

# The Face of Generosity

One of Margaret Mitchell Gannon's greatest joys in life was helping others – especially those who wanted to help themselves. She did not believe in solving problems by throwing money away, but by putting it to good use.

Margaret's long-standing interest in diabetes management stemmed from her college degree in nutrition and her training as a hospital dietitian. After touring The Whittier Institute for Diabetes and seeing all the resources available, she chose to name The Whittier as a charitable beneficiary of her will. Her bequest now plays a role in the scientific and public health battles against diabetes.

For Margaret, helping others throughout her life was a source of genuine satisfaction and enjoyment. Her generous nature helps improve the daily lives



of children and adults with diabetes through education, new therapies and better care.

Margaret Mitchell Gannon passed away in February 2001, but her legacy will continue her personal tradition of making life better for others.

To learn more about planned gift options, please contact Roz Hodgins at 858.626.5664.

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# THE Whittier Diabetes REPORT

Friend and Mentor

New Islet Research Center

The Insulin Pump

Chunky Gazpacho Salad



*Scripps Whittier Diabetes Program*

*Scripps/UCSD/Whittier Diabetes Research Program*

*Project Dulce – a program in partnership with  
Community Health Improvement Partners  
and the Council of Community Clinics*

The Whittier Institute for Diabetes, a subsidiary of Scripps, is dedicated to diabetes research, education and patient care through a collaborative program with the University of California, San Diego.

## Mission Statement:

The Whittier Institute for Diabetes supports the search to effect a cure for diabetes. To accomplish this, The Whittier will provide resources for innovative research, education and patient care, and will be a catalyst for collaboration among other leading organizations engaged in these endeavors.

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On the cover, David Crawford and Brendan Ahern

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On a sunny Friday afternoon, David Crawford and Brendan Ahern take time out from a game of catch to tell the Whittier about the special friendship they have formed this last year when diabetes brought them together.

# A Big Brother to Lean On

Seventeen-year-old David shares that he has lived with Type 1 diabetes since age 10, and recently had the idea to mentor a younger boy who also had diabetes. "Growing up with diabetes was never really a big problem for me," states David. "I have always been committed to keeping tight control and I wanted to help a younger person deal with it as well."

Luckily, the Whittier knew a boy who could use a big brother, and was able to bring the two of them together. Brendan, 11, had recently been diagnosed and was in the process of learning about taking control of his diabetes.

David and Brendan met and struck up a friendship instantly. They get together often to play basketball, catch and study schoolwork. David even goes to Brendan's Little League baseball games and cheers him on. During their fun outings, David finds time to offer advice, support and answer any questions his young friend may have about living with diabetes.

"At first I was very aware of my ignorance about diabetes, but with David's help, I learned that I can stay healthy and lead a great life," says Brendan. "If I need anything, I know I can just call David up and he will help me."



Brendan Ahern and David Crawford

This guidance included helping Brendan handle tough questions from peers about his diabetes. "My classmates ask about my diabetes because they are curious and just want to know about it, so I make sure to answer their questions," adds Brendan.

The friendship has been positive for David as well. "It's just like having a younger brother around to play catch with and have fun," he says.

Even though David is looking into colleges on the East Coast, both agree they are committed to staying in touch and maintaining a lifelong bond.

And with that, the two leave to enjoy a Padres baseball game.

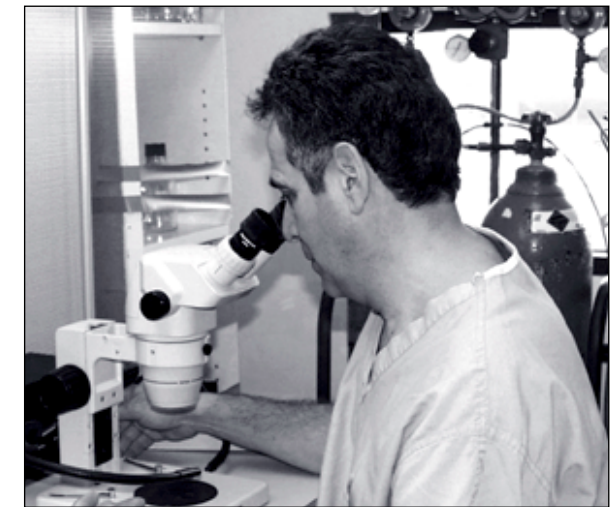
# Whittier to Create Breakthrough Islet Center

