

<Card: Nicole Johnson Baker>

Nicole Johnson Baker: Hello, 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>

Nicole Johnson Baker Voice Over: Today on dLife, putting diabetes on the Washington agenda with Representative Curt Weldon, research that may affect your diabetes in the near future, and a camp where families learn to cope and connect. Now, please welcome your hosts, Mother Love, J. Anthony Brown, Jim Turner, and me, Nicole Johnson Baker.

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

Nicole Johnson Baker: Welcome to dLife everybody. This is the show where we speak up and speak out about diabetes because people have to know what this is all about. Today on our show, you'll meet some people who are speaking out, getting heard, and making a difference.

<Card: Mother Love, Author & TV Personality>

Mother Love: Yeah, we need people, so many people to do that, to rise to the occasion of advocacy to say I'm gonna step up with this and we're gonna make a difference.

Nicole Johnson Baker: Well, advocacy, it's so important to me because I really feel this is how we get things done. It leads to more research funding; it leads to more programs for people who need it. This is just how we get things done.

J. Anthony Brown: That's why this show is so diverse.

<Card: 18.2 million Americans have diabetes.>

Jim Turner: You know, there are- are a lot of us. There's like eighteen million of us and uh.. that's a big voting block.

J. Anthony Brown: Right.

Nicole Johnson Baker: Exactly.

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

Jim Turner: And uh.. numbers can uh.. shift uh.. you know, congressmen, presidents around. They can do things.

Nicole Johnson Baker: If only people would speak their minds.

Jim Turner: Yes. If we could sort of get together on- on that issue. Uh.. Mother Love, what's our uh.. story of the day?

<Various shots and clips of Nicole Johnson>

Mother Love: It comes to us from a woman in Pittsburgh. She writes, "Like all little girls, I had dreams of growing up with grace and style and maybe a cute boy or two looking my way. The college price tag seemed out of reach. Despite a painful shy streak and difficulties with self-consciousness, I tackled all kind of scholarship competitions until diabetes tackled me. The doctors didn't exactly inspire hope. "Forget college," they said. Big career dreams? Bye-bye. Even marriage, "Don't count on it." To me, life was over at only nineteen. I tried to hide my diabetes for a time, but during one scholarship competition with a rigorous physical challenge, a severe glucose reaction knocked me flat in public. No hiding it now. For one competition with a musical component, I sang Sinatra's "That's Life", picked myself up, got back in the race. I aced that state contest. Then came the national challenge. The judges asked me about my diabetes on national TV. I answered with passion. This competition ends in one exhilarating moment.

<Clip of Nicole Johnson winning competition>

Announcer on Clip: Miss North Carolina, Kelly Bradshaw. Miss Virginia, Nicole Johnson, is Miss America 1999.

<Card on Clip: Miss America 1999, Nicole Johnson, Miss Virginia>

<Clip of Nicole Johnson being crowned>

<Various shots of Nicole Johnson>

Mother Love: “Miss America 1999. The crown, the scepter, the song, and my insulin pump. The pageant gave me a pulpit. I used it every day since that night in September. The message is my mission. Diabetes is not defeat.” And this letter comes from our very own Nicole Johnson Baker.

<Shot of audience applauding>

Jim Turner: Nicole Johnson Baker.

J. Anthony Brown: Nicole Johnson Baker, yeah.

Nicole Johnson Baker: Well, that is my story. And- and, you know, I loved putting in the song “That’s Life” in there because the pivotal moment for me was realizing that I have a voice and that diabetes hasn’t been the end of everything, but really the beginning. And because of that, my mission is to help other people learn that they can use their voice too.

J. Anthony Brown: You’ve been doing great work.

Mother Love: I am so proud.

J. Anthony Brown: You’re so touched. Me too. <Laughs>.

Mother Love: I- I am because I am so proud of you. So many people want to hide the fact that we have diabetes and we don’t want people to know. And you- you are Miss America, girl, and you just put it out there and you keep it out there. And I am honored to be here with you.

<Everybody applauds>

Nicole Johnson Baker: Thank you. Well, the important part is that it wasn’t- it wasn’t always that way and..

