

# Diabetes Education and Camping Association Newsletter

MARCH/APRIL 2011

*"Great Camps, Healthy Futures"*

## DECA 2011 Camp Staff Development Conference October 5 - 9, 2011 Spring Hill Camp, Indiana

### KNO-BETES

It always helps to know more about “the Betes,” camping and how they work together.

The Diabetes Education and Camping Association announces its 2011 conference to be held at Spring Hill Camp near Seymour, Indiana. Conference dates are Wednesday evening, October 5<sup>th</sup> through Sunday morning, October 9<sup>th</sup>. This conference is to serve all “age groups” - Administrators, medical staff, program and counseling staffs. You will be coming to southern Indiana at our fall color season. Many people come to this section of the state just to enjoy fall colors—so combine both to see the beauty of the season, have fellowship with those great camping people and learn some more about “the betes.”

The facility of Spring Hill Camp is the home of **No Limits Diabetes** camp for teens. It has heated cabins but separate shower houses, several conference rooms and an exceptional zip line, climbing wall and leap of faith. The terrain is rolling, wooded hills, with one larger lake and 6 smaller ponds on 800 acres. We feel that the camp is one of the best facilities around.

Keynote Speaker: Arthur Ainsberg, author of new bestseller, “Breakthrough.” We will also be spending a full day at the Eli Lilly Headquarters, touring the Heritage Center, as well as the Production Line. Come join us!

**Sam Wentworth, MD - Conference Host**



#### DECA Mission Statement

The Diabetes Education and Camping Association promotes communication, provides education, shares resources and serves as a worldwide voice to advance diabetes education and camping programs that meet the diverse needs of individuals and families.



From May 6-8, 2011, the **Diabetes Education and Camping Association DLead Council**, thanks to the generous support of **Medtronic of Canada Ltd**, will be hosting **DTreat Ottawa**—a weekend aimed at bringing young adults living with diabetes together from across North America to share experiences and learn from one another.

Participants will leave DTreat with a greater appreciation for the support that we, as a network of young adults, can provide for one another, as well as with an abundance of tools and strategies to make life with diabetes less of a challenge.

**DTreat Ottawa**  
**For Young Adults (18-25) with Type 1 diabetes**  
**May 6 - 8, 2011**  
**Carleton University, Ottawa, Ontario**  
**Registration Fee: \$50 (includes meals/snacks,**  
**accommodations and programming)**

Share your own experiences and learn from the experts about:

- Diabetes Nutrition
- Parental Issues
- Diabetes and Work
- Travel
- Diabetes Research
- Relationships
- Alcohol and Drugs
- Diabetes Myths
- Diabetes-Environmental Impacts
- Psychosocial Issues
- Adult Care Transition
- Pregnancy
- Diabetes, Sport and Exercise
- Diabetes Burnout
- Stress
- Insurance Issues
- College Life
- Diabetes Around the World
- Independent Living
- Diabetes Technology

Space is limited, so register TODAY! Visit [www.diabetescamps.org](http://www.diabetescamps.org)  
More information available at [www.facebook.com/diabetesretreat](http://www.facebook.com/diabetesretreat)

*by Jen Hanson, DLead Council Member*



## DTreat Tampa

Diabetes in real life with peers

July 1 – 3, 2011

University of South Florida

*In Partnership with Students with Diabetes*

DECA is proud to offer DTreat Tampa – a diabetes retreat for young adults ages 18-25. It joins DTreat Ottawa and DTreat Utah to take the program across North America in 2011.

DTreat provides support and the tools for healthy living that give participants positive well-being and connection to supportive social networks.

At DTREAT, young adults will have the opportunity to partake in a series of discussion style support groups, workshops, and sessions geared toward life-affecting topics such as:

- Health insurance and finances

- Exercise

- Time management with diabetes in your life

- Stress management

- Partying

- Sexuality

- Find the right healthcare provider and be in charge of your care

- Nutrition and exercise in a hectic schedule

*“We all came together to talk about the real issues that affect us and we were encouraged to sculpt our own discussions and learn from one another. It was exhilarating to be open and honest and share about struggles and horror stories as well as cheer one another on when they shared a particular victory.”*

DTreat Tampa will be hosted on the fabulous campus of University of South Florida. Registration fees include accommodations, meals and participation in all activities. Join us for an unbelievably awesome weekend.

