

TIMECODE	VISUALS	AUDIO
	<p><b>GFX Center</b></p> <p><b>dLife For Your Diabetes Life!</b></p> <p><b>Montage of lifestyle shots.</b></p>	<p><b>VO</b></p> <p><b>dLife TV, 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.</b></p>
	<p><b>Various shots of upcoming segments.</b></p>	<p><b>Nicole Johnson</b></p> <p><b>Today on dLife, the state of diabetes healthcare in the United States. Are we doing all that we can? Also today, what would a cure mean for people who live with diabetes? We'll hear Jim Turner's dream.</b></p>
	<p><b>Shot of Nicole Johnson</b></p> <p><b>Lower Third:</b></p> <p><b>Nicole Johnson Type 1 Diabetes</b></p>	<p>Nicole Johnson</p> <p>Welcome to dLife, your source for a healthy diabetes life. I'm Nicole Johnson. Seven percent of the American population lives with diabetes and the number is rising dramatically. Is the U.S. healthcare system equipped to provide proper treatment for the twenty-one million people who need it? Our cover story, the state of the union in diabetes healthcare.</p>
	<p><b>Various shots of patients, hospital workers and ambulances.</b></p> <p><b>Lower Third:</b></p> <p><b>Latest CDC statistics 297,941 diabetes-related deaths in 2002.</b></p>	<p><b>Nicole Johnson</b></p> <p><b>Every year, six hundred thousand people are admitted into American hospitals for diabetes-related reasons and every year three hundred thousand die from the disease or its complications.</b></p>
	<p><b>Shot of Nicole Johnson.</b></p>	<p>Nicole Johnson</p> <p>Why do so many people ultimately die from avoidable complications? Why isn't our system better?</p>
	<p><b>Shot of Richard Hellman, MD</b></p> <p><b>Lower Third:</b></p> <p><b>Richard Hellman, MD President-Elect, American Assoc. of Clinical Endocrinologists</b></p> <p><b>Various shots of patients being treated in hospitals.</b></p>	<p>Richard Hellman, MD</p> <p>I think the state of diabetes healthcare in the United States uh... needs a lot of work. The system is being driven by the employer and the insurance company and neither the patient nor the provider is in the loop.</p>
	<p><b>1. Japan 2. Switzerland</b></p>	<p><b>Nicole Johnson</b></p>

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	<p>3. Norway            4. Sweden            5. Luxembourg            6. France            7. Canada            8. Netherlands            9. United Kingdom            10. Austria            11. Italy            12. Australia            13. Belgium            14. Germany            15. United States</p> <p>List of countries continues</p> <p>Various shots of top countries.</p> <p>Various shots of patients being treated in hospitals.</p>	<p><b>The United States, the wealthiest nation in the world is far from the healthiest. Recently the World Health Organization ranked the United States fifteenth in the world in overall healthcare. The fourteen countries ranking higher such as Japan, France, the United Kingdom and Germany all employ a chronic care system. The United States has an acute care system. The problem is not the doctors, it's the system. American doctors are among the most skilled in the world and in our acute healthcare system they are prepared to treat symptoms: Emergencies like heart attacks, strokes and severe hyperglycemia. Countries with chronic care systems put a lot of effort into educating patients in order to prevent these emergencies from ever happening.</b></p>
	<p><b>Shot of Richard Hellman, MD</b></p>	<p>Richard Hellman, MD</p> <p>Each of the healthcare systems in other countries has their problems, although people are probably more satisfied with their healthcare in- in other countries like Canada for instance where the satisfaction appears to be higher than the United States.</p>
	<p>Various shots of cities, people.</p> <p>Various shots of medical professionals.</p>	<p>Nicole Johnson</p> <p>The healthiest countries in the world all use a chronic care universal coverage system that places heavy emphasis on education. In many cases, this prevents problems before they start. In these countries, the government provides healthcare to all citizens with little out of pocket cost. The challenge for American medical professionals is to be effective in a system that values medical treatment over lifestyle management. Certified diabetes educators such as April Lombardo are dedicated to teaching patients to take control of their disease.</p>
	<p><b>Shot of April Lombardo</b></p> <p><b>Lower Third:            April J. Lombardo, RN, CDE            Monongalia General Hospital</b></p>	<p>April Lombardo</p> <p>Not all patients with diabetes are referred for diabetes education. And I think it's really hard to expect patients to be able to self-manage a chronic</p>

