

<Card: Nicole Johnson Baker>

Nicole Johnson Baker: Hi, I'm Nicole Johnson Baker.

<Card: J. Anthony Brown>

J. Anthony Brown: Hi, I'm J. Anthony Brown.

<Card: Jim Turner>

Jim Turner: Hi. I'm Jim Turner.

<Card: Mother Love>

Mother Love: Hello, babies. I'm the even more fabulous Mother Love.

Nicole Johnson Baker: Type 1.

J. Anthony Brown: Type 2.

Mother Love: Type 2.

Jim Turner: Type 1.

J. Anthony Brown: And I'm here to talk about my..

Jim Turner: My..

Mother Love: My..

Nicole Johnson Baker: My dLife.

<Card: dLife; For Your Diabetes Life!>

<Various shots of upcoming segments>

Mother Love Voice Over: Today on dLife, ways to manage the economic burden of diabetes, new products that make your diabetes life easier, and a visit with the king of Latino variety shows. And now, please welcome your hosts, Nicole Johnson Baker, J. Anthony Brown, Jim Turner, and me, the even more fabulous Mother Love.

<Card: Mother Love, Author & TV Personality>

Mother Love: Well, how about that. Welcome to dLife, everybody. Dealing with your diabetes is all about managing your lifestyle 'cause it takes so much time and you have to take the time to incorporate your wellness into your lifestyle.

<Card: Nicole Johnson Baker, Author & Miss America 1999>

Nicole Johnson Baker: And you have to always remember to put you and your condition first and that's really hard to do. I- I got married about two years ago and at the same time got three children the same day. And in my quest to be a wonderful wife and a great stepmother, all of a sudden I would forget to give myself insulin or forget to test, or I'd be sitting at the breakfast table having cereal and somebody would go, "Where are my shoes?" And all of a sudden, I'd forget to bolus. And it just really took some adjustment in having to sit back and say wait a minute; is diabetes gonna manage me, or am I gonna manage diabetes?

<Card: It's critical to make time in your life for taking care of your diabetes.>

<Card: J. Anthony Brown, Comedian & Co-Host of the Tom Joyner Morning Show>

J. Anthony Brown: Yeah. I do a t- a radio show, two TV-- three television shows with this one, and along with a schedule like when we tape in L.A., I have to get up at two o'clock in the morning. So it was very hard to manage myself with diabetes and put that testing in the morning and the exercises and to make myself do that. It really had to change. I had to change the way I live.

Mother Love: You have to.

J. Anthony Brown: You have to.

Mother Love: We have to give up things in order to manage diabetes. Do you know the things that you had to give up to make sure that you're well?

J. Anthony Brown: I think the main thing I gave up was the f- uhm.. smoking.

Mother Love: Cigars, cigarettes, everything.

<Card: Quitting smoking will lower your risk for diabetic complications such as heart attacks, nerve disease, and poor circulation.>

J. Anthony Brown: Cigars, basically cigars. I liked a nice cigar every now and then and I had to give that up because it raises your- uhm.. your blood pressure and smoking..

Mother Love: Smoking is bad anyway.

J. Anthony Brown: And it's very bad. Any smokers in the room? No, not here.
<Laughs>.

Jim Turner: Really? No smokers? Wow, that's excellent.

<Hosts laugh>

Mother Love: Which is really great. Now our story of the day is all about the consequences of diabetes. Nicole?

<Various shots of Bill Anderson, his e-mail, Bill and wife>

Nicole Johnson Baker: The story of the day is from Bill Anderson and he's from Moberly, Missouri. And he writes, "I'm a truck driver and was just diagnosed with type 2 diabetes. I know that if I needed to start taking insulin, I could lose my job. I haven't experienced discrimination yet, but I'm aware that people with diabetes always risk that, especially in jobs like mine where safety is a high priority. My father had diabetes. In fact, I watched him lose a foot as a result of complications. He didn't take care of himself so my own diagnosis was a wakeup call. I took charge right away. It was just a matter of

common sense that I could eat a little less and exercise a little more to lose weight so my wife and I now walk every evening. I've lost 27 pounds over the last two months, but my wife did even better. She lost 30 pounds. From now on, I'll continue making simple changes that will save my job, my legs, and my life. I don't have to follow in my father's footsteps on this one." Thank you so much for that story, Bill.

