

Correspondence

POLICIES OF THE AMERICAN DIABETES ASSOCIATION

To the Editor:

The temptation to engage in solicitation of money from the public by the use of mass publicity channels has faced the governing body of this Association ever since it embraced the twin projects of education of the public about diabetes and detection of unrecognized cases. Successive administrations have affirmed and recently reaffirmed a policy which avoids open and unrestricted fund raising. The obvious needs for money are for research, to expand and improve our program of dissemination of authoritative information about diabetes to diabetics and to the general public, to support our two journals (lay and professional), and to employ additional staff to carry out these and other worthy projects. If the pattern of other, better known health agencies was followed there is little doubt that major increases in income would result and the organization would become better known by the general public.

In spite of such potential financial rewards the Council of the Association, advised by its Policies committees from year to year, has chosen to follow a course counter to the common one. The wisdom of this policy, or lack of it, as the case may be, will not be apparent until some years have elapsed, the work of the Association carefully analyzed, and our prestige properly appraised in comparison with the record of other special groups with more money to raise and to spend.

Proponents of a somewhat unpopular policy such as this have convinced the Council of the wisdom of several fundamental principles which are pertinent to the problem.

First, there is the obvious fact that we, as an organization, can elect to use public fund-raising methods at any time we choose. But having elected to do so we cannot retreat to more conservative policies. Once adopted, those methods must continue by virtue of the existence of the organization they support. Only a catastrophe of some kind could change them.

Second, it is apparent that radical change should come slowly—by evolution, not revolution. As growth occurs it is more solid if it is slow and steady. Mushrooming growth tends to be soft and porous.

Again, any medical organization in which control of principle and purpose is not held rigidly by the physicians who compose it, may not accomplish what it sets

out to do. It is axiomatic that if devoted people fail to participate actively in the work of an organization their skill, talent, wisdom, and sympathies and interest are lost.

Money should not be raised for the purpose only of obtaining it, especially by a nonprofit association. Specific uses should be recognized, budgets established and funds sought to fulfill those needs. Otherwise harm may result because of extravagance and covetousness. Money can bring evil as well as good, and there are many things which it cannot buy. Included in these are good will, confidence, self-respect, and most important, the faithful services of many people devoted to a common cause.

Perhaps the most cogent argument in favor of more income is the need for support of research. Yet governmental and other agencies now make money available in unprecedented amounts. Many observers believe that the current need is not for more financial support but for more capable investigators—for brains more than for facilities.

Finally, it must not be forgotten that it is possible to grow better instead of bigger. There are times when emphasis might well be on improvement of quality rather than expansion of quantity. The active program now promoted by this Association includes projects like the journals, postgraduate courses, affiliate societies, diabetic camps, and case-finding endeavors, perfection of which could well engage our major attention for the next few years. In most instances they require consecrated effort by physicians, not more money. They need the kind of help which money cannot buy.

We have a fifteen year record of achievement of which we may well be proud. It has occurred without use of the familiar appeal to the public for money. Perhaps it is now time to consolidate our gains, to improve rather than increase. A radical change of policy might easily create new problems and undo some of the good work which has resulted from fifteen years of hard work in our present pattern.

This comment primarily represents the viewpoint of its writer, but it is shared by many others who have the good of the organization at heart. Certainly its merit should be weighed carefully before any change of method is considered seriously.

ARTHUR R. COLWELL, M.D.
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