

Interviewheldon4MAR02

...

Suchitra: Sogoaheadandintroduceyourself,thisisgoingtobeaninformalinterview.

Aaron: Aninformalinterview?Okay...I'mAaron...whatelsedoyouwanttoknow?

S: Let'ssee...whendidyoucometoODU?

A: Fallof'99.

S: Fallof'99.Soit'sbeen,likewhat,twoyears?

A: Somethinglikethat,yeah.

S: Soyouareajunior?

A: Yes.

S: Cool.Acomputersciencemajor?

A: No.I'mnotacomputersciencemajor;Iamaphysicsmajor,computerscienceminor.

S: Soyouaretaking350then.

A: Yes,yesIam.InfactIfigured,youknow,IlikecomputerscienceandIlikemathmuch morethanIlikephysics,right,butseephysicsyoucandobothcomputerscienceandmath in,right?Andsincellikecomputerscienceand math.I'llenduplearningthecomputer scienceandmathanyways,butifIdidoneofthoseIwouldneverlearnphysics.

S: Sowhat'syourinterestinphysics?

A: Well,myMomwasaphysicsteacher,youknow,soI'vegotalittlebitofaninsideedge. Shegraduatedfromhere;gothermasters.Igot,youknow,thedirtonalltheprofessors and,uh...Idon'tknow,justsomethingtodo.

S: SowhenareyouthinkingofgraduatingfromODU?

A: WellI'llprobablygraduate,theendofa,well...next,notthissemesterbutthesemestera yearfromnow.

S: So2003,spring?

A: Yes.

S: SohowdoyoulikeithereatODU?

A: It'sfine.Ilikeit.

S: Soafteryoucamehere,within,like,twoyears,wasthatwhenyouwerediagnosedwith diabetes?

A: Iwasdiagnoseddiabeticlastsummer.

S: Lastsummer.

A: Mhmm.

S: Sodiditimpactyouinanyway,inanemotionalway?

A: No,notat all.Itwaslikenothinghappened.

S Nothinghappened?

A: Nol'mteasin'.Okayum...wellI,um,beforeIwasdiagnoseddiabetic,theweeksleading upthesymptomsIhadwasIhadtourinatealotandIwasreallythirsty.Likeoneday,I swear toyou,Irememberdrinking,like,twoorthreethingsofGatorade,likeapitcherof applejuice,acoupleofglassesofwater,apitcherofKool-aid,youknow,abigthing...I meanjustallkindsofstuffinoneday.AndIwasjustalwaysstirshyandmymouthwas realdryandstufflikethat.SothemyfriendcomesdownfromD.C.,youknow,andI hadtotake,youknow,I'mlikealittlegirlorsomething,Ihavetotake20reststopsfrom heretoD.C.takinghimback.Youknow?SoafterthatIwenttothedoctorand,ofcourse, itwaslike,'youshouldgotothehospital,Idon'tevenwantyoudriving!'Youknow, becauseIguessmy bloodsugarwasrealhigh.SoIspentacoupleofdaysinthehospital, butumm...myinsurancecompanydidn'twantmetospendacoupleofdaysinthe hospital,mydoctordid.SoI,like,wasthereliketwodaysorwhatever.Anduhh...Iwas reallyangrytofindoutthateveryfoodthatwaswortheatingwassomethingthataffects yobloodsugarsoyouhadto,youknow,countitandeatitinproperportions.Youknow, like,"loserfoods"theydon'taffectyourbloodsugar,liketofuandmustard.Thesear thingsIdon'teat.Youcanprettymuch,ifyouwanttoknowwhataffectsyourblood sugar,youcanaskme,'what'sgoodfood?'

S: What'sgoodfoodthen?

A: Yeah,right!Ketchup,youknow,Imean,bread... anything!Frenchfries,comeon, everything thatisgoodtoeataffectsyourbloodsugar.Andthen,like,stringbeansand spinach,okthatdoesn'taffectyourbloodsugar,right?

S: Thatshouldbeontheotherside.Thatshouldaffectyourbloodsugarontheotherside.

A: Yeah,Iknowright! Thatwouldbep perfect.

Timika: Onanaverageday,whatdoyoueatnormally,fromstarttofinish?

A: Fromstarttofinish?

