The Carousel of Hope outdid itself once again by raising over $5 million on October 23rd at The Beverly Hilton, in Beverly Hills, California, when over 100 A-List stars joined music Superstars Beyoncé, Faith Hill and Josh Groban who headlined the entertainment and acclaimed piano virtuoso William Joseph who thrilled the guests with his unique gift. Once again Jay Leno, the evening’s Master of Ceremonies, had the

(Continued on page 10)
1. Robert Graham, Anjelica Huston and Rebecca De Mornay
2. Blair and Désirée Underwood
3. Jamie-Lynn DiScala & Amanda Bynes
4. Faith Hill

All Carousel of Hope and Symposium photos: © Berliner Studios
The Carousel of Hope

1. Sydney, Sidney, Anika and Joanna Poitier
2. Patricia Arquette & Tom Jane
3. Lara Flynn Boyle & Barbara Davis
4. Rod Stewart & Penny Lancaster
5. Mischa Barton & Brandon Davis
6. Dana Davis, Nancy Davis and Kenny Rickel
1. LaTanya Richardson, Barbara Davis and Samuel L. Jackson
2. Annette Bening & Warren Beatty
3. Alan Hamel & Suzanne Somers
4. Courtney Peldon & Jason Davis
5. Linda & David Foster
6. Vivica A. Fox & Montel Williams
7. Rob Lowe & Kenny G
The Carousel of Hope

1. Dr. Reza Jarrahy & Geena Davis
2. Carmen Electra & Brittany Murphy
3. Cuba Gooding, Jr.
4. Josh Groban
5. Barbara Davis
The Carousel of Hope

1. Beyoncé Knowles
2. Eva Longoria & Lisa Rinna
3. Kristin Davis
4. Jackie Collins & Barbara Davis
The Carousel of Hope

1. Donna Mills, Cheryl Tiegs, Joe Pantoliano and Nicollette Sheridan
2. Marilu Henner and Anna & Ray Romano
3. Diana Ross & Muhammad Ali
4. Natalie Cole
5. Josh Groban & Jay Leno
1. George & Jolene Schlatter
2. Oprah Winfrey
3. Quincy Jones & Brenda Richie
4. Barbara Davis, Lady Shakira and Sir Michael Caine
5. Sela Ward, Faith Hill and Lance Bass
The Carousel of Hope

1. Alexander Davis & Haylie Duff
2. Jay Leno
3. Carolyn & Dennis Miller
   and Rita Wilson
4. Rae Farley & Neil Diamond
5. William Joseph
audience in stitches with his political satire. Sir Sidney Poitier, longtime friend and supporter of the Children's Diabetes Foundation, introduced Chairman Barbara Davis who spoke about the importance of helping children who suffer with diabetes. Following Mrs. Davis' remarks, nine-year old Tyler Smith joined her onstage to give the evening's invocation.

The evening also included a tribute to the late Marvin Davis, introduced by Academy Award-winner and Davis family friend Sir Michael Caine, which included a montage of family photographs and loving memories of their father by the five Davis children.

The highlight of this spectacular event was Oprah Winfrey presenting Halle Berry, a diabetic herself, with the Brass Ring Award. The Children's Diabetes Foundation was proud to recognize Halle for her extraordinary contributions to the cause of curing childhood diabetes. We honor her as a woman of great courage, strength, talent and beauty. Her determination to fulfill her dreams despite having diabetes is an inspiration to all afflicted with the disease. We thank her for giving hope to children with diabetes that one day they will grasp their brass ring: the cure. The Brass Ring Award has been given only four times in the past to: Sir Sidney Poitier, Senator Hillary Rodham Clinton, Stevie Wonder and Whitney Houston. Ms. Berry expressed her heartfelt appreciation for the award and told the audience how she now feels as though having diabetes in her life is a gift, a gift that has given her strength, taught her compassion and given her grace, every day of her life.
The evening’s program included stellar musical performances produced by veteran television impresario George Schlatter with the help of our multiple Grammy-winner Music Director, David Foster. The Music Chairmen were recording industry legends Quincy Jones and Clive Davis.

Major sponsors of this year’s event were Mercedes-Benz USA, Toys “R” Us, Children’s Fund Inc., American Airlines, Van Cleef & Arpels, GUESS?, Inc., Reebok International Ltd., Sotheby’s, The Beverly Hilton, Entertainment Industry Foundation and Pfizer, who generously sponsored this year’s Pfizer Carousel of Hope Diabetes Symposium.


Some 20,000 pink roses specially grown for The Carousel of Hope and flown in from Ecuador graced the main ballroom, where lavish gold carousel centerpieces donated by Fred Gibbons and Treefrogs decorated each table covered in pink rose silk cloths custom made for the event by ultra-hip designer Roberto Cavalli. As a special gift, each guest was invited to take home their napkins which doubled as one-of-a-kind Roberto Cavalli scarves. During dinner, guests who thought they would have only one chance to bid on a fabulous all-new 2005 Mercedes-Benz SLK350 were surprised to hear that Mercedes-Benz had very generously donated two of the sleek roadsters for the Live Auction. The proud winners, Rod Stewart and Ivana Trump, could not have been more excited!

This year’s Silent Auction was once again chaired by Dana and Nancy Davis and raised over $800,000. The Auction area was a vision in yards and yards of pink and white draped chiffon. Over 650 items were featured, including donations from Mercedes-Benz USA, American Airlines, Van Cleef & Arpels, Shaquille O’Neal, Rick Fox, Saks Fifth Avenue, Neiman Marcus, Tiffany & Co., Giorgio Armani, Gucci, Louis Vuitton, Ermenegildo Zegna, Luca Luca, Vera Wang, Oscar de la Renta,
Once again, the “Celebrity Plates” section drew attention with 50 hand-painted creations decorated by such celebrities as Alicia Keys, Bette Midler, Dr. Phil McGraw, George Clooney, Naomi Watts, Neil Diamond, Mandy Moore, Oprah Winfrey, Reese Witherspoon, Robin Williams, Rod Stewart, Samuel L. Jackson, Queer Eye for the Straight Guy’s Ted Allen & Thom Filicia, Billy Bob Thornton, Heath Ledger, and Anjelica Huston. Color Me Mine donated plates, brushes and paints for this amazing project.


