**SERIES**: Caucus: New Jersey with Steve Adubato
**TITLE**: Families in Focus: A Better Life for People Living with Diabetes
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Mr. ED LUDWIG (President and CEO, BD): Diabetes affects nearly 21 million adults in the United States today. I'm Ed Ludwig, president and CEO of BD. At BD we're committed to providing the best possible care to people with diabetes. That's why we're proud to support educational programs like this one, helping all people live healthy lives.

STEVE ADUBATO, host:

Taking control of your diabetes, next on CAUCUS: NEW JERSEY.

Announcer: Funding for this edition of CAUCUS: NEW JERSEY has been provided by BD, helping all people live healthy lives; The Russell Berrie Foundation; ShopRite, committed to giving back to the communities we serve, that's why we say, `This is your neighborhood, this is your ShopRite'; The PNC Foundation, the charitable arm of the PNC Financial Services Group, which provides financial services and advice to help you get what you want from life, easy as PNC; and PSE&G.

(Opening sequence)

Ms. PHYLLIS LAWLESS: I was first diagnosed when I was 16, and I remember sitting in class, I was in high school, and I was constantly thirsty, no matter what I had to drink. And at dinner I would drink a big 64 ounce bottle of soda, and my mom noticed that right away, that there was something wrong.

Reporter: What was wrong was that Phyllis Lawless had diabetes, an elevation of the blood sugars in the body. And she's not alone. It's a disease that currently affects over 20 million Americans.

Ms. LAWLESS: When I was diagnosed, I thought about the different options that I had. I knew it was something that could be controlled. There was a lot of information and a lot of technology involved with diabetes, so I kind of chose the path to take care of myself and not have complications.

Reporter: But after almost 30 years of keeping her disease under control, things started to change.

Ms. LAWLESS: I wasn't feeling that well, I was very tired in the morning. The blood sugars are not in the range where you'd like them to be. My vision is blurrier. I also feel shaky and have a sense of confusion.

Reporter: That's when Phyllis decided to enroll in BD's diabetes makeover program.

Mr. HARVEY L. KATZEFF, MD (Medical Director): The diabetes makeover is a program to give diabetic individuals the tools they need to control their blood sugar. It consists of a program of a endocrinologist to help with medications, a nurse educator to go over adherence, a dietician to help with nutritional counseling, an exercise physiologist to help with physical activity, and an organizer to help them incorporate all of these changes into their lifestyle.

Reporter: It's the same sort of team that helped Olympic swimmer and diabetic Gary Hall.

Mr. GARY HALL (Olympic Swimmer): This team, this support team really helped me get my diabetes under control and allowed me to get back into the pool, start my training again, make it to the Olympics and win six more medals.

Reporter: And the team began to work their magic on Phyllis as well.

Mr. PAUL FRICKMAN (Exercise Physiologist): All right.

Ms. LAWLESS: OK.

Mr. FRICKMAN: Let's get you going.

My function within the team is to design a individualized exercise program for each person in the makeover. So I design their program, I follow up with them to make sure that they're keeping on track, making kind of adjustments that they need, you know, make sure that they're monitoring their blood sugars before and after they exercise. And if they have any physical issues concerning their exercise, kind of adjust it accordingly.

(To Phyllis) And then you push straight up, don't lock your elbows, and go back nice and slow, control the weight.

Ms. LAWLESS: The exercise physiologist helped me get over my fears of exercising if I was alone, because I was worried about going low and passing out if no one was around. So he helped me find an opportune time to exercise where I would have the least of a chance of going low.

Reporter: Phyllis is also learning how to eat better. She now reads the labels on all of her foods and counts carbohydrates and fats instead of focusing solely on sugars.

Ms. LAWLESS: When I started following her suggestions, my blood sugars were better. I had a lot more energy. I didn't have stomach aches.

Reporter: And she's learning how to better organize her time.

Ms. LAWLESS: The organizer helped me immensely. Always make lists for myself, I have a calendar in my kitchen and everything that needs to get done that day, appointments and everything's pretty much on that calendar.

I'm a mom, I'm a wife, I'm a homemaker, I--I work. But I need to put my diabetes first all the time, because if I don't make the time for that to be my priority, everything else is not going to fall into place.

Reporter: But living with diabetes is a life-long challenge. Phyllis will always be dependent on insulin. And she will always have to check her blood sugar levels, at least four to five times a day. So it helps to have some outside encouragement.

Dr. KATZEFF: We follow up on a weekly basis, asking them to send us blood sugar reports and dealing with them either through e-mail or phone, and--and following up. And in 2 months we repeat some of the blood work to see if the average blood sugar has improved.

Mr. HALL: Diabetes is not the end, and hopefully what I have set through example shows others that if I can go out and participate and compete against and beat the best athletes in the world, then certainly diabetes shouldn't prevent you from living your own dreams.

Mr. FRICKMAN: OK, let's get you on the scale. OK.

Reporter: At the end of Phyllis' eight week makeover, not only had her sugars improved, but she'd also lost both pounds and inches. But more importantly, she felt that she was back on track.

Ms. LAWLESS: The most important thing I've learned during the makeover was really to focus on my diabetes again, and to take control and to realize that it is something that I have control over, with the help of these professionals, that you can live a very normal life, and a very long life, if you take care of yourself.

ADUBATO: Welcome to FAMILIES IN FOCUS, a very special CAUCUS series looking at the many challenges and pressures facing the modern American family. I'm Steve Adubato.

Joining me here in the studio to talk more about what patients and their families can do to find the tools to good diabetes treatment are: Dr. Sharon Selinger, chief of the endocrine section at Overlook Hospital, which is part of the Atlantic Health System. Next, joined by Edgar Obregon, who is living with diabetes. Edgar is a participant in the BD diabetes makeover program. Bill King, a running coach who was been living with diabetes for 21 years. Bill is also on the board of the Diabetes and Exercise Sports Association. Jennifer Myers, a dietician at the St. Barnabas Ambulatory Care Center in Livingston, New Jersey. And finally, Andrea Zaldivar is clinical director at the North General Diagnostic and Treatment Center in New York City.

I want to thank all of you for joining us.

Now we saw Phyllis in--in the program, and also Gary Hall, what a great spokesperson he is. Gary is very inspirational for a lot of people, is he not?

Ms. ANDREA ZALDIVAR, MS, ANP, CDE (Clinical Director): Most definitely, and he's so warm and, you know, personable. That's one of the things that the other participants really found out about him. And just the challenges that he had and how he kept going, it's really inspiring.

ADUBATO: As people--but as people watch Gary, you know, they say wow, an Olympic, you know, athlete, all these gold medals. What message should it really send people? I mean because they say well that's him, and he's special, and Olympic athletes are really special. But there's more to it than that, isn't there?

Dr. SHARON SELINGER, MD, FACE (Endocrinologist, Overlook Hospital): Well, I think when you set your goals, and you work hard at them, almost anything can be accomplished. And we have to say that.

ADUBATO: But also, you have Phyllis here, who's doing well. Right? Was in the program for how long?

Mr. EDGAR OBREGON ("Diabetes Makeover" Participant): I think the program was

11 weeks for me, and...

ADUBATO: Eleven for you.

Mr. OBREGON: Eleven weeks for me, yes.

ADUBATO: What was it like before, and what was it like after?

Mr. OBREGON: I've been a diabetic for the last 2 years. I was diagnosed with diabetes, type 2, in August of 2004. I have been extremely lucky to participate in the program that has really motivated me and given me the tools to change the way I do things--the way I eat, exercise program, Motivational. I mean, Gary Hall and the other group are the angels that have helped me, has really changed...

