

<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.

Mother Love: Diagnosed in April of 1990.

Jim Turner: February 9th, 1970.

Nicole Johnson Baker: November 27th, 1993.

J. Anthony Brown: February 1990 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 guests>

Mother Love Voice Over: Today on dLife, taking charge of your diabetes life including the first pilot with diabetes to fly around the world, important tips about your rights in the workplace, and great breakfasts that will get you started. 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: Welcome to dLife everybody. You know, babies, all people with diabetes have to deal with whether they're going to tell people about their diabetes.

J. Anthony Brown: Tell or not tell.

Mother Love: Who to tell, when to tell, if you should tell? You know what I'm talking about. I don't know about you guys, but when I was first diagnosed in 1990, the- I did not want to tell anybody.

J. Anthony Brown: I didn't tell anybody.

Nicole Johnson Baker: I didn't either. I didn't either.

Mother Love: So it's not just me, the weird one.

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

Jim Turner: No, I was always really open about it and just told whoever I felt, you know, should know. And I also test very openly. If I'm in a restaurant, I just test. I take my shot right at the table.

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

Nicole Johnson Baker: It was a process for me. It was a process of kind of figuring out, learning how to accept myself with my diabetes first and then being comfortable enough with myself to then let other peoples know. And it's kind of slowly happening, with testing in public and giving shots in public or, you know, now everybody knows.
<Laughs>.

J. Anthony Brown: I got something to tell you, right.

Mother Love: And I wasn't trying to tell anybody because like you, I felt like oh, my God. I am not taking care of myself like I should. I shouldn't have gotten diabetes, it- it runs in my family, so I'll just act like I don't have it and I won't tell anybody.

J. Anthony Brown: One of the things that helped me out is that I told people who had diabetes, so that was a start. That was a good start, man.

Nicole Johnson Baker: Yeah. Well, there are all kinds of issues with disclosure. I mean we're gonna talk about this a little later on, but jobs, could it affect your job? Could it affect the kind of insurance that you get?

J. Anthony Brown: Definitely.

Nicole Johnson Baker: All kinds of worries.

Mother Love: Okay, so now in that vein, Jim, who is our story of the day from?

<Various shots of Howard Steinberg>

Jim Turner: A man from Westport, Connecticut. He writes, "My parents survived the Holocaust and coped with incomprehensible horrors, but they struggled to break the news to their 10-year-old son that he had diabetes. I found out accidentally when a nurse

came to my bedside to teach me how to inject insulin. In one week, I went from being a very carefree kid to walking out of the hospital with my mom and my chronic disease starter kit, a disease that no one could see, but would affect how I lived every day for the rest of my life. The notion of keeping the disease to myself started back then. I felt different and I didn't want to tell anyone. This continued into adulthood and my professional life. It even took me months to work up the nerve to tell my girlfriend and now wife of 23 years. I survived and diabetes is not my secret anymore. I'm proud, I'm complication free, and I accept I am a person with diabetes. This is my reality built with the help of a loving wife and family and the education of a pioneering doctor. It's my dLife, my diabetes life, and I'm in control because I'm in charge." And the writer of this letter is Howard Steinberg, the founder of dLife.

<Applause>

<Shot of hosts greeting Howard Steinberg>

Mother Love: Why dLife? What made you-- this- how did this come about with you?

<Card: Howard Steinberg, Founder of dLife>

<Card: The risk of death among people living with diabetes is twice that as those without the disease.>

<Card: To learn about and connect with the diabetes community, visit dLife.com.>

Howard Steinberg: It didn't just come about. I guess, you know, I always looked at myself as one of the fortunate ones that got this monster under control, uhm.. got good care, sought out information and- and got it managed. But there was this always this nagging feeling. What about the millions out there that- that don't get it under control? And I could never understand why we had these horrible statistics with complications and death when it really is all about the individual just taking charge of this disease and seeking out the care and seeking out the information and mustering up the motivation to manage it and reaching out to others for help. So I said I'm gonna do it. I'm gonna try to find a way to kind of bring all these people together in one place, on television and in other media because that's what I knew how to do. I'm not a doctor, but I knew about marketing and I knew about media and so that became my- uh.. my cause.