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	<b>AADE: 80-95% of diabetes care is provided by primary care physicians.</b>	disease such as diabetes if they don't know how. There is a shortage of endocrinologists. We actually don't have an endocrinologist on staff here at the hospital; therefore, non-specialists are caring for people with diabetes. The reality of this situation is that they're overwhelmed.
	<b>Shot of man in glasses sitting in class.</b>	Man with Glasses  The physicians aren't up to speed on diabetes like the nurse uh... educators are and it would really behoove everyone for that reason. I often go tell them things I've learned.
	<b>Shot of April Lombardo</b>  <b>Shot of April Lombardo conducting class.</b>	April Lombardo  The American Association of Diabetes Educators has fought a long, hard battle to try and get insurance companies to reimburse for a diabetes self-management education. We still have some insurance carriers out there that do not cover uhm... all of the diabetes education sessions.
	<b>Various shots of class.</b>  <b>Various shots of patients.</b>  <b>Center:</b>  <b>Heart Attack - \$30,400</b> <b>End-Stage Kidney Disease - \$37,000</b> <b>Stroke - \$40,200</b>	Nicole Johnson  Prevention is a lot cheaper than treatment and treatment of diabetes is much cheaper than treatment of the complications that come from poor management. An insured American with diabetes not suffering from complications can expect to pay annual out-of-pocket expenses of about sixteen hundred dollars. But when complications arise, so do the costs, and dramatically.
	<b>Shot of gray-haired man and woman sitting at table.</b>	Man in White Shirt  They were only covering a third of my testing supplies. It just- I wasn't expecting that. It's not that was it was that big of a deal, but I thought they would cover more of the preventative side of- of care.
	<b>Shot of Nicole Johnson standing in front of Capitol Hill.</b>	Nicole Johnson  The growing diabetes epidemic has not gone unnoticed here in Washington, DC. In 1996, the Diabetes Caucus was founded to raise awareness of the disease here on Capitol Hill.
	<b>Shot of Rep. Michael N. Castle</b>  <b>Lower Third:</b>	Rep. Michael N. Castle

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	<p><b>Rep. Michael H. Castle (Del.)            Co-Chairman, Diabetes Caucus</b></p> <p><b>More than 300 members of            Congress belong to the Diabetes            Caucus.</b></p> <p><b>Shot of diabetes education class.</b></p> <p><b>Lower Third:</b></p> <p><b>The Caucus educates members of            Congress about diabetes and            promotes research.</b></p> <p><b>Shot of patient having blood            pressure taken.</b></p>	<p>The reason I think there's so much interest in- in the Diabetes Caucus is that uh... virtually uh... every single member of Congress has a number of constituents uh... who have uh... diabetes or somebody in their family who has diabetes. I think there is a strong need for education. I think that's true of healthcare in general. We- we need to have people understand that if something is wrong with them, what might that be. Uh... and I think we particularly need to make sure that people are- are seeking medical help as soon as they can. And so education and early medical intervention is very, very important.</p>
	<p><b>Shot of Nicole Johnson standing in            front of Capitol Hill.</b></p>	<p>Nicole Johnson</p> <p>But with some states not even requiring private health insurance companies to cover the costs of diabetes education, it looks to be a long battle.</p>
	<p><b>Shot of Ann Williams.</b></p> <p><b>Shot of Mission Statement.</b></p>	<p>Nicole Johnson</p> <p>For the past twelve years, Ann Williams has been fighting for change in Ohio to ensure that all patients receive the education they need.</p>
	<p><b>Shot of Ann Williams talking on            telephone.</b></p>	<p>Ann Williams</p> <p>Can you tell me when the next hearing's gonna be?</p>
	<p><b>Shot of Ann Williams.</b></p> <p><b>Lower Third:</b></p> <p><b>Ann Williams, Ph.D, CDE            Diabetes Care Advocate</b></p>	<p>Ann Williams</p> <p>The Centers for Disease Control has done a study that showed that for every dollar spent on diabetes education and supplies, eight dollars and seventy-six cents is saved on diabetes complications. That will buy an awful lot of strips and an awful lot of diabetes education.</p>
	<p><b>Various shots of ambulances and            hospital settings.</b></p>	<p>Nicole Johnson</p> <p>Regardless of the type of healthcare system in the United States, one thing is for certain; the state of diabetes healthcare can improve significantly if people are proactive in acquiring as much information and education as possible.</p>
	<p><b>Shot of Richard Hellman, MD</b></p>	<p>Richard Hellman, MD</p> <p>I think the point of needing to have the patient</p>