A special VIP bag for the featured performers was compiled by Julie Kenney of Jewels and Pinstripes and contained items donated by Hartmann, Mulholland, Marquis Los Cabos presented by Spa-quest.com, MEYERS Swiss Watch, Tempur-pedic, T-mobile, Shari’s Berries, Dyson, Callstoga Ranch, Corley Family Winery/Monticello Vineyards, Ho’oilo House, Frederick’s of

“One out of every three babies born today will suffer from diabetes in their lifetime. We owe it to these children to teach them how to take care of themselves — how to balance their lives by testing their blood sugar four times a day, by exercising, by making sure they get proper nutrition, by taking the right amounts of insulin.”

— Barbara Davis, Chairman

“Dear God — Please bless us with the people and the technology to find a cure for this terrible disease. Please help us to stand strong until it happens. I know I will try.”

— Tyler Smith, Invocation child


Funds raised benefit the programs of research and clinical care at the BDC where over 5,000 children and young adults receive the finest diabetes care available in the world. A portion of proceeds is also given to the Los Angeles chapters of the American Diabetes Association and Juvenile Diabetes Research Foundation International. Since its inception in 1978, the Children's Diabetes Foundation has raised $70 million to help children afflicted with diabetes.

“We are all sad that Marvin cannot be here this evening, but our sadness is overcome by the joy we recall of being with him on so many wonderful evenings in so many wonderful places, shared with so many wonderful friends.”
— Sir Michael Caine

“…my involvement with this charity is so important because not only do I suffer, but I really understand the lives of each and every person who struggles with this disease...every child who wakes up and says, ‘gosh, I hope one day I’ll be able to live a normal life like everybody else’.”
— Halle Berry, Brass Ring Award Honoree

“I’m not sure if everyone knows that Halle has diabetes. Like everything in Halle’s life, she accepts it with grace. She has never let it hinder her in any way.”
— Oprah Winfrey
CHILDREN’S DIABETES FOUNDATION AND BARBARA DAVIS CENTER MOURN THE LOSS OF FOUNDER, MARVIN DAVIS

Marvin Davis, the former owner of 20th Century Fox, the Pebble Beach Company, the Aspen Ski Company and the Beverly Hills Hotel, who was known in the oil and gas industry as “Mr. Wildcatter,” died peacefully Saturday, September 25th in the presence of his family. He was 79 years old.

Mr. Davis was a self-made entrepreneur who earned several fortunes — first as an oil and gas wildcatter and then through savvy investments in industries ranging from entertainment to resorts to real estate. He was also a major philanthropist, who, along with his wife Barbara, had been active for decades in raising funds for a variety of worthy causes, including the Children’s Diabetes Foundation and the Barbara Davis Center for Childhood Diabetes, which currently cares for more than 5,000 children from all over the world and has made it possible for countless mothers with diabetes to deliver healthy babies (the Center is the largest facility of its kind devoted to care and research in pediatric diabetes); the Cedars-Sinai Medical Center in Los Angeles; and the Nancy Davis Foundation for Multiple Sclerosis.

In Denver, the Davis’ regularly hosted what they called the Carousel Ball in support of the diabetes facility and it became at the time the largest single-event fundraiser in the country. After relocating to Beverly Hills, the Davis’ hosted a glittering biennial fundraiser known as The Carousel of Hope, which attracted the entertainment industry’s top stars as well as the business community’s principal leaders and became a top event on the city’s social calendar.

A disciplined dealmaker with impeccable market timing, he demonstrated an uncanny ability to recognize both the top and bottom of market cycles and he was credited with being able to identify economic trends long before they became generally apparent.

Until the end, Mr. Davis remained a major figure in both the business and social scenes who enjoyed a well-deserved reputation as a lively storyteller.

Marvin Davis was born on August 31, 1925, in Newark, New Jersey. After growing up in New York City, he received a Bachelor of Science degree from New York University in 1947, and married the former Barbara Levine in 1951, the year she graduated from Adelphi University in Garden City, New York. Over the years, they had five children.

After graduating from NYU, Mr. Davis joined his father in creating an oil and gas
exploration business. Under his leadership, Davis Oil Company became one of the premier wildcat drilling operations in the country, buying up low-priced oil and gas leases in the Rocky Mountain region, then riding them through the boom times of the 1970s. The company, which is now known as Davis Petroleum Corp., also developed producing leases in Louisiana, Oklahoma, Wyoming and Texas. During the 1970s, only three other companies — multinational giants Shell, Amoco, and Exxon — drilled more exploratory wells in the United States. The company is still one of the most prolific exploration companies in the oil and gas industry today.

In the 1980s, Mr. Davis and his family relocated from Denver to Beverly Hills, where he turned his deal-making skills to entertainment and real estate. In 1981, he bought 20th Century-Fox with financier Marc Rich in one of the first successful leveraged buyouts of the decade. Mr. Davis wound up buying out Mr. Rich's half of Fox in 1984 and sold the movie studio and film library to Rupert Murdoch in 1985.

In addition to the movie studio and film library, Fox's assets included a number of other world-class properties which Mr. Davis retained after the sale of the Fox studio to Mr. Murdoch. These properties included the Pebble Beach Company, the Northern California seaside resort with two luxury hotels, four world-class golf courses and the world-famous 17-mile drive, the Aspen Skiing Company, which owned 200 miles of ski trails on three Colorado mountains (Breckenridge, Snowmass and Buttermilk), as well as the Little Nell luxury hotel, in addition to property in Century City.

California, on which Mr. Davis built and twice sold the 20th Century Fox Plaza. An avid golfer, Mr. Davis sold Pebble Beach to Japanese investors for $841 million at the top of the market in 1990. Still, it remained one of his favorite acquisitions. "Oh, I loved every minute of it," Mr. Davis said of the years he owned the resort. "I never fall in love with any asset, but that one came the closest to it."

In addition to Pebble Beach, Mr. Davis bought, sold and/or operated such high-profile properties as the historic Beverly Hills Hotel; his other notable commercial office and retail properties included 181 West Madison, 515 North State Street and the Marriott Hotel in Chicago; 75/101 Federal Street in Boston; Regency and Regency West in the Denver Technological Center; City Center in Denver; and Reston Town Center in Reston, Virginia.

Mr. Davis is survived by his loving, devoted wife of more than 53 years, Barbara, their five children, Patricia Ann Davis Raynes and her husband Marty, John Davis and his wife Jordan, Nancy Davis Rickel and her husband Kenneth, Gregg Davis and his wife Elena and Dana Davis, as well as, Mr. Davis’ sister, Joan Chorney. Despite all his business accomplishments, Marvin Davis considered his greatest legacy to be his wife, his five children and 16 grandchildren.