**Registration:** Space is extremely limited. To register for DTreat Ottawa, Tampa or Utah, 2011, please visit the DECA website at [www.diabetescamps.org](http://www.diabetescamps.org). You will need to complete all necessary paperwork in order to participate. Also visit our FACEBOOK page – search DTreat Tampa, DTreat Ottawa, or DTreat Tampa.



## **DTreat Utah**

Diabetes in real life with peers  
August 26 - 28, 2011  
Camp Red Cliffe, Huntsville, Utah

### **A Diabetes Retreat in real life, with peers.**

Unlike any other conference/retreat you'll ever experience—stay in the cabins at Camp Red Cliffe, located in Utah's beautiful Wasatch Mountains, learn about diabetes resources in your community, spend Saturday evening in downtown Salt Lake City, share stories and experiences with one another and hear from some exciting guests.

DECA continues to take the DTreat program across North America by offering the first ever DTreat in the Intermountain West, bringing together young adults, ages 18 - 25 from Utah, Idaho, Wyoming, and Nevada, as well as other areas of the US and internationally.

DTreat sessions will focus on topics such as diabetes and pregnancy, diabetes and active living, diabetes advocacy, diabetes and mental health, financial issues surrounding diabetes, health insurance, research and technology and the history of diabetes.

The cost of DTreat Utah is \$50 and includes all meals, snacks, programming, accommodations and evening entertainment. Each participant is responsible for his/her own transportation to and from the DTreat program.

DTreat Utah will be held at Camp Red Cliffe near Huntsville, Utah, from August 26-28, 2011.

**\*\* REGISTRATION ENDS August 21 \*\***



## Expert Online Training (“EOT”) Leadership Essentials Training Videos

*“This (Leadership Essentials) was a great way to be able to provide training, to track it and confirm a volunteer completed it. We appreciated the opportunity to use it and will definitely use it in the future.”*

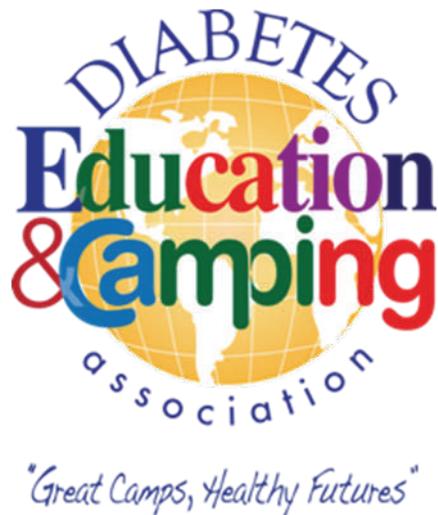
From a DECA Camp 2010

Comprehensive staff training is invaluable to a great summer camping season. Covering both diabetes and non-diabetes related topics are both critical and time-consuming. DECA exists to help you and has worked diligently over the past year to develop resources to make this process easier. Our own diabetes training videos are now available on the DECA website. Requiring your staff to watch these, with the accompanying study guides at hand, will help prepare them for onsite training. Similarly, requiring staff to watch Expert Online Training’s Leadership Essentials videos will ready them for general camp issues before they arrive at precamp. You’ll have a staff pre-trained and ready to be effective, motivated leaders of your great programs.

DECA is pleased to announce to its member camps that it will offer Member Camps access to Dr. Chris Thurber’s **Expert Online Training** video library (Leadership Essentials) at a vastly reduced cost, thanks to a grant to DECA from *The Medtronic Foundation*. This educational grant has covered the cost of each participating camp’s Expert Online Training administrative “dashboard” – a savings of \$399 per camp. The only cost to the camps is a \$10 per staff member user fee, to be paid directly to EOT.

The Leadership Essentials staff training videos with accompanying quizzes will be available ***via a portal from DECA’s website when the camp staff is logged in as a DECA member.***

We will be sending an email as soon as the portal is up on the website. Then, DECA will host a training webinar to walk camps through the process. Stay tuned!