In late 2002, the Scripps/UCSD/Whittier Diabetes Research Program will create a new islet research center focused on harvesting islet-cells and transplanting them into humans – a crucial step on the path to a possible cure for diabetes. It will be one of only a handful of centers of its kind in the United States.

Under the direction of Dr. Alberto Hayek, the Whittier Islet Transplantation and Research Center will follow the transplant procedures widely known as the Edmonton Protocol, a major breakthrough in islet transplantation. Islet-cell transplants, which involve injecting insulin-producing cells into the liver, could offer millions of people with diabetes the chance for life without daily insulin injections. Previously, islet-cell transplants had a less than eight percent long-term success rate, even though research began more than a quarter century ago. All that changed in July of 2000, when physicians at the University of Alberta published a paper detailing a new transplant procedure, which at the time had a 100 percent success rate. The variables behind the success of the Edmonton Protocol include transplanting cells into patients immediately after removal from the donated pancreas so the islets remain fresh, and also

eliminating the use of steroids, which destroys islet-cells. To protect the transplanted cells from rejection, the patients are then put on immunosuppressive drugs. So far, 14 out of 17 recipients have maintained normal blood sugar levels without taking insulin shots.

Recently approved by the FDA, this breakthrough procedure is great news particularly for people with Type 1 diabetes who are experiencing severe complications. The islet-cell procedure is performed through injections of islet-cells into the portal vein of the liver – a viable option to consider instead of undergoing a major pancreas transplant surgery. Due to the necessary lifetime use of immunosuppressive drugs, which could potentially cause less resistance to cancer and infections, the islet transplant is currently targeting people whose diabetes is difficult



Dr. Alberto Hayek is the director of islet research at The Whittier Institute for Diabetes and a professor of pediatrics.

to control, despite extensive efforts to monitor and maintain insulin levels.

In addition to offering the clinical transplantation program, the new islet lab will perform research to replicate islet-cells, a critical mission since a lack of donated pancreases severely limits the number of people who can receive islet-cell transplants. The current ratio is two to three pancreases per transplant, but the research team hopes to reverse this ratio and use only one pancreas per two-three transplants, thus making the procedure available to a greater number of people with diabetes.

Maire Robacker  
is a Certified  
Diabetes Educator  
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Whittier Diabetes  
Program



## To Pump or Not to Pump

Through the use of technology, new devices are continuously being developed to assist people in dealing with their diabetes. One such development is the insulin pump, a miniature, computerized device about the size of a pocket pager, which delivers insulin 24-hours a day (basal dose) according to a program plan unique to each pump wearer. At the press of a button, pumps can also deliver a larger amount of insulin (bolus dose) to handle the rise in blood glucose that comes with eating a meal. They deliver insulin through flexible plastic tubing to a small needle inserted just under the skin and taped into place. Insulin pumps can be worn on a belt, in a pocket or tucked under clothes.

The pump is not automatic. The user still has to decide how much insulin will be given to program the pump, and must still monitor blood sugar levels many times a day. In fact, wearing an insulin pump will probably require more work than traditional injection therapy. It takes time, patience, experimentation and communication with a healthcare team to set up

a unique pump program. Despite all this, many people swear by the pump because of the wonderful advantages it offers:

**Flexibility:** This is the number one reason to consider an insulin pump. It's possible to eat and exercise when and how you want without worrying about glucose ups and downs, which helps you live a more normal life.

