

TIMECODE	VISUALS	AUDIO
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	<p>VO 1</p> <p>dLifeTV, the only show for your diabetes life. Packed with information, insights, cooking, and real stories about real people. dLife brings it all together to help you live a healthy diabetes life.</p>
	<p>Various shots of upcoming segments.</p>	<p>VO Nicole Johnson Baker</p> <p>Today on dLife, the diabetes epidemic outside the US. Also understanding diabetes heredity and genetics. And the good Samaritan who spends his day making sure people all around the globe get the insulin they need. Plus real stories about real people living with diabetes.</p>
	<p>Shot of Nicole Johnson Baker.</p>	<p>Nicole Johnson Baker</p> <p>Welcome to dLife, your source for a healthy diabetes life. I'm Nicole Johnson Baker. Diabetes has become an alarming global epidemic. The World Health Organization estimates the number of cases worldwide has increased sixfold since 1985 to 194 million. In the next 20 years, that number will increase to more than 350 million. The biggest increases are in developing countries where more and more people are eating Western diets. The United States has the highest rate of diabetes per capita followed by India and China. To better understand this diabetes epidemic, dLife traveled to Chennai, a large city in the south of India.</p>
	<p>Various shots of Chennai.</p> <p>Shot of Dr. V. Mohan</p> <p>Lower Third: V. Mohan, MD, FRCP, PhD Diebetologist</p>	<p>Dr. V. Mohan</p> <p>All over the world, the prevalence of diabetes is rising really rapidly, but nowhere is this more marked than in India which has now the dubious distinction of being called the diabetic capital of the world.</p>
	<p>Lower Third:</p> <p>There are between 35 and 40 million people with diabetes in India today.</p>	<p>VO 2</p> <p>According to the World Health Organization, there are between 35 and 40 million people with diabetes in India today.</p>
	<p>Shot of Dr. V. Mohan</p> <p>Shot of Diabetes Specialties</p>	<p>Dr. V. Mohan</p>

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	<p>Center.</p> <p>Shot of map of India.</p>	<p>I'm Dr. V. Mohan. I am chairman of Dr. Mohan's Diabetes Specialties Center. We are located in Chennai in southern India.</p>
	<p>Lower Third:</p> <p style="text-align: center;">Jim Turner Reporter</p> <p>Various shots of Chennai.</p> <p>Various shots of Diabetes Center.</p>	<p>VO Jim Turner</p> <p>Chennai is only one example of the many places in India that have seen a dramatic rise in diabetes rates in recent years. In an effort to help those with diabetes in Chennai, Dr. Mohan and his wife, Rema, established a state-of-the-art diabetes center there in 1991.</p>
	<p>Shot of Rema Mohan.</p> <p>Lower Third:</p> <p style="text-align: center;">Rema Mohan, MBBS, DO, PHD Managing Director & Ophthalmologist</p>	<p>Rema Mohan</p> <p>I and my husband started the center to give quality care for the diabetic patient, not only for his diabetes, but all the complications related to diabetes.</p>
	<p>Various shots of Diabetes Center.</p> <p>Lower Third:</p> <p style="text-align: center;">The past 30 years has seen an 800% increase in diabetes in Chennai.</p> <p style="text-align: center;">In 2025, there will be an expected 333 million people with diabetes in the world.</p>	<p>VO Jim Turner</p> <p>There are departments for ophthalmology, podiatry, surgery and cardiology, all specially geared towards people with diabetes. To date, more than 140 thousand patients have received treatment. The past 30 years has seen an 800 percent increase in the prevalence of diabetes in Chennai. This increase is projected to go far beyond the borders of India. In the year 2025, there will be an expected 333 million people with diabetes in the world. What could explain this spiraling global epidemic? Chennai offers us some answers.</p>
	<p>Shot of Dr. V. Mohan</p> <p>Various shots of Chennai.</p>	<p>Dr. V. Mohan</p> <p>I have lived in Chennai almost all of my life and during the course of the last 20, 30 years, I am able to visibly see the changes in the lifestyle of the people.</p>
	<p>Various shots of Chennai.</p>	<p>VO Jim Turner</p> <p>Economic development has driven many of these lifestyle changes including greater availability of motor vehicles.</p>
	<p>Shot of Dr. V. Mohan.</p> <p>Various shots of modes of</p>	<p>Dr. V. Mohan</p> <p>Today, the cars have become so much cheaper, the</p>