Dear DECA Camp Friends

Medtronic Foundation has given us a grant to create a staff training library on our website and we need your help.

We have attached a list of staff training topics accumulated from many of your pre-camp schedules.

Take a look. If you have written materials, PowerPoint Presentations, or videos that you use to cover these topics with your staff/volunteers please send them to us. We are creating a special area on the website for everyone's use to make staff training easier for all of us. ***Do not forget to include your camp name and the author's name on the document!***

We need these as soon as possible so we can start uploading them to the website for this pre-camp training season. Please try to send these in Word, Excel or other editable format as PDF files are hard to adjust for website use.

Please send your materials to:

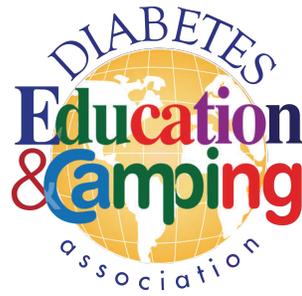
[info@diabebtscamps.org](mailto:info@diabebtscamps.org)

Our incredible project leader, Sam Struzzi, DECA intern, will gather it for the Education Committee.

Happy Camping!

***Lorne and Shelley***

*(continued on next page)*



*"Great Camps, Healthy Futures"*

## Staff Training Topics

The following is a list of pre-camp staff training topics that we have gleaned from several diabetes camping programs. How you cover these topics is at your discretion and should be catered to fit the needs of your program, staff and volunteers.

### •Mission & Core Values &Expectations

- Welcome, History of Camp, Goals and Objectives, Camp Philosophy, Communication, Code of Ethics, Creed, Basic Principles of Camp, Diabetes Camp Objectives, Organizational Chart, Staff Expectations, Dress Code, Fraternization, Possible Grounds for Dismissal, Time Off, Staff Recreation, Housing, Phones/ Email, Parking, Camp Vehicles, Restricted Areas, Smoking, Alcohol and Drugs

### •Policies and Procedures

- Emergency Procedures, 911 Procedures, Emergency Phone Numbers, First Aide Procedures, Emergency Plan, Evacuation Procedure, Chemical Biohazard, Severe Weather, Fire, Electrical Storm, Missing Person Procedure, Intruders Protocol, Kidnapping Protocol, Utility Failures Protocol, Major Injuries and Accidents Protocol, Pool Search, Waterfront Emergency Protocols, Opening Day Procedures
- Closing Day Procedures

### •Healthcare Policy

#### •General healthcare

- Daily Health Observations, Health Needs of the Camper, First aid, Confidentiality, Staff Illness/ Injury, Procedures on Medically Fragile Campers,
- Universal Precautions (OSHA or other regulatory),
- DOCUMENTATION

#### •Diabetes

- Introduction
  - Diabetes at Camp (which we know is different than diabetes at home)
- Blood glucose monitoring
- Insulin administration (injections, pens, pumps)
- Hypo/hyperglycemia treatment plans, Pumps and CGMs (sensors)
- Food and exercise
- Universal Precautions/OSHA regulation as they apply to the special circumstances surrounding diabetes.
- DOCUMENTATION

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●**Program Basics**

- Daily Schedule
- Activity planning, How to Lead an Activity, Camp Program, Flag Raising/Lowering, Camper Check-In/Check-out, Rest Hour, Bed Time Routines/Night Time Coverage
- Cabin Clean-Up, Meal Times, Laundry, Maintenance Repairs, Care for Property and Equipment, Leading campfires, Sing-songs, Storytelling, Waterfront Orientation, Planning a Trip

●**Dining hall procedures**

- Meal times, food service, menus, carb counting, clean up, seating, rules, traditions, use of dining hall for non-meal times, diabetes procedures in dining