J. Anthony Brown: It wasn’t that easy?

<Card: Maintaining good control of your diabetes has positive effects on your physical and emotional health.>

Nicole Johnson Baker: It wasn't that easy and I guess the- the take-home message to everybody is that you- you know, although it's difficult, although it's a difficult challenge to live with, although it's difficult to talk about, you can do it. And when you decide to do it, life gets so much better.

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

J. Anthony Brown: That's probably something that we all started at- in the beginning once you find out you have diabetes you try to hide it from people and not let people know that you have it.

Mother Love: I didn't want to tell anybody. For a while, I was like no, this is not happening. This is not happening. Then I had to get proactive. I'm like, I'm jumping in here. We're gonna take better care of ourselves. We're gonna be the best dia- people with diabetes in the whole neighborhood.

J. Anthony Brown: It's pretty much an introduction. How you doing? I'm J. Anthony Brown. I'm a diabetic. How you doing?

<Everybody laughs>

Jim Turner: You know, I wanted to hide it from my family too, but it was hard because I'd been peeing every 45 minutes for a month. <Everybody laughs> Well, you know, we at dLife know how important it is for good diabetes management to really know your numbers and so we're gonna take a minute to test ourselves just like we do before all activities. And remember test, don't guess. So, everybody, get out your meters and let's do it.

<Shot of audience members testing blood sugar>

Mother Love Voice Over: Stay right there. We'll be back with more dLife in a moment.

<Black screen>

<Shot of audience applauding>

<Card: Hon. Curt Weldon, U.S. Congressman (PA)>

Nicole Johnson Baker: Welcome back to dLife. The members of the Congressional Diabetes Caucus do some hard work on our behalf on Capitol Hill. And today, please welcome one of the co-chairmen of the Caucus, representative Curt Weldon who's one of my heroes. Thank you so much for being here.

Hon. Curt Weldon: Thank you. It's great to be here with you and all the folks across the country.

Nicole Johnson Baker: This is fantastic. Now, you have a strong family connection to diabetes. Where did that start?

Hon. Curt Weldon: You know, there is an attending physician in the Capitol who's there to monitor the health of the members and uh.. he tested and realized that I was out of control and said, "You've got a problem. You've got to deal with it." And they did further testing and found out that I was diabetic. And I said, "Hey, this is a real problem." But I had a built-in advantage because my wife was a diabetes educator. Her job is to educate people on what to do if you're diagnosed with diabetes. And..

Nicole Johnson Baker: So that was perfect for you.

Hon. Curt Weldon: That was perfect for me, even though I'm not the best student.

Nicole Johnson Baker: I think an interesting thing though is that the uhm.. diabetes connections in your family just keep growing.

<Shot of Hon. Curt Weldon's children>

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

Hon. Curt Weldon: Yes. Uh.. we have five children and my fourth child, my oldest son who's named after me, uh.. we diagnosed- had a diagnosis of diabetes just uh.. three years ago. He was twenty-three.

Nicole Johnson Baker: Oh, my goodness.

Hon. Curt Weldon: And it was a strange thing because he was diagnosed with type 1 diabetes. Uh.. we originally thought it was type 2, but now he's totally insulin-dependent.

Nicole Johnson Baker: Now how do you treat your diabetes? Up- while you're doing all of these incredible things, traveling worldwide, working on Capitol Hill, what do you do?

<Card: "Living With Diabetes: Nicole Johnson Baker, Miss America 1999" Lifeline Press; 2001.>

<Card: Even casual walking can help to manage blood glucose levels.>

Hon. Curt Weldon: Well, I read your book and that's the first thing I did. And then second to that, I uh.. look at ways to exercise, which is hard in my job. I do a lot of walking. The one part of my body that gets exercised the most is my mouth, but unfortunately, uh.. exercising my mouth doesn't- uh.. doesn't lower my blood sugar. So uh.. I do a lot of walking on the Hill and uhm.. I eat the- try to eat the right food. It's very hard in my job 'cause people are always throwing chicken dinners at you and, you know, all these fat foods and you're running between events and stopping at the fast food restaurants.