T: Onanaverageday...

A: On an average day...umm...

S: For example what did you have for lunch?

A: Right now, what I am on right now is that I have, like, a bagel and a cup of fruit juice for breakfast. I was doing the cereal and a cup of fruit juice thing but I just got really sick of cereal, like I was having corn flakes, you know. Like, I think that if I go back to cereal I'm gonna get me some Cocoa Krispies or something, you know, something good to eat. Cause, I swear, waking up, I mean, cause I'm not really *hungry* all the time. It's bizarre because you have to eat but you can only eat so much. So sometimes you are forced to eat when you are not hungry at all, you know, so you are just looking at this food and you're just, you know, 'I don't want to eat' but, you know, you gotta. And then there's times when you're *starving*, you know, and you're just looking at this plate *full* of food, yeah right, you know, and it's gone in a second. And you're like, 'where'd it go' and they're like, 'oh I had some salad' and I'm like 'I'm not a rabbit. I don't eat salad.'

S: So what did you have for lunch today?

A: So what I had for lunch is that I had a microwaveable pizza... and a glass of fruit juice. Now I probably didn't have as much, uhh... food to raise my blood sugar, as I should have had. I was just a little shy of what I should have had but uhh... I'm not really too concerned about it. Umm... but the pizza was probably a little high in fat. One of the things that the doctor told me I had to watch was my fat intake and I think that's stifling my diet more than anything else, you know. But I really don't pay too much attention to that. I guess when, uh, the next time they check my cholesterol, or what not, I'll find out if I've been "good enough" or not. Because they told me that I had abnormally high levels for a "man my age." So... and they said that's probably related to the diabetes and that it should come back under control, but I have no idea if it has or not.

T: Was that, like, a cheese pizza or pepperoni?

A: Pepperoni pizza it was from Schwann's.

T: That's good.

A: Yes, Schwann's finer foods. Schwann's man comes every other Wednesday.

T: And snacks in between, or what?

A: No, the times a day I eat is... I eat during breakfast, lunch, and during dinner I have the same amount of food at all three meals. And then, uh, at 10 o'clock at night I have a snack. Which is much lighter, you know, w, like a third of what I eat during a meal.

S: Like, what do you usually eat for a snack?

A: For a snack? Well sometimes I'll make myself some crackers and cheese, you know? Cause that's good, you just pop it in the microwave and it's sexcellent. And, uh, occasionally I have had a Ho-Ho, or something like that. But, uh, I actually found a Debbie cake that was more... that had more sugar in it that I was allowed to... that would

belikeamealandahalfforme.Itwas *one* Debbiecake.Iwaslike,‘wow, that’spretty cool!’

S: Soifyouwanttotakethatcakethenyouhavetoskiponeandahalffmealor...?

A: Ohno,actuallywhatIwouldprobablydowouldbetojusteatpartofit.Cause,um...thewayIworkmydietis,um...actuallytheladywhotoldme whatIshouldeatatthehospital,thewaythattheyhaveitupisthattheyhavethis,um,littlebook,andyouknow,andithasabunchoffruitwithsmileyfacesonitandstufflikethatexplainingtoyou,youknow,howstuff’sgonnaaffectyouandthey,uh...theyhavediabeticexchanges,likeonestarch.Andtheytellyou,youknow,allthecommonfoods,likeyouknow,‘howmanycupsofriceisonestarch.’And,like,forme,likeeverymealIhavefourstarchesandtwofruits.Soandthefruits arebasicallyjustsugar,right?Andsothat’sgoingtoraisemybloodsugarquicklyandthestarchesaresomethingIhavetodigestforittoaffectmybloodsugar.SowhenIeatIthinkofitintermsofthatandIhave...Igenerallyaimfor60carbohydratesandstuff,that’sgonnabelikebreadandstuff,thatI’mgonnahavetodigestbeforeitaffectsmybloodsugarandthenabout30inquickerstufflikesodaorfruitjuiceorsomethinglikethat.

S: Soyouareallowedtodrinksodathen?

A: Ohyeah.Ijust,youknow...letmetellya, *one*cup,alevelcupofsodaisnotworthdrinking.SoIdon’tevenbotherwithsodaunlessitslikedietsodabutthatdoesn’taffectyouatallso...

