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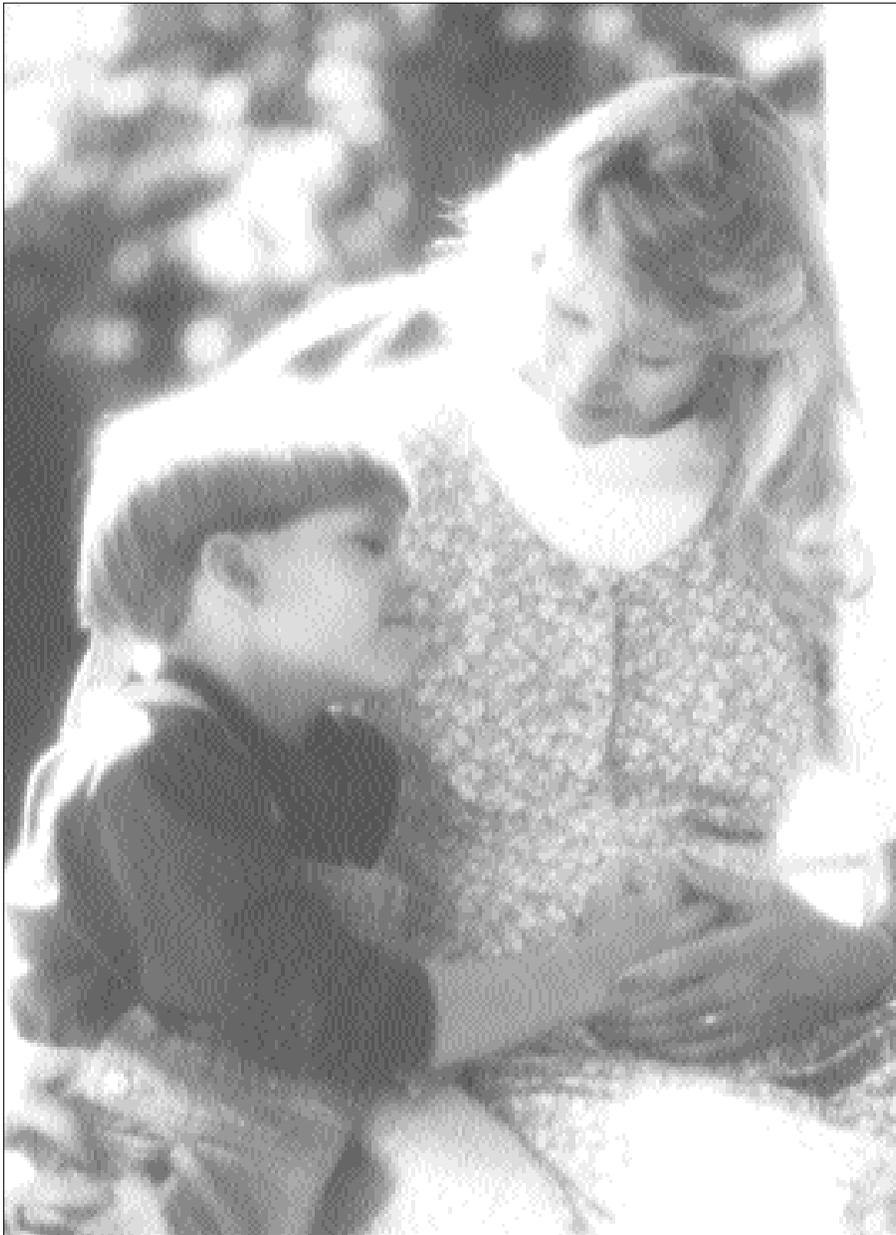


Photo Martin Crabb

Jonathon is a patient at the Barbara Davis Center for Childhood Diabetes

## GENETICS AND DIABETES

— Pam Fain, PhD

Research Geneticist at the Barbara Davis Center

For years, it has been known that diabetes runs in families, as is the case for many if not most other diseases. However, until recently, it was very difficult to identify the genes that

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— Continued

cause disease. The human genome, which refers to the entire collection of genetic information in humans, consists of about 100,000 genes. The identification of a gene that has specific effects on disease susceptibility was once like finding a needle in a haystack. This situation changed in the late 70s and early 80s when research using recombinant DNA technology began to show that it was possible to map and clone human genes. With the ability to map and clone disease genes, it should be possible to predict which relatives are at highest risk for disease. Perhaps more importantly, it will be possible to study the specific mechanisms and genetic pathways involved in disease pathogenesis and to use these results to develop and implement more effective therapies.

## Human Genome Project

In recognition that the new techniques in molecular biology might be used to identify genes that cause disease, the Board on Basic Biology of the National Research Council's Commission on Life Sciences established the Committee on Mapping and Sequencing the Human Genome to assess the implications of the new findings, which held promise for revolutionizing the field of human genetics. In 1988, the Committee recommended the initiation of the Human Genome Project, an ambitious effort aimed at mapping and sequencing the entire human genome. In 1989, the National Institutes of Health (NIH) formed a division known as the National Center for Human Genome Research (NCHGR), which along with the Department of Energy (DOE), has been the major source of

funding for the projected 15-year \$3-billion Human Genome Project. As similar efforts were supported in other countries, many laboratories in the U.S. and around the world began the task of generating DNA markers and constructing genome maps while many of the same and other laboratories began to use the markers and maps to identify disease genes. Within 5 years of the initiation of the Human Genome Project the number of known genes increased from a few hundred to nearly 5,000. Although this still represents only 5-10% of the total estimated number of genes, the global effort to map and sequence the entire human genome is expected to be completed on schedule.

