

JDRF names Joseph Lacher and Lisa Wallack chair and vice chair, respectively, of International Board of Directors; In-Depth Interview with Mr. Lacher - February 20, 2020

Mr. Lacher is first chair with type 1 to serve alongside the CEO who also has type 1; Mrs. Wallack also has personal ties to diabetes; both are longtime volunteers; roles begin July 1st

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JDRF today [announced](#) that Joseph Lacher has been elected chair of its International Board of Directors (IBOD), with Lisa Wallack elected to serve as vice chair. Mr. Lacher will succeed Ellen Leake, and Mrs. Wallack will succeed Jeff Plumer. Mr. Lacher currently serves as the president and CEO of Kemper Corporation (an insurance holding company), while Mrs. Wallack has experience as an attorney and high-impact community fundraiser. Both individuals are long-time volunteers with JDRF and have been heavily involved with the organization for the last decade. JDRF's president and CEO, Dr. Aaron Kowalski, praised both new members, saying that their appointments will "accelerate [JDRF's] race to cure this disease."

Both Mr. Lacher and Mrs. Wallack have strong ties to type 1 diabetes and the JDRF community. Mr. Lacher himself was diagnosed with type 1 in college and has sons with type 1. His chairmanship also marks the first time that the both the IBOD chair and the [JDRF president and CEO](#) have type 1 diabetes. Mrs. Wallack has volunteered with JDRF since her father served as IBOD chair in the 1980s. According to JDRF's [press release](#), both new board members are excited to assume their positions based on their long withstanding personal connections to type 1 diabetes. Mr. Lacher specifically highlighted his eagerness to work on type 1 cures, while Mrs. Wallack is equally focused on addressing diabetes complications while supporting type 1 cure, prevention, and treatment discoveries.

- **We are pleased to see JDRF continue to appoint people with diabetes to leadership positions.** Parents and family members of people with type 1 have virtually always held leadership roles in the organization, though not always at this very high level - we have always been moved by so much actionable change that has come from the highest levels of JDRF, particularly the last two CEOs of JDRF before Dr. Aaron Kowalski, Derek Rapp and Jeffrey Brewer, both of whom are fathers of sons with type 1 diabetes as well as Ellen Leake and Mark Fischer-Colbrie, the two previous chairs of the International JDRF board, who were also parents of children with type 1.
- **The [JDRF 2020 Mission Summit](#) took place earlier this month, and we can't wait to hear more on what most moved new JDRF International BOD chair Mr. Lacher as well as what Mrs. Wallack found the most inspiring.**
 - We heard a lot more at the Mission Summit about the [T1D Fund](#), the JDRF's venture philanthropy fund that now has almost \$100 million under management. As we understand it, the Fund is widely expected to make about \$30 million in additional investments in 2020 - wow! It is possible that the fund may actually fund more than this predicted amount in light of Semma Therapeutics' [acquisition](#) by Vertex (which now prohibits them from receiving financial support through the Fund). Given the Fund's being in a state of transition, we are curious to see whether new investments will lie more toward cures given both new board members' priorities. 2020 is also set to be an exciting time for type 1 cures and prevention/delay in general, especially in light of positive results from the [Frida](#) study on population screenings and [teplizumab](#) on type 1 delay.

- **See below for more from Mr. Lacher**, the new JDRF International BOD chair!

Interview with Joseph Lacher

We were very grateful to have the opportunity to interview Joseph Lacher shortly after his chairmanship was announced. Read below to learn more about Mr. Lacher and his goals for his term!

Kelly Close: Thank you so much for speaking with us, Mr. Lacher, and many congratulations on this new role! You obviously have a very personal connection to type 1 diabetes - we'd love if you could share with us what else in your background and experiences have best prepared you for this role.

Joseph Lacher: I'm currently the CEO of Kemper Corporation. I've spent 20 years responsible for running businesses and 30 years in the insurance industry. In its simplest form, insurance is a promise to help people when they have something really bad happen. Promises are delivered by people. Businesses are run by people. I've been blessed to spend a career working with people to build relationships, to solve problems, to innovate, to optimize and improve performance all as part of delivering on a promise to help pick people up on one of their worst days.

Ursula Biba: Thank you! We'd love to know how old were you when you were diagnosed with type 1, and how have your experiences as a patient, and as a parent of two type 1 boys, shaped your views on the direction that JDRF should head.