T: Soyou *loosely*monitorwhatyouintakeorthefoodsthatyoueat?Oryoudon’tmonitorthematall?

A: Ilookatthenutritionalvalueofit,uh,onthepackage,youknow,theyhavenutritionalinformationorwhateverandItrytogetvery,verycloseto90carbohydratesinameal.ExceptoccasionallyI’llgoalittlebitunderthatiff’minahurryanduh,butliketodayIwasmaybe15carbohydratesshortofthat90butI’llbefinesoI’mnotworriedaboutit.

T: Wheredidyougetthisnumber90?

A: 90?Well,uh,eachexchangeoffood...Ishouldhavebroughtmy littlebook...but,uh,eachof‘emis15carbohydrates,gramsofcarbohydrates.So,andsinceI’m supposedto havesixtotal,youknow,twofromthefruitsandfourfromthestarches,youknow,6times15is90.Sothat’swhatIgofor.

S: So,it’sokright,ifyoueatinsidethehouseorwhereveryoucanmonitoryournutritionalvalues,butwhatifyougoout?

A: WhatifIgoout?

S: Doyougoout?

A: I *do*gooutand,uh,whenIgoout,um,ifIhaveanideaaboutthefoodthatIameatingItrytokeepitclosetothatorlike,youknow,atthefastfoodplacetheyhaveaplaquehangingup,youknow,andyoucanlooktoseewhat’swhat.LikeatBurgerKing,itworks

out great because, uh, I'm sure it's like 1,200 times the fat intake I need, you know, but uh, for like one meal Go Large, like a burger Go Large that's like 90 carbohydrates, almost exactly. So that works great for me, so I get and diets soda and I'm good.

S: But you aren't allowed to eat any French fries with that.

A: Oh, nonono. That's with the French fries and everything.

T: So you monitor your carbs but not really your fat or cholesterol?

A: No I don't really monitor my fat and cholesterol intake, um... mainly because a lot of the meals that I eat are not really high in fat so when I do eat something like that microwave pizza I just don't worry about it, you know, because I figure, you know, I am eating under what I am allowed to eat... a lot of the times so then when I am eating at Burger King or something like that I don't get tore up, you know, I'm like 'oh, it's 20 grams of fat' or something.

T: How often do you go to restaurants now?

A: Umm... depends. Between like once or twice a week.

S: Once or twice a week?

A: Mhmm... just depends on how it works... and then there's always Subway, you know...

S: Yeah.

T: No cheese or mayonnaise though.

A: Well I don't like mayonnaise, that's one of those "loser foods" that have no carbohydrates.

T: It's high in fat though.

A: It's high in fat, yeah. Mayonnaise I've never really understood, but I'm not here to talk about mayonnaise... but, like, from Subway I usually just get myself just a piece of bread with some meat on it and some lettuce, that's as far as I can stand it. I've determined that cheese is not worth placing on a Subway sandwich because you don't taste it.

T: But what kind of vegetables do you eat since you don't like salads?

A: I don't like salads. Lettuce is my limit, and the occasional cucumber is my limit on the salad food so my salad would be very, very boring, you know, I'm not like a tomato kind of person, or onion.

T: Do you eat any, like, steamed vegetables or anything like that?

A: Well, my mom cooks, you know, home meals. You know, the meat dish, the vegetables and this and that, you know. Of course I do like some vegetables, it turns out the only vegetables I like have starch in them so they raise your blood sugar; that's peas and corn. String beans they are alright, but come on *string beans*? And spinach is right out. So, so if

it's vegetable and I eat it, it's probably peas and corn. Occasionally, I'll have some other vegetable... to be polite. 'I cooked this for you,' 'thank you.'

S: So you are type 1 diabetic, right?

A: Yes I imagine so, I am.

T: Do you have an idea what your sugar is?

A: Like right now?

T: Well the average. You know, when you went to the doctor's last.

A: I used to monitor all the time.

T: All the time being?