What are the implications of the Human Genome Project with respect to identifying genes that cause diabetes and what progress has been made in this regard? To date, most of the disease genes that have been identified cause so-called "Mendelian" disorders in which one gene is responsible for the disease in most cases. However, Mendelian disorders are usually very rare. Although in some cases diabetes and/or autoimmunity can be attributed to a specific gene, in most cases diabetes is caused by the interaction of two or more genes. The genes involved may differ in different people, making it even more difficult to identify these genes. Even so, it has long been known that a gene or genes within the major histocompatibility complex (MHC) on human chromosome 6 can increase the risk for diabetes. The ability to identify and study specific MHC variants and their effects on diabetes susceptibility has been greatly enhanced by improvements in DNA sequencing and other technology. In particular,

researchers at the Barbara Davis Center for Childhood Diabetes have determined that at least one MHC variant actually protects carriers against the occurrence of diabetes.

## Family Studies

Many laboratories and researchers including the Barbara Davis Center are now actively involved in family studies of diabetes with hopes of mapping and cloning other genes that influence the risk for diabetes and/or complications resulting from diabetes. The results to date indicate that the insulin gene on human chromosome 11 or a gene nearby may increase the risk for diabetes, especially in offspring of affected fathers. About 10 other genes have also been implicated; however, the significance of these results remains unclear. It is now becoming evident that unravelling the complexities of the genetics of diabetes and other common diseases may require novel study designs and methods of analysis. There has also been a very recent move towards focusing on the genetics of autoimmunity as a more effective means of understanding the genetics of diabetes than the study of diabetes per se. Although the genetics of diabetes is a relatively new area of research at the Barbara Davis Center, researchers at the Center are internationally recognized experts on the autoimmune response and its relationship to diabetes. Studies are now underway or in the planning stages to combine this experience with Human Genome Project technology and resources with the expectation that the Center will gain similar recognition as leaders in research into genetic causes of autoimmunity and diabetes.

## FUNDING THE FUTURE

— George Eisenbarth, MD, PhD

Decreased funding from the National Institutes of Health to support the training of young scientists and decreased clinical support, with cutbacks in medical care funding, **threaten to eliminate a generation of physicians and scientists** devoted to curing Type I diabetes. In response to this crisis, at the Barbara Davis Center we are very grateful for the recent establishment of two fellowships.

The first, the **Kovler Family Fellowship**, has provided \$30,000 per year to support the annual training of one fellow. The first recipient of the Kovler Family Fellowship is Peter Gottlieb, MD, the newest physician and scientist to join the Center's staff. Dr. Gottlieb's studies focus on creating T cells which will prevent diabetes and allow islet transplantation to succeed. We are very grateful to Jonathan Kovler and his family for their generous support.

The second fellowship, the **Donough O'Brien Physician-Scientist Fellowship**, was endowed by the Children's Diabetes Foundation and named for Donough O'Brien, MD, the first director of the Center (and still a very active Center member). This fellowship is specific for physician-scientists. Given the current climate, physician-scientists have been described as a "dying breed."

At the Barbara Davis Center we will do all we can to nurture and train young scientists, and such fellowship support is essential. The bulk of the training of a fellow is an "apprenticeship." Some of the most important biomedical discoveries of the last

several decades have been made by young scientists, at times in spite of their older mentors, and as we struggle to cure diabetes, **we need their creativity.**



## LEGISLATIVE ALERT!!!

— Angela Junk

There are currently two bills before the United States House and the Senate which would increase funding for diabetes research. These bills, known as The Diabetes Research Act of 1995, define a strategy to save millions of lives and billions of dollars each year, and more importantly, will bring us closer to the CURE. The bills call for \$155 million to be appropriated for diabetes research at the National Institute of Diabetes and Digestive Kidney Diseases with an additional \$60 million for this purpose at other national institutes for each of the fiscal years 1996 through 2000. Each year this nation spends over \$100 billion to fight the devastating complications of diabetes; that's almost 15% of our total health care budget. In requesting just over \$200 million dollars each year, we hope to cure diabetes—saving lives, saving dollars.

At present, it is extremely important that these bills obtain as much support as possible; please write to your congressmen and congresswomen and urge them to become cosponsors of House Bill HR 1656 and Senate Bill S1437. **Tell them what it is like living with**

**diabetes; tell them what a cure will mean to you.**

You can learn who your representatives are by contacting your local county commissioner's office. Write to your Senators at the **United States Senate, Washington, DC 20515** and to Representatives at the **United States House of Representatives, Washington, DC 20515.**

For more information and sample letters, please contact **Angela Junk** at the Children's Diabetes Foundation, (303)863-1200 or (800)695-2873.

## A SPECIAL GIFT FOR RESEARCH!



Congratulations to **Alex Steiner** on his Bar Mitzvah! Alex and his sister, Abigail share a common bond: They hope for a cure for diabetes. Abbie was diagnosed with IDDM in July 1994 and is a patient at the BDC. Alex, who is not diabetic, asked that friends and family make donations to the Children's Diabetes Foundation in honor of his special day.

The Foundation thanks Alex and his family for this thoughtful gift to bring diabetes closer to the cure.

## CASE MANAGERS

— H. Peter Chase, MD

The Barbara Davis Center for Childhood Diabetes is implementing a policy of "Case Managers" for each of our families. You may select the person you feel most comfortable dealing with as your case manager. This person may be any member of the medical team (nurse, doctor/CHA, social worker, dietitian).

The case manager is your contact person at the Center. When the social worker or dietitian is the primary case manager, a secondary case manager (usually a doctor or nurse) will also be assigned to help with medical problems. The case manager policy will help to develop the best individualized treatment program for the person with diabetes in your family.

It is hoped that case management will result in better blood glucose control, increased patient and family satisfaction, and avoidance of hospitalizations for a diabetes-related cause. The Center suggests that you attempt to reach your case manager first for help with routine diabetes care or with acute problems (moderate or large ketones, illness, severe hypoglycemia). However, back-up personnel will always be available when you cannot contact your case manager.