Donations in Mr. Davis’ memory may be made to the Children’s Diabetes Foundation/Barbara Davis Center at 777 Grant Street, Suite 302, Denver, CO 80203.
THE PFIZER CAROUSEL OF HOPE DIABETES SYMPOSIUM:

“Inflammation: Cause and Consequence of Diabetes and Vascular Complications”

The Pfizer Carousel of Hope Diabetes Symposium focused on the role of innate and adaptive immunity in development of diabetic complications, including accelerated atherosclerosis, as well as development of novel methods of inflammation imaging. The theme of the Symposium was “Inflammation: Cause and Consequence of Diabetes and Vascular Complications.” The Symposium brought together preeminent scientists and clinicians from many different disciplines and countries. Their interests range from immunology to genetics, molecular biology and imaging.

Peter B. Corr, Ph.D., Senior Vice President for Science and Technology, Pfizer Inc, New York, NY
Dr. Peter B. Corr is responsible for aligning the company’s worldwide research and development organization with licensing activities, science and medical advocacy, global medical relations and science policy.
Prior to joining Pfizer in 2000, he held senior leadership positions in research, development and discovery at both Warner-Lambert Company and Monsanto/Searle.
Dr. Corr, who received his Ph.D. from Georgetown University School of Medicine and Dentistry, spent more than 18 years as a leading researcher in molecular biology and pharmacology at Washington University.

Robert H. Eckel, M.D., Director of General Clinical Research Center; Professor of Medicine in the Division of Endocrinology, Metabolism and Diabetes, University of Colorado Health Sciences Center, Denver, CO
Dr. Eckel is an internationally-recognized expert in the area of lipid metabolism, diabetes and obesity. Dr. Eckel’s current research interests include causes of increased heart disease risk in patients with type 1 diabetes mellitus and providing new and important insights into the physiology of lipoprotein lipase in muscle. Dr. Eckel is President-Elect of the American Heart Association.

George S. Eisenbarth, M.D., Ph.D., Executive Director of the Barbara Davis Center for Childhood Diabetes; Professor, Department of Pediatrics, Medicine and Immunology, University of Colorado Health Sciences Center, Denver, CO
Dr. Eisenbarth has pioneered studies of organ specific autoimmune disorders and, in particular, prediction of type 1 diabetes and trials for the prevention of type 1 diabetes. The main premise of his work is that we are able to predict type 1 diabetes in children and prevent in animal models, and with immunologic therapies we will eventually prevent childhood diabetes.

Göran K. Hansson, M.D., Ph.D., Professor of Cardiovascular Research at Karolinska Institutet, Stockholm, Sweden
Dr. Hansson works in the Department of Medicine and Center for Molecular Medicine at Karolinska University Hospital. He is also the chairman of the Nobel Committee for Physiology or Medicine. His research focuses on the pathogenesis of atherosclerosis. He has discovered that immune cells are activated in the atherosclerotic lesion. His current research deals with the role of immune cells and inflammatory signaling molecules in atherosclerosis and coronary heart disease.

V. Michael Holers, M.D., Head, Division of Rheumatology; Professor of Immunology; Professor of Medicine, University of Colorado School of Medicine, Denver, CO
Dr. Holers’ research interests are in the areas of complement biology and innate immunity and the roles that these systems play in the development of tissue injury and autoimmunity. He has played a central role in the development of complement inhibitors that have been used by his and other laboratories in pre-clinical models of human diseases.

George L. King, M.D., Research Director, Joslin Diabetes Center; Professor of Medicine, Harvard Medical School, Boston, MA
Dr. King’s interests are in the basic pathogenesis and clinical presentation of diabetic complications and insulin resistance. Dr. King’s laboratory has developed the idea that the elevation of glucose can alter signaling pathways in vascular cells, including an enzyme
pathway called protein kinase C. This work has resulted in the development of various potential treatments for the complications of diabetes, which are now undergoing clinical studies.

Wolfgang Koenig, M.D., FESC, FACC, Professor of Medicine/Cardiology, University of Ulm; Director of the Cardiac Catheterization Laboratories, Department of Internal Medicine II – Cardiology, University of Ulm Medical Center; Director of the Hypertension and Heart Failure Clinics and the Preventive Cardiology Programme, Germany

Dr. Koenig's research interests involve the molecular basis of atherothrombogenesis with particular interest in the interrelations between hemostasis, inflammation, infection and atherothrombotic complications / type 2 diabetes, the clinical pharmacology of cardiovascular active compounds and the clinical epidemiology of cardiovascular disorders.

Brian L. Kotzin, M.D., Vice President of Global Development and Head of the Inflammation Therapeutic Area, Amgen, Inc., Thousand Oaks, CA (Recent positions were Professor of Medicine and Immunology and Head, Division of Clinical Immunology at the University of Colorado Health Sciences Center, Denver, CO).

Dr. Kotzin's research interests include the genetic and immunologic basis of autoimmune diseases. Studies from his laboratory have focused particularly on the genetic basis of systemic lupus erythematosus and the role of T cells in human autoimmune and inflammatory diseases.

Jerrold M. Olefsky, M.D., Professor of Medicine; Medical and Scientific Director, Whittier/UCSD Diabetes Program, La Jolla, CA; Research Scientist, Veterans Medical Research Foundation, San Diego, CA; Associate Dean for Scientific Affairs, University of California, San Diego School of Medicine, San Diego, CA

Dr. Olefsky's studies focus on the basic mechanisms of insulin action and insulin resistance using cellular and molecular techniques. Dr. Olefsky's clinical research program is focused on identification of molecular and physiologic mechanisms of insulin resistance in Type II diabetes mellitus, as well as other clinical conditions.

Trevor J. Orchard, M.D., Professor of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA

Dr. Orchard heads the Epidemiology of Diabetes Complications study. This NIH-funded study has followed with biennial exams a cohort of 658 T1DM patients diagnosed before the age of 17 in 1950-1980. It has provided the most complete and current information concerning complications of T1DM in the U.S. population and will continue to advance knowledge of the pathogenesis and prediction of diabetes complications, hopefully leading to appropriate preventive strategies.

