

*Borne the Battle*

Episode # 175

Benefits Breakdown – Diabetes Education and Self Management

<https://www.blogs.va.gov/VAntage/69268/borne-battle-175-benefits-breakdown-diabetes-education-programs/>

(Text Transcript Follows)

[00:00:00] Music

### **[00:00:08] OPENING MONOLOGUE:**

**Tanner Iskra (TI):** Aaaaaah, let's get it! Wednesday, December 11<sup>th</sup>, 2019. *Borne the Battle*, brought to you by the Department of Veterans' Affairs (VA). The podcast that focuses on inspiring Veterans' stories and puts a highlight on important resources, offices, and benefits for our Veterans. I am your host, Marine Corps Veteran Tanner Iskra. Hope everyone had a good week outside of podcast land. I – as obviously you could probably tell – did not get to soundproof the office, but I did get every single box out, which kind of made it more echoey in the short term. But we're – we're getting there. I also did an interview with the – with *Beyond the Uniform* podcast. Navy Veteran Justin Nassiri and his team were gracious enough to invite me onto their show and talk about what we're doing here at *Borne the Battle*. *Beyond the Uniform* is also a podcast that focuses on inspiring and educating transitioning Veterans with positive stories of that stressful time that we all have to go through. So, if that is a reason that you listen to *Borne the Battle*, that is another podcast in the same vein. You know, ever since the home loan closed on the party barn here – um, I was thinking what else – what other VA programs can I go through, can I do. What other experience can I share with you? And you know, it just came into my brain, you know, they – they've heard me about my home buying process, why not them hear me try to reintegrate myself into VA Medical. So, you know, I didn't have the best experience when I first got out of the Marine Corps. The primary care doctor was great but my first experience with the physical therapy was a pretty negative one. So, I – I walked out and I never came back. And I just used my – my work health insurance so, you know, I thought why not give it another try. Let's – let's go for a second chance here and – especially with a lot of the new laws, the Mission Act coming through, you know, a lot of changes within the VA. I figured why not, let's give it another shot so went and saw my primary care provider a couple weeks ago and literally today, as of this recording, I've gotten four or five phone calls from the contractor

that is gonna be starting my Community Care, finding me the right care provider – uh, for the right type of – it’s called trigger point therapy for – for one of my injuries. Um, it’s something that worked for me in the military, I know it works on my body and that’s what I explained to my first physical therapist and that’s what didn’t go so well. But this time, you know, I’ve – I’ve gotten four or five phone calls, they’re finding me a trigger point specialist in my area, they said it’s only a couple miles away, so that’s where we’re at. I got the first – uh, first phone call – uh, they took my availability and they’re in the process of finding me a – an appointment, so, I look forward – I even have a voicemail right now with them on there so, I don’t – you know, that might be the appointment, so. I look forward to sharing that with you in – as we move on with this podcast. Uh, my journey into the Community Care Program here at the VA. Um, okay, what else we got? We got a couple ratings, one review this week. This one comes from Abnpaul: A great podcast for all Veterans. I really enjoy listening to *Borne the Battle* podcast, Tanner does a great job and keeps the format simple and consistent. – Thank you – I listen to a variety of different podcasts each week and this podcast ranks among my favorite. While some of the – Well, thank you – while some of the podcasts in my weekly library get quickly “marked as played” after a few minutes, *Borne the Battle* usually goes the distance from start to finish. Well Abnpaul, thank you for, you know, listening to the entirety of the episodes and I’m sure that you’ve caught a couple of the – the shows after the shows – I need, I really need a better name for that. Um, but Abnpaul, thank you again for – for your continued listenership. We also had a – a pretty good comment from the Episode 174 blog on [blogs.va.gov](https://blogs.va.gov) [link to the VA’s blog page], otherwise known as VAntage Point, this one comes from Garry Brown: I just listened to the Episode #174 on Wreaths Across America. Like most of your podcasts, it was informative and insightful on a Veteran or organization that has or continues to have a positive impact on Veterans and their community. The comment by Mr. Hanson about a Veteran’s father wondering why his son’s grave at Arlington was missing a wreath really hit home. Wreaths Across America is a great organization and *Borne the Battle* continues to provide meaningful content worth listening to. Thanks, and keep up the great work. GBArmy. GBArmy, I think you also left a – a review, so thank you for the comment and the review, and your continued listenership. Uh, yeah, Mr. Hanson, that – that quote right there – um, if that – if you listened to that and that didn’t hit home for ya – um, I don’t – you know, check your pulse – uh, cause that was a – an amazing story. Remember, the more you rate, review, and subscribe to this podcast, the better chance other Veterans out in podcast land get a chance to listen in and hear not only these great stories, like Mr. Hanson, but the Benefits Breakdown episodes and the information provided in the news releases. Speaking of news releases, I’ve got a couple – uh, or, you know, five, so here we go. First one says for