Nicole Johnson Baker: In your quest to uh.. inform and inspire though, you've kind of met the ultimate disclosure of your diabetes. <Laughs>.

Howard Steinberg: Yeah, that's true.

Nicole Johnson Baker: How does that make you feel?

<Card: Involving family and friends can improve diabetes management.>

Howard Steinberg: You know what? It's- uh.. I guess I spent my life kind of keeping it a secret and minimizing it and uhm.. just working around it. But being able to kind of come out and put my diabetes out there, it's m- actually made it a lot easier to manage my diabetes. I don't have that extra complication of keeping it a secret and that anxiety of I didn't want people to find out. So I feel a lot more liberated through the process.

Mother Love: Is this the first time you've said publicly that you have diabetes?

Howard Steinberg: Well, it's certainly the first time on national television. <Laughs>. I mean, you know, I've never been in a group setting where- uh.. talking about my diabetes. I've always just kind of got it done, you know, and just managed it. And with the help of, you know, a family that was very involved and a doc who took the time to teach me how to take care of myself, which was a key thing for me.

Nicole Johnson Baker: Now, your mantra with dLife is inform, inspire, connect.

<Card: Studies show that adults with type 2 diabetes who receive community-based diabetics education have improved glycemic control.>

Howard Steinberg: Yeah, that's kind of the three legs to this stool which, you know, when you really think about it, there's a lot of data. Even the CDC, the Center for Disease Control, identified that the number one objective in improving the lives of people with diabetes is knowledge and motivation. And uh.. I mean it's- that's a scientific fact. It's up to you. And the third part I thought is community. It's all of us getting together and being able to- to feed off the energy and not be alone with it. I always felt alone.

J. Anthony Brown: This format is just so- is great in terms of reaching people that probably would never be able to uhm.. you know, find about the information that's out there for diabetes.

Howard Steinberg: Absolutely.

Jim Turner: And also here, just here, the whole vibe on this set uhm.. is- is one where you just whip out stuff and something happens and you don't have to be embarrassed about a high or a low blood sugar. And people will actually go, "What- what's- where are you? Sixty-four." "Oh, well," and you talk about it, you know? And I don't have that with any of my friends or family or community, 'cause they just don't know and they don't understand.

Mother Love: Exactly. They don't understand.

Howard Steinberg: Like any other community, I can't tell you how many times when we were really trying to get this going and people would say to me, "Who's gonna watch a show about diabetes?" I'll give you a list.

Nicole Johnson Baker: What are people saying?

J. Anthony Brown: Yeah, what are they saying?

<Card: Howard Steinberg, Founder of dLife>

Howard Steinberg: Well, and- and now they're saying thank you. They're saying, you know, "We're feeling the love coming back," and saying, "I don't feel so alone anymore," 'cause it's a lonely condition, you know? If- if you don't have it, you don't relate to it. And so it's kind of- it's kind of quiet. It's not out there.

J. Anthony Brown: Well, we thank you for this show.

Howard Steinberg: Well, I- I thank you guys. I mean it doesn't work without great people, particularly you guys who really-- this isn't a job for you, this is- this is your way of life.

J. Anthony Brown: Let's give him all a hand, y'all.

<Applause>

Nicole Johnson Baker: Thank you for dLife. Thank you. We just talked about the importance of control and knowledge and knowledge is about testing. So we at dLife know the key to good diabetes management is to really know your numbers. So before we go any further, it's time to check our blood sugar. Test, don't guess. And while we're checking, we're going to take a quick break. Don't go away.