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		<p>engaged in the process is absolutely critical because the patient who regards diabetes as an inconvenience may be lost.</p>
	<p><b>GFX Center</b></p> <p><b>dLife For Your Diabetes Life!</b></p>	
	<p><b>Shot of Nicole Johnson in studio.</b></p> <p><b>Lower Third:</b></p> <p><b><a href="http://www.dLife.com/advocacy">www.dLife.com/advocacy</a></b></p> <p><b>Various shots of government agencies.</b></p> <p><b>Laboratory worker.</b></p> <p><b>GFX Center</b></p> <p><b>dLife For Your Diabetes Life!</b></p>	<p>Nicole Johnson</p> <p>It's our responsibility to stay informed and educated in order to demand the healthcare we deserve. Visit <a href="http://dLife.com/advocacy">dLife.com/advocacy</a> for more tips on how to make the system work for you. Next on dLife, from the CDC to the NIH and the NIDDK, the federal agencies involved in diabetes care are a confusing alphabet soup for most people. We'll make sense of it all and what it means to you coming up.</p>
	<p><b>Lower Third:</b></p> <p><b>dLife For Your Diabetes Life!</b></p> <p><b>Shot of Nicole Johnson</b></p> <p><b>Lower Third:</b></p> <p><b>Nicole Johnson</b></p> <p><b>Lower Third:</b></p> <p><b>dLife For Your Diabetes Life!</b></p>	<p>Nicole Johnson</p> <p>Welcome back. Your federal tax dollars help to fund diabetes research and health initiatives, but do you know where and how your money is used? The National Institutes of Health plays a key role in the diabetes fight. I recently visited the NIH to meet with its Director, Dr. Elias Zerhouni to learn firsthand about how federal health agencies work for you.</p>
	<p><b>Shot of Nicole Johnson with Dr. Elias Zerhouni.</b></p> <p><b>Various shots of healthcare settings.</b></p> <p><b>Lower Third:</b></p> <p><b>Elias A. Zerhouni, M.D. Director, National Institutes of Health</b></p>	<p>Nicole Johnson: Dr. Zerhouni, thank you so much for sitting down with us. What is NIH?</p> <p>Dr. Zerhouni: The National Institutes of Health is the largest medical research agency in the world. There are twenty-seven separate institutes and centers that focus on various diseases like cancer, heart disease and diabetes. We fund research around the country through many universities and many scientists, both from very basic research that looks at the fundamental reasons why someone develops diabetes to the most applied research of</p>

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	<p><b>Various shots of research settings.</b></p>	<p>how to measure glucose so that you can control your treatment. So we cover the entire spectrum.</p> <p>Nicole Johnson: Well, what is the difference between NIH and CDC?</p> <p>Dr. Elias Zerhouni: We're more the medical research agency. We do the s- the fundamental science, we try to discover new principles of how to treat disease, we try to develop drugs, we develop vaccines for example, we develop new treatments for various diseases here. CDC on the other hand is the arm of the government that looks at the public health system and protects us from what we know can be dangerous like germs, uh... you've- you hear about infections sometimes or epidemics, and they also advise uh... both uhm... the- the people of the United States as well as the policymakers about how to prevent disease.</p> <p>Nicole Johnson: What's exciting in diabetes research here at NIH?</p> <p>Dr. Zerhouni: In the future with the new technologies like nanotechnology, now we have very, very tiny devices that can sense what is happening in the human body. They're experimental today, but in the next ten years I can see where we will be able to do this for every diabetes patient and prevent the complications of diabetes. We already see there's a d- reduction in the number of uh... patients who have complications of- of diabetes like heart disease and renal uh... failure. Those are better today than they were ten, fifteen years ago, but we have a long way to go.</p> <p>Nicole Johnson: Well, I know that this i- institute, the NIH, is- is funded enormously uh... by the federal government. What amount of those funds goes toward diabetes research?</p> <p>Dr. Zerhouni: Well, NIH has a budget of about twenty-eight billion dollars for all the diseases that</p>