<Applause>

Mother Love: You know, Bill could have gone into denial about his diabetes, but he heard that wakeup call and he woke up and got right into gear, because so many people when they get diagnosed with diabetes will have this attitude well, that's not a really big deal, you know? I- I can deal with it later.

J. Anthony Brown: I'm not going to accept it, right, right.

Mother Love: Yeah, yeah. I don't even have diabetes. What's that? That's no big deal. It's just some sugar. So what?

<Card: Jim Turner, Actor, Bewitched and HBO's Arliss>

<Card: Denial of the seriousness of diabetes is one of the major barriers to proper diabetes management.>

Jim Turner: When I first got it, I didn't-- I wasn't really in denial, but I didn't- I just didn't, you know, take a proactive uh.. you know, attack on it. And then I thought you know what? I'm gonna just fall apart here. And I started reading every single book that I could find and it's- it's-- you- you got to do that.

<Card: A type 3 is someone who lives closely with and supports a person who has diabetes.>

Nicole Johnson Baker: You know, I love he's got his type 3 in there with him working as his partner and he and his wife walking together. I mean it's easy. There are- there are things that each and every one of us can do to incorporate into our lifestyle to make living with this disease better.

<Card: Support from those around you will help you maintain better diabetes management.>

J. Anthony Brown: Pretty much everyone around you should know that you have diabetes and they can pretty much help you in terms of reminding you to take your- your medication or if you haven't tested or- or exercising.

Mother Love: You know, one of the things I think is important is that we-- that's why I really just absolutely love this show because a lot of people that are diagnosed with diabetes don't want to tell anybody. You know, and you got to talk to people. You- you know, you don't have to be ashamed. And you know your body best. You know, it's best that you take a proactive approach to this disease and you do everything you can.

Jim Turner: Speaking of which, everybody, before we uh.. move on, let's grab our glucose monitors. We at dLife know that the key to good diabetes management is to really know your numbers. And let's test. Don't guess.

<Shot of audience members testing blood sugar>

<Clip of pharmacy>

Mother Love Voice Over: Coming up on dLife, managing diabetes is stressful enough. Then there's trying to work within the healthcare system. Some valuable tips from an expert next.

<Black screen>

<Card: dLife>

<Shot of audience applauding>

Nicole Johnson Baker: As everyone with diabetes knows, managing your condition can be a real challenge and part of that challenge is navigating through the managed care and insurance maze. So to get a little clarity on this issue, we have an expert on the subject, Ginger Kanzer-Lewis.

<Shot of Ginger Kanzer-Lewis sitting on stage with Nicole Johnson Baker>

Ginger Kanzer-Lewis: Nice to see you again, Nicole.

Nicole Johnson Baker: Well, thank you. Well, let's get right to it. Let's talk a little bit about insurance and uh.. the advice that we can give to people who have insurance right now. What can they do to help make managing their diabetes easier?

<Card: Ginger Kanzer-Lewis, RNC, EdM, Certified Diabetes Educator>

<Card: Check with your state's health department to learn what your insurer is required to cover.>

Ginger Kanzer-Lewis: They have to be proactive. They have to take some responsibility. And 46 states in the United States have laws that say people are entitled to diabetes education and supplies. So it's important that they look for that. Now I believe that they should call their insurance company and establish a relationship with them. Call them up on- not on a Monday or a Friday or during lunch, call them up when they're calm, they have all their information in front of them, and say to them, I want to talk to my case manager, the person who's responsible for my account. That's important. And if the insurance company is not helping you, go to your benefits coordinator at work and say to them, I don't have any clout. You pay the bills. You call the insurance company, get me what I need.

Nicole Johnson Baker: We have another group of individuals that have either Medicaid or Medicare. What are their tasks? What should they be doing?

<Card: To use these benefits, a patient needs to ask their physician to prescribe diabetes supplies.>

<Card: One out of four Medicare dollars goes to diabetes care.>

Ginger Kanzer-Lewis: The Medicare people are really fortunate. In 1997, the law was passed that said Medicare will pay for diabetes self-management training and supplies. Unfortunately, everybody believes it pays for everything in their supplies and all it pays for is meters and strips and lancets. So that's unfortunate, but it's very helpful. They need to know if they have questions about Medicare, they can call 1-800-Medicare.

