When asked what she worried about in implementing a new health-care package, Shalala noted that the country does not take well to sharp changes and that implementation of a new health-care package should be taken in cautious steps. As she aptly stated, "The politics of health-care reform are very personal." Secretary Shalala then characterized the particular principles that will guide the formation of a health-care package.

First, "because everyone is nervous about a new health-care package," Secretary Shalala cited "peace of mind as one of the main principles being followed in the construction of a package." She characterized this major component as the knowledge that health benefits cannot be taken away if an individual becomes ill, changes jobs, or develops a debilitating disease.

Another principle cited by Shalala that must be included in a health-care package is choice. "Americans are sticky about choice...Americans want to choose their own doctors."

Shalala indicated that the government will not impose restrictions on or limit the choice of providers. She also said that states would be able to choose certain options best suited to their populations.

The principle of equal treatment must also be inherent in the health-care reform package. Shalala wants to make sure that the poor and underprivileged, who have often been neglected in the past, are taken care of and that the health-care system becomes more sensitive to the particular needs of women and minorities.

Shalala was adamant about the pressing need to reform the entire health-care system. "My experience talking with the people of this country about their health care confirmed my belief that the health-care system is in chaos and that costs are overwhelming," Shalala stated.

From her position at HHS, Secretary Shalala is working to refocus the health-care system toward a prevention-oriented approach. By making an "investment in prevention," more effort will be put into keeping people healthy. "The country needs to renew its efforts in prevention because we are falling behind in our ability to care for our citizens."

Primary to refocusing the system toward prevention is making information about health and health-care costs more accessible. The Clinton Administration believes that increased knowledge will allow people to become more responsible for their own health. "People must take back responsibility for their own health," says Shalala. She feels that consumers just do not know enough about their own health or health-care costs.

Also included within the move toward prevention is continued support for research. She emphasized the Clinton Administration's strong commitment to the National Institutes of Health (NIH) and attempted to quell any fears about federal research appropriations being eliminated or significantly reduced in a new—hopefully more cost-efficient—health-care system.

Shalala stressed, however, that research should adequately serve the entire population by focusing more intently on diseases that disproportionately affect minorities, such as diabetes, and on diseases specific to women, such as breast cancer.

In an additional effort to boost financial support of research, Shalala will encourage true partnerships between government and the private sector. ADA has already launched its own efforts in this direction. ADA and the National Institute of Diabetes and Digestive and Kidney Diseases will co-fund approximately 12 NIH-approved grants for biomedical research for up to five years.

Shalala is also taking measures to ensure that research is translated more quickly into practical application. For example, she is working closely with the Food and Drug Administration to streamline the review process for new devices and new drugs.

Shalala came down strongly on reorienting specialists to general practice. "We must shift the interest of health professionals to primary care and prevention." Although she did not provide a specific plan, she did suggest limiting the number of government-sponsored residencies for specialties, indicating that the government could play an important role.

—Sarah L. Roberts

## ADA Events

**Recognition Conference:** Meeting the National Standards for Diabetes Patient Education Programs and Applying for ADA Recognition, 25–26 January 1994, Boston, MA.

**Behavioral Medicine Satellite Symposium:** Strategies for Implementing Tight Control in Patients with Type I and Type II Diabetes, 26–27 January 1994, Boston, MA.

**41st Annual Advanced Postgraduate Course:** 28–30 January 1994, Boston, MA.

**Research Symposium:** Pancreas and Islet Cell Transplantation, April 1994.

**54th Annual Meeting and Scientific Sessions:** 11–14 June 1994, New Orleans, LA. Deadline: 7 January 1994 for submission of abstracts.

**Contact:** ADA, Professional Education Department, 1660 Duke Street, Alexandria, VA 22314.

**Program information:** 703–549–1500, ext. 212 or ext. 215; registration information: 703–549–1500, ext. 330.

**Diabetes Mellitus 1993: An Overview and Update**

**4–5 October 1993**

**New York, NY**

**Location:** New York Telephone, 1095 Avenue of the Americas, 23rd Floor Auditorium.

Certification Review Course in preparation for the upcoming NCBDE's National Certification Examination for Diabetes Educators.