ADUBATO: Angels?

Mr. OBREGON: Yes. They're--these people are truly angels in my--in my mind.

ADUBATO: Why?

Mr. OBREGON: They have helped me; they have really motivated me. Gary Hall and I spent a lot of hours together doing different interviews, and I was able to hear from him how--how difficult it is sometimes, but it is worth it checking your sugars and--and eating well and exercising. And the payoff of diabetes--controlling your diabetes is--is awesome.

ADUBATO: What is it?

Mr. OBREGON: I have--I had my father, who just passed away last December...

ADUBATO: He had diabetes?

Mr. OBREGON: He had diabetes for over 15 years, and my mother is also a diabetic, but she takes very well--very good care of herself. So at home I was able to see the sun and the moon, which is what I always tell people. I was able to see how my mother took her medications, how she controlled the way she ate, how she exercised. And with a very little, limited amount of information that she had, she's able to live a long life.

My father, on the--on the other side, had no control, refused to take medications, did not want to--had lost the motivation or the desire to do things, and that just gave him a lot--a lot of problems. I mean, my father had a heart attack because I think the--the lack of control. My father also had--suffered for four years going to a dialysis center, which is--if anybody has never seen a dialysis center, it's--it's one of the worst places you want to be.

ADUBATO: Why?

Mr. OBREGON: It's--the smell. I mean, they're there, they're poking you, they're putting needles in your arms, and your--and your legs, they're putting grafts all over your hands. And it's not fun. After that, my father, they amputated his leg, and you know, he--about a year and a half ago, and they were getting--getting ready to amputate his second leg because of the lack control of diabetes. And unfortunately--or fortunately, God decided to--that it was enough for him, and he, you know, he passed away.

ADUBATO: And clearly that sent a powerful message to you.

Mr. OBREGON: Absolutely.

ADUBATO: And hopefully it'll send a powerful message to everyone watching right now.

And this program, part of our FAMILIES IN FOCUS series, you will see information, our Web site as well as a telephone number on the screen. That is for our FAMILIES IN FOCUS resource guide, and I assure you that if you reach out, whether it's online or through the telephone number, the BD diabetes makeover manual will be listed in there as well.

And--and Bill, had a tremendous impact on you. Talk about your diabetes--21 years.

Mr. BILL KING (Living with Diabetes): Twenty-one years with type one diabetes, and I, unlike a majority of people who are diagnosed with this autoimmune disease, type 1 diabetes, I was diagnosed in my young adult life at the age of 24.

ADUBATO: Bill, before they--we go any further, let's clarify type 1 and type 2.

Mr. KING: Sure.

ADUBATO: The vast majority of people have type 2.

Mr. KING: Overwhelming, almost 90--over 90 percent of people who have diabetes have been diagnosed with it, or have it and don't--have and not yet been diagnosed with it.

ADUBATO: And you have type...

Mr. KING: I have type 1, which is my body's own immune system have destroyed the cells that make insulin, the islet cells in the pancreas.

ADUBATO: Describe your life, then.

Mr. KING: Well, I mean, it totally changes every aspect of your life, and I think one of the problems with how people deal with it and cope with it is they don't quite understand out of the gate how invasive, and how self-controlling this disease is in order to take control of it and stay on top of it. You have to really--when you look at the difference between someone who does really well...

ADUBATO: Right.

Mr. KING: ...compared to somebody who--who fails miserably, you find the same components: great knowledge, great belief in yourself. One of the things we try to encourage people to--to live like Gary Hall and other successful people with diabetes is to look in the mirror at yourself and believe that you can succeed.

ADUBATO: But you can't do it alone.

Andrea, talk about this a little bit. Talk about this team approach.

Ms. ZALDIVAR: Most definitely. And--and I was actually thinking about Gary Hall, because Gary Hall has shared this with us, that he couldn't have done it without his endocrinologist, his nurse educator, the nutri...

ADUBATO: As strong as he is.

Ms. ZALDIVAR: Definitely. And as affluent as he is, also. You know, I think that's another point that we have to sort of bring out here. Gary Hall, and he admits this and acknowledges this, that he has the resources to get any team he wants. That's why he found this makeover so interesting, because it was all different types of people, from all different walks of life brought together, and we provided them with the resources and the team approach.

Going back to what you were saying, I--my patients--the majority of my patients are type 2 patients. And they lead very hectic lives, you know, and deal with all deal with all different types of issues. But the mere fact that they're in my office shows me that they're motivated. And we have to sort of give them the resources, and they're--they really want to take care of themselves, you know?

ADUBATO: Sure.

Ms. ZALDIVAR: I hear all these statistics about different ethnic groups and different groups in general, saying, you know, they don't want to take care of themselves, you know, they're whatever.

ADUBATO: "They" don't want to.

Ms. ZALDIVAR: Right. It's always the other--and, but I disagree. You know, we just have to give them the right tools, the right support. And diabetes isn't something you can take care of yourself, by yourself.

ADUBATO: Go ahead, doctor, and then I'm going to give Jennifer a minute.

Dr. SELINGER: I think people who've had relatives suffer complications of diabetes are almost paralyzed with the fear...

ADUBATO: Yes.

Dr. SELINGER: ...when they first have the onset of diabetes.

ADUBATO: What do most people think?

Dr. SELINGER: They think, `I have diabetes? I'm going to lose my leg. I'm going to go blind. I'm not going to be able to do things. I'm going to die early.' And when that's the information--and it's myth; it's just not true, but this was a lot of what they've seen before--and--and what happens is first it almost paralyzes them. And then what we have to get out to people is that we have studies, we have information that we didn't have 30 years ago. And in today's world, in 2006, we have information that tells us if you follow certain guidelines and you control your sugar, you will not follow in the footsteps of your relatives who had complications.

ADUBATO: Well, let's do this, because one of the things we're doing with--with this program, with this series, with our resource information,

whether it's on--through the telephone number on your screen or the Web site, is to try to go at these myths. What really is not true, these misconceptions that a lot of people have.

Jennifer, let me ask you, in the way that you approach this is a very important piece.

Ms. JENNIFER MEYERS, MS, RD, CDE (Dietitian): Yeah. Right.

ADUBATO: Talk about some other misconceptions that we can clarify right now.

Ms. MEYERS: Sure. I try and take the whole nutrition perspective from a lifestyle approach. I try and understand, like, the person that comes into my office, I want to know what's happening in their life. What is their schedule like? What are they eating for breakfast? What are they doing for lunch? What are they doing for dinner?

ADUBATO: Why does that matter?

Ms. MEYERS: Because then I see where their sugars are starting at, and I see where we could bring it to. So I could say, you know, if you're starting out your--your--your morning and maybe you're skipping breakfast entirely, but you're taking a medication, that's not a good thing to do, especially if you have diabetes.

ADUBATO: That's not a good thing.

Ms. MEYERS: Not a good thing to do, because they could go very low. They're constantly balancing their--their sugars--their blood sugars with their food. Their food is a very important component of that. So I want to give them a breakfast. And I want to give them a good breakfast. If they're running out the door, and they can't have, like, something like a banana and maybe a--a slice of bread with some peanut butter on it, that's like a quick thing to run out the door. I would say, you know, I'd rather you go and you have a meal replacement bar with--with the balanced nutrition in it, and you're having something to balance off your--you know, to balance off your medication, and your--and your lifestyle. So I...