TIMECODE	VISUALS	AUDIO
	transportation in Chennai.	motorcycles and the scooters have become so much cheaper, there are offered rickshaws everywhere. People are not walking as they used to earlier.
	Various shots of Chennai.	VO Jim Turner The more sedentary lifestyle has contributed to weight gain which is a significant factor in causing type 2 diabetes. A high-fat Western diet has also played a role in the epidemic.
	Various shots of fast-food restaurants in Chennai. Various shots of food.	Dr. V. Mohan Twenty years ago, we would not have had this pizza bars or the burger joints and the fast food joints, so eating out has become much more common. Where people used to eat a lot of vegetables and fruits and so on, today people are eating more and more rich foods, oily foods. So it's not just high carbohydrate, but also high fat. And we have shown that when you look at the fat intake, the higher the fat intake, the higher the prevalence of diabetes in the community.
	Various shots of Chennai.	VO Jim Turner Affluent Indians who have access to these Western foods and modern conveniences have the highest rates of diabetes, but the disease is still taking its toll across all economic classes.
	Shot of Rema Mohan Various shots of underprivileged people.	Rema Mohan When my husband and I started this center, we found that quite often the underprivileged were not getting the treatment because they could not afford to come to us. We didn't want to turn them off and so that gave us the privilege of starting a free clinic for the underprivileged.
	Various shots of free clinic. Various shots of Gafore family.	VO Jim Turner The free clinic is subsidized by the doctor's regularly paying patients as well as by private donations. One such family that has benefited from this free clinic is the Gafores [ph?]. All five members of the family have diabetes.
	Lower Third Subtitle: I got diabetes in 1993.	Mr. Gafore

TIMECODE	VISUALS	AUDIO
		<speaks Hindi>
	Various shots of Gafore family.	VO Jim Turner Mr. Gafore and his wife have type 2 diabetes.
	Lower Third Subtitle: My little son got it in 1997. The other two kids got it in 2004.	Mr. Gafore <speaks Hindi>
		VO Jim Turner All three of his children have type 1.
	Shot of Dr. V. Mohan	Dr. V. Mohan Gafore and his wife actually belong to uh... a lower middle class.
	Various shots of Gafore family. Subtitle Lower Third: Give me the needle. Get out the medicine.	Mr. Gafore <speaks Hindi>
	Shot of Dr. V. Mohan	Dr. V. Mohan And it's bad enough for them trying to afford the treatment for themselves, but then when their first son developed diabetes and needed insulin, that began to really eat into their pocket and then when the second one developed it, he also needed insulin and then the third child also developed it, it was a total disaster as far as the family was concerned.
	Shot of Gafore family entering clinic.	VO Jim Turner When Mr. Gafore heard about Dr. Mohan's clinic, he brought himself and his family for treatment.
	Shot of family at clinic. Subtitle Lower Third: Tell the doctor what problems you have.	Nurse <speaks Hindi>
	Various shots of Gafore family at clinic.	VO Jim Turner At the clinic, Mr. Gafore and his family receive comprehensive care including blood tests, eye exams and foot care.
	Various shots of clinic.	Rema Mohan