<Black screen>

<Applause>

<Card: Mother Love, Type 2 Diabetes>

Mother Love: Welcome back to dLife. Doctors told Gary Hall he couldn't swim competitively after he was diagnosed with diabetes. Well, ten Olympic medals later, he's still swimming. Our next guest was told that he couldn't fly airplanes, but he ended up flying thirty thousand miles around the world. Please join me in welcoming Doug Cairns.

<Applause>

<Shot of Doug Cairns>

Mother Love: Thank you, Doug. When did you first start flying?

<Card: Doug Cairns, Pilot, "Diabetes World Flight">

<Various photos of Doug Cairns>

Doug Cairns: Well, flying was always my boyhood dream and at the age of nineteen, I uh.. joined the Royal Air Force University Air Squadron at Edinburgh University in Scotland and uh.. learned to fly on the single-engine machines there before going onto the Royal Air Force properly and learning to fly on Jet Provosts and Hawks and then becoming an instructor on Jet Provosts at the age of 25.

Mother Love: Wow. So why did you stop flying?

<Card: Truck drivers, factory workers, pilots, and emergency service personnel with diabetes have all faced discrimination in the workplace.>

Doug Cairns: Well, five months after I uh.. became an instructor, I came down with what I now know to be all the classic symptoms of uh.. type 1 diabetes, so I went to the RAF doctor, who turned around and said uhm.. quite directly, "You are a diabetic and you were a pilot." So suddenly, I had to stop flying.

Mother Love: Because you were diagnosed with diabetes?

Doug Cairns: Yes.

Mother Love: Okay, so how did you end up flying again?

<Card: The U.S. is the only country in the world that can issue a private pilot license to those with insulin dependence.>

<Card: People with diabetes should always test their blood glucose before operating any motorized vehicle.>

<Card: To treat most blood sugar lows, take 15 grams of a fast acting carbohydrate, wait 15 minutes, and test again.>

Doug Cairns: Well, in 1999, I was delighted to discover that here in the U.S.A., a system had been recently introduced which could allow me to fly assuming I could meet certain medical requirements. Basically, to have well-controlled diabetes and then every time you fly, you have to test your blood sugars 30 minutes before takeoff, each hour into flight, and 30 minutes before landing. If you're below a hundred, uh.. you don't have to land, but you do have to ingest 20 grams of readily absorbable carbohydrates and bring your sugars back up. I was delighted in the year 2000 to meet the medical requirements and at the end of that year I came over to San Diego and regained the freedom to fly with a private pilot's license here in America.

Mother Love: Couldn't take it anymore. You're like, "Okay, freedom."

Doug Cairns: Absolutely. It was, actually. It was tremendous. Well, I'd always been fascinated in around the world solo flights in small aircraft and I suddenly thought to myself, why not do the same yourself and raise awareness of diabetes, but in particular to demonstrate to all the other aviation authorities around the world that flying is safe according to the U.S. regulations.

<Various photos of Doug Cairns>

Mother Love: Did your diabetes have anything to do with you being able to- or make it harder for you to make it harder for you to be able to fly that distance by yourself?

<Card: Blood sugar control data from Doug's Diabetes World Flight is being used to educate civil aviation authorities.>

Doug Cairns: It didn't hinder the- the process because the- the U.S. system for flying uh.. with insulin-dependent diabetes actually ensures safe flying.

Mother Love: Tell me about the difficulty or if it was difficult for you to test while you're flying.

<Various flight footage>

Doug Cairns: Well, actually the testing while flying is- is uhm.. perhaps more straightforward than- than some people may think. When you're flying, you can do what they call trim the air craft out. So you can fly straight and level and you can effectively and safely test your blood sugar.

Mother Love: So tell us about your trip around the world.

Doug Cairns: One of the most interesting things was traveling through the Mediterranean islands, the Middle East, and India. There was a stigma attached to having diabetes that people would automatically assume that you were unhealthy and even incapable of carrying out a normal day's work. And in India, I received a very impassioned message from a young girl who worked at a newspaper and she just kept her diabetes very, very quiet from all her colleagues because she was scared that anyone would find out and her career would be curtailed. And diabetes associations in

all those countries and really everywhere are working very hard to improve people's awareness of diabetes.