ADUBATO: So--so I want to be clear, I'll come back to you. The myth here--because, again, we're going to identify some of these myths and misconceptions and try to help clarify them--is one of the myths that I can't really do much about it. If I get diagnosed, well, you know, it's pretty much out of my hands. Is it? That's a myth.

Dr. SELINGER: That's totally...

Ms. ZALDIVAR: It's certainly a myth. Going to a nutrition myth that I hear often from my patients is that I have diabetes because I ate too many sweets as a child.

Dr. SELINGER: Right. I hear that all the time.

ADUBATO: Yes.

Ms. ZALDIVAR: And I still eat too many sweets, and I'll give them up, you know, and--or they start blaming themselves, and that's definitely a myth. And we hear that all the time.

ADUBATO: What's the truth?

Ms. ZALDIVAR: The truth is that perhaps eating all those sweets made them obese, maybe that's--and then, you know...

ADUBATO: Which contributed to?

Ms. ZALDIVAR: To their type 2 diabetes, it's sort of the trigger, it could have been the trigger.

ADUBATO: What are some of the other risk factors, other than obesity? I see you wanting to jump back in.

Mr. KING: The--the reality, Steve, for many people living with diabetes is they're overwhelmed with guilt, and they don't have access to the--the necessary resources of education and care.

ADUBATO: Why guilt?

Mr. KING: Guilt, because they have an expectation level of performance with this condition, and they reinforce their testing and failure based on the number that comes up on the meter.

ADUBATO: I've failed if what?

Mr. KING: If my number's not in the target range.

ADUBATO: What--that's myth.

Mr. KING: That is the myth, absolutely.

Dr. SELINGER: That is myth.

Mr. KING: Because we all have a variety of numbers, high and low, because we have a condition called diabetes.

ADUBATO: Depending upon a lot of factors.

By the way, why are you smiling right now?

Mr. OBREGON: No, because I--I exactly what Bill is saying. Sometimes a person who is a diabetic who sees that he's trying very hard--I mean, this has happened to me. You look at a glucose early in the morning and it's not what you'd like to see, so you feel like, oh, I'm trying hard, but why is it not coming down? What am I doing wrong? So if you--if you are--you say I'm not going to do anything else, I'm just going to eat whatever I want, I'm not going do this...

ADUBATO: It doesn't matter, I did all the right things and look at my numbers.

Mr. OBREGON: Right.

ADUBATO: What's wrong with that?

Dr. SELINGER: But you don't have to be at target. What's wrong with that

is--I mean, let--let me rephrase that. Yes, we want everyone to aim for the target. But what's important is I'll see people come into the office who are so far off of the target that just getting them halfway to target, we've done dramatic things...

ADUBATO: Yes.

Dr. SELINGER: ...to reduce their risk for coronary artery disease, strokes, blindness, dialysis, amputation. So even if you're closer to target than you were when you started, you're doing OK. And when--I do see patients who kind of are really frustrated, because this is not an exact science. We know a lot, and then there are going to be days where you do everything you think you needed to do, and that number just doesn't hit target, and you're ready to throw your machine against the wall, or some of my patients--I've had one guy make up a number.

ADUBATO: He made up the number.

Dr. SELINGER: Yeah, he just came in and made up a number.

Mr. KING: Yeah, I--I--we've seen that. And believe me, I've been on the other side of the fence where I thought I knew it all, and I was in--in the cocoon stage.

ADUBATO: What do you mean you thought you knew it all?

Mr. KING: Well, I thought I was doing everything I could do.

ADUBATO: You were also a very serious runner for a lot of years.

Mr. KING: I've been a runner, even before I had diabetes I was a marathon--elite marathon runner. My father was an elite marathon runner. So I was raised in a family of athletes, which is one of the messages that I think is--should be broadcast loud is I'm not an athlete because I can run a marathon, I'm an athlete because it starts in here. I believe in myself as someone who engages in activity and exercise.

ADUBATO: But clearly, diabetes has not stopped you from continuing to be an elite marathon runner.

Mr. KING: Absolutely. And there's challenges. It's much more difficult, but learning how to deal with it comes from a willingness to turn the light on in my messy room, and try to clean up some of the things that I took for granted.

ADUBATO: Such as?

Mr. KING: Lying about my numbers, just as--as was reported here.

ADUBATO: You did?

Mr. KING: Sure. Sitting in the waiting room, one of the things your clinician wants to see from you is records--record keeping. And if you're not coming to them with all the data collection that's necessary for them to make accurate adjustments for your care, then you don't want that to happen, because it's confrontation. Many people ride under the line of doing what they need to do and build up walls around them, and they only have to have

clarity when they sit in front of their health care team and say you know, I didn't bring my numbers because I left them home, or they're in the waiting room filling in--in--in the blanks. Because they don't want to expose themselves, and live with more guilt.

ADUBATO: Well then what happens at that point?

Mr. KING: The...

ADUBATO: By the way, do you see that as well in your work?

Ms. MEYERS: Well, I--I think--yeah, and I think you want to try and take a whole team approach, I think you want to try and explain to the person that, you know, having that bad number is not their fault. It's just the information that you need, yourself, to say OK, what--what--what was happening in my life at that time? What'd I eat for lunch? Did I maybe eat too much for lunch that day? My--or maybe it's a pattern. Maybe every day 2 hours after lunch my number's always high. I need to talk with--to my team and talk to my doctor and say can--can there be an adjustment to my medication to help me with this?

ADUBATO: How much work are we talking about here? I mean...

Mr. KING: It takes courage. It takes courage.

ADUBATO: It takes courage, it takes...

Ms. MEYERS: It does take a lot of work.

ADUBATO: It takes discipline, it takes hard work, it takes...

Mr. KING: Belief.

ADUBATO: And help.

Ms. MEYERS: One way I see it, maybe different--I'm sorry--is--is that I think you feel like for the person that has the diabetes, I think that they're in a little more control as compared to some other illnesses, because they can see first-hand...

Dr. SELINGER: Absolutely.

Ms. MEYERS: ...this is the--this is the changes I'm making in my life, these are the things I'm doing, and this is the result.

ADUBATO: This is the payoff.

Ms. MEYERS: And the result--yes. And if the result is bad, then I need to talk to my team, and I need to see what can I do about it? Because in the long term, as you saw from your parents, the one that did the--the right thing about it is living--your mother is living a long life. And your father...

ADUBATO: Treatment, it matters.

Mr. OBREGON: Yep.

Ms. MEYERS: Right. Your father, who was not--didn't bring the whole team in, was ignoring a lot of the things, all those bad complications happen to them. So it's rewarding.

ADUBATO: Andrea:

Ms. ZALDIVAR: One of the other myths is that the number that you have in the morning, or your glucose that you have in the morning is the number you're going to have throughout the whole day. I have many patients, and again my population is type 2, so it's a little bit different, but that don't finger stick like often, because they say, you know, I checked myself this morning...

ADUBATO: Clarify that for folks.

Ms. ZALDIVAR: Your--your--your glucose constantly changes. You know, if I were to check it now it'd be one number, wait 10 minutes it's a different number. So we can't assume that if you're in control in the morning that you're going to be in control throughout the whole day. But we often, as educators, and I include myself in this, forget to share that point with our patients. We just tell them that we need them to check themselves four times a day, not really giving them the information that, you know, that indeed the numbers are going to change.