TIMECODE	VISUALS	AUDIO
		<p>Patients, when they come to us, they come to us for specialized treatment. These treatments are not quite often available at the general hospitals or the other hospitals so we really cannot turn them away.</p>
	<p>Various shots of clinic.</p>	<p>Dr. V. Mohan</p> <p>We provide the diabetes care for the whole family and also provide the insulin and the tablets and everything that they need for the treatment completely free on a lifelong basis.</p>
	<p>Various shots of educational program.</p> <p>Various shots of young people in India.</p> <p>Various shots of villagers in India.</p>	<p>VO Jim Turner</p> <p>The Gafore family also attends educational programs at the clinic to learn about the risks of diabetes and how to manage it. Education is vital because the social stigma associated with diabetes in India is very real. Young people with the disease may find it difficult to get married or sustain marriages because of this taboo. To educate people outside the city, Dr. Mohan has a free outreach program which goes into the villages.</p>
	<p>Various shots of villagers in India.</p>	<p>Dr. V. Mohan</p> <p>Wherever people are, we go there and teach people about diabetes, the signs, symptoms, tell them that you don't need to get the symptoms to actually have the disease. Fifty percent don't even know that they have it. Then we do opportunistic screening. We take the small meters and on the spot we do blood sugars and we detect literally thousands of people who didn't know that they had diabetes.</p>
	<p>Lower Third:</p> <p>In 25 years, an estimated 75 million people will have diabetes in India.</p>	<p>VO Jim Turner</p> <p>In 25 years, an estimated 75 million people will have diabetes in India. That number is larger than the populations of 97 percent of the countries in the world. In response, the government is planning a national prevention and education program similar to Dr. Mohan's efforts.</p>
	<p>Various shots of clinic.</p>	<p>Dr. V. Mohan</p> <p>If we are able to kick start this national program, then I think there will be a tremendous impact made</p>

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		and the prevalence of diabetes in India can really start going down.
		VO Jim Turner Dr. Mohan is hopeful that improvement can be made.
		Dr. V. Mohan I think it's my dream that one fine day there'll be no more diabetes in this country and Dr. Mohan's Diabetes Specialties Center has now become a museum.
	Various shots of diabetes patients.	VO Jim Turner Diabetes is the most serious health threat of the 21st century. Only by making major investments of resources can developing countries like India stem the tide.
	Shot of Nicole Johnson Baker	Nicole Johnson Baker Up next, a look at what it means to have diabetes in your genes.
	GFX dLife For Your Diabetes Life!	
	Shot of Howard Steinberg and Dr. C. Ronald Kahn on stage. Lower Third: Howard Steinberg Creator, dLife	Howard Steinberg Researchers have long believed that genetics play a major role in diabetes, but there is more proof than ever. Joining me today is a leading authority on genetics and diabetes, Dr. C. Ronald Kahn, President of the Joslin Diabetes Center in Boston. Welcome to dLife, Dr. Kahn.
	Shot of Howard interviewing Dr. Faustman.	Dr. C. Ronald Kahn It's great to be here. Thanks, Howard.
		Howard Steinberg When people say diabetes runs in the families, aunts, uncles, brothers, sisters, grandparents, is that a factual statement?
	Lower Third: C. Ronald Kahn, MD President, Joslin Diabetes Center	Dr. C. Ronald Kahn Absolutely. Diabetes has a very strong hereditary component, both type 1 and type 2 diabetes, and even more so for type 2 than for type 1.