●**Psychological Challenges, Source Emotions, Behavior**

- Developmental Stages of campers
- ADD, ADHD and other conditions
- Role of the Camp Counselor
- Disciplinary Issues
  - Fighting, Stealing, Behavior Management
  - Time Tested Strategies
- Risk Management and Incident Reports**
- Mitigation of all risks (physical, health, emotional)
- Safety and Maintenance of facility
- Child Abuse & Neglect Behavior and Reporting Policy
  - Physical Abuse, Emotional Abuse, Sexual Abuse; Incident Reports and Reporting Policies will vary from state to state, make sure that the policies for your state are being followed
- Diversity and Sensitivity Training**
- Motivation: Keeping the Energy Alive!**

As a schedule for pre-camp training is devised, it is important to build in breaks and time for your staff to get to know each other. It is also important to include camp traditions in your training period, as well as other elements that are unique to each camp.

by Shelley Yeager

<p><b>DECA Classified Section</b> Post your open camp jobs on the DECA website (<a href="http://www.diabetescamps.org">www.diabetescamps.org</a>) in the new classified section and reach passionate, knowledgeable staff for your camp organization. You must be logged on as a member. Go to the <i>membership tab</i>, click on <i>classified</i> and post your listing with contact info.</p>	<p>DECA Toll Free Number (in North America) <b>866-980-DECA (3322)</b></p>
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## *Job Opportunities. . .*

### **Diabetic Youth Foundation seeks Day Camps Coordinator**



The Diabetic Youth Foundation of Concord, California ([www.dyf.org](http://www.dyf.org)) seeks a dedicated, passionate individual for their full-time Day Camps Coordinator Position. The Day Camps Coordinator is responsible for developing, planning, organizing and managing multiple aspects of the DYF's brand new Day Camps program for children, teens, and families affected by type-1 diabetes. This program requires someone who is a self-starter, wants to help build the program from the ground up, and is passionate about working in a team-oriented environment. Other requirements include: Minimum BA or BS degree from accredited college or university; two plus years directing or working with educational and/or recreational programs; experience working in a key leadership position in a child-centered environment; ability to work in a dynamic organization that values flexibility and a collaborative team approach; exceptional public speaking and phone skills; efficient and effective written communication; and willingness to work some weekends and evenings.

For more information, please contact Janet Kramschuster, Director of Programs, at [kramschuster@dyf.org](mailto:kramschuster@dyf.org), or send resume with cover letter to [kramschuster@dyf.org](mailto:kramschuster@dyf.org). Serious applicants only please. DYF is an Equal Opportunity Employer.

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### **International Staff with Nutrition/Health Science Backgrounds**

The International YMCA is a visa sponsor for camps who staff international participants. We are specifically scouting out weight loss and healthy lifestyle camps that may be interested in working with us because several of our recruiters have expressed interest in sending nutrition/health science majors to these camps. **We currently have a pool of 3-4 students with great English abilities who are global health and nutrition majors looking to work in the environment of a healthy lifestyle camp.** Please let me know if you are interested and/or have any questions.

**Aly Kapchan** | Program Coordinator, Inbound Programs

**INTERNATIONAL YMCA** 5 West 63rd Street - 2nd Floor, New York, NY 10023

**Tel:** [+1.212.727.8800](tel:+12127278800) ext 4326 **Fax:** [+1.212.724.2344](tel:+12127242344) **E:** [akapchan@ymcanyc.org](mailto:akapchan@ymcanyc.org)

**THE SPARK OF LIFE HAPPENS  
IN MINNEAPOLIS, SEPTEMBER 29 – OCTOBER 3, 2011**



## **Medtronic Seeking Long-Distance Runners Benefiting from Medical Technology**

*“Global Heroes” Will Receive Complimentary Entries, Travel to the Medtronic Twin Cities Marathon or Medtronic TC 10 Mile in October*

Medtronic is recruiting runners from around the world who benefit from medical technology to participate in the sixth annual Medtronic Global Heroes program. Up to 25 runners will be selected to receive two paid entries into the Medtronic Twin Cities Marathon or the Medtronic TC 10 Mile, Oct. 2, 2011 in Minnesota. Recipients will receive a travel package that includes airfare for the Global Hero and guest.

In a cooperative effort between Twin Cities in Motion (organizers of the Medtronic Twin Cities Marathon) and the Medtronic Foundation, the Global Heroes program recognizes runners from around the world who have a medical device. The program is a dynamic example of how individuals with chronic health conditions are living full, active lives and inspiring others in the process.