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	<p><b>Lower Third:</b></p> <p><b>2007 NIH budget: \$28 billion</b>  <b>Defense Dept. budget: \$470 billion</b></p> <p><b>Various shots of patients being treated.</b></p> <p><b>Lower Third:</b></p> <p><b>For clinical trial information, visit:</b>  <b><a href="http://www.dLife.com/clinicaltrials">www.dLife.com/clinicaltrials</a>.</b></p>	<p>we deal with, so even though it sounds enormous, from my standpoint, I never have enough to allocate to the six d- thousand diseases and conditions that we're dealing with. Of the total twenty-eight billion dollars, about a billion dollars is dedicated to diabetes research or about three, four dollars per American per year.</p> <p>Nicole Johnson: Now, recently here at NIH, there's been a shift in focus and priority where you're paying more attention to public health issues and prevention.</p> <p>Dr. Zerhouni: You know, I have this notion now that medicine is gonna move from a phase where it was curative, where we waited for the disease to strike you before we did anything. The future is gonna be a different future. It's gonna be what I call the four Ps. It will have to be predictive because we have now better genomic tools, we have really &lt;laughs&gt; made a lot of progress in identifying who's likely to develop a disease. It's personalized because not everybody responds the same way. Preemptive, we need to find out twenty years before diabetes strikes what is happening in your body that could be corrected to prevent diabetes altogether, but this will require participation. So one of the things NIH has done which is outstanding, they've developed websites for patients to come to. They provide comprehensive information and we have a database now that's accessible through the web called clinicaltrials.gov. And there will be a list of all the scientists who are doing what kind of trial in your uh... area. Even though we're a- a pretty knowledgeable federal agency, we can't do the work all by ourselves. We need public participation uh... to be able to do that well.</p>
	<p><b>GFX Center</b></p> <p><b>dLife</b>  <b>For Your Diabetes Life!</b></p>	
	<p><b>Shot of Nicole Johnson.</b></p> <p><b>GFX Center</b></p>	<p>Nicole Johnson</p> <p>And thank you, Dr. Zerhouni, for that inside look at</p>

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	<p align="center"><b>dLife For Your Diabetes Life!</b></p> <p><b>Shot of upcoming segments.</b></p> <p><b>GFX Center</b></p> <p align="center"><b>dLife For Your Diabetes Life!</b></p>	<p>the latest in diabetes healthcare advances. Up next, a family doctor who challenges the diabetes establishment with an easy and affordable way to treat the disease. We'll hear from her next.</p>
	<p><b>GFX Center</b></p> <p align="center"><b>dLife For Your Diabetes Life!</b></p>	
	<p><b>Shot of Nicole Johnson</b></p> <p><b>Lower Third:</b></p> <p align="center"><b>Nicole Johnson Type 1 Diabetes</b></p> <p><b>Shot of Dr. Mary Vernon sitting on stage with Nicole Johnson</b></p> <p><b>Lower Third:</b></p> <p align="center"><b>Mary Vernon, M.D. President Amer. Society of Bariatric Physicians</b></p>	<p>Nicole Johnson</p> <p>As we focus on the state of diabetes healthcare, our next guest is one of the growing ranks of the U.S. medical profession who believe that diabetes care relies too much on medication and treating complications and not enough on changing diet and behavior. Dr. Mary Vernon is a private practice physician in Lawrence, Kansas. Welcome, Dr. Vernon.</p> <p>Dr. Mary Vernon: Thank you for having me, Nicole. I'm just excited to be here.</p> <p>Nicole Johnson: Well so then tell me, if a person comes in to your practice and they have type 2 diabetes, how do you walk them through the process of treating that condition?</p> <p>Dr. Mary Vernon: Generally what I do is a metabolic evaluation. A way to think about that would be I ask their bodies questions about where they are in this process and then I'm able to help you craft an individualized plan. If you control the carbohydrates that go in your mouth, and that's starches and sugars, then you can control your blood sugar and your blood sugar hormones, insulin and glucagon.</p> <p>Nicole Johnson: Now that's the hardest part, to control the food and the intake and with the society that we live in that's so obsessed with carbs. I mean how- how do you do it?</p> <p>Dr. Mary Vernon: Well with my patients, I write an individualized menu. I sit down and in my handwriting write out what they're gonna eat and we negotiate it. So if you tell me, "I don't eat eggs," okay, eggs don't show up. And then there are a few other tips. Eat preventatively. I ask my patients not to go more than three or four hours without eating.</p>

