HONESTLY, ANYONE CAN DO IT.

When Robin Phillips graduated law school and went into private practice as a trust and estate lawyer, she soon began to feel something was missing. She decided to use her skills in the not-for-profit world instead, and 20 years ago, she became JDRF’s first director of planned giving.

“I do not have diabetes in my family,” she says, “but I come from a medical family and one with a strong social conscience. JDRF was a great fit for my background because it’s about serving others.”

John McDonough had just established the most significant planned gift in JDRF’s history, and the time was right to focus on building the program. A staff member named Judith Hyman suggested the perfect name — the BETA Society. Beta cells produce the body’s energy-producing insulin, and BETA Society donors provide the present and future financial energy needed for diabetes research.

Robin faced challenges when building the BETA Society. One of these was the perception it is difficult to include support for JDRF in estate plans. “People were also hesitant to think about a long timeline. But we helped them see that it’s a disease out of business,” she explains. “They were hesitant to make an ever-increasing effort and build that planned giving program is that “it’s not funding the self-discipline to control his blood sugar, and then used that same determination to build a successful business career, holding top-level management and board positions in a variety of industries. He also owned several businesses over the course of his career.

Along the way, John welcomed new treatments and therapies — many developed with the support of JDRF. Improved insulin, home blood sugar testing and disposable needles made day-to-day T1D care a little easier. The quality of insulin was a lot different, and the needles were huge. It was tough. My mother used to file those needles [for re-use].” John learned the way to make sure that later on, if this is still an issue, there will be money to do the work. And while making a planned gift may seem intimidating, honestly anyone can do it. In most cases you’re not parting with the money right now, and most gift options allow you to adjust plans if your circumstances change.”

Ask Robin the best part of her time with JDRF, and she’ll quickly tell you it was the people she met: “JDRF donors are an amazing group. They are unique. They have T1D very close to them — their child has it, or their grandchild, or they do. This is a devastating illness, and the donors are so open to helping and getting involved. They want to do everything to make a difference.”

It was very barbaric, and it went that way for a good long while.”

John McDonough, the founding chair of the JDRF BETA Society, remembers type 1 diabetes (T1D) care before the advances we take for granted today. When he was diagnosed at the age of 6 in the early 1940s, doctors told his mother he wouldn’t live past 15 or 20.

“There was no way to measure your blood sugar,” John says, “so they controlled it for me by diet and by exercise. The quality of insulin was a lot different, and the needles were huge. It was tough. My mother used to file those needles [for re-use].” John learned the self-discipline to control his blood sugar, and then used that same determination to build a successful business career, holding top-level management and board positions in a variety of industries. He also owned several businesses over the course of his career.

Along the way, John welcomed new treatments and therapies — many developed with the support of JDRF. Improved insulin, home blood sugar testing and disposable needles made day-to-day T1D care a little easier. He never thought much about what could be until his daughter Allison was diagnosed with T1D when she was 24.

“That’s when I made up my mind to make a substantial commitment of time and money to JDRF,” he says. “And you can estimate how much money will come in each year, once you have insurance policy,” he says. “And you can estimate how much money will come in each year, once you have enough people in the planned giving pool.”

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I AM IN THIS FOR THE LONG HAUL.

Former director of planned giving Robin Phillips says JDRF donors are unique for their passion to make a difference. Carol Yannuzzi, Executive Director of the JDRF Western Pennsylvania Chapter, joined the BETA Society in 2014 and is an excellent example.

Carol shares:

“My sister, Cheryl, experienced many of the complications of T1D. Although she accepted each challenge with a positive attitude, her TID was a heavy burden. It was important to her that JDRF continue to make progress for the generations that would follow her.

“I would do anything to remove that burden from others. And even though we lost my sister in 2014, I am in this for the long haul. Being part of the JDRF BETA Society … this I can do. As my husband and I talked about making a gift to JDRF as part of our will, it was not just about honoring my sister. It’s about our connection to every child, family and adult living with this disease — because the T1D community is family.”

THE IMPACT OF YOUR GENEROSITY!

MORE THAN $2 BILLION in cumulative research funding committed since 1970

121 NEW RESEARCH GRANTS awarded in 2015

50 ACTIVE CLINICAL TRIALS currently funded

Funding for research IN 18 COUNTRIES ACROSS THE GLOBE

It’s estimated that 5 MILLION PEOPLE WILL HAVE T1D BY 2050 IF NOTHING CHANGES

Thank you for your commitment to turning Type One into Type None!

A HISTORY OF BREAKTHROUGHS

JDRF’s ability to expedite and sustain meaningful scientific progress is made possible by donors like you

1970s

• Vitrectomy, an early surgical technique to treat the progression of diabetic eye disease, is pioneered by doctors at a JDRF-funded ophthalmic research center.

• The first test to measure long-term blood glucose levels — the hemoglobin A1C test — is developed with JDRF backing. Thanks to this test, doctors and scientists can now determine how well someone is controlling diabetes over a period of months.

1980s

• JDRF-funded science leads to the development of genetically engineered insulin — the first human protein to be cloned and made by genetic engineering.

• JDRF scientists find that blood sugar control is paramount to fetal development, leading to treatment standards that are invaluable to the delivery of babies by women with type 1 diabetes.

1990s

• JDRF research establishes the relationship between diabetic retinopathy and chronic high-blood-glucose levels.

• JDRF makes islet transplantation a priority by establishing the JDRF Center for Islet Transplantation at Harvard Medical School, the first of many centers JDRF will launch that focus on reversing type 1 diabetes and hypoglycemic unawareness by replacing insulin-producing cells through transplantation.

2000s

• A JDRF-funded human clinical trial shows that treating newly diagnosed patients with a drug called an anti-CD3 antibody can preserve the function of insulin-producing cells for several years.

• JDRF-funded human clinical trials definitively show that people with type 1 diabetes who regularly use a continuous glucose monitor experience significant improvements in blood sugar control without increasing their risk for hypoglycemia.

2010s

• First artificial pancreas systems are marketed and being used around the world.

• JDRF-funded company implants first people with experimental encapsulation product.

• First experimental smart insulin product advances to clinical testing.

“The long haul” and adult living with this disease — because our connection to every child, family was not just about honoring my sister. It’s about our commitment to turning Type One into Type None!

“IT’S ABOUT DOING WHAT WE CAN TO GET TO A CURE AS FAST AS WE CAN.”