TIMECODE	VISUALS	AUDIO
		<p>Howard Steinberg</p> <p>We hear the terms heredity and genetics. I even get confused many times in diabetes. Can you give us kind of a primer on that?</p>
		<p>Dr. C. Ronald Kahn</p> <p>Well, they're two names for the same process. Both of these really tell us that there's something in our genes, something in the DNA in the cells that puts us either at risk for disease or in some cases even creates a disease. For diabetes, the heredity we get, and this is true actually for both type 1 and type 2, is a risk for the disease. We don't actually have the specific gene that causes the disease, but a gene that creates a risk.</p>
		<p>Howard Steinberg</p> <p>And is it the same risk factors for type 1 and type 2?</p>
	<p>Lower Third:</p> <p>In type 1, the immune system destroys insulin-producing beta cells.</p> <p>A combination of environmental and genetic risk factors cause type 2.</p>	<p>Dr. C. Ronald Kahn</p> <p>No, actually they're quite different. The genes that put you at risk for type 1 diabetes are genes that control the immune system. For type 2 diabetes, on the other hand, there are genes that create risk for this disease that create insulin resistance or perhaps a risk that the beta cells will fail in response to insulin resistance.</p>
		<p>Howard Steinberg</p> <p>So I've had type 1 for 37 years and I've got three daughters and I've always worried, will they get diabetes? Do they have a more likely chance of getting it?</p>
	<p>Lower Third:</p> <p>Only 7% of people with type 1 have a parent or sibling with the disease.</p> <p>This trend gives the appearance that type 1 skips a generation.</p>	<p>Dr. C. Ronald Kahn</p> <p>For type 1 diabetes, the risk is different for fathers and mothers. So if you are a male with type 1 diabetes, the chance that your children will have it is about 7%. The interesting thing is for women with type 1 diabetes, the risk that their children will have diabetes is actually less than for men. It's only about 2 percent. Most people think that there's something protective that happens in the uterus of a mother who has type 1 diabetes that actually lowers the risk for those children compared to the father who has type 1. For type 2, the risk is again much higher. If you had type 2 diabetes or your wife had</p>

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	<p>Lower Third:</p> <p>A mutation of the ADHB gene many account for higher incidence of diabetes in at risk groups.</p> <p>This mutation is 4 times greater in Pima Indians, and 1.5 times greater in people of African and Mexican descent.</p>	<p>type 2 diabetes, the chances that one of your children might have it might be as high as 20 percent or more. And if both of you have it, then the chances to up to more than 50 percent. You know, it's really amazing. Even if you have two type 2 diabetic parents so that your risk of diabetes is now 50 percent, if you keep your body weight normal, you reduce your risk to that of the general population. People can't sit back and just say, "Well, it's a fate that I have no choice about." We do have at least some ability to influence that risk and it's a pretty big ability.</p>
		<p>Howard Steinberg</p> <p>That's a real important point. So we hear all about the type 2 epidemic in America. It's in all the headlines, but I understand that type 1 is also growing in incidence in America.</p>
	<p>Lower Third:</p> <p>Triggers for type 1 many include viruses and early exposure to cow's milk.</p>	<p>Dr. C. Ronald Kahn</p> <p>That's correct. Type 1 has actually increased about threefold over the last 20 years. This is probably not due to more genes. Genetic effects usually take centuries and millennia to occur because genes change slowly, many generations. This is probably reflecting the fact that even in type 1 diabetes, there's some important environmental triggers that we need to understand. And we really don't know those environmental triggers yet, but whatever they are, they seem to be more frequent now than they were 20 or 30 years ago.</p>
	<p>Lower Third:</p> <p>www.dLife.com/podcasts</p>	<p>Howard Steinberg</p> <p>Thank you very much, Dr. Kahn, for coming in and shedding light on a very complicated, but very important subject for our audience. You can hear more from Dr. Kahn at dLife.com/podcasts. In a moment, one man's mission to get insulin to the people who need it no matter where in the world they live.</p>
	<p>GFX Center</p> <p>dLife</p> <p>For Your Diabetes Life!</p>	
	<p>Lower Third:</p> <p>Nicole Johnson Baker</p>	<p>Nicole Johnson Baker</p> <p>Here at dLife, we hear many amazing stories.</p>