**Convenience:** Since pumps hold a one-to two- day supply of insulin that can be delivered at the push of a button, seldom is it necessary to stop what you're doing and fill a syringe.

**Precision:** Pumps deliver insulin with much more precision than anyone can with a syringe or pen injector.

**Improved Control:** Pump users always report better control than they were able to achieve using even multiple daily injections.

Pump users tend to be the most dedicated in the management of their diabetes. They are highly motivated adults, teens, and children with good support who desire to have the utmost control over their blood sugars. But, it's not necessary to be in excellent control to start a pump. Some choose a pump when multiple injection therapy doesn't work for them.

Using a pump with only short-acting insulin often brings a level of control not possible when using long-acting insulin through injections.

When starting a pump for the first time, there is much to learn. It can take anywhere from six weeks to three months to adjust to the pump. Make sure to have your diabetes care team help calculate your basal and bolus insulin doses. Since the pump doses are unique to each user, you'll need to spend time learning to work with your numbers, trends and patterns, then adjust accordingly. When you first begin, it is a good idea to carry the owner's manual for the pump at all times for reference.

Many different companies offer pumps and they come in a variety of features. All are reasonably sturdy and able to withstand rugged sports and play. Some are even waterproof. As you consider a pump, be sure to learn about each one's features so you can choose the pump that best matches your needs.

## Whittier Happenings



### Whittier's Project Dulce in The News

Local ABC affiliate, KGTV, recently sent anchorwoman Carol LeBeau to interview Dr. Athena Philis-Tsimikas, medical director at the Whittier, and cover a story about Project Dulce. Lisa Rivard, a Whittier diabetes educator, and a patient were also interviewed. The Project Dulce story aired June 1, 2001 on ABC.

### Golfing For a Great Cause

Join the Whittier Institute for the 4th Annual Diabetes Invitational Golf Tournament on Monday, October 1, 2001. The event takes place at the La Jolla Country Club and benefits patient care, educational programs and research for diabetes. The day includes exceptional tee prizes and winner's cup,



as well as an elaborate cocktail buffet followed by a sit-down dinner.

Enjoy a round of golf at one of the most prestigious and challenging golf courses in the country and support a great cause.

Contact Roz Hodgins at 858.626.5664 to sign up.

### Project Dulce to Expand Outreach with Grant

The Whittier Institute for Diabetes has received a \$2.6 million grant from The California Endowment to be used over a three year period in support of Project Dulce. An initiative of Community Health Improvement Partners, the Council of Community Clinics and The Whittier Institute, Project Dulce provides diabetes care and education to underserved and ethnically diverse populations throughout San Diego County.

"This show of support from The California Endowment provides Project Dulce with a timely opportunity to move toward the broader goal of ensuring access to culturally specific diabetes care

and education among California's growing, ethnically diverse population," said Chris Walker, clinical and community programs director for The Whittier Institute for Diabetes.

The grant will be used to expand the project's culturally-sensitive diabetes management and education model – which now targets underserved Latinos – for African-American, Filipino and Vietnamese populations in diverse settings, including community clinics, a university teaching hospital and a non-profit private physicians' group.



## Calculated Cooking

by Jeanne Jones

# Chunky Gazpacho Salad

**This salad version** of gazpacho, the classic cold Mexican soup, is perfect for summer entertaining. It can be made the day before you plan to serve it, and is also easily packed for beach parties and picnics. When making it ahead of time, it is a good idea to wait and add the lettuce until just before serving so it doesn't wilt. You can also serve the salad over whole romaine leaves for a more formal presentation.