ADUBATO: Let me do this. I'll get you back in, Bill, but I want to clarify something. For folks watching this FAMILIES IN FOCUS, the very special--this very special FAMILIES IN FOCUS series, looking at diabetes and what you can do to help yourself, you're going to see 2 things: one is a full screen graphic with our telephone number, I promise we will send--we will send a resource guide in six to eight weeks. But also our online resource guide, which is being done in cooperation as well with--with our friends at BD, the BD makeover--diabetes makeover will be on there, as well as other information.

But one of the things that's--that my producers are telling me in my ear that we're not clarifying, and I take responsibility for it, the risk factors. We're not being clear enough about what the risk factors are.

Doctor, what are the primary risk factors?

Dr. SELINGER: Well, we're going to talk about 2 different types of diabetes, and let's clarify that also.

ADUBATO: Sure.

Dr. SELINGER: Diabetes, we're talking about a disorder where insulin isn't produced, or it is produced but we're not sensitive to it. So...

ADUBATO: We're not sensitive to it.

Dr. SELINGER: Right. And so let's talk about the lack of insulin, and that really we're talking about type 1 diabetes, which we've talked a little bit about.

ADUBATO: Which Bill has.

Dr. SELINGER: Right.

Mr. KING: Right.

Dr. SELINGER: And the type 2 diabetes is a situation where insulin is produced, but the body doesn't sense it normally.

ADUBATO: That's what Edgar has.

Mr. OBREGON: Right.

Dr. SELINGER: Right.

ADUBATO: Gotcha. Go ahead.

Dr. SELINGER: And as we're talking about diabetes and risk factors, as Edgar was discussing, clearly, if you come from a family where both your parents, your aunts, your uncles have in their older years developed diabetes--and typically that's what we talked about, and it used to have the name adult-onset diabetes--we--and now we're calling it type 2--you're at risk, OK? So that's one big issue. And so that means that there are families that are at risk because of this...

ADUBATO: It could be a family issue.

Dr. SELINGER: It could be a family issue. It could be an issue in certain populations.

ADUBATO: Is there--is there a higher propensity, a higher chance for those who are African-American and Latino...

Dr. SELINGER: Yes.

ADUBATO: ...to have diabetes? There is?

Dr. SELINGER: Yes.

ADUBATO: Do we know the reason or reasons for that?

Dr. SELINGER: Some genetic markers.

ADUBATO: Is some diet?

Ms. MEYERS: I think...

Dr. SELINGER: A combination of environment...

Mr. KING: Lifestyle.

Dr. SELINGER: ...and your risk, OK?

ADUBATO: OK, go ahead, keep going.

Dr. SELINGER: So environment and risk put together can bring this issue out. So in terms of your risk factors, those are some of the biggies. In terms of the type 1 diabetes, a little less as--of an issue when it comes to direct family members, but certainly we heard that it's an autoimmune disorder, so other autoimmune disorders are often associated with it--disorders of the thyroid, other autoimmune disorders.

ADUBATO: Juvenile diabetes, which is not an expression or term we use anymore, correct?

Dr. SELINGER: Correct.

Ms. ZALDIVAR: It's type 1.

Dr. SELINGER: It's type 1.

Mr. KING: Type 1.

ADUBATO: Type 1.

Dr. SELINGER: Right.

ADUBATO: Is it harder to treat those kids who have diabetes than it is dealing--we're talking about adults right now. Is it harder?

Dr. SELINGER: It's different kind of treatment. A type 1 diabetic will only be treated with insulin. They're lacking insulin; they need insulin. So, in that sense, we're talking about injections of insulin, at least up until today we're talking about injections. There's just been the approval of inhaled insulin, so we're get...

ADUBATO: Inhaled insulin.

Dr. SELINGER: Inhaled insulin. It's coming, it's been approved by the FDA, one company has it on the market.

ADUBATO: So this is huge.

Dr. SELINGER: Big deal.

ADUBATO: What's it going to mean?

Dr. SELINGER: It may modify for sure how many injections a type 1 diabetic needs to take during the course of the day.

ADUBATO: Which then in terms of compliance could have an impact, correct?

Dr. SELINGER: Could have an impact.

ADUBATO: Jump back in.

Mr. KING: I'm on an insulin pump, too, which in the last 10 to 15 years have really come more into...

ADUBATO: Describe it.

Mr. KING: ...into vogue. It's a small beeper-sized device that delivers every three minute...

ADUBATO: You don't have it on now.

Mr. KING: Yes.

ADUBATO: Oh, you do?

Mr. KING:  Yeah, mm-hmm.

ADUBATO:  If you don't mind.

Dr. SELINGER:  It's a subcutaneous infusion.

ADUBATO:  Can you guys get a shot of this?  Bill King's--what is it called?

Mr. KING:  It's an insulin pump.

Dr. SELINGER:  It's an insulin infusion pump.

Mr. KING:  Insulin infusion pump.

ADUBATO:  Do you control it?

Mr. KING:  Yes, you program it with your health care team, on a background insulin need, so it gives you a small pulse of insulin, mimicking the pancreatic release of insulin for your non-coverage of food insulin.  Your liver's always making sugar available; you need insulin all the time to make use of that sugar.

ADUBATO:  So you don't have to do anything once it's programmed.

Mr. KING:  No, that's a misconception that we'll clear up right away. Because you do have to aggressively check your blood sugar to know that you are safe...

ADUBATO:  OK.

Mr. KING:  ...and--and on par.  And you have to obviously know what food you're eating, just like you do with injections.

ADUBATO:  Right.

Mr. KING:  You have to cover the carbohydrate content of the food accurately.

Dr. SELINGER:  Right.

ADUBATO:  Jump back in.

Dr. SELINGER:  It doesn't remove the thinking about what you have to do yet, meaning that be--in the normal situation, your pan--you're not aware of what your pancreas is doing.  Your pan--you part--your body senses what your blood sugar is, you eat a meal and insulin is secreted and you don't have to think about any of that.

ADUBATO:  Right.

Dr. SELINGER:  In the setting of an insulin pump, right now our technology is such that you have to check your finger still with the meter, get the number, and then tell this pump what it is you need for an infusion.  So we're not yet into what they call a closed loop setting, but there are sensors out there that are going to start talking to the pump, and we're almost there.

ADUBATO:  Let--let's take a step back.  We'll continue to talk about

treatment, but I just want to get a sense of the scope of the problem, and I'm not sure I've really done that. Some numbers--and by the way, The New York Times recently, and we will, in fact, include this--I see a lot of you shaking your heads, because you--you saw this piece. We will include the online version of The New York Times article in our online resource guide. And they called it an epidemic.

Ms. ZALDIVAR: Yes.

Dr. SELINGER: It is.

ADUBATO: Too strong a word?

Ms. ZALDIVAR: Oh no, no.

Mr. KING: Tsunami.

Ms. ZALDIVAR: It's not, most definitely. You know, my father has diabetes, and he goes to church and he exercises--like he's a mall walker, he goes in the mall before they open, and he said, `You know, it's amazing, there's so many people with diabetes,' you know, it...

ADUBATO: How does he know?

Ms. ZALDIVAR: Because he starts a dialogue. I think he starts a dialogue about me, you know, his daughter who works in diabetes, and then, you know, `I have diabetes,' and then my father sort of shares, `I have diabetes, too.' And So initially I think maybe a few years past we didn't talk about it as much, but more and more people are realizing that diabetes has certainly touched their lives.

ADUBATO: Wait a minute. Are more and more people getting diabetes, or are more and more people being diagnosed?

Dr. SELINGER: No, more and more are getting diabetes.

ADUBATO: More and more are getting it. It's not simply a question of diagnoses and detection.