## ADA SUMMER CAMP ANNOUNCEMENT

Diabetes Camp this year will be divided into two sessions: **Teen Camp is scheduled from July 7th to 13th for boys and girls 13 to 17 years old. July 14th to 20th are the dates for Junior Camp for campers 8 to 12 years of age.**



Children with diabetes in these age groups are eligible to attend Diabetes Camp at Glacier View Ranch in Ward, Colorado. The cost of the camp is \$300.00 per child; financial assistance is available. Donations to support these "camperships" are most welcome as well.

For complete information about camp or to make a donation to sponsor a camper, call the **American Diabetes Association**, Colorado Affiliate, at (303)778-7556 or (800)782-2873.



*Sandy Hoops shares a laugh with Patrick Willems.*

## IT'S BEEN FUN ... AND MORE!

Dear KIDS, parents, staff, and colleagues:

I am writing this letter to thank all of you for contributing to the unique experiences I have had over the past fifteen years at the Barbara Davis Center. All of

you have filled my professional life with ideas, knowledge, humor, sorrow, joy, some failure and frustration, but most of all you have filled it with FUN!!

I will begin a new phase in my professional life by joining the faculty of the Child Health Associate/Physician Assistant Program at the University of Colorado Health Sciences Center on March 1st. This is an exciting time for the P.A. profession and our program will be expanded over the next five years making it one of the largest (and oldest) P.A. programs in the country. I will be the clinical coordinator for the program and will assist in site visits, development of new rotations, and ongoing evaluations of current clinical experiences. This too will be filled with challenges.

I am a clinician at heart and therefore will continue to have a Tuesday clinic at the Center. I'm just not ready to say goodbye 100%. I do hope I will be able to see you at other events as well; camp is high on my list, the ski trips, and of course, the annual Halloween party. Again THANKS for everything!

As always,

Sandy Hoops

*The Juicy Fairy*

Janssen Photography

## QUESTIONS AND ANSWERS

— H. Peter Chase, MD

### **Q. Is there any way to know if the pop received at fast food restaurants, theaters, and other places is truly "sugar-free" or the regular sugar-containing pop?**

**A.** This question is asked frequently and the answer is "yes." Probably the cheapest way to test is by using the Test-Tape, a roll of yellow tape which can be dipped into the pop. It turns green if there is sugar in the pop. The Diastix, the sugar-only part of KetoDiastix, or the distal sugar block on KetoDiastix will also change color if there is sugar present. Unfortunately, it is more common than most people realize for the wrong pop to be served, probably in the range of 20% of the time (one glass in five). As sugar pop is one of the most concentrated sources of sugar (approximately 10 teaspoons per can), it usually raises the blood sugar level to the 200 to 400 mg/dl level. This is especially true if it is consumed without other foods which slow the absorption of the sugar, or at a time when Regular insulin is not taken to allow the sugar to enter the cells.

### **Q. What is happening with the new rapid-acting form of Regular insulin?**

**A.** The FDA (Food and Drug Administration) approved the new analogue, Lyspro, on February 29, 1996. We had hoped for the rapid 6 month FDA approval, but that was not possible. In fact, the new edition of the "Pink Panther" book has the curves of the activity of the new analogue in dotted lines on page 46. A table of the activity is also found on page 49.

(As books are usually a year behind progress, this has to be one of the first times a book has scooped the availability of a product!)

It will now take about three months for the FDA to complete all the paperwork. Only then can the first bottle of insulin be made by Eli Lilly, Inc. for commercial sale. It therefore looks like late summer or early fall before the big switch begins. It is likely that most people will use the new analogue rather than Regular insulin. With onset of activity in 10 minutes, it will no longer be necessary to wait 30 to 60 minutes to eat after taking the shot.

Data from the Barbara Davis Center (published in *Diabetic Medicine*, Volume 13, page 47, 1996) showed that the total number of reactions decreased by half using the new analogue. This was because all of the activity of the new analogue is gone by four hours after the shot. In contrast, with the current human Regular insulin, some people get late peaks of activity in the four to eight hours after their shot, and subsequently experience reactions.

Although we now frequently use the insulin regimen of one or two shots of Ultralente insulin with Regular insulin before each meal (as described in the medical journal *Adolescent Medicine*, volume 12, page 373, 1991), it is likely that this regimen will now become even more popular with the new insulin analogue. The DCCT showed in 1993 that equally good sugar control could be achieved with this regimen as with an insulin pump. The new analogue can be taken with Ultralente at breakfast and dinner without delaying the onset of activity of the new

analogue. This is amazing in itself as Ultralente does cause some delay in the onset of activity of the current human Regular insulin. Hopefully, the result will be improved sugar control while needing to increase only from the current two shots to three shots per day. The third shot will probably be a small price to pay for the improved sugar control and the resultant reduction in eye and kidney complications.

## **THE BRITISH REALLY ARE COMING!**

The British Diabetic Association has provided us with the names of two teenagers who will be joining us for the Teen Diabetes Camp on July 7th to 13th, 1996. They are:

**Sarah Swann — 15 years old from Sheffield, England.**

**Richard Wishart — 13 years old from Orkney, Scotland**

A youth-worker from York, England, Ms. Moira Bradbury, will be joining these two young people.

*If there is a Center family who perhaps has a teenage boy and girl and would like to help host Sarah, Richard and Moira, please call Dr. Chase at (303)270-7451.*



## TRAVEL TIPS

— Markey Swanson, RD, CDE

Summer soon will be upon us—warm weather, shades, sun screen—and the family VACATION! No matter your destination, prior planning will make your excursion a much more enjoyable adventure!

Begin by salvaging that school backpack. It makes a great travel tote for each individual child. Enlist the help of your child and begin packing. Whether you are traveling by car, bus, plane, or train, the travel tote will provide hours of personalized fun and is easily portable. Depending upon your child's age, the following list should trigger your imagination. Include those items which will provide maximum entertainment for your child.

**Books and toys:** colorbooks, paperbacks, activity books, crossword or word puzzle books, finger puppets, pocket games, card games.