Mother Love: So they need dLife over there in those countries.

Doug Cairns: They certainly do.

<Shot of John Griffin>

Mother Love: Oh, my goodness. Doug, thank you so very much. We so appreciate you sharing your story with us and taking good control of your dLife. For more information on Doug Cairns' record-breaking flight, go to dLife.com. Now, sit tight, my babies. In a minute, we'll be back with a tough Texan whose gonna tell us what we need to know about our rights in the workplace.

<Applause>

<Black screen>

<Applause>

Announcer: dLife is proud to partner with Abbott Diabetes Care, makers of Freestyle Flash>

<Card: Freestyle logo>

Nicole Johnson Baker: With us now is John Griffin, a Texas attorney and person with diabetes who's an expert on your rights in the workplace.

<Shot of John Griffin>

Nicole Johnson Baker: Now, we want to know about some of the kinds of problems that people with diabetes run into.

<Card: John Griffin, Attorney and Legal Advocacy volunteer, American Diabetes Association>

John Griffin: Well, a good example, somebody walks into my office and they said, "I've can't drive my- my U.P.S. truck anymore because I use insulin." They've been using it for two or three years, and all of a sudden, they're out of a job.

Nicole Johnson Baker: And what are people to do about that?

<Card: To find out more about employment laws in your state, visit dLife.com or call 1-800-DIABETES>

John Griffin: Well, uh.. there are lots of resources. They can- they can call 1-800-DIABETES for the American Diabetes Association or they can uh.. get online, they can go to dLife and get the resources or get linked up to empower themselves to make sure they're treated fairly.

Nicole Johnson Baker: As a person with diabetes, what are you obligated to tell the em- potential employer or your employer about your condition?

John Griffith: All the employer really needs to know is whether the person can do the job. It is only after there's been an offer of a job does it become appropriate to ask someone about their medical condition, whether it be diabetes or any other condition.

Nicole Johnson Baker: At that point, what is the bottom line advice? Should they tell, should they not tell?

<Card: Because diabetes is not always a "visible" disability; many employers do not understand its nature and treatment.>

John Griffin: They should tell if they're offered the job, but not in a job interview or on an application because what we see sometimes are attitudes about diabetes that are 20 years behind the curve. People get the specter and fear of passing out or comas. And so we want to make sure people actually get offered a job first because they show they can do the job before doctors ought to be making the assessment of whether a person's diabetes would interfere with their ability to do the job or not.

Nicole Johnson Baker: Ironically, you were diagnosed with diabetes.

<Card: Symptoms of diabetes include increased thirst, excessive urination, fatigue, extreme hunger, unexplained weight loss, and irritability.>

John Griffin: Uh.. I woke up uh.. going to the bathroom and- and getting a lot of water. Uh.. and uh.. got a- a meter and it was 500 and something.

Nicole Johnson Baker: Oh, my gosh.

John Griffin: And I called my doctor and he says, "Oh, no, you need to not eat any more and come in first thing in the morning." So- and this was back in 1998.

Nicole Johnson Baker: Now, are things starting to turn around in the workplace? Are more employers understanding more of the- the real facts about this condition?

<Card: Several federal laws prohibit diabetes discrimination in the workplace.>

<Card: Employers may not discriminate in hiring, firing, discipline, pay or in any other term of employment based on diabetes.>

John Griffin: I think they are. I think it's a slow process, but walls are being knocked down and- and we in- in the American Diabetes Association are working on walls. Uh.. we've seen them in pilots, private pilot licenses, we've seen law enforcement. There used to be some blanket bans. Uh.. we're working on it to make sure there's no blanket bans for firefighters. They're coming one at a time and- and we're after them. And the Diabetes Association, we like to educate first, negotiate second, uh.. litigate third, and legislate fourth. And so we have a four-tiered process that we try to work through. At the end, these bans are gonna be knocked down because everybody's entitled to be judged on their- their own abilities and not on the diagnosis of their disease.