immediate release, VA launches Solid Start to ensure Veterans are contacted during initial transition. Interesting. It says the US Department of Veterans Affairs (VA), in collaboration with the Departments of Defense and Homeland Security, introduced VA Solid Start which proactively contacts all – all newly separated service members at least three times during their first year of transition from the military. The program will contact approximately 200,000 Veterans each year and is part of Executive Order 13822, which was issued to improve mental health care and access to suicide prevention resources available to transitioning uniformed service members in the year following discharge, separation, or retirement. The goal is to establish a strong relationship between VA and transitioning service members, promoting awareness of VA benefits, services, and partner resources available to them. Veterans within the first year of separation from uniformed service experience suicide rates nearly two times higher than the overall Veteran suicide rate. Interesting. Contacts through VA Solid Start — via phone calls or emails — will ensure transitioning service members are aware of the free VA mental health resources the department offers Veterans for up to a year, regardless of discharge status or service history. For more information on this new initiative, you can go to [www.benefits.va.gov/benefits/solid-start.asp](http://www.benefits.va.gov/benefits/solid-start.asp) [link to the VA's Solid Start webpage]. And as always, if you know someone who is having thoughts of suicide, you can always contact the Veterans Crisis Line to receive free, confidential support and crisis intervention available 24 hours a day, seven days a week, 365 days a year. The number is 1-800-273-8255, that's 1-800-273-8255 and Press 1. Or you can text 838255 or you can chat online at [VeteransCrisisLine.net/Chat](http://VeteransCrisisLine.net/Chat) [link to the Veterans Crisis Line website].

Okay and the next one says, for immediate release, VA launches National Artificial Intelligence Institute. What is that? Well, here, I'm gonna tell ya. The US Department of Veterans Affairs (VA) established the National Artificial Intelligence Institute (NAII) for advancing the health and well-being of Veterans, as part of the commemoration of National Veterans and Military Families Month in November. The new NAII is incorporating – of course we have an acronym – is incorporating input from Veterans and its partners across federal agencies, industry, nonprofits, and academia, to prioritize and realize artificial intelligence (AI) research and development that is meaningful to Veterans and the public. Currently, Veterans' Affairs uses Artificial Intelligence to reduce Veterans' wait times, identify those at high risk for suicide, to help doctors interpret the results of cancer lab tests, and to choose effective therapies. Artificial Intelligence uses computers to simulate human thinking, especially in applications involving large amounts of data. It is also being leveraged in the commercial technology sector and is seeing early uses in health care. The NAII is a joint initiative between VA's Office of Research and Development and Secretary's Center for Strategic Partnerships. For more information on VA's Artificial Intelligence

Institute, you can go to [www.research.va.gov/naii](http://www.research.va.gov/naii) [link to the VA's NAII webpage]. And if you want to know my personal feelings on Artificial Intelligence, go ahead and go to *Borne the Battle*, #140, Danny Chung, Marine Veteran, Chief of Staff of Microsoft Military Affairs. Him and I talked about AI briefly and we talked about our personal feelings on AI. Pretty funny. Alright, the next one says for immediate release, VA web-based patient tool surpasses 5 million users. The US Department of Veterans Affairs accomplished a record landmark – you can say landmark or record but you shouldn't use both – October 15<sup>th</sup>, when the agency registered more than 5 million users on My HealtheVet – I think they mean surpassed 5 million users – which encourages Veterans to take control of their health. The web-based portal provides online tools that enable Veterans to proactively engage in their health care team and make informed decisions about their health and well-being. The tool allows Veterans to refill prescriptions, view scheduled VA appointments, send secure messages to their health care teams and download their own personal health record. Since the site's launch in 2003, Veterans have used My Healthevet to refill more than 148 million prescriptions, send in excess of 86 million secure messages, view upcoming VA appointments more than 74 million times and download more than 37 million health data reports. To register, of course, you can go to My Healthevet – that's [myhealth.va.gov/mhv-portal-web/home](http://myhealth.va.gov/mhv-portal-web/home) [link to the VA's Healthevet webpage]. That reminds me, I have to login and update my own My Healthevet – uh, when I get a chance. Thanks, news release. Alright, next one says for immediate release. VA continues record setting claims processing pays for 2019. This is a update from a previous news release that we had. Says the US Department of Veterans Affairs' disability claims backlog reached its lowest point ever, November 23<sup>rd</sup>, from its previous record low achieved in May 2018. Additionally, the percentage of the total inventory in backlog – in backlog is less than 18%, surpassing the previous record from October of 2016. These milestones follow VA's highest ever claims process output of 1.44 – 1.44 million claims completed at the end of fiscal year 2019, 4% more than its prior best in 2015. VA's target is to process disability claims within 125 days. That's with the new appeals modernization and you can check out that Benefits Breakdown in – in the archives. Since October 1<sup>st</sup>, approximately 75% of those claims have been completed in that time frame. Veterans who apply for disability benefits currently receive a response in an average of – in an average of 107 days. This includes first-time claims from recently discharged Veterans and older Veterans who file claims for additional benefits. Some claims take longer due to complex evidence requirements and medical examination scheduling necessary to decide the claim. And for more information on VA's modernization efforts, you can go to [www.va.gov/modernization](http://www.va.gov/modernization) [link to the VA's modernization webpage]. Alright, and the next one's pretty interesting. It says for immediate release,