**Markers,** crayons, or colored pencils.

Mini box **camera** for your child's personal trip memories.

**Postcards and stamps** for the older child.

**Stickers** and sticker book.

**Tapes or CDs** and player with headphones.

Parents must also have a well prepared travel tote! The items parents must include may not be entertaining, but can certainly preserve the pleasure of the trip. Remember, "an ounce of prevention..."

Consider the following:

**"Baby Wipes"** for quick cleanup.

**Glucose tablets** or small box juices for treating low blood sugars.

**Insect spray** (as needed).

**Sunscreen.**

**Plenty of insulin, strips, glucagon, meter, etc.** (Be sure to keep insulin cool!)

Plenty of individual **snacks** that are easily portable and do not require refrigeration: granola bars, crackers or cookie packets, dried fruit, fruit rolls or bars, trail mix packets, breakfast bars.

**Medical Packet** which includes phone numbers, identification, insurance card, etc.

**First aid items:** Tylenol®, bandages, antiseptic cream, etc.

**Family travel games:** travel bingo, magnetic checkers.

Keep in mind, your mode of transportation will have a direct impact upon what you are able to include in your travel tote.

If traveling by car, try to plan small, active excursions in the morning and afternoon near snack time. The activity will be a welcome change of pace and should have a positive impact on blood sugar levels. When possible, pack a cooler with additional snacks and drinks which may require refrigeration. Such snacks are often better choices than can be made at a "quick-stop" shop. However, when "quick-stop" shopping is necessary, keep in mind that frozen treats are often a welcome change for the items kept in the tote or cooler. Choose all-fruit frozen bars or low fat ice cream or yogurt treats. Most will have approximately 15-30 grams of carbohydrate, adequate for a snack time.

The family vacation should be—above all—**FUN!** It helps to be prepared, so give some of these suggestions a try. One last tip—don't forget to take your sense of humor with you! *Bon Voyage!*

## FAKE FAT: THE OLESTRA STORY

— Markey Swanson, RD, CDE

Fat in the diet—it has been the enemy for a long time. It's bad for the heart and bad for the hips! But now that the Food and Drug Administration (FDA) has approved Olestra—"fake fat"—for use in snack foods, will our overall health be improved?

Perhaps a look at the history of the fat market would be enlightening. Proctor and Gamble, the producer of Olestra, has been an innovator and marketer of cooking fats for nearly a century. In 1911, P&G introduced Crisco®, the first all-vegetable shortening. Crisco® replaced the use of highly saturated lard in the cooking and baking process. In the 60s, Crisco® Oil was introduced, providing Americans with an even less saturated fat selection. And just a few short years ago, in 1987, P&G began marketing Crisco® Puritan® Oil, the first canola oil product to be marketed in the United States. Again, an even less saturated fat was available for consumption.

Now Olestra has been introduced. It provides no fat calories which can be absorbed by the body! How can that be possible?

Normally, the body receives fat from foods in the form of triglycerides. Triglycerides have a portion of a sugar molecule as the major structural foundation with three fat structures attached. The body has digestive enzymes which separate each fat piece from the structural base, making them small enough to be absorbed. Olestra is much larger, having at least six fat structures attached to a much larger foundation. The digestive

enzymes are not programmed to tackle such a large glyceride, so Olestra passes through the digestive system without being absorbed.

If the body cannot absorb fat, as is the case with Olestra, a significant number of calories are eliminated. For the diet food industry, this may be a plus, but as part of the elimination process, there is the possibility of experiencing one of the more noticeable side effects of Olestra ingestion: intestinal cramping, gas, and/or diarrhea.

Several nutrients are absorbed from the gut by virtue of their attachment to other nutrients. Fat soluble vitamins A, D, E, and K, as well as carotenoids, are absorbed for use in the body along with fat molecules. If fat molecules are no longer being absorbed, as with Olestra products, the body is not receiving these nutrients. Even though such nutrients may be available in other fat-containing foods, if those foods are consumed at the same time as a product made with Olestra, they will be eliminated as well. Some recent studies have indicated that this effect could be compensated for by adding extra nutrients to the Olestra-containing foods. In response to these studies, vitamins A, D, E, and K have been added to foods which are processed with Olestra.

The FDA, in a recent statement, has determined that available information establishes that Olestra is safe for use in snacks. We as consumers will find several Olestra-containing salty snack items available in the supermarket within the year. Such snacks will be labeled with the following information:

*This product contains Olestra. Olestra may cause abdominal cramping and loose stools. Olestra inhibits the absorption of some vitamins and other nutrients. Vitamins A, D, E, and K have been added.*

On the positive side, some nutrition experts have found that it is easier for people who are trying to cut fat intake to adapt to a lower fat intake when they have the option of choosing some of their favorite high fat foods made with Olestra. Olestra gives the taste and texture that comes with fat without the fat calories. Ultimately, decreased fat intake can result in very positive health benefits, though the question remains: Will Olestra be helpful or harmful in the achievement of reduced fat intake?

The American Diabetes Association and the American Dietetic Association have not issued position statements on the use of Olestra. The American Dietetic Association does report, however, that it adheres to its long-established principles of dietary balance: moderation and variety. In other words, eat healthy—eat smart! Include variety, lots of whole grains, fruits, and veggies.

The FDA will continue to monitor Olestra and is requiring, as a condition of approval, that Proctor and Gamble conduct studies to monitor consumption as well as studies on Olestra's long-term effects.