To qualify as a Global Hero, runners must currently be using a medical device therapy to treat the following disease categories: heart disease, diabetes, chronic pain, spinal disorders, or neurological, gastroenterology and urological disorders. Eligible medical devices include any pacemakers, implantable cardioverter defibrillators, heart valves, coronary or thoracic stent, spinal devices, neurological devices, or insulin pumps. All runners with eligible devices are welcome to apply with no restriction on manufacturer.

To apply or nominate someone to be a Global Hero, visit [www.medtronic.com/globalheroes](http://www.medtronic.com/globalheroes). The Global Hero application is available in six different languages, and applications must be submitted by April 15, 2011.

In addition to the race entry and travel expenses, the Medtronic Foundation will donate \$1,000 to a non-profit patient organization that educates and advocates for people who live with the Global Hero’s condition. Global Heroes will designate their charity of choice from a list of patient advocacy groups.

## News from American Camp Association Tri-State Conference Atlantic City

DECA was fully represented at ACA's Tri-State Conference in Atlantic City, New Jersey. In fact, a special series of diabetes sessions were lead by Lorne Abramson, Shelley Yeager and Ray Fowlie. These sessions were attended primarily by camp nurses from non-diabetes camps that serve some children with diabetes. It was evident that this is becoming an increasingly difficult issue and that information and resources for these camps are critical.

It was also great to be able to gather information that we feel benefits our member camps. The information below highlights some of what we gleaned for you.

### **Is Your Camp and Are Your Health Care Staff Covered for Medical Malpractice?**

This is a complicated and extremely important question. Understanding insurance coverage can be a daunting task. When in doubt, ask your insurance agent. The question that presents itself for many camps is this – when a health care professional provides services in the camp setting, ARE They COVERED and is YOUR CAMP covered for errors or omissions that they might make in the course of providing care to your campers or staff. Camps often mistakenly believe that the malpractice insurance that a health care professional “brings with them” from a sponsoring medical facility in enough – but that may not be true. Their own malpractice might cover them in the course of their camp work (but not always), but it would not cover the camp itself. Therefore, camps must make sure that they have coverage for both purposes.

While we were at Tri-State, Lorne and Shelley investigated two of the most prominent insurers to see if their camp General Liability policies included medical malpractice. We have only heard back from one of those companies – Markel Insurance. They do offer this coverage, but you must make sure that your policy is extended to include it. Markel's answer is included here. Other insurers may or may not extend coverage to your camp for health care providers – the important message here is that you need to ask the question. Of course we do not expect that there will be an incident that warrants the coverage, but in the event that you need it – you want it to cover your camp and the wonderful health care staff that we cannot have camp without!

A pleasure to meet your at the TRI-State ACA Show and I apologize for the late response to our discussion!! With respect to Incidental Medical Personnel Coverage I have attached a copy of the following Markel Coverage Forms;

- ~ MLG 103; Medical Personnel Coverage.
- ~ MGL 103-A; Medical Personnel Coverage ( including volunteer workers ).

These are the standard coverage forms used by Markel for Medical Personnel Coverage i.e., it is the intent of the coverage forms to extend coverage to employed or volunteer; *physicians, physician assistants, registered nurses, licensed practical nurses, emergency medical technicians and wilderness first responders.*

Having said this then, the only difference between the two coverage forms is the issue of paid staff or volunteer staff and/or a combination of both so, if volunteers are involved the standard practice would be to add form 103-A.

*(continued on next page)*

Obviously then, using either form would evidence coverage but would not specifically name any particular individual and I believe this was your primary issue.

To address this issue of a specific name, I believe this could be accomplished simply by adding the medical professional to the policy by endorsement to wit; including ISO coverage form CG 20 26; Additional Insured – Designated Person or Organization to the policy. Addition of this endorsement would in turn generate a Certificate of Insurance in favor of the named individual.