Nicole Johnson Baker: That's easy enough.

<Card: As of January 2005, the new Medicare law covers preventative screenings for diabetes and heart disease.>

Ginger Kanzer-Lewis: And find out what they're entitled to. Now this year, for the first time, we have a new law effective this year in January and it says anybody who has a chance of getting diabetes, who has obesity, who has diabetes members in their family or high cholesterol is eligible for a diabetes physical exam and a screening, including a glaucoma screening

Nicole Johnson Baker: Wow.

<Card: Go to dLife.com to get more information on Medicare coverage for diabetes screenings.>

Ginger Kanzer-Lewis: Those people must go and have that exam within the first six months that they get Medicare. If they delay past six months, they miss the opportunity so they need to make that appointment within six months after they become eligible for Medicare.

Nicole Johnson Baker: We don't want people to lose that opportunity 'cause that could be so valuable.

<Card: If you can't afford to pay for medical care, Medicaid can make it possible for you to receive the care you need.>

Ginger Kanzer-Lewis: That's a wonderful benefit and we've just found out about it, but very few people know about it, so we need to get the word out. Medicaid is for people who are covered by their states

Nicole Johnson Baker: Right.

Ginger Kanzer-Lewis: And those are for people who can call each state office and find out what Medicaid covers for them.

Nicole Johnson Baker: Um hmm. Now what about the group of individuals that have no insurance?

<Card: About 640,000 people with diabetes do not have any form of health insurance.>

Ginger Kanzer-Lewis: Unfortunately, you're right. There are too many Americans that don't have health insurance.

Nicole Johnson Baker: Right.

Ginger Kanzer-Lewis: Those people need all the help we can give them and they should find the Social Service agency that can help them. But more importantly, they need to say, I need help. How can I find it? Most people do not realize that the pharmaceutical companies who often take a bad rap on- in the papers and in the press have indigent funds.

Nicole Johnson Baker: Really?

<Card: Indigent funds are also called Patient Assistance Programs.>

Ginger Kanzer-Lewis: These are funds that are set up in most pharmaceutical companies to assist people who have no insurance at all and have no ways to get the medications they need to save their lives.

<Card: Go to dLife.com to find more resources for paying for your diabetes care.>

Nicole Johnson Baker: Now how do people find out about those companies?

Ginger Kanzer-Lewis: People can go on the information line, ask for the 800 number of the drug company that makes their medication.

Nicole Johnson Baker: Oh, okay.

Ginger Kanzer-Lewis: They ask for the 800 number and they call up and they ask for the indigent fund or where they can find help. Many of the pharmaceutical companies will give them drugs for nothing.

Nicole Johnson Baker: Wow.

Ginger Kanzer-Lewis: Or will give it to them at a much reduced price and really help them out. All of these people who fit in either category are sitting there and don't know about this information so they need to take action. All of us who are in the diabetes community want them to get the help they deserve, so we're there to help them.

Nicole Johnson Baker: Thank you so much, Ginger, for sharing all of this valuable information with us. If you're having trouble paying for your diabetes care, visit dLife.com to help get more tips and information to help make ends meet.

<Card: dLife>

<Clip of diabetes product>

Nicole Johnson Baker Voice Over: Next on dLife, get the scoop on the latest products for your diabetes life when we come back.

<Black screen>

<Card: dLife>

<Shot of audience applauding & audience members with banner>

Jim Turner: You know, everyone wants to know what the latest and the greatest is when it comes to new and useful products, and we've got the man right here who can tell you what you need to hear. Please welcome pharmacist and diabetes product guru, Keith Campbell. Welcome to the show, Keith.

<Applause>

<Shot of Keith Campbell on stage with Jim Turner>

Keith Campbell: Thank you, Jim.

Jim Turner: And uh.. what's- what's new on that diabetic horizon?