the Board of Veterans Appeals plans virtual hearings in 2020. Really. How? I'm gonna tell ya. Says the US Department of Veterans Affairs' Board of Veterans' Appeals and Office of Information and Technology (OIT) are working towards a nationwide availability of virtual hearings for Veterans next year, allowing access using their mobile phones or laptop via the VA Video Connect app. The virtual hearings are based on the V – on the Veterans Health Administration's tele-health platform and lets Veterans participate in the appeals hearings from the comfort of their own home. The testing of virtual hearings began in July 2019. To date, the Board has held 155 successful virtual hearings. Veterans who otherwise would have had to cancel their hearings were able to participate in virtual hearings and receive decisions. For more information on the Board of Veterans' Appeals, you can check out their site a [www.bva.va.gov](http://www.bva.va.gov) [link to the Va's Board of Veterans' Appeals webpage]. And as always, I'm gonna put all the links in the show notes on Episode 175 on [blogs.va.gov](http://blogs.va.gov) [link to the *Borne the Battle* webpage]. Just go to [blogs.va.gov](http://blogs.va.gov), go to the search bar, type in Borne the Battle 175, boom, Bob's your uncle, you're gonna be right there. Alright, so November was Diabetes Awareness Month. However, we only have one episode a week and last month we didn't have a Benefits Breakdown. But hashtag never too late to learn, right? Um, and what the heck, you can learn about diabetes anytime. And boy did I learn. I mean, I learned a lot about diabetes from this week's interview. Before this, I knew pretty much next to nothing. For instance, did you know that 25% of Veterans who use VA Healthcare have been diagnosed with diabetes? Me neither. Or maybe you did and for that, good on you. Our guest is not a Veteran, but she is the program manager for the Louis Stokes Cleveland VA Medical Center's Diabetes Self-Management and Education Training Program. Pause – exhale – man, that's a long title. She was also diagnosed with type 1 diabetes herself, right out of high school. We sat down, virtually, and she broke it all down for me on the devices, tools, and education available to diabetic Veterans, both in person and online. Her name is Miss Mary Julius and let's listen in as she breaks down the Diabetic Self-Management and Education Program inside the VA. Enjoy.

[00:15:20] Music

## **[00:15:26] INTERVIEW:**

**TI:** Mary, thank you – uh, for coming on *Borne the Battle* to talk about diabetes – um, because honestly, I personally don't even have a clue about the disease. I think a lot of people know someone like – like me for instance, I had a great uncle that went blind and lost limbs and – and died from the disease. Which to me, sounded really scary but I know of people

that are alive and live with it every day. And I just – what is diabetes? Is it like a – it's – it's about sugar balance, right?

Mary Julius (MJ): It's a dis – it's a metabolic disorder.

TI: Okay.

MJ: Your body, in response to – to food, in response to glucose, should release insulin. And insulin allows your glucose to enter cells and function as fuel. In type 2 diabetes, it's a combination of insulin resistance and also a decrease in the amount of insulin that's – that's being made. In type 1 – um, individuals with type 1 diabetes for the most part, are unable to make their own insulin.

TI: Okay. And – and can you go from 1 to 2 and back and forth?