Nicole Johnson Baker: Exactly. And if people are having problems, they can always contact that number that you recommend for the 1-800-DIABETES?

John Griffin: That's right.

Nicole Johnson Baker: And get legal help.

John Griffin: That's right.

Nicole Johnson Baker: Well, we have some questions uh.. from our audience about these types of issues. J., who do you have?

<Shots of J. Anthony Brown with audience members>

J. Anthony Brown: Thank you, Nicole. I'm here with Michelle and you have a question.

Michelle: Yes. Uhm.. it's awkward sometimes to bring up the fact that I have diabetes and sometimes it's easier just not to tell. Is that okay?

John Griffin: It's definitely okay when you're applying for a job or filling out an application because it's not anybody's business whether you have diabetes, psoriasis, athlete's foot. It doesn't matter. The only thing that's important for the employer to know, are you able to perform the essential functions of that job? And if you are, you ought to have the job, whether you have diabetes or not.

J. Anthony Brown: I'm here with Bob.

Bob: Yes. Is there any occupation that people with diabetes should not be allowed to do?

John Griffin: I don't think so. I think that every position, if a person with diabetes is disciplined and can prove themselves able to perform the essential functions of that job, they ought to be able to do it. We've seen 'em fight in wars, we've seen 'em win the gold medal in Greece, the world's fastest swimmer. At the end of the day, we need to have everybody individually assessed no matter what job we're talking about.

<Card: Go to www.dlife.com/workrights to learn more about your rights in the workplace.>

<Various shots of foot being prepared>

Nicole Johnson Baker: Thank you so much, John. Uh.. we're so fortunate to have a person with diabetes in your position fighting the legal battles that we sometimes have to fight on behalf of individuals with diabetes. So for more information about rights in the workplace, you can go to dLife.com. Now, breakfast can be the toughest meal if you have diabetes. In a moment, we're going to give you some solutions to make it a meal you won't want to miss.>

<Card: dLife>

<Shot of Larry King>

<Card: Larry King hosts the first worldwide phone in television talk show...>

<Card: ...and does so while managing type 2 diabetes.>

<Applause>

Nicole Johnson Baker: Making a good breakfast is a great way to start the day, but lots of traditional breakfasts can be high in carbs, which makes diabetes management more difficult. So Chef Michel Nischan will help us tackle that morning meal in a couple of ways that will get you started right.

<Various shots of Michel Nischan preparing food>

<Card: When it comes to breakfast, try to skip the bread. One plain 4-ounce bagel has 60 grams of carbohydrates.>

<Card: OMELET FOR TWO Per Serving: 332 calories, 7g carbohydrates, 4g saturated fat 2g fiber 23g protein>

<Card: Other low-carb breakfast ideas include low-fat cheese sticks, soy and vegetable based sausage, and veggie quiche or frittatas.>

<Card: For more breakfast ideas, visit the dLife Recipe Box at www.dLife.com/recipebox.>

Michel Nischan: Breakfast, for many the most important meal of the day. For people with diabetes, sometimes the most challenging because so many breakfasts are so high in carbs, they really cause your glucose levels to skyrocket. I'm chef Michel Nischan and I have a great low-carb breakfast. Remember those insipid egg white omelets that are always watery? Well, here I have four egg whites and one whole egg. That's five whites, one egg. I'm gonna crack one more egg. This is an omelet for two. So in this entire batch of eggs, I have six whites, two yolks. Now here, check this out. Over here, I have some peppers, onions, mushrooms, all the things that I love sautéing in a pan with a little bit of canola oil. And then I'm gonna add my eggs, some fresh scallions, fresh cilantro, a little bit of salt and pepper. And then the trick to any good omelet is just stirring and scrambling all at the same time. I'm just gonna let this sit on a low fire to set, add a little bit of one of my favorites, low-fat mozzarella cheese, and then for the plate itself, I'm gonna garnish with some asparagus. I think this omelet is ready to rock and roll. See, you can look at this and you can see that unlike an egg white omelet, this is f- moist and fluffy without being watery at all. There you have it. Low-carb breakfast omelet that's great for anybody with diabetes or without.