I think that covers the major points of our discussion however, if I've missed anything or upon review you have additional questions or items you would like to discuss, please feel free to call my office at your convenience. In the meantime, *Thank You for your interest!!*

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**MEDICAL PERSONNEL COVERAGE**

**MARKEL INSURANCE COMPANY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

MGL 103 (03/98) Page 1 of 1

ATTACHED TO AND FORMING PART OF COMMERCIAL GENERAL LIABILITY

POLICY NUMBER:

The following is added to Section I - Coverages, Coverage A - Bodily Injury and Property Damage Liability - Insuring Agreement:

We will pay those sums that the insured becomes legally obligated to pay as a result of an "occurrence" arising out of the performing of professional health care services. This applies only to the professional health care services while performing duties related to the conduct of your business.

Section II - Who Is An Insured is amended to include your "employees" for acts within the scope of their employment by you while performing duties related to the conduct of your business including duties arising out of his or her providing or failure to provide professional health services.

ATTACHED TO AND FORMING PART OF COMMERCIAL GENERAL LIABILITY POLICY NUMBER:

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We will pay those sums that the insured becomes legally obligated to pay as a result of an " occurrence" arising out of the performing of professional health care services. This applies only to the professional health care services while performing duties related to the conduct of your business.

Section II - Who Is An Insured is amended to include as additional insureds your " employees" and " volunteer workers" for acts within the scope of their employment by you while performing duties related to the conduct of your business including duties arising out of his or her providing or failure to provide professional health services. The provision referencing providing or failure to provide professional health care services is deleted.

## Cool Things from ACA Tri-State

We talked to many of the food distributors and are trying to get them to work with us to get nutritional information on many of the more common camp menu items to post on the DECA website as we know that often cases come in to the camp kitchen and are unpacked, leaving packaging without valuable nutritional info. I will report that every food supplier indicated that nutritional information is available on their website. In order to access it, you usually need the SKU#, so try to have your kitchen staff write that down or keep copies of the packing slips which should have that indicated.

### **IM Healthy Soy Nut Butter**

[www.soynutbutter.com](http://www.soynutbutter.com)

This stuff really tastes like peanut butter and has the same consistency. It was so much better than the other stuff at the show. Comes in tubs or 1 oz pre-pack. Peanut/tree nut, dairy, egg, gluten free. 800-288-1012

### **Yummy Dough**

[www.plasmarttoys.com](http://www.plasmarttoys.com)

As a social worker, I'm always looking for fun ways to get campers to express themselves and to work with campers who have behavioral issues. Playdough is a great tactile way to get campers who are behaviorally challenging to desensitize and calm down. This dough is edible! So let them mold, and then cook it and eat it – and make it a diabetes learning experience by exchanging out the carbs. Comes in great fun colors.

### **Betzio's Pizza**

[sbetzios@bezios.com](mailto:sbetzios@bezios.com)

This was great pizza, but the best part was the already portioned perfectly carb-portioned at 18 g carb – no messy cutting. And the owner, Steve, is awesome. Most food distributors carry it. Makes the dough on site and is working on a gluten-free crust.

***MARK YOUR CALENDARS!***

***DECA 2011 Camp Staff Development Conference***

***October 5 - 9, 2011***

***Spring Hill Camp, near Seymour, Indiana***

***REGISTRATION WILL BEGIN SOON!!***

## Team Type 1 Founder, Phil Southerland, Writes Memoir

Do you know Phil Southerland? Phil grew up with diabetes (diagnosed as an infant) in Tallahassee, went to the University of Georgia, and founded the phenomenal cycling racing team called *Team Type 1*. He has visited many diabetes camps across the country and is inspiring to kids, with the message that they should be the “CEO of their own bodies” and strive for managing blood sugars well by checking and holding fast to their dreams for what they want to become as healthy grown-ups.

Phil has a new book coming out, about prevailing against what was common when he was a kid: lowered expectations of a full and healthy life. This would be an awesome book for the entire diabetes community.