<Card: Keith Campbell, RPh, Pharmacy Professor, Certified Diabetes Educator>

Keith Campbell: Well, I've uh.. had diabetes for 55 years and 7 months and I've been on the insulin pump for 26 years and 3 months. And uh.. one of the things I try to do is keep up to date on products that are with us now and how to use 'em properly and products that are coming down the pipe. And uh.. one of the things that I learned a long time ago, I have a file in my office of uh.. headlines in the news that say, "Diabetes to be cured in five years."

Jim Turner: Yeah, yes.

Keith Campbell: And I've had those since I was 20 and I'm now 63. So uh.. what I try to do, I learned really early on was that I should do everything I can to confront my diabetes, learn about it, manage it, you know, take charge of it, because I want to be ready if something good really does come along so I'll be able to use it.

Jim Turner: Absolutely.

<Various product shots>

Keith Campbell: And we have some really interesting things happening. One of 'em is in the area of continuous blood glucose monitoring. Now most of the audience have been testing their blood and you've been showing it on the show. Those will give you a reading, you know, every few hours or whenever you want to do it. Imagine having a device that will give you a readout every ten minutes as to what your blood sugar level is and could be uh.. set to have an alarm if your blood sugar's too high or too low. I think that'll be a huge breakthrough for us patients with diabetes, for parents that have children with diabetes. Uh.. it really can help take the guesswork out of where you are at any particular point in time.

Jim Turner: And do you think that's coming up soon?

Keith Campbell: Well, we have three companies that are doing the research on it and uh.. I would say within six months to a year.

Jim Turner: Uh huh. And uh.. what's this?

Keith Campbell: Well, this is a device that kind of excites me. Uh.. pulmonary insulin, getting insulin into your lungs is uh.. a way to uh.. get insulin and manage your blood sugar levels without having to take a shot. It's very small, easy to take with you. Uh.. you pull this out, uh.. you insert the insulin. It's gonna be a powdered form of insulin.

Jim Turner: Uh huh. In there? <Gestures to inhaler device> Okay.

<Card: The surface area of the lungs is about 1000 square feet, or about the size of half a tennis court.>

Keith Campbell: And then you simply turn it this way. <Breathes in using device>. When you inspire at the right pressure, this particular device gives the insulin deep into your lungs and it- and uh.. it keeps your blood sugar levels normal after meals. And the nice thing so far is they haven't had any incidences of low blood sugar levels with it. We also have a noninvasive blood glucose device that I've seen in a protocol type of process and they actually will be able to put a- a mid infrared beam and you can push a button on your cell phone and you turn it so that it hits your uh.. white of your eye.

Jim Turner: And it takes a reading from your eye?

<Card: Becton-Dickinson introduced the single use syringe in 1961.>

<Card: Earlier syringes required boiling to sterilize and were sharpened with pumice stones.>

<Card: Needle gauge is the thickness of a syringe needle. The higher the gauge the thinner the needle.>

Keith Campbell: It takes a reading from the amount of sugar in the white of your eye and gives you in a couple of minutes what your blood sugar level would be. We have a lot of companies working on noninvasive methods. Noninvasive is quite a challenge, but we- we should have something here, again within a couple of years. One of the things that I guess I'd like everyone to see is the- uh.. what happened with me when I was eight years old and this was a device I was given. And the good old Becton-Dickinson, the- the company that uh.. you know, makes syringes for people with diabetes, they had this

glass syringe. Uh.. they had a needle that you could put on it and you boiled the needle. You actually had a device, you could sharpen it to make sure it was sharp. And I'm gonna show you that in comparison to the one that just came out. And uh.. this needle was an inch long and they told me to put it in halfway. The new one, if you can see the little teeny tiny thin needle here, and the nice thing about this is that we have it in a- uh.. half unit increments so people that want to really tighten their control can get the exact amount of insulin that they need. So look where we've gone and where we've come from and..

Jim Turner: And you were shooting yourself when you were eight years old with this needle.

Keith Campbell: Yeah, and- and I just put it in halfway.

Jim Turner: Well, thank you, Keith.

<Applause>

Keith Campbell: Thank you.

<Various clips of Don Francisco>

Jim Turner Voice Over: Now, everyone, don't go away. In a minute, dLife will visit with the host of the most popular Spanish language variety show in the world and he'll tell us all about his dLife.