A: Like 3 or more times a day, ok. Then that went on for maybe 3 to 6 months or something like that. I don't know, three to 4 months probably and then I backed off to where I was measuring it once or twice a day and now I don't monitor it all. You know, with school and stuff you just get busy. You know Dragon Ball Z is more important, right? You got Cartoon Network, you know, even the commercials are good; there's no time. Um... but when I go to the doctor they can't do the test, the, uh, what they call a Hemoglobin A1C. Where they can't tell what your average blood sugar level has been for the past two or three months. And every time I go to the doctor's seven recently they do this test and I've done, like, well below what their target value is, which is like a 6 or 7 or something like that, and I've been around 5 or so.

T: So even though you don't monitor it with the glucose monitor you still maintain a good level?

A: At least a good average level, you know, because well one of the doctor's told me that a lot of people what they do is monitor their blood sugar before they eat and what they found out is a lot of people their blood sugar is fine before they eat but after they eat it stays high for too long before it comes back down. So during the time when I was measuring my blood sugar like once or two times a week that... I was measuring it like two hours after my meal to make sure that it would come back down to where it was before and it had so... and I do eat varied... I mean I don't vary my diet, you know. So it's like every steady so I find taking my blood (sugar) just to be something I don't like doing and it never surprises me, you know, when I do take it I'm like 'oh look that's exactly what it was the last time I took my blood, oh gee, you know, I'm glad I pricked my finger,' you know.

S: So how do you monitor your blood anyway?

A: I can show you. (Takes monitor out of book bag) Here and I can test my blood sugar, you know, and find out that it's like, you know, 3,000 times what it should be and I'm, you know, clinically dead or something.

S: You carry that to school?

A: Yeah, I do. And here's the little guy right there, you know, and you load the needle in here, right... like that.

S: And you have to change your needle every time?

A: Yeah they are one-use needles, although I imagine that you don't have to but I think it's more of an issue that they become dull, you know so... and let me tell you one time I took this thing (needle gun) out of its little pouch here, the little guy that shoots the needles and uh so I didn't have that to jab myself and I wanted to take my blood sugar and I had one of these little needles; you know how hard it is to just jab yourself without like this little guy here. It wasn't like a matter of like *mentally* hard but your skin just doesn't want to give up the ghost, you know. I'm sitting here, just like, pressing it into my thumb not getting any blood, you know, but this little guy does the job. But, actually let me take my blood sugar, I'll show you the process if you are interested? I actually took my blood sugar, like, last week sometime or something.

T: Why? Any particular reason?

A: Umm... No. Because my Mom hassles me, she's like, 'what was your blood sugar, when's the last time you took it?' You know, so...

T: So she knows you don't keep it up?

A: Well yeah, I don't lie to my Mom. So... she knows; I tell her. So I take it *occasionally*, you know, to find out am I killing myself, you know, will I wake up tomorrow and not be able to feel my feet or something...

S: How much did you spend on that (glucose monitor)?

A: On this guy here?

S: Uh-huh.

A: I don't know.

S: I saw the brands, One Touch Ultra, right?

A: Yeah, yeah and you know what, they swear up and down you can't take your blood from your arm or something, you know, because it requires so little blood, but I saw that commercial one time, and I was like alright let me see... I could *not* get blood from my arm. I think it just somehow just bypasses my arm, so I'm clinically dead from here (wrist) to here (shoulder). Everywhere there was flesh I stabbed the thing and the only thing I got was, like, turned the little poke red, you know, so...

T: It's probably a longer needle they use.

A: I don't know... You see you can adjust the depth it jabs you at, yeah. So I had that sucker turned all the way up.

T: Well what (number) do you normally use, like, 5?

A: For what?

T: For you r gun?

A: Oh, I usually have it turned up to pretty much all the way to as deep as it can go. I've found that my pinkies and my... my pinkies bleed the best for me. My thumbs used to bleed the best for me but they don't bleed as well as my pinkies. (Begin prep for glucose test) So I just want to, you know, sterilize it, I don't want to give myself bubonic plague or something, you know, with that going around this year. (Begin stest) Okay...

...

A: So my blood sugar right now is... 132... and what time is it now?

S: 1:30

A: 1:30? I ate at 12:30 so it's been an hour and, uh, that's not, like, a real high number. If it was a high, high, high, high number my little monitor would be asking me, 'are you dead,' you know, or something like that. But, uh, I... that's not even that far outside the range of what a normal person's blood sugar can go, of course I don't think a normal person's blood sugar would be that high this far after a meal, but what one of the specialists told me is that you want your blood sugar to... two hours after a meal to have come back down in between...