## French Strawberry Pie — Gail Benson

1 nine-inch pie crust, baked

### Glaze Mixture:

4 cups fresh strawberries, washed and hulled

¾ cup water

½ cup honey

dash of salt

2 tablespoons cornstarch

1½ tablespoons water (approximately)

### Cream Mixture:

4 ounces nonfat cream cheese

1 tablespoon honey

2 teaspoons lemon juice

½ teaspoon vanilla extract

dash of salt

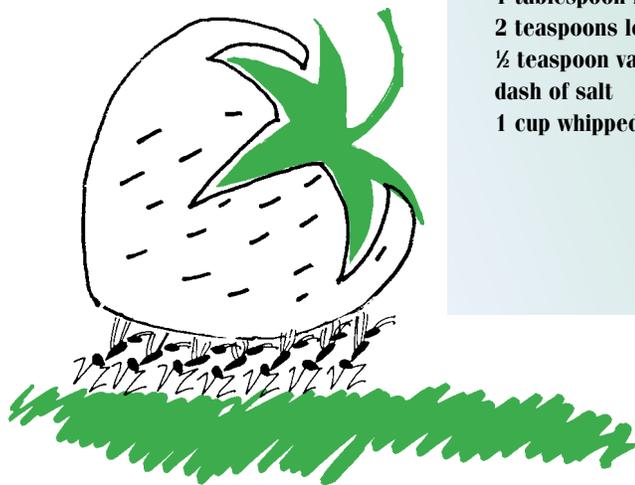
1 cup whipped topping

**Glaze Mixture:** Pick out 2 cups of best berries and set aside. Place remaining berries in saucepan and chop. Add ¾ cup water, honey and salt. Bring to a boil and boil hard for two minutes. Strain. Make a paste with cornstarch and water; add to strained juice. Return to heat and cook until thickened. Set aside to cool slightly.

**Cream Mixture:** Mix all ingredients together. Turn into baked crust. Place 2 cups reserved strawberries on top of cream cheese mixture. Pour cooled glaze carefully over berries. Garnish with whipped topping.

### Nutrition Information:

Number of Servings 8; Serving Size ¼th of pie; Calories 200;  
Carbohydrate 30 grams; Protein 2 grams; Fat 7 grams



## Strawberry Yogurt Pops

1 cup fresh strawberries (blended)

1 cup nonfat no-sugar-added strawberry yogurt

2 tablespoons "lite" whipped topping

Equal® to taste

Combine blended strawberries, yogurt, and Equal® until thoroughly mixed. Divide mixture into four 5 ounce paper cups. Cover each cup with a square of foil. Insert popsicle stick in center of foil and into yogurt mixture. Keep frozen until ready to eat. Remove foil and cup and enjoy!

### Nutrition Information:

Number of Servings 4; Serving Size 1 pop;  
Calories 70; Carbohydrate 5 grams; Protein 2 grams; Fat 0 grams





*Dottie Lamm*

## 1996 GUILD ANNUAL MEETING

The Guild of the Children's Diabetes Foundation welcomed former Colorado First Lady Dottie Lamm as guest speaker for the 1996 Annual Meeting. More than 100 members were in attendance at the Denver Country Club on January 15, 1996.

Mrs. Lamm spoke on "Children Around the World," presenting a striking portrayal of the plight of children throughout the world, particularly with respect to health and education, as perceived in her extensive travels in many countries. She also described her participation most recently in the Fourth United Nations Conference on Women held in Beijing in September of 1995, to which she was an official U.S. Delegate. Governor and Mrs. Lamm are involved in numerous activities relating to children and population concerns. They are members of the Advisory Board of the Children's Diabetes Foundation.

Following Mrs. Lamm's presentation, outgoing 1995 President Georgia Imhoff reviewed The Guild's very impressive year which included a contribution of \$20,000 to help furnish and decorate the beautiful playroom in the new addition to the

Barbara Davis Center.

The Guild also provided salary underwriting for two years for a consulting psychologist on the Center's staff and, in addition to many personal services for children with diabetes and their families, awarded 30 scholarships of \$1,000 each to college-bound BDC youth.



*Georgia Imhoff, Dr. John Hutton*

The Guild's annual \$40,000 contribution in support of the Center's clinical and research programs was accepted by Dr. John Hutton who recently assumed the position of Research Director at the BDC.

The 1996 officers were installed by Georgia Imhoff and the presidency transferred to Helenn Franzgrote. In her opening address, Helenn described how diabetes had influenced her life and affirmed her intent to further The Guild's activities on behalf of children with the disease and research toward the cure. She outlined plans for the coming year and expressed appreciation to members who will chair the committees.

Arlene Stein will head the Brass Ring Luncheon Committee.

Other committee co-chairmen are: Bob Owen and Stacy Preblud, All Sports Picnic; Judy

Villano, Charlotte Tucker Scholarship Fund; Jane Weingarten, Helping Hand; Kathy Francescon and Rickie Jones, Holiday Family Assistance; Bob Owen, Ski Trips; Nancy Cowee, Membership; Margie Folkestad, Parent Support Group; Fay Glick and Billie Stein, Telephone Communications; Linda Broughton, Volunteer Luncheon; Kathy Griffis, Volunteer Coordinator for the BDC; Frieda Eisenbarth, Playroom Volunteers; Suzy Love, Halloween Party.



*Billie Stein*

The meeting closed with a musical surprise—a brief trumpet concert by Billie Stein. Billie has a fascinating history: When she was a teenager, Billie founded an all-woman jazz band called the Harmony Girls that became a popular vaudeville act. She played her trumpet with several of the "Big Bands" of the era, including Glenn Miller. She is the last Harmony Girl, but still plays a haunting blues style reminiscent of a late-night jazz club. Billie is a founding member of The Guild and remains actively involved with The Guild's efforts on behalf of children with diabetes.

Photos this page by Kent W. Gerken, Janissen Photography



## PRESIDENT'S MESSAGE

I am honored to accept the position of Guild President for 1996. It will be my privilege to serve with such a dedicated group of volunteers, including 31 new board members who agreed to contribute their special talents to The Guild's work. I am grateful to my predecessor and others, including the CDF staff, who have provided a solid ground on which we all can build.

On a serious note, I'd like you to know why this position means so much to me personally. Many of you already know how badly I would like to see a cure for diabetes.