Marian J. Rewers, M.D., Ph.D., Clinical Director of the Barbara Davis Center for Childhood Diabetes; Professor, Department of Pediatrics and Preventive Medicine, University of Colorado Health Sciences Center, Denver, CO

Dr. Rewers researches prevention of diabetes and its complications through a series of large cohort studies. His Coronary Artery Calcification in type 1 Diabetes has studied, since 1999, development and progression of coronary atherosclerosis in 656 T1D patients and 764 non-diabetic persons aged 20-55. Participants have been examined twice, using the electron beam tomography, for the presence of coronary calcification. The study is discovering novel cardiovascular risk factors important for prevention of heart disease in people with type 1 diabetes.

Ann Marie Schmidt, M.D., Gerald & Janet Carrus Professor of Surgical Science, Department of Surgery; Chief, Division of Surgical Science, Department of Surgery, and Director, Juvenile Diabetes Research Foundation International Center for Diabetes Complications, Columbia University Medical Center, Columbia University, New York, NY

Dr. Schmidt's research is dedicated to the study of pathogenesis of macrovascular and microvascular complications of diabetes. Her laboratory group has identified central roles for Receptor for Advanced Glycation End products (RAGE) in the processes linked to diabetes-associated cellular perturbation. Her group's work is focused on dissection of the biology of RAGE and the translation of these findings into clinical trials for subjects with diabetes to prevent/treat its complications.

Jay S. Skyler, M.D., Director of the Division of Endocrinology, Diabetes & Metabolism, Department of Medicine; Associate Director
Dr. Skyler's research interests are in clinical aspects of diabetes, particularly improving the care of type 1 diabetes through meticulous glycemic control, psychosocial and behavioral support and immune intervention. He has long been interested in the complications of diabetes and the relationship between blood pressure and blood glucose. He led the Diabetes Prevention Trial 1 and is now leading the multicenter Type 1 Diabetes TrialNet effort.

Russell P. Tracy, Ph.D., Senior Associate Dean for Research and Academic Affairs, Professor of Pathology and Biochemistry, Director of the Laboratory for Clinical Biochemistry Research, University of Vermont Medical College, Burlington, VT

Dr. Tracy is an internationally-renowned expert in the area of inflammatory and hemostatic risk factors in human atherosclerosis. His laboratory has developed "gold standards" biochemical and genetic assays for biomarkers of inflammation and thrombosis and their relationship to heart disease.

R. Paul Wadwa, M.D., Assistant Professor of Pediatrics, Barbara Davis Center for Childhood Diabetes, Denver, CO

Dr. Wadwa is an attending physician in the Pediatric Clinic at the Barbara Davis Center for Childhood Diabetes. He provides clinical care to pediatric patients with type 1 diabetes mellitus. His research interests are in macrovascular complications of type 1 diabetes and early identification of individuals with type 1 diabetes who are at increased risk for cardiovascular disease.

Samuel Wickline, M.D., Professor of Medicine, Biomedical Engineering, Physics and Cell Biology and Physiology, Washington University School of Medicine, St. Louis, MO

Dr. Wickline’s laboratory is engaged in a multidisciplinary effort (physics, engineering, chemistry, cell physiology, pharmacology and imaging) to develop targeted nanoparticles for imaging the molecular causes of cancer, cardiovascular disease and other inflammatory conditions. In particular, Dr. Wickline’s laboratory is interested in sensitive identification of pathological angiogenesis and its inhibition with site-targeted therapies.

Michael Brownlee, M.D., Anita and Jack Saltz Professor of Diabetes Research, Departments of Medicine and Pathology, Albert Einstein College of Medicine, Bronx, NY

Dr. Brownlee is internationally recognized as a leader in diabetic complications research. Dr. Brownlee, who has type 1 diabetes, has received a number of honors for his work, most recently the 2003 Claude Bernard Medal, the highest scientific award of the European Association for the Study of Diabetes, and the 2004 Banting Medal for Scientific Achievement, the highest scientific honor given by the American Diabetes Association.
MANAGEMENT OF DIABETES IN YOUTH CONFERENCE

The 8th biennial educational meeting for diabetes healthcare providers, with 400 attendees from every state in the U.S., was held July 18-21 at the Keystone Conference Center in Keystone, Colorado. This meeting was planned and coordinated under the watchful eye of Conference Director, Dr. H. Peter Chase. Guest speakers included Dr. William Tamborlane from Yale University School of Medicine, Dr. Tim Wysocki from Nemours Children’s Clinic and Mayo Medical School, Richard Weil, M.Ed. from New York Obesity Research Center and Susan Allen, M.S.N., R.N. from Cincinnati Children’s Hospital Medical Center.

The meeting was an intense three and a half days of general sessions and workshops. Members of the staff at the Barbara Davis Center and the guest speakers shared their expertise by presenting at general sessions, leading workshops and facilitating panel discussions with patients, their parents and athletes with type 1 diabetes. Practical day-to-day management was emphasized with special attention given to new innovations in care, including new insulin analogues, continuous glucose monitoring, blood ketone checking, low dose glucagons and insulin pump therapy. Education of the entire family, recent changes in dietary recommendations, suggestions for exercise and psychosocial implications of diabetes were also stressed.

The conference was once again sold-out. Comments afterwards were "the best ever," "the best conference I have ever attended" and, "I'll be back with other members of my team." Thanks to Sue Palandri, Linda Schneider and Lisa Fisher from the Children's Diabetes Foundation for their hard work in making this conference possible.

Plans are underway for the 2006 conference and an additional day has been added.
The Barbara Davis Center, with Dr. Richard Krugman, Dean of the University of Colorado Medical Center, recently received word that it will receive a grant of almost $3 million from the National Institutes of Health (National Center for Research Resources) to finish the remaining two floors of the new Barbara Davis Center on the medical school campus at Fitzsimons. The grant followed a national competition. This is great news as with matching funds, including the tremendous support from the Children's Diabetes Foundation and multiple gifts from the families who support the Center, as well as the support of the University/Medical School, will allow all four floors of the Center to be finished. It is planned that by April of 2005 the first floor (Clinical and Clinical Research) as well as the fourth floor (laboratories) will be ready for occupancy. The second floor (outpatient clinical research) and the third floor (Islet Transplantation program and a Center for Autoimmunity including type 1 diabetes) will take longer to finish, but are now on track. We thank the many generous supporters of the Children's Diabetes Foundation and the Barbara Davis Center who have made this possible.

The Children's Diabetes Foundation would like to thank our many friends who have helped to contribute to the construction of the new building. Without your help this wonderful building would not be possible. Naming rights at the new Center are still available by calling 303-863-1200. Please help build the new Center and have your family's name be a lasting part of the efforts to conquer diabetes.

