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I am James R. Gavin III, MD, PhD, currently serving as CEO & Chief Medical Officer of Healing Our Village, Inc., a chronic disease management and medical education and training company. I am also Clinical Professor of Medicine at the Emory University School of Medicine, Atlanta, Georgia, and Indiana University School of Medicine, Indianapolis, Indiana. I served as President & CEO of MicroIslet, Inc., a biotech company specializing in development of encapsulated islets for transplantation into persons with type 1 diabetes. I am a former President of the American Diabetes Association and the former President of the Morehouse School of Medicine. I have been involved in clinical care, education of patients and health care providers for more than 30 years and have published more than 200 manuscripts, monographs, chapters and abstracts, the majority related to the clinical care of patients with diabetes as well as the prediction, natural history, genetics, pathogenesis and prevention of the disease. I have authored two books, "Dr. Gavin's Health Guide" and "Healing Our Village: a Diabetes Self-Care Primer". I am board certified in Internal Medicine and I have specialized in diabetes care for more than 30 years, and have assisted such patients in all walks of life, including arduous and difficult jobs. My education, background and experience renders me qualified to address issues relating to diabetes in the workplace. My curriculum vita is attached with this letter. I have been asked to review the circumstances surrounding the FBI's decision to withdraw its offer of a Special Agent position to Jeff Kapche because of a ban against individuals utilizing insulin injection therapy for managing diabetes.

I have reviewed the FBI's answers to questions posed to it, as well as the sworn testimony of its two physicians. Both candidly admit their lack of expertise in diabetes care. While these two physicians have conflicting reasons for not allowing a person such as Jeff Kapche to work as a Special Agent, neither of their conclusions is correct. For example, the Agency unfortunately and erroneously takes the position, in its answers to the written questions posed to it, that insulin infusion pump therapy is a more dependable method of insulin administration than injection therapy. I have reviewed the reports of Ralph A. DeFronzo, who has been familiar with Mr. Kapche for many years, and agree with them. I also reviewed a report from

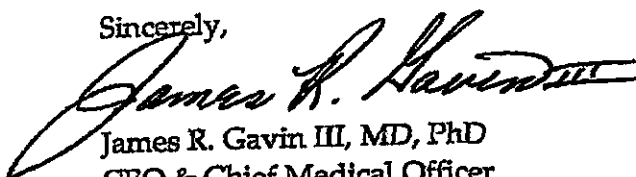
Dr. Tulloch, Mr. Kapche's treating endocrinologist. Finally, I have reviewed the report of Desmond Schatz. I concur with Dr. Schatz and Dr. Tulloch as well. I also reviewed the report of the FBI's internal medicine physician who actually conducted the FBI's fitness for duty physical examination. I agree with Dr. Burpeau's conclusion that Jeff Kapche was medically fit for worldwide duty as a Special Agent.

The American Diabetes Association Clinical Practice Recommendations 31, suppl 1 (pp19-20), 2008 contains the state-of-the art guidelines for treatment of diabetes patients. It does not support the unfounded notion that injection therapy is less dependable than pump therapy. Either of the two methods of therapy is appropriate for achievement of excellent control by a person in any position, so long as the patient is properly managed, as Mr. Kapche has clearly been. He does have insulin-treated type 1 diabetes, so he is burdened with some sacrifices and limitations related to the manner in which he cares for himself and eats. He manages his diabetes extremely well with his state of the art injection therapy, utilizing Lantus, a modern non-peaking long acting insulin analog, along with Novolog, a rapid-acting insulin analog specifically formulated to cover his meals. Injection therapy is not less dependable than pump therapy, and with this patient, its efficacy is clearly demonstrated.

The two FBI physicians have indicated their fear of a Special Agent being stationed in countries with what they call austere medical support. Although they have not shared which countries those are, this fear is misplaced. Well managed patients like Jeff Kapche do not need "support." Due to the extensive self-management training such patients have received, and their expertise in self-management, they are prepared for contingencies by having an adequate supply of insulin and carbohydrates. In the most unlikely event of someone robbing him of his insulin, Mr. Kapche would have a reserve supply on hand. Insulin has expiration dates two years in the future. And if someone robbed him of his insulin pen, then burglarized his residence and stole the rest of his insulin (a scenario I have never heard of), he still can buy insulin in every country in the world. So suffice it to say that there is no scientific or practical justification for the FBI's ban on the employment of agents who successfully manage their diabetes with insulin injection therapy. Such a ban is wholly unnecessary. It has no bearing on or connection with any issues on the job.

In conclusion, Dr. Yoder is clearly incorrect when he opines that pump therapy is a more dependable method of insulin administration. Extensive clinical data and clinical experience do not support this position. He likewise is incorrect that this logic supports a ban on well managed Special Agents utilizing injection therapy, like Mr. Kapche. Likewise, Dr. Fabbri is clearly incorrect when he says that a ban on insulin treated Special Agents is justified due to fears about austere medical environments. Patients with type 1 patients have climbed Mt. Kilimanjaro and similar heights, and have hiked to the South Pole, which is among the most austere environments in the world. It is my conviction that the ban on men and women who utilize insulin injection therapy from serving as Special Agents is unwarranted and makes no sense. I especially note the statement of Dr. Frank Crantz, who said that such bans scrape a nerve with him. Indeed, they scrape a nerve with me as well as I am sure it would many others who have seen the great strides made in the ability of people with type 1 diabetes to live long, healthy, productive lives. I am heartened that Dr. Crantz is against such bans. We are opposed to them because they lump all people together based on their disease or their method of treatment, instead of focusing on the individual patient's management and mastery of their disease. Generalized rules such as the FBI's edict that bans all people who utilize injection therapy have the misguided effect of banning individuals who would otherwise be tremendous assets to the United States. Jeff Kapche is the classic example of why a "one size fits all" ban does not make sense. Jeff Kapche, utilizing Lantus and Novolog, has a stellar record of good management. It is my opinion that people as disciplined as Jeff Kapche, with his long history of fastidious management, would actually be well suited for the challenging job of Special Agent. People with the relentless focus and discipline to manage type 1 diabetes the way Jeff Kapche has are people who we should want protecting our country's safety and vital interests.

Sincerely,



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