Here is an excerpt from one of the publicists:

*Phil Southerland has just finished writing a memoir about growing up with type 1 diabetes. In it, Phil tells the story of how he turned his diagnosis and his passion for cycling into a global movement to positively affect the lives of people with diabetes. The book is called Not Dead Yet: My Race Against Disease from Diagnosis to Dominance. This heartfelt story is sure to inspire and inform thousands of individuals and families around the world that anything is possible.*

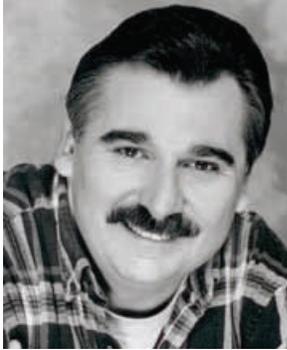
*In the book, Phil shares many personal stories and the insights he gained about diabetes throughout his life. His story begins with a panicked trip to the emergency room as a seven-month-old, where his mother was informed that he displayed the youngest case of diabetes on record in the world at that time. He tells us how blindness, kidney failure and death were all predicted for him by age 25, but by learning to manage his diabetes from an early age he's had a healthy and successful 29 years and counting. We see how he discovers the positive effect his perspective on diabetes has on the people he meets, and what it takes to convince Phil that his message – that a diabetic can be a successful professional athlete – is a vital one. He recalls how a chance encounter with an anonymous man in a Starbucks helped launch Team Type 1, which started as a cycling team and now has grown to become a wide-sweeping organization that is radically changing the lives of diabetics around the world. And how the team's global partnership for better health with Sanofi-Aventis is making a huge impact on the diabetes community.*

*Founder and Director of Taking Control of Your Diabetes, Steve Edelman, says: "Not Dead Yet is an uplifting and incredibly true adventure of a young man who beats the odds. Phil is an inspiration to those who live and struggle with diabetes as well as any individual who faces seemingly insurmountable challenges."*

Links to sources of the book are as follows:

[http://amzn.to/Phil\\_Southerland](http://amzn.to/Phil_Southerland) or <http://barnesandnoble.com/Phil-Southerland> and then go to [www.teamtype1.org/book](http://www.teamtype1.org/book) to get a sneak peek at the first two chapters.

Alex Allen  
Executive Director, Camp Kudzu (GA)



## Will There Be a Cure for Diabetes? This diabetes dad has hope.

By Tom Karlya

I was asked recently if I believed there will be a [cure for diabetes](#). I thought that was a great question and not one where I should just say, “Yea, sure.” It got me thinking about many things, including many different discussions raging around the Internet of late.

Let’s begin on the correct platform. I’m a writer, it’s what I do. I hope this column supplies the reader with food for thought. I want to elicit a response; I want dialogue; I want intelligent discussion from people who are aware that they don’t know everything and are also willing to learn, because that’s what differentiates a discussion from a debate.

My definition of a cure for diabetes is one that my children will be free from all the [possible complications](#) and day-to-day worries and management that they have endured since the day they were [diagnosed](#). I want to get as close to where our lives were before they were diagnosed. I don’t care what accomplishes that, and I also don’t know how we’ll get there. If anyone tells you they know, honestly, I believe they are misinformed.

I have done exhaustive work on finding out where we are and I have to be completely honest with you: If someone is saying that a biomechanical means is any closer than a biological one, I don’t believe it. There isn’t any proof that either will be here in three years, five years, or ever. The key word here is proof. And the word “here” means that people with diabetes, [kids included](#), will be using whatever it is that works on an everyday basis. It’s not phase I, II, or III in the research phases to completion, or even awaiting FDA approval. It means in everyday use.

[Better technology](#) to achieve better management of diabetes is not a cure. But hear me clearly: *Both* are equally as important, though different. Better care is not a comparative for a cure for diabetes. It is important for the work to continue to aid advancements in both venues. Anyone out there with diabetes deserves both, and nothing short of success in both is acceptable.

For me, the line is not blurry at all. Better treatments are always appreciated and expected for my kids. I don’t care how great the advancement in treatment; it is not a cure. We can trace the “blurry line syndrome” as far back as the invention of insulin.

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Here was the headline in March 22, 1922's Toronto Daily Star:



The headline refers to the discovery of insulin. A cure? Well, to many who died before [insulin](#) came along, “cure” must’ve seemed like a good word to use. Insulin was a better treatment for diabetes, but the disease was not cured. My one defining difference in the definition of a cure is that we will be done; nothing more will be needed.