Nicole Johnson Baker: Now one thing that's difficult for people with diabetes is often making that step uh.. when you have type 2 diabetes to using insulin. And- and you just took that step.

<Card: Lantus is a long-acting insulin that is used once a day at the same time each day.>

Hon. Curt Weldon: I just started that because I was seeing uh.. a spike in my blood sugar during the evenings and felt some tingling uh.. some of the nights in my hands and

in my feet. I said, "I better do some more." So the doc recommended I go on uh.. Lantus and so uh.. each night, I give myself a shot of Lantus.

Nicole Johnson Baker: One shot a day.

Hon. Curt Weldon: Yeah.

Nicole Johnson Baker: Now all of this connection and all of this exposure to diabetes has led to it being one of your passions in Congress.

<Card: Total diabetes costs for the U.S. are estimated at \$132B per year.>

Hon. Curt Weldon: Well, it is because uh.. even before I was uh.. involved personally, I became aware that diabetes is the number one cost-driver for healthcare costs in America.

Nicole Johnson Baker: Yeah.

<Card: More than 5 million Americans do not know they have diabetes.>

Hon. Curt Weldon: And we all are concerned about healthcare costs for those who need it and yet uh.. with 18 million diabetics and many of them not knowing they're diabetics, uh.. because they don't control their blood sugar and don't control their diabetes uh.. risk factors, uh.. in the end, they end up with uh.. very serious uh.. problems, whether it's amputations or blindness or heart disease. And that further causes financial problems for our healthcare system. So by focusing on diabetes proactively, by letting people understand it's all about controlling their own management of their bodies and what they eat and- and the way they exercise and the way they control their weight that we can in fact play a major role in solving the healthcare crisis the country currently has today.

<Card: The Congressional Diabetes Caucus supports research funding into diabetes and its complications.>

Nicole Johnson Baker: Now a lot of people don't know about the Diabetes Caucus. So what's happening with the Diabetes Caucus? What is it? What is the function?

Hon. Curt Weldon: Well it's actually a group of members of Congress in both political parties who said, "Hey, we want to put our names." You know it's time for us to come out of the closet. So we formed the Caucus to create an awareness in the highest elected body in our country that we are diabetic or we are family members of diabetics and we want to become proactive in dealing with this uh.. disease and help others understand what it is and not be ashamed that they have diabetes. That's the key thing. You don't have to be ashamed.

Nicole Johnson Baker: Now what are some of the things that the uh.. Caucus is addressing right now?

Hon. Curt Weldon: The biggest issue is an awareness campaign among Congress so that every member of the House and Senate in both parties knows diabetes is a problem we all have to deal with because we need more funding for a cure for type 1 diabetes. We need to change the regulations so that people on Medicare can have uh.. a certified diabetes educator.

Nicole Johnson Baker: Absolutely.

<Card: Last year the National Institute of Health spent \$996M on diabetes research.>

Hon. Curt Weldon: Uh.. we do more to uh.. allow the NIH and the Center for Disease Control and its diabetes uh.. unit uh.. to do more focus with the states in uh.. diabetes prevention programs and screening programs. So it's a general-- it's kind of like uh.. an engine that drives the train nationally and- and hopefully gets the people of America to the point where they demand that Congress respond more aggressively 'cause right now, we're not.

Nicole Johnson Baker: Now what can people do? We've got this wonderful audience of folks who are concerned and interested in diabetes and this great viewing audience. How can they be involved?

<Card: Find out how to contact your Congressman about important diabetes issues at dLife.com.>

Hon. Curt Weldon: You have to bring the uh.. problem to the attention of the members and demand that they respond. Not ask them, demand them. You're paying their salary, they're representing you, so respectfully contact your member of Congress and say, "Are

you a member of the Caucus, and if not, why not? Lend your name to a problem that I have in my family that you need to learn more about." That's the first step. The Caucus ought to end up having over five hundred members from the House and the Senate. We can then network on issues to provide more focus on funding for research, more solutions to deal with education, and, in the end, help the average citizen out there, and, in the end, reduce the drain on the taxpayer.