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	Various shots of Ron Raab.	Today's comes from Ron Raab in Australia. He spearheaded a grassroots movement to get insulin to people around the world at a time when they need it most. Ron Raab was just a boy when he was diagnosed with diabetes.
	Lower Third: Ron Raab Founder, Insulin for Life	Ron Raab Being my life, my professional life has been diabetes.
	Various shots of Ron Raab.	VO Nicole Johnson Baker But Ron Raab is the kind of man who sees opportunities where others see problems. That kind of thinking led to his creation of Insulin for Life.
		Ron Raab I was aware of how much insulin test strips were being wasted in Australia and in other countries.
	Various shots of Insulin for Life.	VO Nicole Johnson Baker Insulin for Life collects excess insulin from diabetes clinics across Australia and around the world. This insulin would otherwise be thrown away. Instead, it is being distributed to thousands of desperate patients in developing countries worldwide.
	Lower Third: Since 1986, Insulin For Life has sent supplies to 68 countries.	Ron Raab Now we're up to 60 thousand units. 60 thousand units of insulin a year is enough for about a thousand children that we can keep alive.
	Various shots of disaster areas.	VO Nicole Johnson Baker And when disaster strikes, Insulin for Life jumps into the fray. Whether it is Hurricane Katrina in the United States or the tragic tsunami in Southeast Asia, people with diabetes get help.
	Various shots of Insulin for Life. Various shots of children's camp.	Ron Raab We hold a stock of supplies which we're able to send at very short notice. We were able to send supplies to Sri Lanka and they were received within 8 days. We have this children's camp in Ecuador. Children get taught how to manage their diabetes

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	<p>Shot of Ron Raab.</p> <p>Various shots of Insulin for Life.</p>	<p>and we're able to keep several hundred children alive through our program. We see ourselves as the pioneers in this. My hopes for the future of Insulin for Life is to see increasing numbers of organizations following what we're doing and eventually for this grassroots movement to grow into an increasingly mainstream way of addressing these sort of problems. We're living in a world of finite resources and we need to find new ways of doing things. And I believe that Insulin for Life is a great example of that.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p> <p>Lower Third:</p> <p>www.dLife.com</p>	<p>Nicole Johnson Baker</p> <p>Thank you, Ron. If you or someone you know has in-date insulin that they no longer need, go to our website and connect to Insulin for Life to donate supplies. When we return, multicultural menus from the dLife kitchen.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Lower Third:</p> <p>Nicole Johnson Baker</p> <p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	<p>Nicole Johnson Baker</p> <p>People carefully managing their diabetes must be cautious around Chinese food, but today in the dLife kitchen, Chef Franklin Becker shares some secrets about how to make Chinese food without all the carbs that can make your blood sugar spike. You can find his recipes on dlife.com and in Diabetic Cooking Magazine.</p>
	<p>Lower Third:</p> <p>Chef Franklin Becker Type 2 Diabetes</p> <p>Various shots of ingredients.</p> <p>Side of Screen:</p> <p>Chinese Chicken and Broccoli Calories: 244 Carbs: 17g</p>	<p>Chef Franklin Becker</p> <p>Hi. I'm Chef Franklin Becker and welcome to dLife kitchen. Today, we're going to be preparing Chinese cuisine. You know, it's difficult when you go out to Chinese restaurants because you want to eat everything, it's so tasty and so flavorful, but the problem is, it's high in carbohydrates, it's high in sodium. It's just not the best thing for those with diabetes. So today, I'm going to prepare some healthy alternatives to those traditional Chinese dishes we all love such as chicken with broccoli. So the first thing we do is we start off with a boneless, skinless chicken breast and to that we've just</p>