I was raised in a family where diabetes lived with us every day—as an uninvited enemy. Heart trouble, a direct result of diabetic complications, took my grandfather from me far too soon. Both of my uncles—my mother's brothers—were diabetics. And now, in *my* generation, my brother also lives with the enemy. He has lived with this enemy for 40 years.

Last year, that enemy took my brother's leg from him. This year, that enemy will send him to dialysis for five hours a day, three days a week, week after week for the rest of his life.

I am angry. I am furious that for three generations this enemy has controlled the lives of so many whom I love. However, as all of us know, that anger, though natural, accomplishes little. And this enemy does not—and never will—respond to temper. Therefore, I channel my hostility as my grandmother and my mother did before me. I continue to dedicate time and effort toward activities that will bring about A CURE THAT I KNOW WILL COME SOME DAY! It is needed! It is time!

And when that cure does come, I will rejoice for all the grandfathers who can stick around to see their grandchildren grow to maturity. I'll applaud all of the future uncles who can sit down to a holiday meal and celebrate, if they choose, with chocolate cake or cherry pie, instead of a piece of fruit. And I'll lead the cheering section for all of the future brothers who can live without the enemy living with them day after day after day.

I grew up surrounded by needles, blood sugar checks, orange juice handy "just in case," and insulin bottles in the refrigerator. Diabetes is *personal* to me. Diabetes truly *is* my enemy.

On a more positive note, I am grateful for the opportunity that has been given to me. I will stay focused on our purpose—finding a cure. That cure will eliminate my enemy forever and I'll walk a little taller knowing that I helped, in some small way, to eliminate this uninvited, unwelcome enemy that was with us too long—but at last is gone.

Warmest regards,

## 1996 GUILD OFFICERS

### Honorary Chairman

Barbara Davis

### President

Helenn Franzgrote

### President-Elect

Linda Broughton

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Mary Ellen Greene

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Marty Jensen

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Kit Leventhal

### Hostess Chairman

Sharon Whiton Gelt

### Advisors

Amy Davis

Donna Douglas

Nancy Cowee

Jane Weingarten

## OUR TEAM IS FORMING!

The annual membership drive is underway! Now is the time to join or renew your membership in The Guild of the Children's Diabetes Foundation at Denver and insure that your name is listed in our 1996 directory.

Our Guild was formed to aid clinical and research programs at the Barbara Davis Center for Childhood Diabetes. Since 1979 The Guild has worked tirelessly to help find a cure for this devastating disease. You can help us continue our mission by becoming a new member or by renewing your membership in The Guild for 1996.

Please help us to help the children we serve. Mail your membership dues today. Together, we can and will make a difference. With teamwork, we can help tomorrow's children because we acted today.

The Guild welcomes your support. To become a member, please complete the form below.

## GUILD MEMBERSHIP FORM

**YOUTH MEMBERSHIP** Any youth 18 years of age or under: Annual dues of \$2.00 per person

**ASSOCIATE MEMBERSHIP** Annual dues of \$30.00 per person

**PATRON MEMBERSHIP** Annual dues of \$50.00 per person

**LIFETIME MEMBERSHIP** One-time dues of \$250.00 per person

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

To actively participate in The Guild as a volunteer, please check your choice(s) below:

- \_\_\_\_\_ Barbara Davis Center Patient Check-In
- \_\_\_\_\_ Barbara Davis Center Playroom
- \_\_\_\_\_ Brass Ring Luncheon
- \_\_\_\_\_ All Sports Picnic
- \_\_\_\_\_ Halloween Party

Make check payable to:  
The Guild – CDF at Denver, and mail to:  
The Guild, Children's Diabetes Foundation  
777 Grant Street, Suite 302  
Denver, CO 80203

For information, call (303)863-1200 or (800)695-2873

## ALWAYS THERE BEHIND THE SCENES

— Rita Temple-Trujillo, MSW, LCSW

The Guild's many areas of service offer its members many choices to become a part of making the lives of children with diabetes healthier and happier. One committee, almost invisible but always there, is the Helping

Hand Committee. Working quietly behind the scenes and in close communication with the social workers and medical staff of the Barbara Davis Center, this committee's simply-stated purpose is to provide special assistance to help families living with diabetes cope emotionally and financially in times of exceptional need.

The Helping Hand Committee is a particularly helpful resource for many families at the BDC who find the financial costs of caring for a youngster with diabetes overwhelming. Insulin, syringes, test strips and lancets can easily cost upwards of \$100 per month. For families without insurance or who do not qualify with-

in the Colorado Resident Discount Program, these costs can be a formidable challenge. Fortunately, a Center family who meets yearly income guidelines



Jane Weingarten,  
Helping Hand Committee Chairman

may apply for The Guild's Helping Hand program and receive partial assistance with the cost of supplies. Also, for those families who come to the Center from out of town, travel assistance is offered.

The Guild directs a major portion of its funding efforts to the Helping Hand program and, in addition, many individual friends and groups have made significant contributions to the program. Under the leadership of Chairman Jane Weingarten the program remains a valued source of support for families whose children receive care at the Center.

For additional information, contact the Clinical Social Work office at the Barbara Davis Center (303)270-6398.



Photo Don Cudney



Photo Don Cudney

## GEARING UP FOR SUMMER SPORTS

The Children's Diabetes Foundation **All Sports Picnic** will be held at Kent Denver School on **June 29 from 11 a.m. until 2 p.m.** Start practicing for the annual Punt, Pass, and Kick contest. Test your skill alongside Denver's professional sports stars.

As always, a sugar-free treats tent will entice the hungry athletes of all ages and abilities. Clowns, jugglers, carnival games, summer sunshine and friends will again be guaranteed!

The Guild hosts the Sports Picnic, which this year will be chaired by Bob Owen and co-chaired by Stacy Preblud. Watch your mailboxes for the official announcement as summer approaches!

For more information, or to volunteer, please call **Susie Hummell** at the Foundation, (303)863-1200 or (800)695-2873.