- Dr. & Mrs. Richard Abrams
- J. Leonard & Myra B. Levy
- AndersonMasonDale Architects
- Family Fund
- Franklin Austin
- Cynthia Losasso
- Sue Ann Baird
- Mr. & Mrs. Gary Magness
- Bradford & Suzanne Bennett
- Mr. & Mrs. Charles McNeil
- Emanuel & Bea Bugelli
- Mr. & Mrs. Les Mendelson
- Sharon Calkins
- Camille Murphy
- John & Nancy Cowee
- Randy Peters
- Pep & JoAnn Dunn
- Arnold & Connie Pohs
- Mr. & Mrs. Philip Eckland
- Debra Price
- Dr. & Mrs. George Eisenbarth
- Mr. & Mrs. Clark Rheem
- Mr. & Mrs. Daniel Feiten
- Lee Fleming
- Carrie Rodier
- Mr. Alan Folkestad
- Samantha Rohwer
- & Mr. Marjorie T. Folkestad
- Florence Ruston
- Mr. & Mrs. F.A. Foss
- Walter & Charlotte Soule
- Mr. & Mrs. Charles Foster
- Wayne Sawden
- Mr. & Mrs. Russ Frerichs
- Family Foundation
- The James J. & Joan A. Gardner
- Ed & Barb Seifert
- Family Foundation
- The Spencer Gardner Family
- Nancy Settle
- Elizabeth Gregg
- Mr. & Mrs. Scott Smith
- The Guild of the Children's Diabetes Foundation
- Starz Encore
- Dr. & Mrs. Richard Hamman
- The te Veld Foundation
- Warren & Helen Hanks
- Toys "R" Us Children's Fund, Inc.
- Dr. & Mrs. Lowell Hansen
- Mr. & Mrs. Robert Warden
- Dr. William Jackson
- Joseph O. & Geraldine C.
- Rick & Barb Jenkins
- Waymire Fund, a fund of the Central Indiana Community Foundation
- Jeppesen Sanderson
- Ed & Barb Seifert
- David Johnson
- Nancy Settle
- Jill Kahkoska
- Mr. & Mrs. Scott Smith
- Lenny Kartus
- Kimberly Whitacre
- Mr. & Mrs. Steve Kwasniak
- Dr. & Mrs. John Wilson
- Darin Layman
- Melvin & Elaine Wolf
- Mr. & Mrs. Lee Zastovnik

*We regret the omission of any name due to an early print deadline.*
The National Institutes of Health (NIH) has recently announced the NIH-ADA-JDRF funded research program to again start screening relatives of people with type 1 diabetes. The program is now called "TrialNet" (formerly the Diabetes Prevention Trial - DPT-1). First degree relatives (siblings, children or parents), ages 1-45 years, and second degree relatives (cousins, uncles, aunts, nieces, nephews, grandchildren or half-siblings), ages 1-20 years, may be screened to determine their risk of developing type 1 diabetes. (The relative with type 1 diabetes must have been diagnosed before age 40 and started on insulin in the first year after diagnosis.) The advantages of screening are:

1. The diagnosis can then be made much earlier before the person becomes seriously ill.

2. Interventions will soon be offered to try to prevent diabetes.

If interested in the free screening, please call 303-315-6397 (Denver area) or 800-572-3992 (outside of Denver area) or 800-425-8361 (outside of Colorado).
QUESTIONS AND ANSWERS
— H. Peter Chase, M.D.

**Question:**
Which is better, an insulin pump or Multiple Daily Injections (MDI) using Lantus®?

**Answer:**
First let me say that both are far better than the peak-insulin therapy using NPH, Lente or ultralente insulins (particularly when one of the three is given at dinner or in the evening). When pumps or MDI’s with Lantus are used there is not a large peak of insulin acting during the night.

Every good study has shown a reduction in nighttime lows using either pumps or MDI in comparison to the twice-daily peak insulins. Our study regarding Lantus use (Chase et al, J. Pediatric 143:737, 2003) showed a reduction from 14 to 4 seizures during the night in 114 youth as they changed from NPH to Lantus insulin (both given over nine month periods).

As far as glucose control is concerned, Dr. Satish Garg, Director of the Young Adult Clinic, analyzed the HbA1c data from 216 of his pump patients (mean A1c=7.5%) and 299 MDI patients (mean A1c=7.7%).

Thus, there was no difference, which has also been the case for most studies to date. However, for children who snack and who do not take insulin injections, or who do not tolerate multiple injections, a pump may be better. The pump is more expensive and in Dr. Garg’s study, resulted in more cases of ketoacidosis or DKA (due to pump insertions coming out). We have also found that some youth do not attain optimal A1c levels because they forget to bolus with food intake (Pediatrics 113:3, e221, March 2004). Research is currently in progress to determine if alarms will help to remedy this problem. In the meantime, I would say that the superiority of one method of giving insulin over the other is probably “in the eye of the beholder” (including the patient, family and care-provider).

**Question:**
I was reading about the glycemic index in an online article (www.Glycemicindex.com) and am both astounded and confounded by what I found there. I know you’ve published a mini-index in the BDC newsletter before, but I’ve always understood juice, little candies, etc. to be the best things to eat (aside from glucose and honey) when I am low. Now it seems like white rice or Rice Chex or Shredded Wheat would raise my blood glucose even faster than, say, fruit juice. Is this true? I feel like my whole center of gravity has shifted if so!

**Answer:**
I was very interested in the glycemic index 20 years ago. The problem with it is that it measures glucose levels when a food is eaten alone. This rarely happens in real life, and the accompanying food changes things considerably (e.g. fat delays stomach emptying and keeps blood glucose levels up longer no matter what the glycemic index of the carbohydrate). Thus, the practicality of the glycemic index is limited when someone eats a meal.

In regards to treating hypoglycemia, our research from diabetes camp showed that liquids passed through the stomach quicker than solids. The sugar is absorbed in the small intestine (not in the stomach). Thus, juice or a sugar source that dissolves quickly is still the best for treating low blood sugars.