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	<p style="text-align: center;">Fiber: 3g Protein: 32g Total Fat: 5g</p> <p>Various shots of Chef Franklin Becker preparing salad.</p> <p>Lower Third:</p> <p style="text-align: center;">To lower carbs, omit corn starch.</p> <p>Various shots of Chef Franklin Becker preparing salad.</p> <p>Lower Third:</p> <p style="text-align: center;">A half cup of brown rice adds 23g of carbs.</p>	<p>actually diced it. So what I'm going to do is in order to pick up that- that wonderful Chinese flavor is I'm just going to take a little bit of low-sodium soy sauce, a touch of sesame oil and just a little bit of cornstarch and I'm just going to give that a good stir. Then I'll actually allow this to sit in the refrigerator for about 20 minutes until done. Now, for the sake of television, I actually have a bowl right over here that's been marinating all day. So what we're going to do is add a little bit of safflower oil to the pan. Safflower oil's a very, very healthy oil. And what we're going to do is we're just going to fry up this chicken a little bit. The next thing we're going to do is we're going to add some broccoli and we're just going to stir and coat and cook that chicken and that broccoli together. Now, while that chicken's working, I actually have these wonderful dehydrated shitake mushrooms and what they do is they provide a tremendous amount of flavor. And for us, flavor's everything. What I do is I just place the shitake mushrooms in some water and I re-hydrate them and then I take them out and I slice them. And I don't discard the water. That's the most important thing. The water is actually full of that shitake mushroom flavor and it's going to actually add a broth for our dish making it really wonderful and tasty. So I'm going to add some of these shitake mushrooms to the pan along with that water which is going to provide a little bit of steam. Notice I haven't added any salt to this dish and that's because I'm using low-sodium soy sauce in the dish and there's enough salt in s- in uh... soy sauce to carry the flavor of the dish. So to this, I'm going to add garlic, ginger and scallions and just a little light drizzle of sesame oil to complete the flavors. If you don't mind, I think we're ready. And so here you have it, chicken with broccoli. You know, for a person like myself living with diabetes on a day to day basis, I prefer to serve this on about a third of a cup of white rice, or better yet, if you can, a little brown rice, or you can just add a little extra vegetables. I'm Chef Franklin Becker. Thank you very much for joining me. The recipes for this and a vegetarian alternative of spinach and tofu are</p>

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	<p>Lower Third:</p> <p>Visit dLife.com/recipebox for Chef Becker's recipe.</p> <p>Shot of Diabetic Cooking Magazine.</p> <p>Lower Third: Find great recipes and food ideas in <i>Diabetic Cooking Magazine</i>.</p>	<p>available on dLife.com. Great-tasting recipes like these and useful nutritional information are in every issue of Diabetic Cooking Magazine.</p>
	<p>Shot of Nicole Johnson Baker.</p>	<p>Nicole Johnson Baker</p> <p>Thanks, Chef Becker. Up next, a diabetes makeover.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Lower Third:</p> <p>Nicole Johnson Baker</p>	<p>Nicole Johnson Baker</p> <p>Now we're going to check in with Rachel Jones. dLife has been following her since September of 2005 when she began her BD diabetes makeover. Now the program is wrapped up and we checked in to see how she's doing.</p>
	<p>Lower Third</p> <p>Rachel Jones</p> <p>Various shots of Rachel Jones.</p> <p>Lower Third:</p> <p>This dLife makeover segment is sponsored by our partner, BD.</p> <p>Various shots of Rachel Jones participating in makeover program.</p>	<p>Rachel Jones</p> <p>Dear dLife, after living with diabetes for almost 20 years, I realized my life was in danger. My biggest problems were meal planning and scheduling my exercise. Then I was introduced to the BD makeover program and it was really an answer to a prayer. The BD makeover program is a program where diabetics meet with health professionals to help them get in control of their diabetes. A professional organizer came to my home and helped me to set up and organize my supplies and set up a meal schedule. I stopped using the word "diet" because the first thing that comes to your mind when you hear the word "diet" is food that you can't eat. When you say "meal planning," it's planning all the food that you can eat and you realize that there is a lot of food that you can eat. Exercise has always been a challenge for me so I start with a short walk around the block. After walking for 30 minutes, I came back, tested my blood, and I saw that it had dropped tremendously</p>

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	<p>GFX Center</p> <p>dLifeTV is produced by LifeMed Media and does not represent the views or opinions of CNBC, Inc.</p>	
	<p>Credits roll.</p> <p>Shot of Nicole Johnson Baker at side of screen.</p>	<p>Nicole Johnson Baker</p> <p>Remember, we are not role models. We are 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 caretaker to find out what is best for you.</p> <p>Remember, it's your dLife and there is no substitute for getting control of it.</p>
	<p>GFX Center</p> <p>Life Med media</p>	