Mr. Lacher: I was diagnosed at the end of my sophomore year in college, when I was 19. My family and I knew really nothing about diabetes. I started on two shots of intermediate acting insulin a day, with no ideas about carb counting, and was living away from home. I converted a carefree college career into an inflexible set of protocols enforced only by the mediocre judgment of a college kid. It stunk. I quickly decided I didn't like it and I refused to be limited. I was on a pump within two years and on the first generation CGM within months of its release. My wife Marisue and I have two boys with type 1. My father was diagnosed in his early 70s. My adult cousin has type 1. Relative to T1, I'm a patient, a parent, a son, a grandson, a cousin, and a friend. We've lived through grade school, high school, college, pregnancy and newly training a senior citizen. Each of the perspectives has both a different definition of and tolerance for what a cure is and means. Each has a different urgency around improvement of lives while on the journey to a cure. My bingo card has just about hit the coverall. The one thing I know is I don't want the next square - I don't want to be a grandparent of a child with T1. We must win.

Kelly: Thank you. Wow. This announcement was so moving to us because as we understand it, this is the first time in the history of the JDRF that its president and the chair of its board have had type 1 diabetes. What, if any, is the practical significance of that in your view?

Mr. Lacher: There may be no more powerful force in biology than that of a parent protecting their child. So much of our mission super-charged by passionate supporters fighting for their loved ones. Aaron, Lisa, and I are no different in that respect. Each person with type 1 likely feels as if they have a life sentence with no possibility of parole. A typical type 1 thinks about their diabetes nearly 200 times per day. Aaron and I live that sentence, we fight that battle 200 times a day. Every day. We're no better, no smarter, nor more dedicated to our mission than any of our partners. Living with the disease will help us bring some "on the job" experience and insight to our decisions.

Ursula: Wow. That's saying something! Switching gears, for many years, there have been differences in JDRF, including among its supporters and volunteers, about whether the organization should primarily focus on finding a cure, or whether it should put much greater focus on improving the lives of people with diabetes through better therapies, treatment, and engagement. What is your view on this issue?

Mr. Lacher: This isn't just one disease - science is showing us that multiple things trigger the immune response, they occur at different speeds, and have different impacts all resulting in a T1D diagnosis, symptoms, and complications. There won't be just one answer. There also isn't one definition of what that

cure is. An immunization that would prevent future diagnoses will be phenomenal. We need it. It's the hardest to find, and it won't help anyone already diagnosed. A combination of islet cell replacement and controlling the immune system assault on those cells will cure those diagnosed but not prevent future diagnoses. It will be phenomenal. We need it. It's hard and complicated requiring numerous scientific disciplines to work in concert. Are glucose responsive insulin or an artificial pancreas system a cure? Scientifically and biologically no. My boys and I recently started using the new Control IQ system. I've experienced a week of over 90% time in range. Prior to that, I hadn't had a single day with 90% time in range in over 30 years. We feel better, perform at work better, and are nicer to be around. Marisue and I have slept through every night since it turned on - neither waking to my alarms nor to check on our boys. We are confident. We feel "normal," like we did before any of us had T1D. That sounds like a cure but for many it is an improvement in their lives. We still wear a couple of devices, have site changes every couple of days, charge batteries, have occlusions, etc. The world's simple problems have been solved. We've got one of the complicated ones. We will continue to deploy the brightest, most talented scientific minds. We will focus on the best ideas with the best chances of impacting the broadest constituencies. We will work tirelessly to engage more resources so we can expand that portfolio until we solve each step in the entire problem.

Kelly: That's so inspiring - I've had diabetes nearly 35 years and it's amazing to hear this and I can imagine how energizing it will be for all patients to hear this. After your two-year term is up, will you be eligible for another term? And regardless of how many years you serve as chairman, how will you know if you've been successful?

Mr. Lacher: We are making tremendous progress, but our battle is a marathon. Marathons can be run faster as a relay race. As such, board chair service is for one term.

Aaron has a strong vision for growing JDRF's impact on our mission over the next few years. Success comes with the organization building clear strategies to achieve that impact, efficiently and effectively mobilizing internal and external constituents, and delivering measurable results in fundraising, research dollars deployed, external resources attracted to our mission, and seeing deployable solutions delivered to advance cures and improve the lives of those living with T1D.

Ursula: Great. On that note, what are you most impressed by that the JDRF has done in the last two years?

Mr. Lacher: I love our ability to "play above our weight class." We have continued to expand our ability to simultaneously initiate research, attract groups to deploy their own resources along the continuum, and strategically fill gaps along the continuum in the most promising opportunities to accelerate actual delivery to patients. Even as the largest private funder of T1D research in the world, we can't raise enough money to cure this disease on our own. There is a continuum where ideas move from scientific discovery thru numerous steps on the way to patient care.