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JOIN THE BDC FOR AN UPDATE ON DIABETES
Saturday, January 8, 2005
9:00 a.m. – Noon
CU Dennison Auditorium

SPEAKERS:
Dr. H. Peter Chase – Recent Advances
Dr. Ron Gill - Islet Transplants
Gail Spiegel M.S., R.D. – Dietary Dilemmas

Family Screening Will Be Available
Call 303-315-0566 if interested
(Seating is limited)
I love to ride and it also just turned out that the horse that is in the picture is mine now. I was leasing him because the owner was a member of our church. I would ride him every day but I never got to say that he was my horse. Now, the owner signed him over to me and he is mine. The horse that I ride is a Palomino horse and is about 16 years old. His name is Rocky. He takes classes with me out at the community college, LCCC. He does really well out there and likes to ride with me. He has taken off once with me on him but he is a really good horse and loves when I ride him. I have never had a bad accident with him while I was riding that was caused by diabetes. There had been times where I went low on him but never to make me faint or fall off.

I have one really good friend that likes to watch me ride. Her name is Lauren. She is always there for me and has also gotten to ride Rocky a lot. I call her “nurse Lauren” because she has known me since I was 6 years old and knows a lot about me and my diabetes. Every year at my County Fair, Lauren comes.

I have only gone to fair 3 times but still we are out there for at least 5 hours, sometimes even longer. I really have to know how to take care of my diabetes and be on a horse for that long. I did so well one year at fair that I got to go to State Fair in Douglas. I also got second up there. That year was my best year. I had won at least 2 first places and 3 second places. I am planning on riding my whole life but we will see how it works out. But one thing for sure I know that diabetes will NEVER keep me down.

One more thing. My mom has always told me that one day when they find the cure we are going to have a big party and have me jump out of the cake!!!!!!
EXPERIENCE THE WORLD
— Elisa Rohlwing, patient at the BDC

Elisa Rohlwing traveled to China to study business and economics for a 21-day study abroad program through Azusa Pacific University with eight students and one professor. Our experience consisted of studying at Zhejiang University and then continued travel to Shanghai and Beijing. Although I probably could write pages and pages of the cultural experience, I am going to share with you some of my experience in dealing with my blood sugars, the pump and being a global diabetic.

Throughout the whole three-week trip one of my biggest concerns was weather issues, humidity and temperature. My blood sugars were surprisingly stable, probably because our diet consisted of mainly pork and lots of RICE!!! I did take the initiative of decreasing my insulin dosage by about 30%. I did not change my basal rate but my bolus amount shifted between 1-6 units, whereas in the U.S., my bolus amount sometimes goes as high as 10 units. While I was there, I had only one "kind of" low because it was after a day of intense hiking at the YinLin Temple. I was amply prepared and brought lots and lots of Gatorade® and Nutrigrain bars from the U.S. for that exact situation.

My biggest problem with the pump and international travels was actually in the airports. It was sometimes humorous because when we flew into South Korea I had my pump strapped to my ankle and the security guard searched me and completely skipped the area where my pump was attached. We concluded that they had very loose security in their airport. I did have a minor situation with the airport security in Shanghai. Of course, this had to happen when we were already late for our flight to Beijing and running to get to the terminal. We went through the metal detectors and then they had to search everyone again. They came across my pump, which was still strapped to my ankle, and the guard looked up at me and said something to me in Chinese, of which I had no idea what the guard was telling me. I speak no Chinese, so I lifted my pant leg and told her "it's medicine." Why I thought she understood English is still beyond me. She went and brought two other guards back, by this point I was sitting down on a chair showing them the pump was strapped to my leg and the tubing leads to the incision point, which happened to be on my hip. In addition, I kept repeating the words "medicine" and "diabetic" (like that was really going to help the situation). The guard then motioned me to follow her to a closed room where she tried to see where the tubing went. She tugged at my pants and shirt, needless to say, she eventually let me go figuring that this crazy American was probably not dangerous. We barely made it to the flight and thankfully made it safely. For fellow diabetics and for my future traveling experience, I think I am going to have a card that says "I am a diabetic, it's an insulin pump" in the language which they will be speaking or better yet, just detach the pump and stick it in my bag for the security portion of the airport.

Overall, this experience to China has been one of the biggest highlights of my entire life and I encourage all diabetics to never be hindered by diabetes but experience the world, don't lose hope and never stop being inspired.
The following letter was sent in by one of our BDC families.

The Insuflon® device works extremely well for our five-year old son Brady who was diagnosed with type 1 diabetes in March 2004. He is still in the “honeymoon” period and only requires about five units of insulin per day. All of his injections are given through the insuflon and he never complains of pain during the injections. We are able to mix different kinds of insulin together in the Insuflon with no apparent problem. He currently takes Lantus®, NPH and Humalog®.

Technically speaking, the insuflon is an indwelling subcutaneous catheter. We were introduced to this idea by Dr. Peter Chase and his team during our first visit to the BDC. The Insuflon has a very low profile and Brady usually does not even remember which side of his buttocks to expose when we ask him to take an injection. He can shower, bathe and even swim with it in. Occasionally, the sticky tape has frayed at the edges and we have reinforced it with Tegaderm® with good success. We usually change the insuflon once a week and apply EMLA® topical anesthetic cream for one hour, under a band-aid, before insertion. Most of the time, he does not feel the catheter going in at all.

Our local pharmacy gets the insuflon from Amerisource (800-523-4020) and the item number is 450-9725. The cost is $5-$6 each. More information can be found at insuflon.com.

While not for everyone, the insuflon has been wonderful for our son. If he wants to eat a little extra snack, we can simply “cover it” with short acting insulin to keep him in tight control. Brady’s other caregivers (babysitters and grandparents) are especially thankful since they no longer feel intimidated when faced with giving him an injection. Also, the insuflon may be a low cost alternative for those people who cannot afford to start the pump. The insuflon has helped to make our preschooler’s life as close to normal as possible.

Best wishes,
Bruce and Shelly Evans
Rapid City, SD
GOODWILL AMBASSADOR!

One of our patients recently learned how insulin infusion sets are manufactured. Matthew Cooper was invited to Unomedical’s manufacturing facility in Mexico. The company makes insulin pump infusion sets and the visit was in recognition of the launch of their new device, the Inset®.

Matthew has worn an insulin pump for five years and really enjoyed learning by working “on the line” side by side with the workers in the factory. The managers at the factory told us that the employees found it rewarding to hear from a patient that uses their products to stay healthy.

LOW CARB CONES!

Since our five year-old son was diagnosed with type 1 diabetes last March, making the proper food choices has been an ongoing challenge. Typically, our family tries to eat healthy food, but with three young boys, we want to make eating fun. Here are two low-carb treats that we have discovered.