Now the question at hand: Will there be a cure for diabetes? I believe with all my heart and soul that there will one day be one. Having two kids with diabetes, I have been at this for over 19 years. I, like many others, have heard the word cure so many times that it sticks in my throat because of the many who throw it around and, at times, outright lie. So please, forget anything you have heard, and for the next few minutes, continue reading with an open mind.

There are people out there, a good handful in fact, who have type 1, had an [islet cell transplant](#), and actually lived for a time without taking insulin shots because the islet cells were functioning. Many people are being told that islet cell transplantation has failed. But it has shown that a biological means could work. Were the patients on immunosuppressant? Yes they were. Was it a cure? No it was not. If the islet cells functioned without the use of immunosuppressant drugs, you bet it would be a cure. Yes, that is a big if, but they functioned.

Transplantation has shown there are obstacles that need to be overcome, such as a plentiful supply of islets or another insulin producing mechanism; a method greatly curtailing the immunosuppression; and the need to make sure that the body does not attack all over again. I challenge you to discuss with those who have had an islet transplant if they would do it over again, and how it felt to not worry about their diabetes for that one night. For some, it worked for two years or more. But it was incomplete.

Did people think it would work forever? I had a conversation with Ken Bernstein, a conversation that will stay burned in my mind forever. He was a few months out from an Islet transplant. I told him he must feel great.

“Tom, I do feel great,” he said, and this huge smile came across his face. “But I didn’t do this for me. I did this for [my daughter] Kaitlyn and those like her. Do you know how much we will learn through this? This is but a step.”

In my car that night, my body shook as I cried. Ken and everyone who received an Islet cell transplant are incredible heroes. “This is but a step.”

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With so much happening in various cell replacement strategies and genetic manipulation, engineering, and all around examination, I do believe a breakthrough will occur. I have also toured the Diabetes Research Institute (DRI). It's no secret that I work for the DRI, but let's be very clear about this: I work here because I believe in it. If someone showed me someplace better, I would be gone in a New York minute. To those who know me, they know I have done it before. This is not my job, this is my life.

Let me tell you what you will find at the DRI and why I encourage all to tour and see for themselves. When you tour the DRI, you will see the dedication and the passion of the scientists. You can feel the drive and the tunnel vision to curing diabetes. The collaboration is second to none. All three stages of research—basic, preclinical, and [clinical](#)—are all happening in one building. Finding a cure for diabetes is as much about philosophy as it is about breakthrough. Why would anyone support a project where the researchers are not willing to share their findings? It makes no sense. If you do not sign, literally, that you are willing to share your findings with your DRI colleagues and with others in the scientific community, then you will not work at DRI.

Why is it that the JDRF, the ADA, the NIH, and so many other organizations and private donors fund the work of the DRI? Because the research is good, strong, collaborative, and surely worthy of a closer look. The research was awarded grants based on the merit of the work. And it is the main reason I believe that there will be a cure in my children's lifetime.

Anyone who is hoping for a cure for diabetes should come and tour the DRI. Not because you should give a donation, not because you should run an [event](#), and not even because you should be active. But in this day and age when it is suggested by so many that the flame of a cure is diminishing, you should come and tour the DRI because you will touch hope. If you want to know what that is like, and I cannot explain it, you owe it to yourself and your loved ones.

I'm furious that so many have given up hope for a cure. This fight will not stop until one hundred percent effort is given to cure it. No one should have been told so many broken promises that it breaks their spirit to continue. No one should have had their spirit broken so many times that they just do not believe it anymore. If anything, *more* needs to be done, not less. It is the dollars of philanthropy that will fund fabulous ideas.

DRI opened its doors for one reason, and that focus has not changed one iota. That is the way it will be until they are closed for good when the job is done. Diabetes is a war. I do not care how many battles it takes, and I have no time to hear rhetoric, I have heard it all before.

No matter the odds or what people say, I will continue working, searching, and learning, because this war will be fought until the job is done. There will be a cure for diabetes. I owe that belief to my kids, and I believe it now more than ever.

I am a Diabetes dad.