In middle school, when other boys his age were still dreaming of becoming pro athletes, Shane Siegel had his career mapped out. He would be a diplomat. It’s a career path that he followed through high school, college, and graduate school. By the time Siegel approached the U.S. Department of State’s Foreign Service, a government department dedicated to diplomacy abroad—he’d devoted a quarter of his life to preparing for the position.

He spent half a year just applying for the job of Foreign Service officer. He was tested on economics, politics, geography, history, and U.S. pop culture; had an all-day oral exam; and was given a thorough background check and psychiatric evaluation. In the spring of 2009, Siegel, now 31, was accepted—pending medical review.

That’s when his application was denied. According to State Department policy, applicants with type 1 diabetes couldn’t receive a Class 1 medical clearance, a requirement for all new hires.

“I was devastated,” says Siegel, who was diagnosed with type 1 diabetes at 25. “About 100,000 people have taken the exams, and between 1 and 2 percent get through, more or less. To make it there and not get through was hard.”

The hardest idea to grasp? Diabetes management, such as the fact that his A1C had been over 7 percent only once, didn’t make a difference. Neither did his spreadsheet of every single pre- and post-meal blood glucose level he’d taken since being diagnosed.

About the same time as Siegel, James Allman-Gulino was also applying to and being denied medical clearance by the Foreign Service because of his type 1 diabetes. The 27-year-old was diagnosed with diabetes seven years ago, and since then has had an A1C in the 5 percent range, which is under the prediabetes threshold. After their appeals were rejected, both men ended up at the American Diabetes Association (ADA) and in the hands of John Griffin, Jr., of Victoria,
James Allman-Gulino  
**Age:** 27  
**Diabetes since:** age 20  
**From:** Arlington, Va.  
**Station:** Port-au-Prince, Haiti

Shane Siegel  
**Age:** 31  
**Diabetes since:** age 25  
**From:** New York City  
**Station:** Prague, Czech Republic
Texas, and Kathy Butler, of Houston, both attorneys and advocacy volunteers who work with the Association on workplace discrimination cases.

“It was quite obvious that our country would be in a better position having these men serving as Foreign Service officers,” says Griffin, a former ADA chair of the board. “Both had been selected by the State Department for their talents.” The men, he says, simply wanted what they had earned through the State Department’s own selection process: a spot in the Foreign Service.

**Making the Case**

The department’s policy hinged on the worry that an officer with diabetes who was stationed in a developing country might need urgent medical attention and require emergency evacuation. “It’s [a] stereotypical [reaction to think] that a person with diabetes who is well managed is going to have more medical problems than another Foreign Service officer,” says Butler. Experience proves otherwise: Allman-Gulino did a six-month fellowship in Uganda while fighting his denial by the Foreign Service. Because he went prepared with diabetes supplies and carefully monitored his blood glucose, Allman-Gulino experienced no diabetes-related problems.

Allman-Gulino did a six-month fellowship in Uganda while fighting his denial by the Foreign Service. Because he went prepared with diabetes supplies and carefully monitored his blood glucose, Allman-Gulino experienced no diabetes-related problems.

“Diabetes doesn’t have to interfere with the ability to do a job, and most of the time it doesn’t.”

**John Griffin, Jr., Attorney**

Explaining such details was a major part of Butler and Griffin’s job in arguing the case to the State Department. They noted what it was like to live with diabetes in a foreign country, what tools were needed for diabetes management, and why people with diabetes who get, say, malaria need the same treatment as someone without diabetes.

While Siegel’s and Allman-Gulino’s cases proceeded, the ADA worked with the State Department to change its policy so that people with well-managed diabetes could be hired for the Foreign Service. “It takes a lot of courage to say, ‘I don’t think this makes sense anymore,’” says Butler of the department’s willingness to embrace change. With the help of two former ADA presidents for medicine and science, the late Christopher Saudek, MD, and Robert Henry, MD, the policy guidelines were finally amended in 2011.

“This is a good indication that our country is moving toward decision making where people are judged on their unique skills and not their [diagnoses],” says Griffin. “Diabetes doesn’t have to interfere with the ability to do a job, and most of the time it doesn’t.” With this in mind, the new policy calls for an individualized assessment of an applicant’s diabetes. It takes into account the frequency and duration of high and low blood glucose, hypoglycemia unawareness, and diabetic ketoacidosis. Under the new guidelines, the men were eligible for the job, and they’ve since started their diplomatic service.

**Facing the Future**

“I’m very thankful to be in the place where I am now,” says Allman-Gulino, who currently serves as a Foreign Service officer in Haiti. He works in Port-au-Prince, near the U.S. Embassy, which has a medical unit that offers basic care. (In emergencies, officers are flown to Miami.) To stay safe, Allman-Gulino loaded up on diabetes supplies: more than a year’s worth of insulin, sources of fast-acting glucose, blood glucose and ketone test strips, syringes, and anything else he might need. “I definitely feel a large measure of responsibility to do my job the very best that I can,” he says, “and also demonstrate that I can carefully and conscientiously manage my health just as well as anyone else.”

Siegel was equally as excited to move past the case and into his position as a Foreign Service officer in Prague, where he interacts with the Czech government and military on behalf of the United States. Like Allman-Gulino, he packed a year’s worth of supplies to treat his diabetes. Though the Czech Republic is more developed than Haiti, Siegel still plans to avoid any mishaps by checking his blood glucose upwards of 15 times a day, continuing his detailed glucose log, and carrying a bag of supplies at all times.

The win landed the men their dream jobs, but the victories go beyond Siegel and Allman-Gulino. “It was a victory, not just for me and for James but for everyone with diabetes,” says Siegel. “Yes, diabetes is a disease and it can do a lot of harm, but well-controlled diabetics can do the same [jobs] as everybody else.”

The views expressed here are Allman-Gulino’s and Siegel’s own, not necessarily those of the State Department or the U.S. government.