<Card: dLife>

<Shot of Thomas Edison>

<Card: Thomas Edison is the holder of 1,093 patents..>

<Card: ..many of which he received while managing his diabetes.>

<Black screen>

<Shot of Mother Love standing in audience>

<Various clips of "Sabado Gigante">

Mother Love: Okay, dLifers, it's trivia time. What TV show has a bigger audience than the SuperBowl, CSI, and American Idol combined? It's the Spanish language variety show "Sabado Gigante." The host is Don Francisco and with that many fans, me being one of them, he has a lot to think about including his diabetes. We went behind the scenes to check out how this superstar deals with his dLife.

<Various clips of Don Francisco>

<Card: Don Francisco, Host of Sabado Gigante>

<Card: Two million Hispanic-American adults have diabetes.>

<Card: Those with a family history of diabetes are at an increased risk for developing it.>

Don Francisco: I have to manage my diabetes only with the meter one time a day. That means when I wake up during the day what I do, only eating healthy, no carbs, very little carbs, no sugar, no fat, no food. <laughs> That's what I'm doing for- for five- almost five years, four years. But I knew always that one day I was gonna have that because my mother had that, my grandfather had the pr- same problem, and this is part of my- of my heritage.

<Clips of Don Francisco on "Sabado Gigante">

Don Francisco: Well, I have to tell you that I was selected not because I'm handsome, not because I'm intelligent, not because uh.. I'm good. <Speaks Spanish>. Uh.. I was selected because I have diabetes. Who here in the audience <speaks Spanish>?

<Card: "..has diabetes? Raise your hand.">

<Card: "..Three, four, five..">

Don Francisco: For how long you have diabetes?

Man in Audience: Quatro ano.

Don Francisco: And you have diabetes for four years?

Man in Audience: Yes.

Don Francisco: What do you do for that? <Speaks Spanish>.

Man in Audience: <Speaks Spanish>.

<Card: “..well, I keep a diet.”>

Don Francisco: You had a test this morning?

Man in Audience: Yes.

Don Francisco: How much?

Man in Audience: Uh.. 130.

Don Francisco: 130?

Man in Audience: Yeah.

Don Francisco: That's high.

Man in Audience: Yes, sir.

Don Francisco: What did you eat last night?

Man in Audience: Uhm.. mashed potatoes only.

Don Francisco: That's not good.

Man in Audience: I know.

Don Francisco: <Speaks Spanish>.

<Card: “..what were you thinking?”>

<Various clips of Don Francisco>

<Card: The goal of managing your diabetes is normalizing your blood glucose levels.>

Don Francisco: And I know that if you don't keep your diet and if you don't keep your diabetes in the common range, you're gonna have a lot of problems. I'm now almost 65 and I'm trying to avoid that.

<Shot of audience applauding>

Mother Love: Don Francisco is only one of the two million Latino-Americans in this country who has diabetes.

Nicole Johnson Baker: That was fantastic. What a motivational guy.

J. Anthony Brown: You know, I watch that show and I don't speak that language at all, but that is a fun show, man. <laughs>

Mother Love: That's a fun -- all the shows he does.

J. Anthony Brown: I have no idea what he's saying and I'm like, that's funny.

Mother Love: This is what I know. He's giving away money and prizes.

<Card: Mexican-Americans are more than twice as likely as non-Hispanic whites to develop diabetes.>

Nicole Johnson Baker: And how great is that? He's talking to his people about diabetes. I mean there's just not enough of that. If we have uh.. in the Latino culture 1.5 times an increased risk for diabetes, we just don't have the cultural competency in our knowledge, in our education approach, so that's just fantastic.

Mother Love: I speak at a lot of different churches and- and faith-based organizations and schools to let people know what diabetes is, how it's working, how it's not working, what you need to do. One of the things that- that is so great about this show is there- now there's a place that they can actually come to and get some really good information as well as being entertained and see how cute and fabulous I am.

<Card: Visit dLife.com for more information, inspiration and connection with the dLife community.>

Jim Turner: And also, I mean the- the website too. You can go read about all of this.