MJ: No –

TI: Or is it –

MJ: No.

TI: No. Okay.

MJ: Type 1 is actually autoimmune in nature, so people have to have the genetic predisposition and also an environmental trigger. Um, within the VA, you know, 1 in 4 of our Veterans has the diagnosis of diabetes and –

TI: Yeah.

MJ: when we look at a lot of the exposures, particularly our Vietnam era Veterans, you know, what were they exposed to that – that may have been a trigger – um, and this is more for the type 2 but with type 1 it is an environmental trigger and a genetic predisposition. It's actually an autoimmune disease. In type 2, we do believe that, you know, there have been some environmental factors that can contribute to this.

TI: So, one, you're saying it can be – type 1, it can be hereditary and then – and then –

MJ: There must be a genetic predisposition, yes.

TI: Okay. And then – and then but there's an environmental trigger, so like, can you give it to yourself by like eating too much sugar for a number of years or like how – what – what are environmental triggers?

MJ: So, they've really, really been looking at what the environmental triggers can be and there have been a lot of theories over time as to what the environmental triggers are. Um, we just tend to think that there – there's actually some lab markers that we can look at.

TI: Uh huh.

MJ: Um, some autoimmune lab markers and when we see those elevated together with – um, other lab factors, we're able to see that yes, indeed this is new onset type 1 diabetes. Um, with – with –

TI: Interesting.

MJ: With type 2, again it's – it's more the – we see that insulin resistance. So, with the insulin resistance, it's as if somebody has put gum in a keyhole. And so now the key can no longer work. Um, but at the same time, there is a decrease in the amount of insulin that somebody is secreting over time.

TI: Gotcha. So, like my mom telling me as a kid, you know, don't eat that much sugar. Too much sugar, you can get diabetes. Is that a – is that a real thing?

MJ: It's a myth.

TI: Okay. Just checking. Just –

MJ: It's – it's a myth.

TI: Just checking [laughter]

MJ: So, a lot of people, you know, when they overeat and they become, you know, they can add those calories, they can add those extra pounds, and that does become a risk factor for –

TI: It increases your risk.

MJ: Yes. For type –

TI: Gotcha.

MJ: 2 diabetes. Yes, so –

TI: Gotcha.

MJ: I guess indirectly your mom's right. [Laughter]

TI: [Laughter] Gotcha. Um, so you're – you're a project manager for – for diabetes within the VA. Um, you're not a Veteran but you work for the VA in Cleveland. Are you at one of our Medical Centers? Or –

MJ: So, I do work at the Louis Stokes Cleveland VA Medical Center.

TI: Okay.

MJ: Yes. And I actually oversee our Diabetes Self-Management Education Program at the Cleveland VA and 7 of our community-based outpatient programs. So, my focus is that population management, but a population is made up of individuals, so it's – it's managing the individuals within the population as well as the entire population.

TI: Gotcha. And you have – you have Veterans in your family, correct?

MJ: Yes, my father was a Veteran and one of my brothers is a Veteran.

TI: Talk to me about your own diabetes diagnose – diagnosis. Um, that was at a – at a young age, correct?

MJ: Sure, yes. I was – I was diagnosed as a freshman in high school and – um –

TI: Interesting.

MJ: it – it – I was actually the first family member to have the diagnosis of type 1 diabetes –

TI: As a – as a freshman in high school.

MJ: Correct. Yes.

TI: That’s gotta be – that’s gotta be pretty rare. Uh, is it – is that rare, to be diagnosed in high school?

MJ: So, with type 1 diabetes we see people being diagnoses as, you know, young children, 3 to 5 years of age and then we see another spike at – at puberty, at adolescence.

TI: Okay.

MJ: So, again, there’s a lot of hormonal changes going on and – um, those are opportunistic times for the body’s own immune system to – um, make a mistake.

TI: Okay.

MJ: And – and so it is an autoimmune disorder.

TI: Gotcha. Gotcha. Um, and then you can also – so type 2 is usually diagnosed later on in life?

MJ: That’s true. Absolutely true.

TI: Gotcha. Gotcha. Um, what intrigued me about your story was the article on [blogs.va.gov](https://blogs.va.gov) that a colleague of ours pointed out, and I’ll put that article in the show notes for this episode on Vantage, you know, on our – on this blog on – for VAntage Point. Um, but you had a very unique experience the first time you had a – is that hypoglycemic or hypoglycemic?

MJ: Hypoglycemic, a low blood sugar, yes.

TI: You had a – you had a black out.