Nicole Johnson Baker: Exactly. So it's in our hands. We have to take the initiative and be advocates. Thank you so much, Congressman. Uh.. you- he's truly a hero to those of us who have diabetes. dLife will be back in just a minute. As we go to break, here is some compelling Congressional testimony from a child with diabetes. Don't go away.

<Clip of Congressional testimony>

<Card: JDRF Children's Congress>

<Card: Sophia Cygnarowicz, Columbia, IL>

<Shot of Senator Mark Pryor>

<Card: Senator Mark Pryor (D-AR)>

Sophia Cygnarowicz: I am seven years old. I have had diabetes since I was one. I have taken four thousand, three hundred, and eighty shots of insulin and have pricked my finger over thirteen thousand times to test my blood sugar. I don't like it. It hurts.

<Black screen>

<Shot of audience applauding>

<Card: Dr. Aaron Kowalski, Scientific Program Manager, JDRF>

Jim Turner: Welcome back to dLife. You know, somewhere in the mind of every person with diabetes is that word cure. But is it realistic? Is it coming soon? Well, here to talk about all of the latest in research is Doctor Aaron Kowalski from the Juvenile Diabetes Research Foundation, the JDRF. Welcome, doctor.

Dr. Aaron Kowalski: Thank you.

Jim Turner: Uhm.. you know can we e- should we even be optimistic about a cure for diabetes anytime in the near future?

<Card: Between 2004-2008, an average of \$400M will be spent per year on diabetes research worldwide.>

<Card: In islet transplantation, islets are transferred from a donor pancreas into another person.>

<Card: The procedure is in clinical trials.>

Dr. Aaron Kowalski: Absolutely. Uh.. I'm more optimistic than ever. Uh.. JDRF is gonna fund over a hundred million dollars in research to cure diabetes and its complications this year alone. We are working with the NIH and scientists from across the globe to cure diabetes. We're interested in perfecting islet cell transplantations, we are looking for an unlimited supply of beta cells to restore insulin production in people with diabetes, and we want to prevent diabetes and its complications.

Jim Turner: And y- your- the pin, the JDRF pin, says "From Research to Reality," so I mean all of that sounds really great, but when does it become reality?

Dr. Aaron Kowalski: That is- you know, diabetes is a complex problem and we are working. We have the best people in the world working on this right now, so the sooner, the better.

Jim Turner: Is there anything that anybody's working on that can restore like, say, beta cells that we have in our pancreas now, the ones that have sort of just quit producing insulin?

<Card: The cells that produce insulin in the pancreas are called beta cells.>

<Card: Clusters of beta cells are called islets.>

Dr. Aaron Kowalski: So this is really interesting and exciting uh.. happenings uh.. of late. People with diabetes have been found to have beta cells, residual beta cells in their bodies. For example, pregnant women increase beta cell mass. And we're looking at ways to do that in people with diabetes. So how can we get those beta cells back in a person with diabetes producing insulin and then suppress that immune response that's really knocking those beta cells down in the first place? And we actually have a dream team of scientists from around the globe working on this problem.

<Card: Complications of diabetes include nerve damage, eye disease, kidney failure, and urologic problems.>

Jim Turner: Uh huh. And the- the big threat of- of course with, you know, everybody with diabetes is all the complications, uh.. including low blood sugar, which I think of as a- as a daily complication of diabetes that doesn't get talked about uh.. enough. Is- what- what's going on there?

<Card: Those who use continuous glucose monitors also require traditional finger stick testing.>

Dr. Aaron Kowalski: Something that's really exciting on the near term is the idea of continuous glucose sensors. This would be a- a glucose sensor that would tell you your blood glucose at all times. And it would also tell you which way you're trending. So for example, are you one hundred and going down rapidly, or are you one hundred and trending upwards? The idea of which way you're going is so much more enlightening than a single finger stick that I think it's gonna revolutionize diabetes care.

Jim Turner: And wh- what will this look like? Will we have to wear a pump and the thing?