Dr. SELINGER: Throughout the world. Right. As--as we change our lifestyles or have--have changed our lifestyles to be more sedentary, and as we've gotten larger over time, there is an increase--as our body mass index increases, there's a definite increase in the incidence of diabetes.

ADUBATO: So we go back to the risk factor issue. You've got genetics to play to some extent.

Dr. SELINGER: That's an alarm.

ADUBATO: You've got the body mass index that you talked about. By the way--and you say sugar--excuse me--the amount of sugar intake not a risk factor?

Ms. MEYERS: No. I think it--I think it's really just the weight, and sugar is what we call empty calories, so basically if you're eating a lot of these calories with no nutrition, that's what empty calories means, there's no vitamins in sugar.

ADUBATO: Right. Soda.

Ms. MEYERS: You're not getting any health benefits. Your weight's climbing and climbing and climbing, they're having soda, right. They're having all the sweets, they're having all that kind of stuff. It's empty calories without the nutrition, the weight's going up, going up, the body's getting tired of--of processing all this food. That's, you know, kind of a simplified way of saying it, and the body finally gives out and says, `I can't handle this anymore. I need help.' And you get diagnosed with the diabetes.

ADUBATO: Let me be clear. We actually just did another program in this series--excuse me--on childhood obesity. If we had continued that discussion, and I think you were out in the green room listening to the conversation.

Ms. MEYERS: Right.

ADUBATO: If we had continued that discussion and said OK, where will this epidemic of childhood--kids being overweight and also being obese--where will it lead to? If we continued it, at some point Edgar, we'd be talking about diabetes...

Mr. OBREGON: Diabetes.

Ms. MEYERS: Yes.

ADUBATO: ...for some of these kids.

Dr. SELINGER: Well, we're already talking about it.

ADUBATO: We're talking about it now. Get back to you.

Mr. OBREGON: It's one of the things, that I'm extremely happy that I'm part of this panel, because I think they need to give so much information out to the public. People--if I would have listened to this program that you just filmed an hour ago, I would have been--20 years ago--I would not be in this situation.

ADUBATO: How so?

Mr. OBREGON: Because what happens here in the United States, people tend to overeat. We don't exercise as properly, and we just don't care. You know, a lot of people--a lot of people that are that figure, I'm including myself, four or five years ago, I knew that my parents both had diabetes. I worked in a chemistry setting so I could check my blood every single day if I want to. And what I was doing, I was actually denying that I was going through that. But I--but I hit the wall. I had a sugar of 700 at one point in the lab, and...

ADUBATO: What does that mean?

Mr. OBREGON: Normal--normal sugar--a normal individual's sugar fasting should be between 70 and 110 milligrams per deciliter.

ADUBATO: You were seven...

Mr. OBREGON: I had 700 sugar.

ADUBATO: ...seven times that, plus.

Mr. OBREGON: Yes. And--and I was walking. And I was very fortunate, because a lot of people when your sugar goes above 350 in a hospital setting, they consider critically high. And this is when they have to do some intervention. I...

ADUBATO: What was going on with you?

Mr. OBREGON: I was--I guess I was in denial. I was...

ADUBATO: But physically, what were you feeling?

Mr. OBREGON: Nothing. I...

Dr. SELINGER: Not much.

Ms. ZALDIVAR: Going to the bathroom a lot?

Ms. MEYERS: He's type 2.

ADUBATO: Were you going to the bathroom a lot?

Mr. OBREGON: Yeah--oh, I had the symp--the symptoms of a diabetic, or pre-diabetic is you go to the bathroom constantly. And then you're thirsty, extremely thirsty. I was waking up at 3:00 in the morning and drinking big jugs of water, and it was in the summer, in September, and, you know, I kept saying oh, you know, it's--it's the summer, and I have central air so my house is always 70 degrees, and I kept drinking, and I, you know, didn't say anything to my wife, who was, you know, laying and--and I figure I'm just going to keep it quiet.

ADUBATO: Excuse me. Were you thinking, Edgar, wait a minute...

Mr. OBREGON: No.

ADUBATO: ...this is the sign both of my parents have diabetes...

Mr. OBREGON: Yes.

ADUBATO: ...I need to get this dealt with. You did not say that?

Mr. OBREGON: No. I, unfortunately, you know, like I said, it's most people say, no, it's not going to happen to me. And you just ignore it. You try to put it, you know, try to...

ADUBATO: So what happened to you? Because you wound up in the BD, you know, diabetes makeover program.

Mr. OBREGON: Yes, yeah.

ADUBATO: What was it for you?

Mr. OBREGON: It's--it is--I wish that there were more BD diabetes makeover programs, I wish that there were more informational programs like this so people that are in their 20s, people that are in their 30s do not get

diabetes, or do not get...

ADUBATO: What did it for you? What was the trigger?

Mr. OBREGON: I saw my parent--I saw my father suffer, and, like I said is I would look at him, I was like--in a dialysis center--I said, `I don't want to be like him. I really don't want to end up like him.'

ADUBATO: That's what it was.

Mr. OBREGON: Yes, and, like I said, if any individual who has diabetes right now, or--or is...

ADUBATO: What would you say to them right now?

Mr. OBREGON: I would say, `Wake up, smell the'--I mean, there's a lot of information out there right now. Technology has really changed and helped diabetes of individuals who are--who think that they may be healthy. If you are--if you are 10 pounds overweight, I will--I will tell you, get on--get on that track and start losing those weight--those pounds.

Ms. MEYERS: And sometimes...

ADUBATO: Makes a big difference.

Dr. SELINGER: In an ideal situation, what I want to say is that if you know that you come from a family like this, don't wait for symptoms.

Mr. KING: Yeah, absolutely.

Dr. SELINGER: It's time to deal with the children in these families, and...

ADUBATO: The children.

Dr. SELINGER: The children. And let's make sure...

Mr. KING: It's a family issue.

Dr. SELINGER: It's a family issue. But let's make sure that the kids are starting with lifestyles that include activity, that include a sense of good nutrition. You know, by the time you get these symptoms, you've really been having an issue with metabolic control probably for years.

ADUBATO: But wait a minute. Before we got on the air--I'm going to come back to you, Andrea--before we got on the air, you said quote: "It's never too late." You said this, so I'm thinking to myself say someone watching is saying, well, I've had it forever, and I've never really dealt with it, so what's the difference now?

Ms. ZALDIVAR: The difference is if we get your blood sugar average to be 1 percent better than what it is today, we're decreasing your risk for blindness, heart disease, stroke, in dramatic numbers.

ADUBATO: Jump back in.

Mr. KING: There's a state by state research done looking at the burden of diabetes in each state, and how are we doing...

ADUBATO: The burden of diabetes.

Mr. KING: The burden of diabetes, both from an economic and a socio-process of how are we caring for people who are diagnosed in each state. And in especially the Northeast states, we're doing a very poor job of dealing with people after diagnosis and getting them the educational resources they need, and getting them the care to prevent these complications that we hear so much about. So this type of encouragement to do more at every level...

ADUBATO: Right.

Mr. KING: ...medicine and care for people with diabetes is so, so very important.

ADUBATO: Andrea, let me ask you to do this. I'm looking at the BD diabetes makeover manual. Very nice picture of you in here under the section of knowledge.

.JN
(Graphic on screen)

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Ms. ZALDIVAR: Oh.

ADUBATO: Here's what I--I'm curious about: clearly a team approach. The mental health piece of this, talk about it.

Ms. ZALDIVAR: You know, there's a very high correlation between people who have diabetes and depression. And there's some studies out there that are looking what comes first, depression or diabetes, or diabetes then depression. So there's a very high correlation with that.