### Cumin Dressing:

- 1/4 cup red wine vinegar
- 1/2 teaspoon salt
- 1/2 teaspoon freshly ground black pepper
- 1/4 teaspoon dried basil, crushed
- 1/4 teaspoon dried oregano, crushed
- 1 garlic clove, pressed or minced
- 2 tablespoons V-8 juice
- 2 tablespoons chopped fresh cilantro leaves
- 1 teaspoon ground cumin
- 3 tablespoons extra virgin olive oil

### Salad:

- 2 cucumbers, peeled, seeded and thinly sliced
- 1 green bell pepper, seeded and diced
- 1 red bell pepper, seeded and diced
- 1/2 red onion, finely chopped
- 2 whole scallions, thinly sliced
- 4 large ripe tomatoes, diced
- 8 leaves Romaine lettuce, shredded
- 4 corn tortillas, toasted and crumbled

1. To make the dressing, combine the vinegar and salt in a bowl and stir until the salt is completely dissolved. Add the pepper, basil, oregano, garlic, V-8 juice, and cilantro and mix well. Combine the cumin and oil in a small skillet and heat, stirring constantly, for one minute to release the full flavor of the cumin. Add to the other dressing ingredients and mix well.
2. In another bowl combine all of the vegetables and the lettuce. Add the dressing and toss thoroughly.
3. To serve, top each salad with the toasted and crumbled tortillas.

Makes 8 servings.

Each serving contains approximately:

- Calories: 196
- Grams of fat: 7
- Cholesterol: 0
- Sodium: 204 mg.
- Carbohydrates: 27 grams
- Protein: 11 grams
- Fiber: 16 grams

Diabetic Exchange:

- 1.5 Fat
- 1.5 Protein
- 2 Carbohydrate

Excellent source of fiber

## Guest Editorial

By Dr. Daniel Einhorn

Taken from an article that appeared in San Diego Family Magazine (January 2001)

# An Alarming Epidemic

**An increasingly wired** country is also becoming an increasingly sedentary one, causing many Americans to suffer unforeseen consequences. In the past eight years, the number of Americans found to have Type 2 diabetes has jumped 33 percent among certain age groups. In fact, diabetes has drastically increased across all age groups and all communities, creating an alarming epidemic.

### The Impact on Children and Adolescents

Traditionally considered a "middle-age" disease, Type 2 diabetes is showing an alarming increase among children and adolescents. The reason appears to be directly related to obesity. While obesity does not always lead to diabetes, it is a major risk factor. This is a big problem because as people develop diabetes at younger and younger ages, the potential for developing complications down the road could be devastating.

It is important for parents and doctors to be alert to the signs of diabetes in children. If there is a history of Type 2 diabetes in your family, your child may be at risk for

also developing the disorder. This is especially true if your child is entering adolescence, has recently gained weight, comes from ethnic populations such as African, Hispanic, Asian, or Native American descent, and is physically inactive.

Some symptoms, which can be mild, include:

- Excessive thirst
- Frequent urination
- Constant fatigue
- Lack of energy

The best way to deal with Type 2 diabetes is to prevent it from developing in the first place. The two most important things you and your child can do are to lose weight and increase the level of physical activity.

### Current Programs Offer Real Hope Today

At The Whittier Institute for Diabetes in San Diego, work is underway to prevent Type 1 and 2 diabetes, find easier treatments for diabetes, and provide self-care education to aid in preventing diabetes complications.

The Scripps Whittier Diabetes Program offers weekly classes that teach people of all ages with diabetes how to manage their condition through regular self-monitoring,



Daniel Einhorn, M.D., is Medical Director for the Scripps Whittier Diabetes Program, focusing on assessment, prevention, self-management education, and care of diabetes.

proper nutrition, medications and exercise. Diabetes self-management is a key component of the overall program.

Project Dulce, a culturally-sensitive program initiated by the Whittier, Community Health Improvement Partners, and the Council of Community Clinics, specifically focuses on reaching low-income and uninsured diabetes populations.

While in the past many feared that if they became afflicted with diabetes their lives would worsen, quite the opposite is now true. Most people with diabetes, given proper management, can lead virtually normal lives. Finding out you have diabetes, and dealing with it in the new way, should usher in the healthiest time in your life. And the future holds the promise of new medications and technologies to make life with diabetes easier and safer.