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	<p><b>Lower Third:</b></p> <p><b>Four 1 cup servings of raw broccoli florets contain about 15g carbs.</b></p> <p><b>Lower Third</b></p> <p><b>Low or no-carb food choices include cheese, meat, poultry, fish and eggs.</b></p> <p><b>Cooking fresh spinach at 160° F for 15 seconds kills E. coli bacteria.</b></p> <p><b>Lower Third:</b></p> <p><b>Low or no-carb food choices include cheese, meat, poultry, fish and eggs.</b></p>	<p>Now I'm not asking for a five-course meal. I want snacks that are portable that you can put in your purse so that even if you're a schoolteacher, you can pop three almonds in your mouth in between classes. The reason for that is if you wait till you're hungry, you'll eat too much. Your- your blood sugar has dropped, your metabolism is now swinging from high to low in terms of blood sugars and you won't do well.</p> <p>Nicole Johnson: How do you feel about the low-carb diets in their relation to caring for diabetes?</p> <p>Dr. Mary Vernon: Now that's absolutely what this is about; carbohydrate restriction to the level that individually matches that patient's need.</p> <p>Nicole Johnson: So is there any kind of litmus test or uh... across the board regulation of carbohydrates, like the number that we should be eating as people with diabetes?</p> <p>Dr. Mary Vernon: When I work with a patient, what I do is drop their level of carbs down to about the equivalent of four servings of leafy, green vegetables a day. When their blood sugar control then becomes normal, then I increase the carbs, again negotiating with the patient about what foods they want to eat. If the blood sugar starts to come out of range again, the answer is, "Not right now. That's too much for right now."</p> <p>Nicole Johnson: What are some of the carbohydrates that do make the negotiation?</p> <p>Dr. Mary Vernon: Again, the leafy greens, the- the most nutritious part of the plants, the- so that would be spinach and broccoli and kale. Of course now spinach is cooked, that's okay. Salad vegetables, salad greens.</p> <p>Nicole Johnson: Okay. Well let's switch to your impressions and advice on the high c- high-fat diets that are- they're both high fat and low carb diets.</p>

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		<p>What- how do you feel about those?</p> <p>Dr. Mary Vernon: Well almost any diet that is carbohydrate restricted will percentage wise seem to be high fat because when you remove a whole category of food, even though the amount of it that you're eating hasn't changed at all, its percentage will change. And actually that was shown by Dr. Bowden who did a study in Temple where he hospitalized people, locked 'em up so he really knew what they were eating, and when he took away the carbs, they didn't eat more protein and fat, they ate about the same amount.</p> <p>Nicole Johnson: So in your opinion, what is the state of diabetes care in America right now?</p> <p>Dr. Mary Vernon: I'm saddened by it. I would like to empower patients more. I would like to make their care affordable to them and giving them control over their disease by giving them the tools to eat in such a way that they require less medicine. That seems very positive to me. That's the side I want to be on.</p> <p>Nicole Johnson: Thank you so much, Dr. Vernon.</p>
	<p><b>GFX Center</b></p> <p><b>dLife</b>  <b>For Your Diabetes Life!</b></p>	
	<p><b>Various shots of upcoming segment.</b></p>	<p><b>Nicole Johnson</b></p> <p><b>Up next, we go to Chicago where diabetes education happens at the local beauty salon.</b></p>
	<p><b>GFX Center</b></p> <p><b>dLife</b>  <b>For Your Diabetes Life!</b></p>	
	<p><b>Shot of Nicole Johnson.</b></p> <p><b>Lower Third:</b></p> <p><b>Nicole Johnson</b></p> <p><b>Various shots of beauty salon.</b></p> <p><b>GFX Center</b></p>	<p>Nicole Johnson</p> <p>Welcome back. The most important tool we have in diabetes prevention and management is education. As dLife discovered, diabetes education can be taught anywhere, any time, even during a trip to the beauty salon.</p>