ADUBATO: And by the way, Bill experienced it to a significant degree. I'll come back to you.

Mr. KING: Yes.

ADUBATO: Go ahead.

Ms. ZALDIVAR: So you can't deny the--the emotional component. Going back to--in tying this in--going back to Edgar sort of denying his symptoms, I had a similar situation with my dad. I came home one weekend to visit, and my father kept running to go to the bathroom.

ADUBATO: You were--now you're already a professional dealing with the issue.

Ms. ZALDIVAR: Right. And they know--they most--you know, how you're never a prophet in your own home, right, so you knew..

ADUBATO: Oh, I know that feeling. But go ahead. I thought it was just me.

Ms. ZALDIVAR: So I'm like, `Ma, how long has this been going on?' Like he'd drive to the store and run back, and she's like, `Oh, a couple of days,' you know. It turns out he--that's when we diagnosed--he diagnosed that he had diabetes. But the reality is that he had so many other things going on, and maybe Edgar had other things going on, and my patients have a lot of things that they have to deal with--their work, their children, their lives--that they keep pushing it aside. So, until you're finally confronted with it, you know, until there's no denying it, and that's why we see people being diagnosed in the emergency rooms as--as opposed to finally getting screened and checked, because they just wait till that last moment. So there's that denial, there's that depress--and one of the comments my father often says to me, `What can a person with diabetes eat? You know, there's nothing that I can enjoy anymore,' and it's just education...

Ms. MEYERS: I think that's a misconception...

ADUBATO: What can they eat? Go ahead.

Mr. OBREGON: That's a myth.

Ms. MEYERS: It's a misconception that you're talking about. I think, you know, what I will hear from people is that they have heard or they've gone to their, you know, their--their internist or something like that, and then they've said avoid everything with carbs. Avoid all your sugars, all your carbs.

ADUBATO: True.

Ms. MEYERS: Myth of diabetes, most definitely. Especially for a type 1 diabetic who needs the carbs.

ADUBATO: So it's not true when you hear that, across the board.

Ms. MEYERS: Because if he doesn't--not true at all.

ADUBATO: Carbs, avoid them.

Ms. MEYERS: Not true. Because then what happens is--well for a type 1, particularly, who needs the carbs in order to bring the sugars up, the insulin's bringing it down, the sugar's bringing it up, they need that balance. It's like a--it's like a--you know, they're balancing the two things. So they need them. The type 1 needs it to survive.

Mr. KING: That's the source of...

Ms. MEYERS: The type 2 needs it, too, because if they're not having the carbs, what are they going to eat? They're going to have eggs and bacon for breakfast, they're going to have, you know, a big hamburger with cheese for lunch. They're going to have, you know, a prime rib--sounds great, I'm getting thir--hungry--they're having prime rib and all that for dinner. But where is the fiber, where is the balanced diet? Diabetics are at a much higher risk of a heart attack than non-diabetics, and they're having...

ADUBATO: Because?

Ms. MEYERS: Just by the nature of the disease.

Mr. KING: Cardiovascular...

Dr. SELINGER: Cardiovascular complications.

ADUBATO: Gotcha. Go ahead.

Ms. MEYERS: So--so if they're having all that high fat, where is that going to take them in the long term? Are they going to--they may not go into dialysis, they'll have a heart attack instead. So--and--and I think also to just live with life and live with food, you have to have balance. The biggest thing is they have to learn portion control. You know, you're talking portion distortion...

ADUBATO: Is that part of the...

Ms. MEYERS: ...they have to learn portion control, they need to know.

ADUBATO: By the way, to what degree is that a part of the program, the team approach that you undertake with the makeover program?

Ms. ZALDIVAR: That--that was actually one of the first things that we go over with...

ADUBATO: Portion control?

Ms. ZALDIVAR: Portion control. One of the first things I do with my own patients when I start talking about food, is I have measuring cups on my desk. And we talk about, all right, so what did you have for...

ADUBATO: By the way, back up--sorry for interrupting. Walk us through the makeover. Someone finally comes in, regardless of what, or how they came in. Right, Edgar? They come in. Walk us through it.

Ms. ZALDIVAR: OK. The--well, we--first, should I tell you what the teams about? We had an endocrinologist, a diabetes educator, we had a nutritionist, exercise physiologist and a professional organizer. And the professional organizer was actually an interesting addition to...

ADUBATO: A professional organizer?

Ms. ZALDIVAR: Yes. And I found this very interesting, because people who have diabetes have to juggle many things.

ADUBATO: Right.

Dr. SELINGER: Right, ...(unintelligible)...

Ms. ZALDIVAR: You know, they have to finger stick, they have to work with their food, they have to--one of our participants that was, you know, had so many supplies in her house, you know the supply houses send them directly to their homes, and she had so many things in boxes all over, so the organizer actually had to go in and help her organize her home.

ADUBATO: What an interesting point. I never would have thought of that.

Ms. ZALDIVAR: And the other thing organizer did that she sort of taught me

as an educator, she makes them go through their day and actually writes in like--you know how you write down when it's time for you to go pick up your child in school, you know mentally you have to pick up your daughter from school at a certain time.

ADUBATO: Yes.

Ms. ZALDIVAR: Well, she actually writes--makes them write in "check your sugar," you know, stop and do that. So that was a very interesting part.

So getting back to the makeover, we had participants from all over--patients, people with diabetes from all over the country, all different wa--walks of life come into New York for a weekend. They--we met with them, each person on the team met with them individually. We had educational sessions, individual sessions, group sessions. Then we, as the professionals, met as a team and decided an individual plan for each person.

ADUBATO: How--wait a minute, that's interesting. To what degree is it an individual plan? Like your plan is not the same as Bill's plan?

Ms. ZALDIVAR: No.

Mr. OBREGON: That's correct, that's correct.

Ms. MEYERS: Most definitely.

Ms. ZALDIVAR: Right, correct.

ADUBATO: So there's not--OK, so another...

Ms. ZALDIVAR: That's--that's the...

ADUBATO: ...myth, you want to say it is that you have diabetes, you treat it a certain way, everybody gets treated the same way. It's myth.

Ms. ZALDIVAR: No, that's the part of having a team, you know...

Dr. SELINGER: Right.

Ms. ZALDIVAR: ...because we all look at--look at it differently, and we would sit around in these discussions, and, you know, I think this person is depressed, or I think this person needs to have--it--it's not as simple as just regulating medications. And his medication regimen is different than his, and any other type 1 or any other type 2. So--so we would meet and discuss their individual plan, and then the participants went back to their--you know, their states, their homes...

ADUBATO: Sure.

Ms. ZALDIVAR: ...and we kept in touch through the Internet, through weekly phone calls, through conference calls, through newsletters.

ADUBATO: With a goal toward what, monitoring progress?

Mr. KING: Yes.

Ms. ZALDIVAR: Exactly. And motivation...

ADUBATO: Finding out what was working?

Ms. ZALDIVAR: ...and getting--keeping people motivated. And I think Edgar can speak to this too, that the participants themselves feel this little support group even if they weren't even in the same state.

ADUBATO: What does it cost to get into the program?

Ms. ZALDIVAR: Free.

Mr. OBREGON: Zero.

ADUBATO: OK, yeah I knew the answer to that question. It's a set up because there's a follow up. I--I heard that it was free. So wait a minute. Someone watching right now, you know, they're saying wait a minute, I want the makeover. I want to get--to be a part of this. We're putting up this information on the Web site, what happens?