MJ: I did.

TI: at – at a very unique area.

MJ: [Laughter] That's true. That's true. When I was in high school – um, one of my great aunts and my grandparents invited me to join them on a trip to Italy. And my parents said yes, sure. I had only had diabetes for about a year and, you know, I had packed everything I needed and if you, you know, go back to the 1970s, blood glucose monitoring wasn't in place, we had very, very different insulins and when you look at crossing, you know, different time zones, different foods – um, I really thought I had done everything correctly with my, you know, older insulin and I had taken the doses –

TI: Yeah.

MJ: when I hadn't calculated in the time zone. So, I think that I took, you know, my – my evening dose of insulin twice because of, you know, the travel. We were visiting Vatican Square when I passed out. I – I lost consciousness, I – um, just passed out.

TI: Wow.

MJ: And you know, the – the rest of the story is when I woke up, when I was finally conscious, I was in the Vatican sick bay. And – and there sitting next to me was Pope Paul II. So, it was –

TI: [Laughter] That's amazing.

MJ: my own private audience with the Pope and one of my great aunts and –

TI: [Laughter]

MJ: you know, Mayor Grosvenor

TI: That's – that's a way to get the Pope's attention, I guess. Um, what do you remember about your private audience with the – with the Pope?

MJ: You know, I remember that he had some butterscotch candies in his – in his big robe and – um, when he was sitting next to me, he handed me a handful. I really was so – I had such a bad headache after I woke up that I don't remember any of the words he said –

TI: Oh my gosh –

MJ: I know he prayed but – uh, yeah, it was – it was –

TI: It was an – it was an experience, definitely.

MJ: It – it really was.

TI: Yeah, not – not everybody gets a private audience with the Pope, with Pope John Paul. Um –

MJ: It was Pope Paul. It was before John Paul.

TI: Oh my gosh.

MJ: This happened in the seventies, yeah.

TI: See, I –

MJ: Yeah.

TI: To me, Yeah, I don't even remember – I mean, I was born during Pope John Paul, so. Wow!

MJ: Okay.

TI: Yeah, wow. That's amazing. Um, you also served on the VAs National Diabetes Group, why is diabetes awareness education currently important for Veterans in today's day and age?

MJ: Oh, my goodness. I – I think that there – there are so many components to diabetes management and really being able – and most of diabetes is self-managed. And having the education and the tools required for self-management are – are of such importance. Um, we wanted to avoid extremes, we wanted patients to be able to avoid extremely high blood glucoses and extremely low blood glucoses.

TI: Yeah.

**MJ:** The – the risk of low blood glucose, the hypoglycemia, that loss of consciousness is actually very, very serious and, you know, if somebody is driving when that occurs, that – that can be very, very, very – uh, serious, life threatening –

**TI:** Sure, sure.

**MJ:** Deadly.

**TI:** Sure.

**MJ:** Um, and we've all heard stories where that's – that's occurred. Um, so yes, we want to avoid the extreme lows but with the extreme highs – um, you know, those long-term complications. The complications of – of nerve damage and kidney damage and heart damage. They're very real and we, by improving control, we can help reduce the risk of the long-term complications and that truly is – is important for people with diabetes.

**TI:** And – and you were saying that a, you know, a quarter of Veterans are being diagnosed with diabetes. Um –

**MJ:** Correct.

**TI:** That's – that's an amazing number. Is – is it type 1, type 2, a mixture? Um –

**MJ:** So – so I think it's not a quarter of people with – that are Veterans have the diagnosis of diabetes but rather 25% of Veterans that receive care within the VA have the diagnosis of diabetes.

**TI:** Gotcha. Gotcha.

**MJ:** So, many Veterans, you know, receive their care in the private sector but those that receive their care within the VA –

**TI:** A quarter of them –

**MJ:** 25% of them have the diagnosis of diabetes.

**TI:** I mean, any way you slice it, that's an amazing number.

MJ: 1 in 11 Americans actually has the diagnosis –

TI: Wow.

MJ: of diabetes.

TI: Wow. Uh, say I just got – um, diagnosed with type 1 diabetes.

MJ: Yes sir.

TI: Uh, and I'm with my VA doctor, what's – what are some of the first steps – what first steps should I take in making sure I – I can start managing this correctly?

MJ: You – your first step really is to work very closely with your primary care provider and – and to use the monitoring tools that are available, to work very closely with the registered dietician and to explore the various technologies that are out there to help you best manage your diabetes.