## WHO IS THAT GUY?

You know you've seen him somewhere . . . was it on the slopes? . . . on a bike ride? . . . at the zoo? . . . the Sports Picnic? . . . driving a limousine? . . . or in a pickup loaded with tents?

Where have you seen him? At all of the above! That guy is **Bob Owen, Super Volunteer**—and if the occasion is for diabetes, he'll be there!

Bob has a special connection with diabetes. His daughter, Christina, now almost 16 years old, was diagnosed at just 16 months old, and Bob's intense

purpose since then has been to do anything and everything he can to make her life healthier and happier. In addition to Christina, his dedication touches the lives of countless other children afflicted with the disease.

Barbara Davis Center skiers will remember Bob for his devotion to the Center's ski program; and when he isn't supervising CDF ski trips, he helps with the handicapped ski program at Winter Park.

Since 1980, he has coordinated the summer sports event arranging for tents, games and other activities. Bob is an avid cyclist and for two years has

taken youth from the Center and Children's Hospital on the Courage Classic 3-day bike ride.

His past assistance with the multi-faceted Carousel Days is legendary, as are the special transport services he provided for Carousel Ball guests.

These are just a few things that come to mind—it is not possible to adequately describe the extent of Bob's never-ending willingness to be on hand when he is needed. If it's for diabetes, he pitches in to help. He is the quintessential **Super Volunteer** and in giving so much of himself through the years, he has provided unmatched hope and encouragement for hundreds of children with diabetes.

We can only say, "**THANK YOU, BOB**"—and please keep standing beside us as we continue the quest for a cure!



Tawnya Cazier

**Tawnya Cazier** is from Idaho and was diagnosed with diabetes at age 12. She is on the fast track to becoming a successful sled dog racer. She spends hours every day caring for and practicing with her team of four sled dogs at her home in Idaho. Tawnya's goal is to compete in the Iditarod held each year in Alaska. Dog sledding is a difficult sport, and provides exercise which is an important part of staying healthy. It has inspired her to take the best possible care of herself and her diabetes as she pursues her two-fold goal: the Iditarod and a cure for diabetes.

Star soccer player **Lisa Coberly** led her "Dream Team" to an undefeated 12-0 season and the Thurston County, Washington Soccer Association to its U-10 Championship. Lisa was high scorer with 21 goals and 29 assists. When she wasn't playing forward she played goalie and allowed only two goals. Now 10, Lisa has had diabetes since she was two years old. She lives in Olympia, Washington and comes to the Barbara Davis Center once yearly "just to check!"

**Erik Witting**, from Aurora, Colorado, is a first degree Black

Courtesy THE NEW ERA: Photo Lisa A. Johnson

Belt in Tae Kwon Do and in 7th grade at Horizon Community Middle School. He is 12 years old and has had diabetes for eight and a half years. Erik teaches Tae Kwon Do four nights a week, white belt through red, at Karate for Kids in Aurora. He is determined not to let diabetes interfere with his life and follows Tae Kwon Do and active outdoor activities—camping, hiking and climbing—for exercise to keep blood sugars in control while doing what he wants to do.



Erik Witting



Jarrod Pearson, Leilani Nicely

Tooting their own horns are **Jarrod Pearson**, 14, and **Leilani Nicely**, 16. Both are in the marching band at Arvada High School, Arvada, Colorado. Jarrod plays a tenor sax and Leilani, the clarinet. They also perform with the Symphonic Band. Leilani developed diabetes when she was fourteen months old; Jarrod was five years old when he was diagnosed. They receive care at the Center and state that marching in the band has helped to keep blood sugars lower, although extra snacks on long marches are also essential.



Lisa Coberly



### LEARNING THROUGH SHARING

— Angela Junk

We all need a little help from our friends. This is especially true for third grader Morgan Smith, a patient at the Barbara Davis Center whose classmates at Van Arsdale Elementary in Arvada raised nearly \$900 for the Children's Diabetes Foundation.

In her own words, here is Morgan's presentation speech:

"I am Morgan Smith and I am representing Mrs. Gubanich's class and the other third grade kids at Van Arsdale. We are donating this check to the Children's Diabetes Foundation.

"We had a craft sale as a project to study money and decided to donate some of the money to the Diabetes Foundation because I have had diabetes for two years. I was diagnosed when I was six years old and in the first grade. There are also four other kids at Van Arsdale who have diabetes.

"Kids who have childhood diabetes have to get four finger pokes a day, or more, and at least two insulin shots a day, or more, in order to take care of this disease. We also have to follow a diet and eat between meals to maintain our blood sugars.

"With this money for research we hope that a cure is found. This disease is very complicated. I wish everyone who has diabetes well and hope that they can live through it."

The children presented the Foundation with an "oversized check" and lots of smiles. Congratulations to the Van Arsdale third graders for helping Morgan and their other classmates who have diabetes—and for bringing the CURE a little closer!

### LAST CALL FOR SCHOLARSHIP APPLICATIONS!

Applications for the 1996 Charlotte Tucker Scholarship award must be completed and

postmarked by April 19th to be eligible for consideration.

Students who have received treatment within the last 12 months at the Barbara Davis Center for Childhood Diabetes or at one of the Barbara Davis Center Outreach Facilities may apply for this scholarship program which was established in memory of a dedicated Children's Diabetes Foundation volunteer. Scholarships may be used for attendance at any accredited two or four year college, continuing education, or trade school.

For additional information or to request an application form call Susie Hummell at the Foundation office, (303)863-1200 or (800)695-2873.

### LEAPING TOWARD A FUTURE FREE OF DIABETES

— Angela Junk

In honor of the last Leap Year of the Millennium, February 29, 1996, Old Chicago Restaurant on Market Street in Denver hosted a *Leap Year Celebration* benefiting the Children's Diabetes Foundation. David Mun, a bartender at Old Chicago and the organizer of the event, said, "there is no better way to celebrate a step out of this great millennium than to put our thoughts and hope to the future. We hope the benefit can raise money to help find the cure for diabetes."