<Card: For delicious diabetes recipes, visit www.dLife.com/recipebox.>

<Clip of Michel Nischan preparing food>

Mother Love: It's so important. We have new recipes and everything because in my culture, like in the Latino culture, they first thing they say is, "Oh, well I've got diabetes. I can't eat this. I can't eat that. I can't eat this." I focus on not what I can't eat, what I can eat. And in that same vein, up next we have one of my favorite chefs, Chef Michel Nischan, who will work a little magic on the old hamburger. But first, today's dLife quiz.

<Card: Test Your dLife Diabetes IQ. Which of the following ethnic groups are at an increased risk for type 2 diabetes? a) African Americans, b) Hispanic Americans, c) Asian Americans, d) Native Americans, e) All of the above.>

Mother Love Voice Over: Which of the following ethnic groups are at an increased risk for type 2 diabetes? The answer after these messages.

<Applause>

<Black screen>

<Card: dLife>

<Shot of audience applauding>

<Card: Test Your dLife Diabetes IQ. Which of the following ethnic groups are at an increased risk for type 2 diabetes? a) African Americans, b) Hispanic Americans, c) Asian Americans, d) Native Americans, e) All of the above.>

Mother Love Voice Over: Before the break, we asked which of the following ethnic groups are at an increased risk for type 2 diabetes. The answer is the risk of getting diabetes is increased in each of these ethnic groups, so if you guessed e, all of the above, you got it right.

Mother Love: The hamburger without the bun, babies, can be a great low-carb meal, but sometimes that burger can get a little boring. So we asked Chef Michel Nischan to come up with some ways to snazz up that boring burger. Take a look.

<Footage of Chef Michel Nischan preparing food>

<Card: Southwestern Turkey Burger, Per serving, with toppings, 328 calories, 8g carbohydrate, 5g saturated fat, 28g protein>

<Card: Silken tofu is a great high protein, low carbohydrate food.>

Chef Michel Nischan: Everybody loves a good hamburger and if you have diabetes, hamburgers can be a great easy low-carb meal solution, without the bun of course. I'm Chef Michel Nischan and I'm gonna show you how to make your average hamburger harmless, healthy and tasty. Now I'm gonna start with a turkey burger 'cause a lot of folks love ground turkey, but they often complain that it's a little bit dry. So I'm gonna put a little bit of silken tofu and I've mashed it and I'm mixing it in with the ground turkey. Now the theme of the day is southwestern, so I'm gonna add a little bit of ground cumin and a little bit of powdered garlic. I'm just gonna mash it into this turkey with the silken tofu. So we also have the good old-fashioned American beef and uh.. some veggie burgers. And the veggie burgers made from beans are a great source of protein just like beef and turkey. Now here I have this great turkey mix. I've got a nice patty here and I'm gonna pop it in a nonstick pan over a medium fire. I'm gonna cook it till it's brown on one side, put it in the oven at 350 degrees for about 8 to 10 minutes, and then we take it out and this is what it looks like when it's finished. Voila. Nice brown, caramelized. Now

remember, this is low-carb, so we're going without the bun. I'm gonna put my burger on top of that. And because we're sticking with the theme of the southwest, I think a little bit of sour cream's gonna be pretty tasty on there. Got some really good quality store-bought salsa, some cilantro, another piece of lettuce over the top, and there's a darn tasty low-carb hamburger that's gonna taste great.

<Chef Michel Nischan tastes burger and gives thumbs-up>

Mother Love: I could go for one of those right now.

Nicole Johnson Baker: It sure does sound good. Oh. But you know what? That's it for today. I know it, we need more time. Well remember, as always, it's your dLife. You're responsible for your diabetes life. We'll see you next week.

<Applause>

<Card: dLifeTV on CNBC: next Sunday, 7pm ET>

<Card: For tickets to dLifeTV, call 866-dLife-NOW>

<Shot of audience applauding>

<Card: dLifeTV is produced by LifeMed Marketing LLC and does not represent the views or opinions of CNBC, Inc.>

<Credits roll>

<Card: Nicole Johnson Baker, Co-Host, dLifeTV>

Nicole Johnson Baker: Remember, we're not role models. We're people living with diabetes just like you. What we do and how we manage may work for us, but everyone is different. And you have to work with your diabetes care team to find out what works best for you. Remember, it's your diabetes life and there's no substitute for getting control of it.

<Card: LifeMed Media>

End of Tape 1