T: 120 and 70...

A: Actually I keep my blood sugar in between 50 and...

T: 50 is awfully low...

A: Yes, it is let me tell ya... I usually keep my blood sugar between 50 and 120, uh... in between the times of, like, two hours after I eat up until I eat. So that's usually where it is, and of course after I eat it, you know, goes up higher. But...

T: But 50 is awfully low.

A: It is, you know, but it can go lower.

S: So you've never had hypoglycemia?

A: Oh no.

T: Isn't under 70...

A: They don't want it under 70; I think a normal person's stays above 70.

T: And that's what you're going for is a normal person's.

- A: Yeah, between 70 and I think 120 is normal isn't it? So I try to keep it around there, but it does dip below 70 *occasionally*. tit
- T: So that is when you take a candy, or something like that, when you feel...
- A: Well usually the only time... actually it used to be the lowest, I mean, like, really low, even below 50 before I'd eat lunch. I couldn't figure out why, like when I first started out I would eat breakfast and I'd eat the same amount for breakfast that I would eat for lunch and dinner but the only time that it would ever go low would be, like, *right* before lunch, you know, I'd be like real shaky and stuff, you know. But uh... I didn't change the way I ate and, um, I feel fine... maybe I'm numb to it, you know. I don't know.
- S: Are you a candy person?
- A: You know what? Um, I... candy is fine, you know, I like candy and that's all, but uh... I was actually surprised at how much I didn't care when I changed, you know, what I ate and how much I ate. It didn't affect me at all... I didn't, you know, like... 'Ahh I gotta have a Three Musketeers' or something, even though I ate all those things and... you know, *alot* I mean I really do like Three Musketeers and all. But I mean I probably didn't have chocolate for 5 months after I became diabetic and I didn't have any, you know, secret desire, you know, to just devouring a chocolate cake, so... And ice cream is good, too. I've only had ice cream twice since I've become diabetic.
- S: That's a good will power.
- A: But I'll tell ya, ice cream... oh man, Breyer's vanilla ice cream with chocolate syrup, let me tell ya that is good stuff! That all natural vanilla... ahh...
- T: With the speckles?
- A: Yes, yes let me tell ya. And that stuff, you know what, I was looking at the nutritional label and, uh, the uh, for a half a cup it's only 15 grams of carbohydrates so that would be one serving of starch.
- T: A half a cup is very small.
- A: Yeah, but it's only one serving, so you know, for like instance in my meal the way I look at it, you know, they have allotted to me, like, two fruits. Fruits are just basically sugar, you know, as far as my blood sugar is concerned, *right*? I mean, so I can eat a couple of tablespoons of sugar and a Flintstone's vitamin and, you know, and I'm fine...
- ...
- A: Okay, okay but anyway, umm... like either rice... no it's not rice, rice is a third of a cup... but anyway, I mean, a third of a cup of rice, cooked rice, is one starch, so that is equivalent to what I am getting in a half a cup of ice cream according to the nutritional label. Now ice cream has of course, like, 8 grams of fat in that one serving, but you know, whatever.
- T: So do you think you are ruled by carbs then as opposed to? Of course rice is probably better for you than ice cream.