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	<b>dLife For Your Diabetes Life!</b>	
	Various shots of beauty salons.	
	<b>Shot of Robert Steele speaking to customers in beauty salon.</b>	Robert Steele  We're from the Chicago Partnership for Health Promotion. We come to the shop each month to speak to you all about uh... better nutrition.
	<b>Lower Third:</b>  <b>Robert Steele Customer, Type 2 Diabetes</b>	Robert Steele  Diabetes is rampant in our neighborhood. We know that obesity helps to cause diabetes as well and so healthy eating is a very uh... important part of our neighborhood in educating people on how to eat healthy so they can live a longer life.
	<b>Shot of Virginia Julion</b>	Virginia Julion  Salons are the perfect place to go, particularly in the African-American community.
	<b>Lower Third:</b>  <b>Frances E. Nance Chicago Partnership for Health Promotion</b>  Various shots in beauty salon.	Frances E. Nance  It's almost like when you were going to high school, your favorite hangout place was the little malt shop. This is where people gather. They exchange ideas and they li- they listen.
	<b>Shot of Virginia Julion</b>  <b>Lower Third:</b>  <b>Virginia Julion, RN Chicago Partnership for Health Promotion</b>  Various shots inside beauty salon.	Virginia Julion  The topics we've covered so far are uh... cardiovascular disease, diabetes, oral health. Some of the things that we use are food models, visual aids, handouts.
	<b>Shot of Frances Nance working with customers in salon.</b>	Frances Nance  Initially we do a diabetes assessment that is, what are your risks for diabetes? Then we also do a free blood pressure check.
	<b>Shot of Frances Nance taking woman's blood pressure.</b>	Frances Nance: 100/60.  Woman: Okay.  Frances Nance: Very good.

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	<p><b>Shot of Virginia Julion.</b></p> <p><b>Various shots inside beauty salon.</b></p>	<p>Virginia Julion</p> <p>Just in one hour when we're here we average 20 to 25 people. We actually bring in exercise equipment such as ropes, hula hoops, you know, just to get people sort of interested in saying you don't have to belong to an expensive health club. You can use some simple things at home to help improve your life; baby steps.</p>
	<p><b>Shot of Frances Nance working with customers.</b></p>	<p>Frances Nance</p> <p>You got to start somewhere. You got to start and say to yourself, "I want to be healthy." And it's hard to change 'cause we've been programmed for many, many years to eat all these foods we've been eating that's- that's not so good for our health. Eat stuff in portion size. Don't pile your plate up. It's only gonna make you tired and go somewhere and sit down and go to sleep. You don't want that. Why not be energized all the time?</p>
	<p><b>Various shots inside beauty salon.</b></p>	<p>Virginia Julion</p> <p>Once the owner or the barbers or stylists buy into the program, then they can push it for us. Before they start the program, they're required to attend four nutrition sessions so that they can be lay health educators in their shops.</p>
		<p>Frances Nance</p> <p>They know about cholesterol, they know about high blood pressure, they know what a hemoglobin a1C is.</p>
	<p><b>Lower Third:</b></p> <p><b>Maurice D. Kilo</b>  <b>Salon Owner/Barber Stylist</b></p>	<p>Maurice D. Kilo</p> <p>People come to salons to relax, be pampered and I think it's a lot easier for them to discuss certain issues, you know, as far as health, uh... even if they get personal. My clients, I've been cutting them two or three years, we actually form a relationship so they actually feel comfortable talking to us.</p>
	<p><b>Shot of woman in red hat.</b></p>	<p>Woman in Red Hat</p> <p>When you come to a beauty shop or a barber shop, when you leave out of here, you feel better than you did when you first come in.</p>