TI: Gotcha. Should I start making appointments with certain specialists? Or –

MJ: I – I would make the appointment first with your primary care doc so that he or she can guide you to the appropriate specialist.

TI: Okay.

MJ: Yes.

TI: Gotcha. Gotcha. Now, what can Veterans with diabetes – um, I mean, in your blog you talk about, this is my drill. What's your drill? What type of education is necessary with – for those with diabetes?

MJ: Yeah, we – we do have a – a diabetes self-management education and support program. And this is actually a program in which, really, individuals are – are given 8 very specific educational topics.

TI: And any Veteran in the VA system can – can ask for this?

MJ: Yes, so it's –

TI: Okay.

MJ: you know, there's a diabetes overview, there's diabetes and monitoring, diabetes and shared decision making, diabetes and medication, diabetes and physical activity, diabetes and complications. And all of these are – are important topics for Veterans to at least have an understanding of.

TI: Uh huh. Interesting. Very interesting. Um –

MJ: From a [inaudible] standpoint, we're actually – um, in the process of building a virtual medical center, both the VA and the Department of Defense, which will allow patients access to the materials, 24/7, 365 days of the year. So that they can do their own self learning.

TI: Not only them or if they're – if they're –

MJ: Their family members

TI: Yeah, if they're – if they're stubborn about it, their family members can – can get on there. That's – that's cool.

MJ: Yes.

TI: Great.

MJ: For places where they don't have a structured program, you know, we have pharmacists, and many of the pharmacists really are stellar at providing guidance and medication management, medication education, medication titration. Um, we are very, very fortunate to have the, you know, an amazing pharmacy team. Nursing – um, we have many nurses that are also dually credentialed as certified diabetes educators. And – and – true asset to Veterans with the diagnosis of diabetes. So, you know, it's a very nice – um, system.

TI: Very good. In your blog you talked about serving sizes, blood glucose before meals, carbohydrate to insulin ratios, why do numbers matter and are they different for each person – person? I'm sure a person's weight probably affects that number, I'm guessing.

MJ: You're absolutely correct. Um –

TI: Okay.

MJ: One of the things we really focus on is health literacy. And within health literacy, we look at, you know, cultural components of health literacy. We look at, you know, a person's ability to speak, a person's ability to listen to information, we look at a person's ability to read and write. Um, with diabetes, we also look at numeracy. And numeracy is truly – um, you know, just – just very important. Um, if – if there's an error in numbers, somebody can really end up in trouble and –

TI: Yeah.

MJ: and again, I go back to how I met the Pope. You know, just the timing of medication and the timing when you're crossing – when you're traveling or crossing time zones. Being able to manage that correctly can – can really put somebody in – in jeopardy of a pretty significant acute event. Um, I am a registered dietician and the reason I became a dietician, again, was because I was diagnosed with type 1 diabetes when I was in high school.

TI: Wow.

MJ: The fact that I was in high school, the tools that we had were very, very different than the tools that we have today. The insulins today are very different – um, but something like monitoring, you know, it used to be just testing your urine and it wasn't until the 1990s that, you know, blood glucose monitors became widely available to the public. So, you know, right now anybody that's diagnosed gets – gets a blood glucose monitor. In – in the 1970s, from a nutrition standpoint – um, I think nutrition is something that has truly evolved. Back in the – before insulin was discovered – um, Elliot Joslin was one of the doctors that treated individuals with diabetes, and he would find that they had to have a very disciplined lifestyle.

TI: Mmm.

MJ: Disciplined exercise, disciplined – um, diet and that if they overate, they would end up with very, very high blood sugars but he did indeed, you know, kind of instilled that first focus on that disciplined lifestyle.

TI: Think about Veterans and discipline and you hope that, hey if some of that discipline's carried over from service – uh, this is something that you should be able to manage. You know. [laughter] Some – but sometimes drop that – sometimes Veterans drop that discipline as soon as they get out.

MJ: It's actually a very nice population to work with because they do have that history of discipline and sometimes they just need to know, you know, get that education on why this discipline is important. Um –

TI: Yeah.

MJ: For me, once I learned, you know, again monitoring was using, you know, was urine back in the 1970s and many of our Veterans were first diagnosed in the '70s or even '80s before, you know, we had the widespread blood glucose monitoring. And the under –

TI: So – so blood gluc – blood glucose monitors – excuse me – um, is that something that if you're in the VA system and you have diabetes, you can go and pick one up?

MJ: With the diagnosis with diabetes, you would be issued a blood glucose monitor, yes.