Ms. ZALDIVAR: The--the goal of the BD makeover, diabetes makeover was to get people to realize in their own communities that you need to pull this team together yourselves. You know, you may live in Long Island and not have an ex--you may have an exercise physiologist. Where I'm in Harlem, I may not. You can pull this team together, maybe for a weekend, and...

ADUBATO: Who's the we can--who can do this?

Ms. ZALDIVAR: The patient--Gary Hall speaks about how he, himself, put this team together--his own team together.

ADUBATO: Ag--again, I hate to beat a dead horse, but he's a pretty unique person, and I'm not saying others couldn't do it, but I want people watching who--who now are intrigued by this idea of the team approach and the makeover, and they say I want to do something, what can they really do, Edgar?

Mr. OBREGON: Steve, I--I participated in this BD diabetes makeover because I was referred by a great friend of mine. But I think the tools are already there. If I'm a diabetic and I have a regular doctor, and I go to the doctor, say, `Dr. Smith, you know, here's my sugars. This is what I eat every day,' and--and I'm not going to lie because lying to a doctor is not going to benefit me at all.

ADUBATO: Right.

Mr. OBREGON: If my sugars are 300 in the morning, and then during the day I have 50 or 100 or whatever, and they're normal, if I go to with that--that information to the doctor, say here's my--I took my medications seriously, I'm--I'm not lying to you because you know it's kind of like if you go to a mechanic, and--and you don't tell them exactly...

ADUBATO: Right.

Mr. OBREGON: ...that the brakes do not work. Well, the mechanic is just going to do a lot of things. Going to a doctor is the same thing. Very basic is you should be a friend--a relationship between the person who has the ill--the illness, and the doctor.

ADUBATO: Excuse me, Edgar, but it's not enough. Because this team approach includes more than the physician.

Ms. ZALDIVAR: Correct.

Mr. OBREGON: The physician is going to tell you exercise.

Dr. SELINGER: Well, but...

ADUBATO: Is the doctor going to say--is the physician, in most cases, going to say, `You know what? I don't have all the answers here. We're going to put a team together to help you.' Is--is that what happens at St. Barnabas?

Ms. MEYERS: Well, what we do...

Dr. SELINGER: Well, but there are physicians that do.

Ms. MEYERS: I'm sorry.

ADUBATO: Go ahead, and I'll come back to you.

Dr. SELINGER: OK.

Ms. MEYERS: What we do is there's a few endocrinologists in the ambulatory care center that will refer down to my center, you know, where we have the nutrition education. Then there's also an exercise facility with an--with an exercise physiologist, so I will refer to them as well. If they came from an intern--and then we also have a psychologist, who could work on the--the psychological, you know, dealing with the whole psychological aspect of having the diabetes.

ADUBATO: Right.

Ms. MEYERS: So you have that full team approach. If--if they came from an internist, the first thing I do is I go over--because I'm also a certified diabetes educator, so I kind of take it from the whole holistic perspective. I'll say you know, let's put together a diabetes health plan. Are you seeing your internist? Are you seeing an endocrinologist? Are you--do you have an exercise plan in action? Let's talk about diet and get you on a meal plan...

ADUBATO: It's a team.

Ms. MEYERS: ...when you leave here today.

Dr. SELINGER: It's a team.

ADUBATO: So whether you call it a team or not, that's what you're doing.

Dr. SELINGER: Right.

Ms. MEYERS: Yep. If you have eye problems, you need to see an eye doctor. You need to have your feet taken care of. You need to have this whole team approach if it hasn't already been discussed with them starting with the internist.

ADUBATO: Because clearly there's a track record that that works.

Now at Overlook, which is part of the Atlantic system, is that the norm to do that as well?

Dr. SELINGER: Absolutely. I would start with as--an endocrinologist, and endocrinologists have long been involved with the team. So in my own office I will have somebody who is a registered dietician, certified diabetes educator. I many not have the ophthalmologist in my office, but the patient's going to an ophthalmologist because they understand they've got to go, and we're communicating. And there's an ophthalmologist; there's a podiatrist. In terms of an exercise physiologist...

ADUBATO: Right.

Dr. SELINGER: And so if you're not set up as an endocrinologist to organize a team like that, a general internist or one's primary doctor certainly can take advantage of the hospital having a center where diabetes educators are.

ADUBATO: But let me ask this, Andrea, you've hear--heard different approaches to this--this whole team...

Ms. ZALDIVAR: Team.

ADUBATO: ...team approach, if you will. But is there something else that's different or unique about the--the BD initiative? Is it--is it similar to what you just heard?

Ms. ZALDIVAR: Well, we took the work out of it for you, you know. We put--we put all the specialists there for you, and, you know, of course, it was a wonderful opportunity for people to come to New York and spend time in New York, so we did the hard work.

ADUBATO: What was the goal? Other than helping people to get better, what else was the goal?

Ms. ZALDIVAR: Our goals were behavioral change, because you know the program was for 11 weeks, and we're actually following participants longer, but it's not as intensely. But we want behavioral change, because we want them to continue to do well. We--we don't want just when people, you know, participate, they go home and they're A1cs are so much better, that...

ADUBATO: The what?

Ms. ZALDIVAR: A1cs. It's a blood test, and it sort of gives us a snapshot of what your sugar has been for over three months. You know, how when we--I--I started...

ADUBATO: Yes.

Ms. ZALDIVAR: ...initially by saying when you check your sugar, it doesn't stay consistent throughout the whole day. This sort of gives us an average of--for a three month period. So it sort of dictates, or tells us a little bit more about your control. So the goal for us in the dream team was to sort of get the A1cs...

ADUBATO: I'm so--describe the dream team? The dream team are these people.

Ms. ZALDIVAR: No, the team were us.

ADUBATO: The team ap--the team approach.

Ms. ZALDIVAR: The--right. The endocrinologist...

ADUBATO: The professionals.

Ms. ZALDIVAR: Right. The nurse educator, the nutritionist.

ADUBATO: Usually it's referred to as dream legal team, this is your dream, you know, diabetes...

Ms. MEYERS: Your dream health team.

Ms. ZALDIVAR: Yeah.

ADUBATO: Your dream health team, good.

Ms. ZALDIVAR: Was to get them to have their A1cs improve, and again we have participants who started with A1cs of 13, so to get them over the...

ADUBATO: That was you? I see you raising your hand. That was you?

Mr. OBREGON: That was me.

ADUBATO: That's high.

Ms. ZALDIVAR: Yes.

Dr. SELINGER: Very high.

Ms. ZALDIVAR: It's very high. We want it to hit sevens.

ADUBATO: And then what happened with those folks?

Ms. ZALDIVAR: And they were able to come down. And Edgar can tell you his own goal story, but they did lower the A1cs, so the--the ultimate goal, though, is to sort of give them the resources and support and education so they can continue.

ADUBATO: Yours were 13, your A1c number, and then what did it come...

Mr. OBREGON: My hemoglobin A1c when I started with the program was 13, which is way out there.

ADUBATO: Right.

Mr. OBREGON: And after two months being with the program, it came down to 10, and I was very happy. And then December 3rd was when the American Diabetes Association had their big meeting here at the Javits Center, and they tested my--my colleagues and myself, the other participants, and all of our hemoglobins, A1cs, were way below seven, 7.2 was mine.

Ms. MEYERS: Excellent.

Dr. SELINGER: Great.

ADUBATO: How did that make you feel?