<Shot of person with sensors>

Dr. Aaron Kowalski: You- you do it- right now, you do, but I see that it'll eventually become one unit. But right now, both of them are small sensors. You could wear them on your arm or your abdomen. Uh.. the people that I've spoken with, you- you forget about it almost immediately. And you would have a separate uh.. beeper-like uh.. component that would tell you the data and you would be able to look at it at all times on your screen. And you can see where they're going with that which is one of JDRF's goals is the artificial pancreas, to eventually have that data control the pump so that you can have really nice uh.. blood glucose levels at all times.

Jim Turner: <Laughs>. That sounds- that sounds great. Uh.. I guess we have a question in the audience.

Woman in Audience: Yes. How far away is an implantable glucose sensor?

Dr. Aaron Kowalski: Right now, it seems to me that the first step will be getting the data from the- the continuous sensors that you wear outside your body and it'll be- the evolution will be eventually to get to an implantable system where- where the- both the sensor and the pump are implanted. Right now, we're very close to getting the continuous sensor that you wear outside and we'll see the clinicians and the people with diabetes learn to use that data and it will evolve to the point where you can internalize that.

<Clips of camp>

Jim Turner: Wow, great. That's all uh.. very exciting news. I thank you for being here. And uh.. next on dLife, a camp where diabetes and friendships go hand in hand, but first, some more diabetes testimony from Capitol Hill.

<Clip of diabetes testimony>

<Card: LaNiece Evans-Scott, Blacklick, OH>

<Card: JDRF Children's Congress>

<Shot of Senator Norm Coleman>

<Card: Senator Norm Coleman (R-MN)>

LaNiece Evans-Scott: I'm here to tell you some- that some of us like me already have serious complications from juvenile diabetes. I don't have time to wait. Please promise you'll remember me. Please promise you'll remember us. Thank you.

<Shot of audience applauding>

<Black screen>

Mother Love: Welcome back to dLife. Going to a diabetes camp can be the first time a kid is surrounded by other kids who have the same thing they do. The Barton Center for Diabetes Education in Massachusetts is for kids with diabetes and their families. For one little girl and her father, Barton was more than a camp. It was a whole new life.

<Various clips of camp>

<Card: The Barton Center for Diabetes Education>

<Shot of Anna and Frank DeCoste singing>

<Card: The Barton Center teaches children and their families how to manage the daily rigors of diabetes.>

<Various clips of Anna and Jack DeCoste at camp>

Jack DeCoste: My name is Jack DeCoste. My- uh.. my daughter is named Anna. She was diagnosed with diabetes two years ago. The program here at Barton this weekend is a family weekend, so we learn and uh.. and play.

Anna DeCoste: My name is Anna DeCoste. Uhm.. my age is seven years old and I have type 1 diabetes. Diabetes is when your pancreas doesn't make enough insulin and you have to use the pump or you have to get needles. And I've almost had it for two years now. And I was in the hospital for four days and it was pretty scary because no one else in my family has diabetes.

Jack DeCoste: Explaining diabetes to her was a uh.. interesting challenge because we knew nothing about it ourselves.

<Shot of Anna testing blood sugar with Jack>

Jack DeCoste: Perfect. Nice little spot of blood there. 243. I'm not able to get you down all day.

Jack DeCoste: What we said to her was, "We're doing this so we don't have to take you back to the hospital." We'll get up and test her in the middle of the night to uh.. just make sure that we don't have any odd levels that are going on.

<Shot of Anna with glucose monitor>

Anna DeCoste: And I would add my blood sugar.

Jack DeCoste: She's been high all morning. She had two uhm.. hot chocolates that are supposed to be ten grams. And..

Anna DeCoste: Dad, can I go?

Jack DeCoste: Yes. No hot chocolate.

Anna DeCoste: Eating junk food would be the worst thing 'cause that can make my blood sugar go really high. And sometimes we can't get it down.

Jack DeCoste: Anna would forget sometimes that there are other kids out there that have the same situation, so my reason for coming is for her to get connected with new people. I think it's critical to have a community of people who are together in the same situation.