**Sponsorship:** Clinical Society of the American Diabetes Association/New York Downstate Affiliate and the New York Association of Diabetes Educators

**Topics include:** Current concepts in the treatment and management of diabetes.

**Contact:** American Diabetes Association/New York Downstate Affiliate, 149 Madison Avenue, New York, NY 10016. Tel: 212–725–4925; Fax: 212–725–8916.

**41st Annual Symposium of the Clinical Society of the American Diabetes Association/New York Downstate Affiliate**

**23 October 1993**

**New York, NY**

**Location:** New York University Medical School, New York, NY

Application has been made for 4 hours of credit in Category I for the Physicians Recognition Award of the American Medical Association.

**Sponsorship:** Clinical Society of the

American Diabetes Association/New York Downstate Affiliate

**Speakers include:** Normal Fleischer, M. Alan Permutt, Gordon C. Weir, and Edwin L. Bierman.

**Contact:** American Diabetes Association/New York Downstate Affiliate, 149 Madison Avenue, New York, NY 10016. Tel: 212–725–4925; Fax: 212–725–8916.

**The 1993 Diabetic Foot Update: A Multidisciplinary Approach**

**10–12 December 1993**

**San Antonio, Texas**

**Location:** San Antonio Marriott Rivercenter Hotel

Course is worth 18 hours of credit in Category I for the Physicians Recognition Award of the American Medical Association.

**Sponsorship:** The University of Texas Health Science Center at San Antonio, Department of Orthopaedics, and the American Diabetes Association, Texas Affiliate.

**Contact:** Office of Continuing Medical Education, The University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, Texas 78284–7980. Tel: 210–567–4444; fax: 210–567–6964.

## Other Events

**12th Danube Symposium on Diabetes Mellitus**

**7–10 October 1993**

**Krakow, Poland**

**Topics include:** Long-term diabetes complication, insulin therapy, diabetes mellitus in children, and gestational diabetes mellitus.

**Contact:** Associate Professor Jacek Sieradzki, Department of Endocrinology, Medical Academy in Krakow, 31–501 Krakow, Kopernika 17, Poland. Tel: 48–12–21–01–44; Fax: 48–12–21–40–54.

**1st Latin-American Course on Diabetes Epidemiology**

13-21 October 1993

Buenos Aires, Argentina

**Sponsorship:** Alberto Roemmers Foundation and WHO DiaMond Project.

**Contact:** Dr. Ronald LaPorte, WHO Collaborating Center for Diabetes Registries, Research and Training, 3460 Fifth Avenue, 5th Floor, Pittsburgh, PA 15213. Fax: 412-692-8329. Dr. Manuel Marti, Fundacion Alberto Roemmers, Irigoyen 460, 6to piso, 1310 Buenos Aires, Argentina. Fax: 54-1-334-9715-716.

**Eighth National Conference on Chronic Disease Prevention and Control: The Role of Chronic Disease Prevention and Control in a Changing Health Environment**

17-19 November 1993

Kansas City, Missouri

**Sponsorship:** Centers for Disease Control and Prevention, the Association of State and Territorial Health Officials, and the Association of State and Territorial Chronic Disease Program Directors

**Topics include:** Interactions among federal, state and local health departments; voluntary health agencies; and professional organizations.

**Contact:** National Center for Chronic Disease Prevention and Health Promotion, CDC, Mailstop K-43, 4770 Buford Highway, NE, Atlanta, GA 30341-3724. Tel: 404-488-5390; fax: 404-488-5962.

**Arterial and Arteriolar Wall in Diabetes Mellitus: Animal vs. Human Studies**

20-23 April 1994

Toledo, Spain

**Deadline:** 1 November 1993 for submission of abstracts.

**Sponsorship:** European Society for Clinical Investigations.

**Topics include:** Microcirculatory changes, endothelial dysfunction, vascular reactivity, and pathobiology of the vessel wall in diabetic angiopathy.