TI: Wow, wow. Eating healthy, you always hear that when someone's diagnosed with diabetes – um, you know, they always say hey, you gotta watch your – you gotta watch your – your diet. Um, what should you be eating, what shouldn't you be eating? And you know, Veterans always gotta figure out, is there a way to cheat the system?

MJ: What you should be eating is actually a very complex question. Um, you – we have gotten – um, somewhat away from the rigid discipline that had to occur back, you know, 50, 60 years ago because of more advanced medications. First and foremost, you know, that weight, being within a target weight for somebody that's newly diagnosed with type 2 diabetes is very important.

TI: Gotcha.

**MJ:** Exercise, also very important. Um, we are – there's metabolic benefits of exercise and there's cardiovascular benefits of medi – of exercise. For metabolic benefits, it – even if you walk for 5 minutes, there's a metabolic benefit to that.

**TI:** Sure.

**MJ:** And so, we want people to just start with a goal of getting up to 10,000 steps per day. That's when you really reap the metabolic benefits of exercise. Nutritionally, once we're in target weight, we can actually see the impact of various foods on a person's blood glucose.

**TI:** You've – you've heard about people with – that do more exercise and eat better, they act – can – they actually can lower their insulin dosage? Is that true?

**MJ:** That's very true. It's very true. Um, exercise is very, very metabolically beneficial and for some people, they can actually put their diabetes into remission if they have type 2 diabetes.

**TI:** Wow, wow.

**MJ:** Yes. Through exercise and weight management.

**TI:** Wow.

**MJ:** When we talk about carbohydrate insulin ratios, we talk about that for our patients with both type 1 and insulin requiring type 2.

**TI:** Okay. Very good.

**MJ:** And one of the simplest things that we start with is that 1 unit of insulin covers about 15 grams of carbohydrate. That is – so people have to understand which foods are carbohydrate and they have to be able to quantify the amount of carbohydrate in, you know, various serving sizes and all go in mixed meals in order to appropriately dose their insulin, their mealtime insulin.

**TI:** Wow. So, you have to be really careful. So that – that's where it goes into the label reading and the – and all that, you gotta understand.

MJ: Yeah, exactly.

TI: Wow. Okay. Very good.

MJ: And label reading, we wanna be looking at total grams of carbohydrate.

TI: Gotcha.

MJ: And the label can be confusing because some people will look at grams of sugar, but we want them focusing on total carbohydrate.

TI: Gotcha. So, you're – you're the project manager out – out in Cleveland. Is there project managers within the VA and other areas?

MJ: So, I'm actually the program manager for Diabetes Self-Management Education and Support. I'm – I'm also one of the subject matter experts on our virtual medical center build that will give access to people from – all Veterans, all Department of Defense, active duty, and their family members so that they will have access to the education both with a facilitator and live and without. But locally, in Cleveland – um, I am the program manager. And yes, there are other locations throughout the United States that have people in my same position.

TI: Very good, very good. Um, when were you looking to have that – that virtual diabetes clinic online?

MJ: So, actually it's up right now – um, and if you went to – if you simply googled VA-DMC –

TI: Yeah.

MJ: You could – you could see it and if you are a Veteran, in the upper right-hand corner there's a place where you can register.

TI: Very good.

MJ: Um, we have started doing clinics in the Virtual Medical Center, we've started first with – um, the Navy and so on Fridays we actually have clinics in there. And I'm – I'm in the Virtual Medical Center as an instructor –

TI: Interesting.

MJ: with our (inaudible) on – on Fridays.

TI: Okay.

MJ: So, my goal is to really build that workforce so that people can come in – um, and – and receive the education and training.

TI: Gotcha. Um, send me the link and I'll make sure it goes in our blog at [blogs.va.gov](https://blogs.va.gov).

MJ: Oh, okay.

TI: And any other links that you think would be –

MJ: Okay.

TI: beneficial to our – to our audience.

MJ: Okay.

TI: Um, Mary is there anything that I left out that you think is important to share?

MJ: I don't know. [Laughter] I'm still nervous.

TI: [Laughter]

MJ: You cut and splice this up and, you know, make it a minute and a half and I'm going –

TI: Oh no. This is good, no, this is good education. This – I've learned a lot. Um, is there, like a parting shot to the audience or is there – is there something that maybe I missed – uh, in – in –

MJ: You know what?

TI: Go ahead.