We buy plain ice cream cones and have the boys fill them with the whipped cream that comes out of the can. Although this can be messy, the kids love making their own “whipped cream cones.” The whipped cream comes in both vanilla and chocolate flavors. This treat is usually 5-10 carbs depending on the amount of whipped cream used.

Another special treat that the kids enjoy is making snow cones using Kool-aid®’s new sugar-free Jammers. We bring a Jammer along with us everywhere we go and if the opportunity arises and we see a snow cone stand we ask for a snow cone with just ice. We then top it with the sugar-free Jammer and we have made our own sugar-free snow cone. This treat is only 2 total carbs. Our boys love these treats and we feel good about letting them enjoy them.

Happy eating!
Bruce and Shelly Evans

Here’s an idea from one of our families!
The Education and Public Awareness Committee has recently sent out diabetes packets to all Colorado public and private schools, grades K-12. It is our wish to share information we feel is appropriate to the school nurse and faculty.

Bookmarks with diabetes symptoms have been placed in the school packets with the symptoms being listed in both English and Spanish. These bookmarks are free of charge to anyone who requests them.

Lastly, we would again like to encourage you to check out our website at ChildrensDiabetesFdn.org (under "Education" and "Tips for College Students") to see information for young people with diabetes going off to college or living on their own.

Should you need diabetes information, please do not hesitate to contact Regina Reece at 303-863-1200 or 800-695-2873.

A membership reception was held for The Guild of the Children's Diabetes Foundation on Wednesday, October 6th at the L'Opera Ristorante Italiano. Guild Chairmen, Christy Hanson and Kindall Pope welcomed our current Guild members and their guests.

The Guild's primary mission is to support clinical and research programs while helping improve the lives of children and young adults served at the Barbara Davis Center for Childhood Diabetes. If you are interested in becoming a Guild member please call the Children's Diabetes Foundation office.

MEMBERSHIP EVENT FOR THE GUILD

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GUILD MISSION STATEMENT

The Guild of the Children’s Diabetes Foundation at Denver raises funds for clinical and research programs for the Barbara Davis Center for Childhood Diabetes. The Guild promotes diabetes awareness and education; assists families in need; provides continuing education scholarships and sponsors social activities for children and their families.

2005 GUILD EXECUTIVE COMMITTEE

President - Margy Epke
President-Elect - Chris Foster
Treasurer - Lyn Schaffer
Treasurer-Elect - Lisa Corley
Corresponding Secretary - Adrienne Fitzgibbons
Recording Secretary - Gina Abou-Jaoude
any of you have been taught to use carbohydrate counting as a method of meal planning. What you are usually taught by the dietitian is that whether you eat a food containing sugar or a food containing starch, they both will be converted into blood sugar. And, if the food contains the same amount of total carbohydrate, whether it’s two cookies or one slice of bread, it will cause about the same rise in blood sugar. We teach patients and families to count total carbohydrate grams in foods because it is the total amount of carbohydrate that you eat that is the most important factor affecting blood sugars and not the source of carbohydrate. These recommendations are based on the current nutrition guidelines put forth by the American Dietetic Association and the American Diabetes Association.

But, why is it that you’ve noticed, for example, that potatoes cause a higher rise in blood sugars than beans do? That’s because there are variations in how different carbohydrates affect blood sugars. In fact, there have been many studies conducted on individual foods and how they affect blood sugars. From these studies, a glycemic index has been developed. Some of you may be asking why you’ve never heard about the glycemic index. That’s because the glycemic index is not widely accepted as a method of diabetes meal planning for a number of reasons. It is complicated and if a patient tries to eat only low glycemic index foods, they may be severely limiting the types of foods that they can eat and lack the variety they need for balanced nutrition. Many experts also feel that the difference between carbohydrate foods is not significant. Although we do not regularly discuss the glycemic index in detail with patients, some of you may find it helpful.

So, what is the glycemic index? The glycemic index is a ranking of foods based on how much they raise a person’s blood sugar level compared to a reference food. The reference food is either white bread or glucose. To determine the glycemic index, test foods are fed to people with and without diabetes and the blood sugar response is measured over three hours and compared to the volunteers’ response to the reference food. Each food is given a number or glycemic index using these results, and in theory, the higher the number, the higher the blood glucose would be expected to rise after eating that food.

Various other factors also affect the blood sugar rise after eating a carbohydrate food. These factors include the protein and fat content of the meal, the method of preparation and whether a food is pureed or whole. For example, a high fat and protein meal would slow down the rise in blood sugar as compared to a low fat and protein meal. And foods that are pureed and cooked will be absorbed more quickly than whole, uncooked foods. Also, each person may react differently to the same carbohydrate food.

Since each person reacts differently to carbohydrate-containing foods, it is best to use blood sugar testing to find out how various carbohydrates affect you or your child’s blood sugars. It is important to remember, though, that variations in blood sugars can be caused by factors other than the food that was eaten. If there is a pattern over a few days with a certain food or meal, you can use the blood sugar values to make adjustments in insulin dose.

How can you use the glycemic index? First, I want to emphasize that you should not use the glycemic index as the sole meal planning tool. We still recommend that when planning meals, the most important consideration is the total amount of carbohydrate and not the source of carbohydrate. Then, if you are still not satisfied with blood sugar control you can try using some lower glycemic index foods to see if they make a difference. You may want to include more foods from the lower end of the glycemic index, such as lentils and beans. However, there is no need to omit a food just because it is at the higher end of the scale. When eaten with other types of foods, it may not produce the higher responses that occur when it is eaten alone. Eating more fruits, vegetables and whole grains and reducing the amounts of processed white flour products you eat can also be helpful and healthful for many reasons. See the table on the next page for a listing of commonly eaten carbohydrate containing foods and their glycemic index.