**Contact:** Dr. N.C. Schaper, Department

of Internal Medicine, University Hospital, P. Debyelaan 25, postbus 5800, 6202 AZ Maastricht, The Netherlands. Tel: 043-877019; Fax: 043-875006.

**Diabetes 1994 Conference**

6-7 May 1994

Vancouver, British Columbia, Canada

**Location:** Coast Plaza at the Stanley Park, 1733 Comox Street, Vancouver, British Columbia, Canada.

**Sponsorship:** University of British Columbia, Vancouver, British Columbia, Canada.

**Topics include:** Improving ability to diagnose and manage patients with insulin-dependent and non-insulin-dependent diabetes mellitus.

**Contact:** Diabetes 1994 Conference, Room 105-2194 Health Sciences Mall, University of British Columbia, Vancouver, British Columbia, Canada. Tel: 604-822-2626; Fax: 604-822-4835.

**American Board of Internal Medicine Examinations**

23-24 August 1994

**Deadline:** 1 September 1993 through 1 December 1993 for registration.

**Contact:** Registration Section, American Board of Internal Medicine, 3624 Market Street, Philadelphia, PA 19104. Tel: 1-800-441-2246; Fax: 1-215-243-1500.

**7th International Congress on Obesity 20-25 August 1994**

Toronto, Ontario, Canada

**Location:** Westin Harbour Castle Hotel  
Participants may receive AMA Category I study credits.

**Contact:** Continuing Education, Faculty of Medicine, University of Toronto, Medical Sciences Building, Toronto, Ontario, M5S 1A8 Canada. Tel: 416-978-2718; Fax: 416-978-7144.

**Lessons From Animal Diabetes International Workshop IV**

2-4 November 1994

Omiyai, Saitama, Japan

**Sponsorship:** International Diabetes Federation Congress

**Topics include:** Genetics of non-insulin-dependent and insulin-dependent diabetes mellitus in different animal models, diabetes complications in animals and treatment by drugs and other modes, endocrine malfunction, and the mechanisms of insulin resistance and obesity associated with diabetes.

**Contact:** Dr. Yasunori Kanazawa, c/o Access Brain Inc., Hongo-sky Building 503, Hongo 3-38-11, Bunkyo-ku, Tokyo, Japan 113. Fax: 81-3-3818-4433. Dr. Eleazar Shafir, Department of Biochemistry, Hadassah University Hospital, Jerusalem 91220, Israel. Fax: 972-2-434434.

**Third International Symposium on Diabetic Neuropathy**

3-5 November 1994

Kanagawa, Japan

**Location:** Hakone Prince Hotel

**Sponsorship:** International Diabetes Federation Congress

**Topics include:** Diabetic neuropathy.

**Contact:** Dr. Nigishi Hotta, Third Department of Internal Medicine, Nagoya University School of Medicine, 65 Tsushima-cho, Showa-ku, Nagoya 466, Japan. Tel: 052-741-2111 (ext. 2218); Fax: 052-733-8241.

**15th International Diabetes Federation Congress**

6-11 November 1994

Kobe, Japan

**Location:** Kobe Convention Center

**Topics include:** Prevention of diabetes and clarification of goals to reach by the year 2000.

**Contact:** S. Ohsata, Kobe Convention Center, 6-9-1, Manatjima-nakamachi, Chuo-Ku, Kobe 650, Japan. Tel: 078-303-0055; Fax: 078-302-7303.

**The Wolfram Syndrome Registry**

New York Medical College

Hawthorne, New York

**Conditions:** The Wolfram Syndrome Registry seeks additional Wolfram syndrome (DIDMOAD) patients and their

families for federally funded genetic studies. The Wolfram syndrome is diagnosed when diabetes mellitus and bilateral optic atrophy are present. Many other clinical manifestations may occur. **Contact:** Dr. Ronnie Gorman Swift, Director, Division of Psychiatric Genetics, New York Medical College, 4 Skyline Drive, Hawthorne, New York 10532. Tel: 914-347-2690.