Mr. OBREGON: Oh, excellent. I--I feel--see, I think what happens is that yes, we have this dream team and we have this knowledge, but I think that it starts with us, it starts with the diabetic. You have to be honest with yourself and say, `You know what? I don't want to end up with amputations. I don't want to end up with dialysis. I don't want to end up with heart attacks. So it's up to me.' They gave me the support, I mean they gave me--you know talking to the other diabetics, it's like you know, it was--felt great, because now there's a lady in Chicago, there's a couple in Florida, I mean, and we were on conference calls with this diabetes program, and...

ADUBATO: What did it do for you?

Mr. OBREGON: It really told me, you know what, get with--get focused with this.

ADUBATO: No, I mean what did it do for you to be able to talk to other people around the country who are dealing with it as well?

Mr. OBREGON: I think--I think you know, like some of the ladies that I was talking to, or the gentlemen that I was talking--or I was hearing on the phone in the conference, they were making progress. And I was like if they're making progress, and they--you know, quite honestly, when I started this, the first half hour that I was in this meeting with these people from Chicago, from Florida, from Washington--I was the only New Yorker at the center--and I was like, well, I'm not the only one. I mean, here's a lot of people that have no control over their diabetes, and I wasn't too bad--I'm sorry, I was--I was not that great either, but--but I was like...

Ms. ZALDIVAR: You were up there.

Mr. OBREGON: Yeah, I was--I mean my hemoglobin A1c, again, you know, like--and I could have tested my hemoglobin A1c daily if I wanted to Steve, but again, it's like that thing that I don't want to because I was going to be elevated.

ADUBATO: Right.

Mr. OBREGON: So sometimes you have to look exactly in the mirror and say what do I want--what do I want to do with this?

ADUBATO: Bill, jump right in.

Mr. KING: Can I ask you if you were--were you afraid of--were you--were you not aggressively taking care of yourself because of fear factor?

Mr. OBREGON: Absolutely.

Mr. KING: Yeah.

Mr. OBREGON: You know, when you go to--when you go to a doctor, or a nurse, or--and they tell you--the first thing they say is, `I'm sorry, you have diabetes.' They telling you...

ADUBATO: I'm sorry, you have diabetes.

Mr. OBREGON: Yeah, they--they say--the first thing that they told me, you know, like--they say, `Steve, I'm sorry but you have diabetes.' They're not telling you, `Oh Steve, congratulations, you have diabetes.' You know.

Mr. KING: Nobody volunteers.

ADUBATO: Right. You'd rather not.

Mr. KING: Yeah.

Mr. OBREGON: The individuals who have--the individuals you have medical knowledge of what diabetes can do to the person, they say, `You know what? You'd better take care of this because otherwise it will take care of you. And it's not going to be--it's not going to be pretty.'

Mr. KING: There's a great...

Dr. SELINGER: But the...

Mr. KING: I'm sorry. There's a great quote in a Sheryl Crow song, it's not about getting what you want, it's about wanting what you got. And when you look at people who are successful with diabetes, at some point they accept that they have the diabetes. And then they see themselves as moving forward in their life with this condition in a positive way, and living and loving life, eating well. When you look at the model BD has put together in this makeover, it is a model of success based on what we have in front of us today, all the knowledge of diabetes, which is really new. In the last 20 years we've learned so much from clinical studies that prove intensive management works.

ADUBATO: Right.

Mr. KING: And--and medicines--new medicines, and new technology that helps people do better.

ADUBATO: So I'm going to say it this way, and, obviously, no one would want to be diagnosed, as you said Edgar, with diabetes. But if you're going to get diagnosed with diabetes, there's no other way to say it. It's better to get diagnosed today than it would have been 30 years ago, 20 years ago.

Dr. SELINGER: Absolutely. Absolutely.

ADUBATO: Maybe even 10 years ago?

Dr. SELINGER: Absolutely.

Mr. KING: Yes.

ADUBATO: For a whole variety of reasons.

Dr. SELINGER: No question about it. Absolutely. I was a medical student in 1979 when my professor walked into the room and said, `Look at this. We have this neat little piece of equipment that we can measure blood sugars with.' So when we're talking about grandparents and parents, they had no clue as to how they were measuring and monitoring the disease.

ADUBATO: You know, let's talk about that.

Mr. KING: This is not a new disease.

ADUBATO: No, it's not.

Mr. KING: Back before the birth of Christ and all that, but it wasn't until 1921 when they discovered insulin that people would live longer than a few weeks, months or even a year.

ADUBATO: Let me do this in the couple minutes we have left: for family members, OK, as a family member you're watching, you don't have diabetes. But someone in your family does. It could be an older relative, a mother or father, it could be a child, it could be a sibling, whatever--spouse. What advice would you have for family members?

Yes, Andrea.

Ms. ZALDIVAR: I--I think we also have to bring out the message that we now have research that says we can prevent diabetes.

ADUBATO: So what does that say to family members?

Ms. ZALDIVAR: In high risk gr--to work on keeping your weight down. That's probably--and to have a healthy lifestyle, eating healthy and some sort of activity.

ADUBATO: But you're--you're talking again about the individual with diabetes. And, of course, you ultimately have to take responsibility for your own care, but for family members. Any advice we have?

Ms. MEYERS: Well, I think like one thing that we can do is if we see our doctor once a year, outside of maintaining a healthy lifestyle, if we see our doctor once a year, we could have our fasting blood glucose checked. It's a regular lab value.

ADUBATO: But how can a family member push another family member to do that if they're not doing it? I mean no one can--your wife...

Ms. MEYERS: You have to--you know, you might have to tell them...

ADUBATO: Could your wife have changed your behavior?

Mr. OBREGON: No. My--we don't--we don't...

Dr. SELINGER: What might is knowing that if you got the information you needed and you did it early, and you controlled things quickly, you weren't going to get into trouble.

ADUBATO: OK, but if the family member actually goes--did any of the family members participate in the BD diabetes makeover?

Ms. ZALDIVAR: Oh, everybody brought a significant other...

Mr. OBREGON: My wife.

ADUBATO: Your wife did participate.

Mr. OBREGON: Steve, my wife is a nutritionist at home. I eat--I used to eat very healthy at home. And she's a great cook. We eat very nicely at home, balanced meals.

ADUBATO: Right.

Mr. OBREGON: My problem, my personal problem is that I ate--I ate outside the house, junk food. And I would eat Pizza Hut and Burger King and McDonald's and all that other junk that we really don't need on a regular basis, and I would come home and I was like, oh, here's a beautiful, delicious meal...

ADUBATO: Right.

Mr. OBREGON: ...and I would eat again. Or the other way around. So I don't think that a person could do anything for you. It has to be within you. You're the one who's--who are driving the boat.

ADUBATO: A few seconds left. By the way, we're doing everything we can to try to help people. Again, we can't move you to action, but we can provide the resources, whether it's our online resource guide or you call, and the number has been up. The Web site has been up the entire program.

Final comments, what do you have Bill? Say something that is inspirational, because you've dealt with a lot. To everyone right now, go ahead. Twenty seconds.

Mr. KING: I think the real key to--to your health both physically and--and emotionally with--with diabetes is exercise your soul, exercise your spirit. Get out and move your body, realize the challenges we have, and you will see improvement in little steps.

ADUBATO: Let me say this, all of you have done a tremendous public service to so many people who are dealing with this issue. Great job. We won't--we will do this issue again. Thank you.

Announcer: If you would like more information on this program, or if you'd like to express an opinion, e-mail us at info@caucusnj.org. And visit us on the Web and www.caucusnj.org.

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