<table>
<thead>
<tr>
<th>CARBOHYDRATES AND THE GLYCEMIC INDEX</th>
<th>— Gail Spiegel, M.S., R.D., C.D.E</th>
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# Mean Glycemic Index (GI) for Some Commonly Eaten Foods

Low Glycemic Index foods  55 or less  
Intermediate Glycemic Index foods  56-69  
High Glycemic Index foods  ≥70

<table>
<thead>
<tr>
<th>Food</th>
<th>GI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BREADS</strong></td>
<td></td>
</tr>
<tr>
<td>bagel, white</td>
<td>72</td>
</tr>
<tr>
<td>white bread</td>
<td>70</td>
</tr>
<tr>
<td>whole meal rye bread</td>
<td>56</td>
</tr>
<tr>
<td>100% stoneground whole wheat bread</td>
<td>53</td>
</tr>
<tr>
<td>whole grain pumpernickel rye</td>
<td>50</td>
</tr>
<tr>
<td><strong>BREAKFAST CEREALS</strong></td>
<td></td>
</tr>
<tr>
<td>Kellogg’s Corn Flakes®</td>
<td>84</td>
</tr>
<tr>
<td>Cheerios®</td>
<td>74</td>
</tr>
<tr>
<td>Post® Grape-Nuts®</td>
<td>67</td>
</tr>
<tr>
<td>Cream of Wheat®</td>
<td>66</td>
</tr>
<tr>
<td>old fashioned oatmeal</td>
<td>42</td>
</tr>
<tr>
<td>All Bran®</td>
<td>42</td>
</tr>
<tr>
<td><strong>GRAINS AND STARCHY VEGETABLES</strong></td>
<td></td>
</tr>
<tr>
<td>rice, white (instant)</td>
<td>87</td>
</tr>
<tr>
<td>potatoes, baked</td>
<td>85</td>
</tr>
<tr>
<td>potatoes, instant</td>
<td>83</td>
</tr>
<tr>
<td>corn, sweet</td>
<td>55</td>
</tr>
<tr>
<td>rice, brown</td>
<td>55</td>
</tr>
<tr>
<td>spaghetti, white</td>
<td>41</td>
</tr>
<tr>
<td><strong>LEGUMES</strong></td>
<td></td>
</tr>
<tr>
<td>baked beans</td>
<td>48</td>
</tr>
<tr>
<td>chickpeas</td>
<td>33</td>
</tr>
<tr>
<td>lentils</td>
<td>29</td>
</tr>
<tr>
<td>kidney beans</td>
<td>27</td>
</tr>
<tr>
<td><strong>FRUITS</strong></td>
<td></td>
</tr>
<tr>
<td>banana</td>
<td>53</td>
</tr>
<tr>
<td>grapes</td>
<td>43</td>
</tr>
<tr>
<td>orange</td>
<td>43</td>
</tr>
<tr>
<td>apple</td>
<td>36</td>
</tr>
<tr>
<td>grapefruit</td>
<td>25</td>
</tr>
<tr>
<td>cherries</td>
<td>22</td>
</tr>
<tr>
<td><strong>DAIRY</strong></td>
<td></td>
</tr>
<tr>
<td>ice cream</td>
<td>61</td>
</tr>
<tr>
<td>milk, skim</td>
<td>32</td>
</tr>
<tr>
<td>milk, whole</td>
<td>27</td>
</tr>
<tr>
<td>yogurt, low fat, artificial sweetener</td>
<td>14</td>
</tr>
</tbody>
</table>

**SNACK FOODS**
- corn chips 73  
- angel food cake 67  
- blueberry muffin 59  
- popcorn 55  
- chocolate 49


**Glycemic Index Resources:**

**Books**

**WEBSITES**
- www.glycemicindex.com  
- www.mendosa.com

*Photo: © Martin Crabb*
CHRISTMAS PUNCH

INGREDIENTS:
1 48 ounce bottle Light Cran-Raspberry® Cranberry Raspberry Juice Drink
2 12 ounce cans of Fresca®
1 lemon, thinly sliced
2 strawberries, thinly sliced

DIRECTIONS:
Combine juice drink, soda and fruit slices in a large punch bowl. Add ice. Float mint leaves if desired.

NUTRITIONAL INFORMATION:
4-6 ounce serving with ice is FREE!!!
STRAWBERRY BAVARIAN

INGREDIENTS:
2 packages (four serving size) or 1 package (eight serving size) sugar-free strawberry flavored gelatin
2 cups boiling water
1 cup cold water
1 pint fresh strawberries
1 package (four serving size) sugar-free instant vanilla pudding
1 1/2 cups skim milk
1 cup “lite” whipped topping
18 low-fat graham cracker squares (9 full length crackers)

DIRECTIONS:
• Dissolve gelatin in boiling water, then add cold water. Chill until slightly thickened.
• Clean and slice berries, saving a few whole berries for garnish.
• Prepare pudding per instructions, using ONLY 1 1/2 cups skim milk.
• Fold whipped topping into pudding. Fold gelatin mixture into pudding mixture.
• Add sliced berries.
• Line bottom of 9 inch square pan with 9 graham cracker squares. Spread half of mixture over crackers. Repeat.
• Chill until firm, approximately three hours. Garnish with whole berries.

NUTRITIONAL INFORMATION:
Number of Servings: 9
Serving Size: 1/9 of dessert
Calories: 120
Carbohydrate: 23 grams
Protein: 3 grams
Fat: 2 grams
Kids dressed up as princesses, cheerleaders, action figures, doctors, dinosaurs and cowboys at this year's Guild Halloween Party at the Colorado School of Mines Green Center hosted by Phi Gamma Delta Fraternity. The fraternity has hosted the Guild's Annual Halloween party since 1983, offering an alternative to the large quantity of sweets offered on this holiday.

The children enjoyed plentiful amounts of pizza donated by Dominos and diet soda donated by Pepsi Cola Bottling Company. They also had a "spooktacular" time decorating pumpkins supplied by our Guild members Robert and Judy Villano, while also having the opportunity to play games and place their prizes from games in their overflowing goody bags. Some of the game prizes were donated by: BD Medical, Deltec, Medtronic MiniMed, Roche Diagnostics Corporation and TheraSense.

Special appreciation is expressed to Event Chairmen, Debbie Gradishar and Ingrid Warden and the Halloween Committee who worked so hard to assure a memorable event.
s your child a patient at the Barbara Davis Center? Are you a patient at the Barbara Davis Center? Do you have a special interest in diabetes?

This is an opportunity for you, your family and your friends to have a presence at the new facility by purchasing a place on the donor wall — a lasting symbol of your support. Help us catch the brass ring — a cure for diabetes.
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. We now accept gifts on-line. Donations are tax deductible.

Tax ID #84-0745008
1. Berry Gordy & Clive Davis
2. James & Linda Caan
3. Tom & Shelby Arnold
4. Ed McMahon
5. Barbara Davis & Invocation Child, Tyler Smith
6. Jane Krakowski
7. Tony Danza & Vanna White

The Carousel of Hope
CAROUSEL OF HOPE 2004 MEMORIES

Holly Robinson-Peete, Beyonce Knowles, Halle Berry, Oprah Winfrey and Barbara Davis

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