### International Genetic Collaborative Study

**The Institut de Morphologie Pathologique Loveral, Center for Human Genetics**

**Loveral, Belgium**

**Conditions:** Clinicians with patients who have total lipodystrophy (lipotrophic diabetes, Berardinelli-Seip syndrome) can enter an international genetic collaborative study aimed at localizing the gene responsible for the disease. Participation consists of providing a single blood sampling of affected patients, unaffected siblings, and their parents.

**Contact:** Dr. Lionel Van Maldergem, Center for Human Genetics, IMPL, Allee des Templiers 41, 6280 Loveral, Belgium. Tel: 32-71-471520; Fax: 32-71-471520.

## ADA Awards

### Kelly West Lecture Award

**Award:** Each year, in memory of Dr. Kelly West, the Council on Epidemiology and Statistics presents the Kelly West Lecture Award in honor of significant contributions to the field of diabetes epidemiology. Award recipient receives a plaque and an honorarium at the Council's June meeting and gives a lecture.

**Deadline:** 31 December 1993.

**Conditions:** Scientific quality and significance of a nominee's work as related to the epidemiology of diabetes and its

complications are selection criteria. Nominees must hold a PhD, MD, MPH, or equivalent degree. Nonresidents of the U.S. are eligible. A copy of the nominee's CV and a detailed letter explaining why the individual merits consideration must be submitted.

**Contact:** Richard F. Hamman, MD, PhD, Council Chair, c/o Phyllis Barrier, Council Affairs, American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314.

## ADA Research Awards

### ADA Career Development

**Award:** Up to \$75,000/yr for 3 yr to support new researchers with 2-5 yr of postdoctoral/postfellowship research experience. Funds divided between salary and other grant support.

**Deadline:** 1 February 1994 for 1 July 1994 funding.

**Conditions:** Applicants must be U.S. citizens or have permanent resident status and hold full-time positions at U.S. university-affiliated institutes.

### ADA Research

**Award:** Between \$20,000 and \$40,000/yr for 2 yr to assist researchers, new or established, who have a novel, exciting idea for which they need support.

**Deadline:** 1 February 1994 for 1 July 1994 funding.

**Conditions:** Applicants must be U.S. citizens or have permanent resident status and hold full-time faculty positions at U.S. university-affiliated institutions.

### Clinical Research Grant Program

**Award:** Up to \$75,000/yr for 3 yr for studies that involve humans.

**Deadline:** 1 February 1994 for 1 July 1994 funding.

**Conditions:** Studies must focus on intact human subjects in which the effect of a change in the individual's external or internal environment is evaluated. In

vitro research on human blood or tissue samples does not qualify unless there has been a major in vivo intervention, and the protocol is designed specifically to quantitate the effect of the manipulation. Applicants must be U.S. citizens or have permanent resident status and hold full-time faculty positions at U.S. university-affiliated institutions.

**Mentor-Based Postdoctoral Fellowship Program Award:** \$30,000/yr for 3/yr for a postdoctoral fellow working with an established diabetes investigator. **Deadline:** 8 October 1993 for 1 July 1994 funding.

**Conditions:** The investigator must be a U.S. citizen or have permanent residence status and hold an appointment at a U.S. research institution. The fellow must have an MD or a PhD and no more than 3 yr of postdoctoral research experience. **Contact:** American Diabetes Association, 1660 Duke Street, Alexandria, Va 22314. Tel: 703-549-1500, x362.

**Lions SightFirst Diabetic Retinopathy Research Program:** \$40,000/yr for 2 yr to support new treatment regimens, epidemiology, and translation research. Consideration will be given to training grants and grants for equipment.

**Deadline:** 1 February 1994 for 1 July 1994 funding.

**Medical Student Diabetes Research Fellowship Program:** \$4000 for a 3-6 mo period to promote medical student interest in careers of diabetes-related clinical investigation or basic research.

**Deadline:** 1 March 1994 for 1 July 1994 funding.

**Conditions:** Application must be made by the student who must have a qualified sponsor. The student must have completed at least one year of medical school. The award will be \$3000 to cover the 3-6 month period of research experience and \$1000 will cover the costs of supplies, animals, and so forth that are related to the student's project.