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# Organization Section

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## Dr. James Gavin Leads ADA Into 1993–1994

This June, after serving the American Diabetes Association (ADA) for many years, James R. Gavin, III, MD, PhD, began his term as ADA President. In preparation for the presidency, Dr. Gavin worked closely with former ADA President F. Xavier Pi-Sunyer as president-elect and laid the groundwork for ADA's 1993–1994 agenda.

Dr. Gavin's induction coincided with the release of the Diabetes Control and Complications Trial (DCCT) results at ADA's annual meeting in June. He is particularly excited about this because ADA's role as the main source of information on the DCCT has given the organization an opportunity to reach even more people with the message of diabetes control and prevention.

However, along with the opportunity comes responsibility. As Dr. Gavin says, "ADA has to be responsible for appropriate interpretation and application of the DCCT results. ADA's responsibility for providing guidelines [for those with diabetes and for health-care providers] that are appropriate will increase, and the results increase the urgency of that part of ADA's mission."

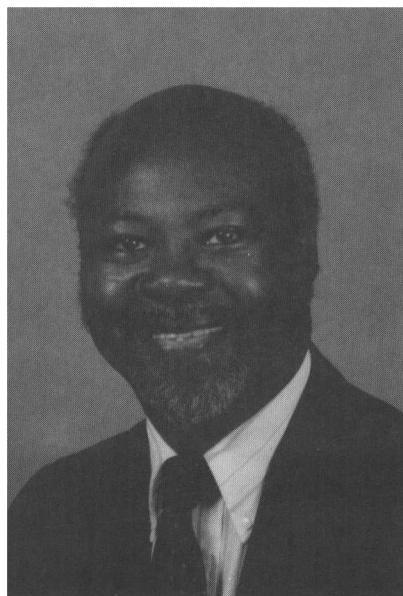
Dr. Gavin feels that because of ADA's role in the DCCT, more primary care providers will be drawn to ADA, which is one of Dr. Gavin's main goals. He wants primary care providers to view ADA as the premier source of information on diabetes care. Dr. Gavin feels that "ADA is in the best position to provide primary care providers with a high level of insight into care of diabetes patients...The results of the DCCT are the boost we needed to drive the point home."

Health-care reform is another area where Dr. Gavin feels ADA needs to be in the forefront. According to Dr. Gavin, the health-care reform task force has begun to look at the issues ADA is concerned with, which include eliminating pre-existing condition exclusions; providing coverage for insulin,

diabetes education, and diabetes-related supplies; and providing universal access to health care.

Dr. Gavin also emphasized the need for offering preventive care in a new health-care system. He says that not only is it important to provide care for those who already have diabetes, but it is essential to offer preventive care for people at risk of developing the disease.

Dr. Gavin notes that while this will increase initial costs, it will save money in the long run. "The health-care reform movement will put some ADA issues on the back burner because of the cost. We have to be aggressive advocates for appropriate responses for people who are affected and at



Dr. James R. Gavin, III

risk. This is a long-term view and the health-care system is not set up for that."

Dr. Gavin is not certain that all the changes ADA advocates in health care will be viewed with enthusiasm by the health-care reform task force. Therefore, he believes it is crucial to continue lobbying diligently. According to Dr. Gavin, the most effective way to do this is through a unified effort on the part of the organizations that represent people with diabetes.

Dr. Gavin is concerned about division among the three major organizations that focus on diabetes—ADA, the Juvenile Diabetes Foundation, and the American Association of Diabetes Educators. In addition, he notes that other groups, such as endocrinologists and immunologists, are interested in forming their own groups with diabetes advocacy as part of their mission. Dr. Gavin feels this will ultimately be detrimental for people with diabetes. "We need to be centralized. If we are going to speak with any authority, we have to have a focal point through which advocacy is carried out through a large base. That is how you gain power in the political arena."

Dr. Gavin also cites the compelling need to continue working for research appropriations. He feels this should be conducted at the federal and state levels as well as in the private sector. "Advocacy needs to be done especially for biomedical research, which is directly related to diabetes research. We have to argue for both."