Nicole Johnson Baker: Joining us now is registered dietician, Martha McKittrick. Welcome, Martha.

Martha McKittrick: Thank you, Nicole.

Nicole Johnson Baker: Now, what we want to know right away is why is breakfast so important?

<Card: Martha McKittrick, Registered Dietician>

Martha McKittrick: Breakfast is important because if you eat the wrong kind of breakfast or if you skip it totally, it can make controlling your blood sugar more difficult for the rest of the day, so you want to try and start off right, eat the right kind of breakfast. And also what a lot of people don't know is people who eat breakfast tend to consume fewer calories during the rest of the day, so it can actually make it easier for you to control your weight.

Nicole Johnson Baker: Well, that's a bonus. <Laughs>.

Martha McKittrick: Yes, it is.

Nicole Johnson Baker: Well, J. is in our audience ready with some questions. J., what do you have?

<Shots of J. Anthony Brown with audience members>

J. Anthony Brown: Thank you, Nicole. I'm here with Nancy. You have a question?

Nancy: Yes, I do. I'd like to know why in the morning after breakfast every day my blood glucose is high.

Martha McKittrick: That depends, Nancy. A lot of diabetics wake up with high blood sugar, so it could be that. And if your sugar is high before breakfast, it's gonna be high after breakfast. It could also be what you're having for breakfast. Most breakfast foods tend to be high carbohydrate when we think of the jumbo muffins or bagels that some of us might eat, or even a bowl of cereal with a banana could be 75 grams of carbohydrate. What do you eat for breakfast?

Nancy: Uh.. I usually have oatmeal cooked with blueberries.

<Card: Test blood sugar levels before and after meals to be sure they are in normal ranges. Test! Don't guess.>

Martha McKittrick: Okay. Oatmeal with blueberries, it sounds like a healthy breakfast, but it might be too high in carbohydrate for you. What I would suggest that you try is maybe one of these omelets that we've seen or a higher protein breakfast like cottage cheese and test after that breakfast to see does your body respond better to that breakfast versus the higher carbohydrate one.

Nancy: Okay. Thank you very much.

Martha McKittrick: You're welcome.

Nicole Johnson Baker: Martha, I have a question. What about people who just don't want to eat breakfast? What can they do?

Martha McKittrick: I would say plan. Stock up on healthy things, quick things you can grab on the run to take with you when the day starts.

<Card: Test Your dLife Diabetes IQ. Which of the following breakfast foods will generally cause the biggest and fastest blood glucose boost? a) Fried eggs and bacon, b) A cup of oatmeal, c) Buttermilk pancakes with syrup, d) A cheese and sausage omelet.>

Nicole Johnson Baker: So definitely try to have something. Well, thank you so much, Martha. Stay with us. We'll have more dLife back right here in just a moment, but first, today's dLife quiz. Which of the following breakfast foods will generally cause the biggest and fastest blood glucose boost? The answer after these messages.

<Applause>

<Black screen>

<Card: Test Your dLife Diabetes IQ. Which of the following breakfast foods will generally cause the biggest and fastest blood glucose boost? a) Fried eggs and bacon, b) A cup of oatmeal, c) Buttermilk pancakes with syrup, d) A cheese and sausage omelet.>

Nicole Johnson Baker: Before the break, we asked the dLife quiz question. Which breakfast foods will cause the biggest and fastest blood glucose boost? The answer is buttermilk pancakes with syrup will cause the biggest and fastest boost. So if you answered c, you got it right.

Mother Love: 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.

<Card: dLife TV 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 TV>

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: Life Med Media>

End of Episode #107