- A: It would be something to argue. But even before I became a diabetic, the way I look at it is everything is going to kill you, you know, so why not eat *t* what you want? I mean it does seem like every now and then popular medicine comes out and tells you, you know, beta carotenethis, 'oh my gosh, if you're not eating 20 pounds of string beans, we don't see how you are surviving,' you know. But I think that *t* the human race has done fine before, you know, popular medicine.
- S: So you were never, like, in denial when you found out you were a diabetic like usual people are in denial?
- A: Defined denial? What do you mean? Like, uh... like uh I'm not diabetic so *I* can eat what I want and I don't have to give myself shots, like that kind of thing?
- S: No, like, even if I am diabetic I don't care; I'll just do whatever I have to, I have only one life to live so I'll live it.
- A: Well I wouldn't call that denial. I *mean* come on...
- T: Fatalist maybe?
- A: No. I haven't been like that, yet.
- T: Before last summer, before you were diabetic... and the person you are now... how do you think that this, uh, this condition, has affected your outlook? Like your social... the social aspect of it? Do you think, do you feel that maybe food is your enemy or maybe you feel a little more... you know, not to be overly dramatic, but constrained?
- A: Not at all. In fact I like being a diabetic because I *have* to eat, you know, so it's not like umm... 'Hey boss, you know, I'm kind of hungry,' you know, it's like, 'eat after you carry those bricks from there to there,' you know, it's like, 'man, if I don't eat I could *die!*'
- S: So it's kind of like a helpful excuse kind of thing?
- A: Well, yeah it does. You know, I want to avoid using it as an excuse, you know. Like I didn't like to put it down on my employment app, you know, where they have the little check box for, you know, disabilities, you know, 'are you diabetic,' I thought it was cool that *I could* check it, but I didn't because I didn't because what's the point?
- T: How do you feel about, you know how you have to eat when you are not hungry or when you're very hungry you can only eat a little bit, how do you feel about that?
- A: I'll tell you when I first started out I was really, really, really, really, really, really, really hungry *all* the time! And sometimes I would just go to sleep rather than be awake hungry, because I was really hungry. So that's what I did, go to sleep so that way I *would* not be hungry. And I can sleep all the time, I'll tell you.
- S: Like when you used to monitor your fingers, like you know, your blood glucose levels you have to prick your finger three times a day before?

A: When it started out my doctor didn't want me to monitor it that much, you know, just to see what things were. I guess to give me a feel for how things work, umm... but I think if I were to be serious about taking my blood sugar how I would take it is either once or twice daily at, like, different times during the day, so I'd rotate it, you know, so like after dinner, after lunch, after breakfast, that kind of thing just so I could see how it's doing throughout the week. Um... I would probably measure it, like before late and an hour or two after a meal just to see how my blood sugar is doing.

I

S: Is it really painful, or...?

A: Um... you know, only occasionally it does that... I'll tell you what; you would think this hurts more than giving yourself a shot just by watching me do it sometimes. But sometimes I just, I just sit there and hesitate on that little button because just when you get comfortable with it is when it just nails you and you're like, 'ow, that hurt' and the shots can hurt but I've got myself a little bit of padding, you know, so...

S: So you have to take an insulin every day?

A: Yes. I take it, uh, before breakfast and before dinner.

S: So you don't take it during school hours?

A: Actually I do take it during school hours. I am at school Tuesday Thursday only this semester, and even last semester I had to take it during school hours, I think... yes I did. In fact last semester and this semester both I've had a class right before and right after with only like a ten-minute break where I had to eat, you know. So in both last semester and this semester I just eat in class. So, and actually if I was not in school I would be eating during uh... Morris' class but I eat during my physics class.

T: When you have to take the insulin how much do you give yourself?

A: I give myself 24 units in the morning and 10 units in the evening and my doctor also has me on a couple of pills. She has me... I don't really know what they do... I don't care either; I'm not paying for it, right? I live with my parents and they're pretty cool; I might care when I start paying for it. But, um... she has me on one pill which, I asked her what's it for she says it's to protect your kidneys... ok, whatever, so that's what that's for. And I'm on this other pill and I asked her what's that for and that's Advandia and you've probably seen that advertised if you read or watch TV, uh... because it's just one of those drugs that people advertise... tirelessly, you know, and, uh, that one's for type 2 diabetics, right? So I asked my doctor, "So what's this for, you know, isn't that for type 2 diabetics?" and she tells me yeah but it can do something or... she's a really sweet lady but she has a really heavy accent, so I don't always understand everything she says, but she said something about that this is a new drug and that they're not sure but it might protect something or other... but even if she'd said it clearly I probably wouldn't have understood her, you know, I didn't ask her to explain but she just told me.

S: So giving shots, where do you give your shots?

A: In my stomach.

S: In your stomach.

A: Yeah, yeah.

S: That's the way I guess. It goes to your blood real quick?

A: Well there's a couple of areas that you can give yourself shots, uh, you can give yourself a shot on the back of your arm, you know, you got a little bit of... of course with insulin you want to get yourself in a fatty area where you're not jabbing yourself in the muscle or anything. Um... so you've got your stomach and your legs. Um... of course I don't have really anywhere on my legs to, uh, I can't pinch anything on my legs, that's out, right. I guess that's where girls can give themselves shots since that's where they keep their fat, you know. But I got a gut going on here, you know, so... and I only give myself a shot twice a day, you know, so...

