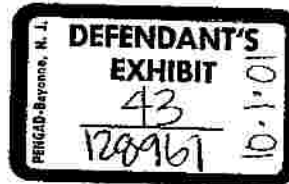


University of Utah Hospital & Clinics

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9/5/2001

To Whom It May Concern:

I am writing this letter at the request of Lisa Bierly, the mother of Jordan Bierly. Jordan is an 8-year old male who has had insulin dependent diabetes mellitus for many years. I have been asked to provide information regarding his health while I was his primary care provider from early 1998 until DCFS intervened in October 2000.

★ I can tell you that Jordan's mother has always been concerned about his health and got him in to see us when he was ill. He never required hospitalization for complications during the time he was coming to my clinic. Unfortunately, Jordan is a brittle diabetic whose sugars have been difficult to control.

Over the two-plus years I was seeing Jordan, his hemoglobin A1C remained persistently elevated, indicating a generally poor control that puts him at increased risk for long-term complications. On some occasions, his serum glucose level was quite elevated, though never much above 400. However, at a number of visits his glucose was nicely in the low 100's.

I believe that part of the problem related to poor dietary control at school. It came to my attention that Jordan was begging inappropriate foods from other students at lunch time. Also, school personnel were allegedly serving him sugary desserts in the lunch line sometimes. The mother was told that the school could not control this. I told her at the time that any school that serves food has a responsibility to not serve dangerous food to a known diabetic. I wrote a pleasant, polite letter to the school requesting their assistance in the matter. According to the mother, this was not well-received.

I can tell you from personal knowledge that school personnel in the Jordan School District see to it that children with special dietary needs are appropriately fed. This is essential for good glucose control in diabetic children.

Another problem that caused some difficulty in Jordan's care was a large number of missed appointments, both at our clinic and at the diabetic clinic at Primary Children's Medical Center. These are documented in our records and in a letter from Dr. Swinyard at PCMC. I believe that these appointments were missed for a variety of reasons, including other illnesses in the family and difficulty acquiring transportation. I can state that I have no reason whatsoever to believe that Jordan's mother would willfully do anything that could cause him harm.

I have not seen Jordan since October of 2000, so the only information about his current control status has been given to me by his mother. She is deeply concerned about several episodes of hypoglycemia. He is apparently seeing a pediatrician with special expertise in diabetes, and he is also seen in the diabetes clinic at PCMC. Research clearly shows that diabetic children have better outcomes when managed by such a multidisciplinary team headed by specialists.

I have previously expressed my opinion to DCFS personnel that this sort of management is just what Jordan needs. From my experience with his mother, I think that she ought to be able to provide this sort of care in her home. Appropriate guidance, assistance, and supervision should assure a good outcome. If I can be of any further assistance in this matter, please do not hesitate to contact me.

Sincerely,



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