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	<b>Various shots inside beauty salon.</b>	<b>Woman off Camera</b>  We try to go to them, to meet them where they are, right where they are. And we find it very effective.
	<b>GFX Center</b>  dLife For Your Diabetes Life!	
	<b>Shot of Nicole Johnson</b>  Lower Third:  www.dLife.com/locator	Nicole Johnson  To find a diabetes education class or support group near you, visit the dLife diabetes locator at dLife.com/locator.
	<b>GFX Centre</b>  dLife For Your Diabetes Life!	
	<b>Various shots of upcoming segment.</b>	<b>Nicole Johnson</b>  When we come back, Jim Turner on what a cure for diabetes would mean for him.
	<b>GFX Center</b>  dLife For Your Diabetes Life!	
	<b>Shot of Nicole Johnson</b>  Lower Third:  Nicole Johnson Type 1 Diabetes	Nicole Johnson  Anyone living with diabetes has hopes for a cure and many, including our Jim Turner, have imagined what their life might be like without the disease.
	<b>Shot of Jim Turner testing blood.</b>  Lower Third:  Jim Turner dLife Correspondent, Type 1 Diabetes	Jim Turner  In my 36 years of living with diabetes, the cure has been talked about, promised, promoted, promised and promised. At times it seems like everybody and her sister is close to some stem cell transplant thing that's gonna cure diabetes forever. And to the millions of people living with diabetes, that's very exciting news.
	<b>Shot of woman in brown sweater.</b>	Woman in Brown Sweater  I would have a party. <laughs>.

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	<b>Shot of little girl playing with shakers and party horn.</b>	Little Girl Whoo! Whoo, whoo, whoo!
	<b>Shot of woman in gray T-shirt.</b>	Woman in Gray T-Shirt Oh, <speaks in Spanish> feliz y contenta.
	<b>Shot of man in green sweater.</b>	Man in Green Sweater I would say, "Cut me a slice of German chocolate cake, man."
	<p><b>Shot of Jim Turner.</b></p> <p><b>Various shots of Jim Turner dressed as super hero.</b></p> <p><b>Shot of basketball game.</b></p> <p><b>Shot of Jim Turner eating ice cream in underwear.</b></p> <p><b>Shot of Jim Turner throwing out diabetes equipment.</b></p>	<p>Jim Turner</p> <p>And everything about it would be fantastic and swell. But for me, it's more complicated than that. I've had diabetes for 36 years, over two-thirds of my life, and for better or for worse, it's given me my identity. And this may sound crazy, but what would Clark Kent or Peter Parker do if they were just normal human beings? I mean what would the Caped Crusader be without a crusade? Diabetes is my identity and it's become my crusade. So if I suddenly didn't have it, what would I do? What would I become? Would I somehow become more athletic or would I stop exercising? Would I suddenly start eating whatever I could whenever I wanted? Of course I'd be happy to not take shots, test my blood, eat like a miser. Would I ultimately be happier, healthier? I don't know. When it comes to the cure, I got to say, "Go find one. I'm not gonna hold my breath waiting." And when it comes, I'll just deal with it the same way I deal with my diabetes now, the best way I can.</p>
	<p><b>GFX Center</b></p> <p><b>dLife</b>  <b>For Your Diabetes Life!</b></p>	
	<p><b>Shot of Nicole Johnson</b></p> <p><b>Lower Third:</b></p> <p><b>Hear more from today's guests on dLife Backstage Podcasts at <a href="http://www.dLife.com">www.dLife.com</a>.</b></p> <p><b>To order a copy of any dLife TV episode, visit <a href="http://dLife.com/orderdLifeTV">dLife.com/orderdLifeTV</a>.</b></p>	<p>Nicole Johnson</p> <p>Thanks, Jim. And that's all the time we have. We'll be back again next week with another edition of dLifeTV to inform, inspire and connect for a healthy diabetes life.</p>

TIMECODE	VISUALS	AUDIO
	<p><b>Center:</b></p> <p><b>dLife is produced by LifeMed Media and does not represent the views or opinions of CNBC, Inc.</b></p>	
	<p><b>Credits roll.</b></p>	
	<p><b>Shot of Nicole Johnson.</b></p>	<p>Nicole Johnson</p> <p>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 and there's no substitute for getting control of it.</p>
	<p><b>GFX Center</b></p> <p><b>dLife</b></p>	