S: Twice a day, that's all.

A: Yeah, well, you know, I mean it's enough so that way it doesn't bother me giving myself a shot in the same place all the time, you know, it's not like my stomach is so sore so I have to rotate to my arm or something, you know, so.

S: But do you feel pain in your stomach?

A: Occasionally I have bruised myself giving myself a shot or had an area become sore or something like that, but, nothing that's been that distracting.

S: So do you give yourself a shot at your house, or do you have to give yourself a shot on school grounds too?

A: Well yeah, I give myself a shot during class.

S: During class?

A: Mhmm.

S: Like how do you... like just get out of the room?

A: No. I just sit there and give myself a shot.

S: Are people looking at you?

A: Well the people beside me if they want to, but I mean they've already seen all there is so...

T: So that is not a problem to you?

A: No, not at all. I imagine that if I was in some sort of formal... you know what, I don't see how they could ever be a convenient place to give yourself a shot unless you are in short sleeves, you know. I think the stomach is just easier access and you can see what you're doing, you know. I mean even if you are just a bit of fat you can see your stomach, you know, that might be blocking some other parts, but...

S: I shouldn't have but I read your survey... but I noticed that no relatives or no family members are diabetics.

A: Nope. Nobody.

S: Nobody? Not even in your, like family tree?

A: Nobody. In fact they thought my grandmother had diabetes, but she had cancer and she died so... it wasn't diabetes.

T: Do you do any, like um, research on the Internet or something like that or just rely on your doctor's instructions?

A: Well I have looked up stuff on the Internet, but not so much that I even know their addresses, you know, I'd have to do a Google search for it. Uh... there was a point in time where I was curious because, I swear to you, these people explained to me the disease, you know, they are sweet good hearted - people but, you know, they got their spiels down to where they're able to explain it to everybody, you know, so it broke down, you know so a kindergartner could understand it, you know. You got these books with talking fruit and, you know, just these mysterious forces at work in your body and I wanted a more scientific, you know, I mean really, really, really, beyond what they could answer me explanation of how stuff really works, you know, and they gave me a couple of resources where I could look it up on the Internet and stuff and I got bored with that and said whatever and never read it.

S: Like, how long ago did you research anything about diabetes?

A: Well that was just when I first became diabetic, mainly over the first two months, three months or so...

S: Do you get any of the little letters from hospitals?

A: Hey, you know, I don't know... somebody mails me something... I don't read it.

S: You don't read it?

A: No.

S: What about the new products that come out?

A: Like what?

S: Like any new products that are... which will show up... new technology?

A: Well, uh, I don't know. My Mom reads me stuff every now and then. 'Oh look at this,' you know, it's like, 'great Mom.'

S: So she mostly does the research?

A: Well, you know, she's a mom, so she's like... you know now, I guess she's, like trying to, you know, keep my spirits up or something, but it really doesn't bother me, you know, so I don't really care. You know if somebody comes up one day and says, 'hey, here have this, you'll be fine,' then I will but, you know now, but I'm not you know pinning any of my hopes on some stuff. I guess there was some stuff lately that, I don't know, my Mom read me some articles about a bunch of different things that looked promising. I guess it's one of those promising areas, you know now... more promising than growing a foot.

S: What about the gene manipulation, do you think it's a really good idea for diabetics?

A: Gene manipulation? How so?

S: Oh, like, manipulate your genes so that you won't... even if you have diabetes it will make it ok.

T: ...gene replacement therapy.

A: Gene replacement therapy. Well I'll tell ya, if it works, you know, why not? Whatever, right? Uh... I'll tell ya, personally I am against stem cell research.

S: You are?

A: Yeah, personally.

S: Why?

A: I... I am of the opinion that life starts at conception, you know, and uh... I would have just as much problem with that as, uh, you know, torturing Jews to find out, you know, which dental methods work better, you know... I just really... that's how I look at it.

S: But you are up for new medicines and new technologies?

A: Yeah sure.

S: Would you try them?