Ursula: Please tell us a little more about it was like when you were diagnosed. What are the biggest differences in management today as you look at your boys and as you remember when you were diagnosed?

Mr. Lacher: When I was diagnosed, I was on two shots of intermediate acting insulin a day with 7+ blood sugar checks each day. There was no information or standards of care for carb counting, fast vs. slow acting carbs, or the impact of activity. I saw wild swings in blood sugar throughout the day, every day. If that was the standard of care for T1D throughout our lives, our boys and I would have self-administered over 187,000 needle sticks. When Patrick was diagnosed about 15 years later, his doctors insisted he use the same protocols so he could "learn how to live with the disease". It was a fight to get him on to a pump even though I'd been using one for over a decade. When Tommy was diagnosed, we were exploring a pump and CGM for him within a week. Today we will each administer about 157 needle sticks for an entire year. Our time in range mirrors pre-diagnosis. The differences? The world shifted from black and white back to full color. JDRF, its partners, and countless supporters have changed our lives.

Kelly: If you are comfortable saying, would you mind sharing with our readers what regimen you are using to manage your diabetes?

Mr. Lacher: Sure! Today I'm using a Dexcom G6, a Tandem pump with Control-IQ, and Humalog insulin. Between the three of us, we've used every version of Medtronic pump and CGM (including the 670G), every version of the Dexcom CGM, the old Deltec Cozmo pump, insulin shots, insulin pens, Metformin, Trulicity, and Jardiance. And sometimes, I still run. I'll run just a few more miles so I can eat a few of my Mom's chocolate chip cookies without having to pump . . . like I used to.

Kelly: Wow! We'd love to ask you about some of the off-label use another day. As a business leader, could you make any comments on the T1D Fund and all of its progress of late?

Mr. Lacher: The T1D fund is a great example of JDRF's innovation and leadership. It's a venture philanthropy fund which attracts donor capital to invest in early stage commercial companies working to advance T1D therapies and cures. The struggle for funding these firms often have was a huge logjam slowing progress. Bringing JDRF's scientific credibility and our investment dollars is attracting other venture capital dollars. It de-risks their investment as they follow with us. It has a multiplier effect on funding for these promising companies. And, when they are successful, the profits we earn are put right back to work funding similar companies. It's a multiplier effect on a multiplier effect accelerating progress. The sale of Semma Therapeutics and their capabilities to generate insulin-producing beta cells is a great example. Provention's drug teplizumab, which delays diagnosis of T1D in at-risk patients is yet another.

Kelly: If you can, please share with us what your fondest wish is for how you and Aaron and Lisa and the team should be able to achieve together? How will you continue to work with Ellen?

Mr. Lacher: Aaron, Lisa, and I along with our entire JDRF team long for the day when we go out of business. That's the day when each of T1D's forms are cured and prevented, regardless of your definition. It won't happen during Lisa and my term, but I know working with our entire JDRF team we will have made huge progress on our journey.

Ellen is and will continue to be a force of nature. She is an inspirational leader, a patient mentor, a passionate volunteer, and a relentless committed mother. While she is retiring from the board with the end of her term limits, she will remain engaged with JDRF until we win. I'm glad to have her as a partner and a friend on the journey.

Kelly: Yes, Ellen is absolutely so inspiring to so many people, as is JDRF's current vice chair Jeff Plumer. What will you miss about Ellen being at the fore?

Mr. Lacher: Ellen is our steel-magnolia. Her grace and genuine personal concern for each of us is magnetic and energizes our organization. Her ability to have an iron resolve on important issues and flexibility around the nuanced creates coalitions that can tackle the toughest issues. She's one of a kind and I've been blessed to be able to have her leadership.

Ursula: Wow. Thank you. What is your dream for how you and Lisa and Aaron will best work together?

Aaron, Lisa and I are partners on a mission. We'll work best as three legs of a stool - balanced, working towards a common goal, deriving strength from each other and succeeding when we work as one.

Lisa and I have worked closely together over the years. We worked on teams that facilitated our recent board structure change, that successfully facilitated an orderly CEO selection and transition with Aaron, and several other fundraising and engagement priorities. We share a passion for our mission, a pressing drive for excellence, and a healthy impatience. We don't, however, think through problems exactly the same way and we don't have the same communication style. Most importantly, we both believe those differences create a synergy that enables us to be better and do better for the organization.

Kelly: That sounds amazing! How will you most be prioritizing your time differently given this new role?

I'm anticipating sleeping less, but, hopefully more soundly because of our progress.

Kelly: Thank you SO incredibly much, Mr. Lacher, for taking time to speak with us today!

--by Ursula Biba and Kelly Close