During his presidency, Dr. Gavin intends to focus on improving and expanding ADA's programs. Dr. Gavin is already heavily involved in ADA's Cultural Diversity Department, which he says is "more than just one program. We are trying to include everyone who should be a part of ADA...so they will be a part of what we do and who we are."

This year ADA is launching an African-American Initiative. As part of this, Dr. Gavin heads a team that is setting up a registry for

African Americans with diabetes. He has already contacted several traditionally black sororities, fraternities, and professional organizations. In addition, Dr. Gavin has approached Sandra McDonald, who developed a community-based outreach program for people with AIDS in Atlanta, Georgia, for help with the initiative. "ADA will be developing a model for the black community, targeting people with diabetes and people at risk for diabetes, based on Ms. McDonald's program. If this model works, it will be adapted for other minority groups."

A similar program is currently underway in the Hispanic community. In the Hispanic Initiative, volunteers invite people into their homes for home health parties where diabetes and its risks are discussed, however, the African-American Initiative will go one step beyond this. Dr. Gavin says that "with this new model, people will be actively going to other people's homes to seek out those with diabetes." Even though new programs are being put into place, Dr. Gavin stresses that neither the Hispanic Initiative nor any others will be neglected.

Dr. Gavin also feels strongly that ADA should refine its existing programs. With that in mind, he points to the Diabetes Alert, a program that helps identify people at high risk for diabetes, as one of the most significant public awareness vehicles. Dr. Gavin envisions taking this program to the next level so that in terms of recognition it is akin to the Great American Smoke-Out sponsored by the American Cancer Society and other nationally known public awareness strategies.

Within ADA, Dr. Gavin wants to encourage the participation of professional members in local affiliate activities. "The volunteer development and fund-raising people need to feel more like they are a part of ADA. One way to do this is to have researchers serve on affiliate committees. There has to be an integration and a shared experience. The Professional Section members need to understand the role they play in stimulating a sense of ownership for the volunteers."

Dr. Gavin is excited about being president of ADA, although he admits it was serendipity that got him interested in diabetes. When he was working on his doctorate, he knew he wanted to go into endocrinology but could not decide whether to focus on reproduction or metabolism. When he found out he had to be an obstetrician/gynecologist to go into reproduction, he decided on metabolism.

After that decision, Dr. Gavin worked in the laboratory of a diabetes group, and his interest in diabetes has not wavered since. Although he had no personal experience with diabetes, in recent years, he has learned diabetes is in his family, which has made him even more dedicated.

Dr. Gavin's entire career has been in pursuit of the cellular and molecular mechanisms through which insulin exerts an effect on body tissue—insulin action. This has led to an interest in what goes wrong with insulin action—insulin resistance. He is also

fascinated by what accounts for some of the major differences in the development of diabetes in different ethnic groups.

Dr. Gavin enjoys diabetes research because he sees it as one of the few areas that accommodates a range of interests that are all challenging, such as finding a cure and providing better care for patients with diabetes.

Dr. Gavin completed his undergraduate work at Livingstone College in Salisbury, North Carolina, in 1966. He then received his doctorate degree from Emory University in Atlanta in 1970, and his medical degree from Duke University in 1975. In addition to his work at ADA, Dr. Gavin has been involved in the American Federation of Clinical Research and The Endocrine Society, and he serves on the *American Journal of Medical Sciences* Editorial Board.

—Stacey N. Wages

#### ADA EVENTS

**Consensus Development Conference:** Self-Monitoring of Blood Glucose: 28–30 September 1993, Seattle, WA.

**Prevention of Diabetes and its Complications:** 5 November 1993, Sheraton Inn, Minot, ND.

**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. Tel: 703–549–1500, x212 or x215.

#### OTHER EVENTS

**19th Annual Meeting of the International Study Group of Diabetes in Children and Adolescents**

**2–6 September 1993**

**On board the cruise ship Neptune in the Aegean Sea**

**Contact:** Dr. C. Bartsocas, Department of Pediatrics, P & A Kyriakou Children's Hospital, GR-11527 Athens, Greece. Fax: 30–1–7796461.