Anna DeCoste: It's fun meeting other kids with diabetes because uhm.. some of them still take shots and sometimes when you have a friend, it can help stop the pain.

<Card: For a list of diabetes camps in your area, go to www.dLife.com/campdirectory.>

<Shot of Jack and Anna DeCoste on stage with Mother Love>

Mother Love: Please welcome Jack and Anna DeCoste.

<Shot of audience applauding>

Mother Love: Thank you so much for being here. Now first, Jack, you said that you- when she was first diagnosed, you and she were novices in shock?

Jack DeCoste: Absolute novices. We didn't know anything about it.

Mother Love: So you're starting from scratch.

Jack DeCoste: Absolutely.

Mother Love: So what was camp like for you?

<Card: Anna DeCoste, Barton Center Camper>

Anna DeCoste: Uhm.. it was fun to meet other people that had diabetes just like me.

Mother Love: Did you make friends at camp?

Anna DeCoste: Yeah.

Mother Love: So what kind of activities did you have?

<Shot of campers playing game>

Anna DeCoste: Uhm.. we played lots of fun games. There was a game when we played-- uhm.. I don't- I can't remember the name of it, but uhm.. all the staff would be ketones and all the other kids would be like uhm.. glucose tablets or exercise or water.

Mother Love: Wow! You learned-- so tell me what you know about diabetes and how do you manage?

Anna DeCoste: Uhm.. I manage my diabetes by getting insulin every time I eat, but before I have to do that, I have to test my blood sugar.

Mother Love: You test your blood sugar all the time?

Anna DeCoste: Not all the time, but when I'm eating or when I feel low.

Mother Love: How many times a day do you test your sugar?

Anna DeCoste: Uhm.. six times a day or more.

Mother Love: Oh, very good. Can you do it by yourself yet?

Anna DeCoste: Yeah.

Mother Love: So now, Jack, tell me, who helped you at the camp and what was that like for you being there with your daughter?

Jack DeCoste: Uh.. literally, it's a two-day whirlwind of information for the parents. We sit with dieticians, we sit with uhm.. educators, we sit with uh.. M.D.s, etcetera to go through our parts. And we also have uh.. the camp experience. We s- we stay in cabins and we- and we have camp food. And uh..

Mother Love: <Laughs>. So that's hotdogs and bug juice.

Jack DeCoste: Something like that. We had taco night. That wasn't our favorite night, but that's okay. And- uh.. and we had a great time. The girls and the kids all played very well together and met a lot of new friends.

Mother Love: Well, I am very honored to meet you sweet-- wait, you have something for me. You thought I forgot, didn't you?

<Anna passes picture to Mother Love>

Mother Love: Thank you. This is a picture that Anna and her dad took while they were at camp and she autographed it for Mother Love. And I want to thank you both so much for joining us here and visiting us here at dLife. We'll be right back after this.

<Shot of audience applauding>

<Shot of Anna with Mother Love putting camp picture on dLife Wall>

<Card: Test Your dLife Diabetes IQ. What is the name of the temporary reduction in insulin requirements that some children with type 1 diabetes may experience? a) The dawn phenomenon, b) The honeymoon period, c) Diabetes reversal, d) The pump pause>

Mother Love Voice Over: Stay right there. We'll be back with more dLife in a moment. But first, today's dLife quiz. What is the name of the temporary reduction in insulin requirements that some children with type 1 diabetes may experience? The answer after these messages.

<Black screen>

<Shot of audience applauding>

<Card: Test Your dLife Diabetes IQ. What is the name of the temporary reduction in insulin requirements that some children with type 1 diabetes may experience? a) The dawn phenomenon, b) The honeymoon period, c) Diabetes reversal, d) The pump pause>

Mother Love Voice Over: Before we left you, we asked the dLife quiz question. What is the name of the temporary reduction in insulin requirements that some children with type 1 diabetes may experience? And here's the answer. It's called the honeymoon period. So if you guessed b, you got it right.

Mother Love: Well, that's it for today. 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, dLife V>

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 Episode 111 7/10/05