The Foundation would like to thank everyone at Old Chicago for letting us be a part of their Leap Year Celebration—many CDF staff members joined in the festivities with family and friends. Old Chicago, you've made this event a Leap toward the Cure we'll never forget!

## CALENDAR NOTES

### BDC OUTREACH CLINICS AND WORKSHOPS

#### Outreach Clinics

April 17 - Fort Carson Clinic  
Dr. Slover

May 9 to 11 - Billings Clinic  
Dr. Chase and Sandy Hoops

May 15 - Fort Carson Clinic  
Dr. Slover

May 28 to 30 - Casper Clinic  
Dr. Walravens

June 19 - Fort Carson Clinic  
Dr. Slover

#### Workshops\*

June 14 - Preschool Workshop

June 21 - College Transition Workshop

June 27 & 28 - Family Education  
Program

\*All workshops are held at the BDC.

For information and/or reservations to attend Outreach and/or Workshop sessions, call the **Barbara Davis Center** (303)270-6399.

### YOU CAN HELP PREVENT DIABETES

The Barbara Davis Center, with nine centers nationwide, is participating in the Diabetes Prevention Trial (DPT), cosponsored by the National Institutes of Health, American Diabetes Association, and Juvenile Diabetes Foundation. The hope is to screen 60,000 relatives (children, siblings and parents) of people with Type I diabetes (diagnosed before age 40) who are between the ages of 3 and 45 years. Thirty thousand have been screened and researchers are seeking an additional 30,000 participants.

The screening requires a simple blood test, which takes about five minutes to perform. There is no charge for the test when administered at the BDC; private laboratories may charge. Applicants for the screening may come to the Center any day of the week from 8 AM to 5 PM.

**ADDITIONAL VOLUNTEERS ARE URGENTLY NEEDED FOR THE DIABETES PREVENTION TRIAL! CALL THE CENTER FOR A FREE SCREENING AT (303)270-6397 OR (800)572-3999.**

### **BDC PARKING!!**

*For those coming to the BDC for appointments or other visits, garage parking will now cost \$3.75 and we are not asked to validate tickets. Street parking is still available.*

NEWSNOTES is published three times per year by the Children's Diabetes Foundation at Denver. We welcome your comments. If you would like to submit an article or a letter to NEWSNOTES send information to:

Children's Diabetes  
Foundation at Denver  
777 Grant Street, Suite 302  
Denver, CO 80203

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#### **Know the symptoms of Childhood Diabetes:**

- Loss of weight
- Extreme thirst
- Excessive irritability
- Frequent urination

### **A child reaching for the brass ring on a carousel is symbolic of the most important goal of the Children's Diabetes**

**Foundation—a cure.** Your contribution on behalf of a loved one will make a difference. It will support treatment programs to assist children with diabetes in leading healthier lives; and it will fund research to help CDF "catch the brass ring" by finding a cure.

Mark an anniversary, birthday, special occasion; express appreciation or make a memorial tribute in honor of someone special with a contribution—for any amount—to the Children's Diabetes Foundation at Denver.

Donations are tax deductible.  
Tax ID #84-0745008

## The Brass Ring Fund

Remember a loved one—  
Help CDF "Catch the Brass Ring"

Enclosed is my Contribution of \$ \_\_\_\_\_

In memory of \_\_\_\_\_

Or in honor of \_\_\_\_\_

Occasion \_\_\_\_\_

#### **Please send acknowledgements to:**

*(Amount of gift will not be mentioned)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### **From:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Children's Diabetes Foundation at Denver

777 Grant Street, Suite 302, Denver, CO 80203

# MANAGEMENT OF TYPE I DIABETES IN THE 1990'S

Sunday, August 11 through Wednesday, August 14

**M**arriott's Mountain Resort at Vail in Vail, Colorado is the location for the fourth conference on Management of Type I Diabetes in the 1990's. The course is designed to aid physicians, nurses, dietitians, diabetes educators, social workers and psychologists in caring for the child, adolescent and young adult with diabetes. Practical day-to-day management will be emphasized along with the most current research. Special attention will be given to dealing with the adolescent with diabetes. Education of the entire family will be stressed as well as the psychosocial implications of the disease.

Guest speakers include Denis Daneman, MB, BCh, FRCP(C), Professor of Pediatrics and Chief, Division of Endocrinology, University of Toronto, Ontario, Canada, who will address the meeting on "Intensive Diabetes Management." Jean Betschart, RN, MSN, CDE, Division of

Endocrinology, Children's Hospital, Pittsburgh, Pennsylvania will speak on diabetes and adolescence.

Betty Page Brackenridge, MS, RD, CDE, of Learning Prescriptions, Gilbert, Arizona will conduct a discussion on carbohydrate counting. A lecture on exercise and diabetes will be presented by Jacqueline Berning, RD, PhD, Sports Nutrition Coordinator for the United States Olympic Swim Team, and Joan Totka, RN, MSN, CDE, Clinical Nurse Specialist - Diabetes, Children's Hospital of Wisconsin, Milwaukee, Wisconsin has scheduled a workshop on "Case Management in Pediatric Diabetes."

The conference is sponsored by the Barbara Davis Center for Childhood Diabetes and the Children's Diabetes Foundation at Denver. The Conference Director is H. Peter Chase, MD, Professor of Pediatrics, University of Colorado Health Sciences Center and

Clinical Director of the Barbara Davis Center.

Tuition is \$400 for physicians; \$300 for allied health care professionals; and \$150 for students. Attendance will be limited to 250. The conference is accredited for continuing medical education for physicians and application has been made for continuing education credit with the University of Colorado School of Nursing and the American Dietetic Association.

For additional information and to receive a conference application telephone the Foundation at (800)695-2873 or (303)863-1200.



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