**3rd International Symposium on Diabetes and Atherosclerosis**

**4–6 September 1993**

**Klasses, near Istanbul, Turkey**

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

**Contact:** Professor Gerald H. Tomkin, 1 Fitzwilliam Square, Dublin 2, Ireland. Fax: 01–768074.

**29th Annual Meeting of the European Association for the Study of Diabetes**

**6–9 September 1993**

**Istanbul, Turkey**

**Contact:** Serpil Bagriacik, Osmanli Sok 23, 80090 Taksim-Istanbul, Turkey. Tel: 90–1–245–04–15; Fax: 90–1–251–75–60.

**Type I Diabetes: New Frontiers for Prevention and Immunotherapy**

**10 September 1993**

**Istanbul, Turkey**

**Sponsorship:** The International Diabetes Immunotherapy Group and the European Association for the Study of Diabetes.

**Topics include:** Autoimmunity and new therapeutic approaches, strategy for prevention, and immunology. Abstracts are invited.

**Contact:** Dr. Hasan Ilkova, Turkish Diabetes Association. Tel: 90–1–529–9947; Fax: 90–1–530–6891.

**International Congress on Obesity Management**

**19–22 September 1993**

**Antwerp, Belgium**

**Location:** Antwerp University

**Sponsorship:** Ministry of Health of the Flemish government, Eurocheque, Quorn, Howard Foundation, Weight Watchers, Coca Cola.

**Topics include:** Safety and efficacy in obesity treatment; evaluating health risks, management, and appetite control (with a satiety index as a prime innovation); obesity in children; psychological facets; and effects of exercise.

**Conditions:** Simultaneous translation into Dutch, French, and German.

**Contact:** Obesitas, vzw, secretariaat Bunderbeeklaan 19, B-2950, Kapellen, Belgium. Tel: 32–3–664–17–12; Fax: 32–3–665–12–30.

**International Diabetes Epidemiology Group Meeting**

**22–23 September 1993**

**Noumea, New Caledonia**

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

**Sponsorship:** Cosponsored by the International Diabetes Epidemiology Association

**Topics include:** Diabetes in the tropics; IDDM, NIDDM, and malnutrition related diabetes; diabetic pregnancy and fetal development; sex hormones and glyco-regulation; the insulin resistance syndrome; prevention of IDDM and NIDDM and their complications: feasibility, methods, and program evaluation.

**Contact:** Dr. B. Baulkau, Secretary IDEG, INSERM unit 21, 16 Ave. Paul Vaillant Couturier, 94807 Villejuif Cedex, France. Tel: 33–1–45–59–51–61; Fax: 33–1–47–26–94–54.

**12th Danube Symposium on  
Diabetes Mellitus  
7-10 October 1993**

**Krakow, Poland**

**Deadline:** 1 April 1993 for registration and abstracts.

**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.

**Deadline:** 15 June 1993 for submission of application forms.

**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.

**The Centers for Disease Control:  
Issuing Call for Abstracts for its 8th  
National Conference on Chronic  
Disease Prevention and Control  
17-19 November 1993**

**Kansas City, MO**

**Topics include:** Chronic disease epidemiology, interventions, and intervention assessment and evaluation.

**Deadline:** 3 May 1993 for abstracts.

**Contact:** Jack Friel, NCCDPHP, Centers for Disease Control, 4770 Buford Highway, NE, Mailstop K-43, Atlanta, GA 30341-3724. Tel: 404-488-5390; Fax: 404-488-5962.

**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.

**15th International Diabetes  
Federation Congress  
6-11 November 1994**

**Kobe, Japan**

**Location:** 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, Manatojima-nakamachi, Chuo-Ku, Kobe 650, Japan. Tel: 078-303-0055; Fax: 078-302-7303.

**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 RESEARCH AWARDS**

**ADA Career Development Awards**

**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:** 2 August 1993 for 1 January 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 Awards 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:** 2 August 1993 for 1 January 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 1993 for 1 July 1993 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.