A: You know I would, you know, but a lot of stuff isn't in this area. I know we have, like, the Jones Institute or something like that and they're happening place I guess, but like, a lot of the newer stuff I've seen in the paper, you know, there was like they were gonna be testing people out in Texas and, you know, California or something like that, you know. I'm in Virginia.

T: There is a diabetes research center in that medical center by, um, Jones Institute.

A: Yeah. You know I am up for trying something new, but, uh... I really, uh...

S: I know that the One Touch Ultra is quite new in the market, right?

A: What's that?

S: TheOneTouchUltra.

A: Yes. Yeahitis.YeahIthinkitcameoutinaboutthetimeframethatIgotdiabetes.So... andtheladywhowastellingmeaboutitwasjustgonnagetoneherself,too,youknow.

S: Soyoudon'tknowhowmuchitis?

A: I'mnotreallysureatall.Itwasei therahundredoracouplehundredorsomethinglike thatthat,butithassomemailinrebate,youknow,formostofthepriceorsomething.

S: Howmuchdoyouspendonmonitoring?Doyouhavetobuyanyaccessories?

A: Allthoseaccessories...there'sactuallyonlyoneaccessorythatyouwouldeverhaveto buy.Thereissomepeoplethatcallmeandtheyharassmeandleavemessagesonthe answeringmachine.Thattellme,'callthis1-800numberandpressoption3,'and,uh, we'll,uh,sendsomediabetic supplies,youknow.SoIcallthemuppressoption3andI guess,Idon'tknow,insurance,whatever,Idon'tknow,theysendyouyourdiabetic suppliesforfree;whichincludesthoseneedlesand,uh,theygiveme,like,alogbookor something,whichIdon'tusebecauseithas,youknow,computermemory,youknow.I'm notgoingtowriteitdown,right.Andthelittleteststrips.Thereis,uh,asolution,likea controlsolution,wheretheytesttoseethatthestrripsarefunctioningaccurately and that'sgoodforthreemonthsbeforitgoesbad...and,uh,thatis somethingthattheydo notprovide,thatis somethingthatyouwouldhavetogoandbuy.

S: DidyoueverknowabouttheGluowatchresearchgoingonrightnow?It'sjustthislittle watch,youjustwearitanditmonitorsyourbloodglucoselevels,withoutany intrusiveness,withoutinjectinganything.Whatdoyouthinkofthat?

A: Ithinkthat'sprettycool.

S: It'slike\$250andit'savailableinthemarketnow.

A: Ididnotknowaboutthat.Ithinkthat'sprettycool.

S: Prettycool?

A: Yeah,yeah.Because,uh,Idon'tknow,ifyouhadsomethinglikethat,youknow,there wouldbenoreasonnottomonitoryourbloodsugar.YouknowwhatImean?Imeanit's alotofhassle,I mean,Icontrolmydietandeverythingwellenough, apparentlywhenI takemybloodsugarI'mnotlike,'ohmygosh,its6,000,'orsomething,youknow,its alwaysinbetween...Idon'tthinkI'veeverseenit,evenafterameal,above...

S: ...200?

A: Oh,no noteven near200,right,yeahso...soIseelittlebenefitinstabbingmyself...it's justahassle.

S: So,whatarelikeyoursocialimplicationsifyougooutwithyourfriends,youknow,asa group?Ifyousay,youknow,ifyoucheckoutallthenutritionalvalues,dotheykid

around you or it's okay? It's okay if you tell them outright, 'hey I am checking this for my diabetes?'

A: I mean, people that know me know that I am diabetic, you know, and uh, um... yeah.

S: So you don't keep that a secret?

A: Uh-uh.

S: That's okay with you?

A: Mhmm.

...

S: Diabetes is not a disease it's a condition, what do you think about that statement?

A: It's not a *disease*? I don't know, I guess that's semantics, right? I mean what do you mean disease? I mean, I guess if we look up in Webster's none of us will be shocked to find out that diabetes is a disease, you know.

S: According to the DCCT people or NIH Website, or like the official diabetes Website they always call diabetes a disease but I was not really sure.

A: Alright, I wouldn't call it a disease. I mean I don't see why you would not. I mean the point of language is so you can communicate ideas and if you start playing around with words then it doesn't mean anything...

ENDOFTAPE