**MJ:** Maybe I've been – I – I think the biggest thing is that – I think one of my reasons for being so excited about our virtual medical center is that right now, there are only 69 sites in the VA that have diabetes self-management education programs.

**TI:** Okay.

**MJ:** Only 69. Yet we have over 2,000, you know, when you count in all the SEPACs. And we can't possibly, you know, many Veterans want access to programs but yet, they're not accessible so kind of that whole access thing –

**TI:** Yeah.

**MJ:** and I think, giving patients the ability to access and learn on their own is – is gonna be important. Because that's – that's – I believe that's gonna be our future, is being able to get – like our super certified diabetes educators, our super pharmacists, our super nurses, our super RD's in and teaching those classes that, you know, patients can walk into.

[00:41:45] Music

### **[00:41:50] PSA:**

**Man 1:** The VA does a very good job on the medical side. I don't know of anybody that has any complaints. My primary care doctor's probably the best doctor I've ever had in my life.

**Doctor:** [Inaudible] my friend, good patient of mine. He only comes once a week, but I do, I enjoy him.

**Man 1:** [Laughter] She comes in special, for me, early in the mornings.

**Doctor:** Yes, I do, early in the mornings.

**Man 1:** Just for me. That's exactly why I choose VA.

**Man 2:** Choose VA today. Visit [va.gov](http://va.gov).

[00:42:20] Music

## [00:42:25] CLOSING MONOLOGUE:

TI:

I wanna thank Mary for her breakdown and for sharing her story with diabetes and that great little tidbit of her private – of her private audience with the Pope. Crazy. For more information about what diabetic tools, information, and education are at your local VA medical facility. Ask your primary care doctor. In addition, there are some resources at [nutrition.va.gov/diabetes.asp](https://nutrition.va.gov/diabetes.asp) [link to the VA's Nutrition and Food Services webpage] and let me know in the reviews and comments if the information in this episode was personally helpful to you. This week's *Borne the Battle* Veteran of the week is Marine Corps Veteran Eden Pearl. Eden was born in Fort Bragg, California – yes, there is a Fort Bragg in California – but was raised in Rochester, New York. After graduating high school in 1994, he enlisted in the Marine Corps. After completing basic training, Pearl attended Force Reconnaissance Training and subsequently became a reconnaissance Marine. He served with Reconnaissance Company, Headquarters Battalion, 2nd Marine Division. Pearl attended a number of schools including the Amphibious Reconnaissance School, Scout Sniper School, and the Rigid-Hull Inflatable Boat Coxswain's Course. Pearl completed several deployments to Iraq with the 26th Marine Expeditionary Unit. In 2006, he served as the lead assault and entry instructor with 2nd Special Operations Training Group. Pearl assisted in the development of the Individual Training Course at the Marine Special Operations School. In 2008, Pearl was assigned as the team chief for Team 8211, Fox Company, 2nd Marine Raider Battalion. In 2009, Pearl deployed to Afghanistan for Operation Enduring Freedom. While conducting a routine patrol in the Herat Province, the enemy ambushed his team. They detonated an IED directly under Pearl's vehicle. Severely wounded, he retired from the Marines Corps as a master sergeant in 2014. However, on Dec. 20, 2015, Pearl passed away due to his injuries. Pearl's medals include a Purple Heart, a Navy and Marine Corps Commendation Medal (two with Combat 'V') and Combat Action Ribbon. He is survived by his wife Alicia, a Navy corpsman, and their daughter Avery. We honor his service. That's it for this week's episode. Even though December 5<sup>th</sup> was the International Volunteer Day, this holiday season, I wanna encourage you to think about continuing to volunteer over the holidays. Each year, thousands of Veterans spend the holidays at VA inpatient facilities, away from their families and friends. Sometimes all it takes is a visit to lift their spirits this holiday season. To learn more about VA's many volunteer opportunities, visit VA's volunteer service website at [volunteer.va.gov](https://volunteer.va.gov). And as always, for more stories on Veterans and Veteran benefits, check out our website at

[blogs.va.gov](https://blogs.va.gov) and follow the VA on social media: Twitter [Link to the VA's Twitter page: [https://twitter.com/DeptVetAffairs?ref\\_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor](https://twitter.com/DeptVetAffairs?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor)], Instagram [Link to the VA's Instagram page: <https://www.instagram.com/deptvetaffairs/?hl=en>], Facebook [Link to the VA's Facebook page: [Facebook.com/VeteransAffairs](https://www.facebook.com/VeteransAffairs)], YouTube [Link to the VA's YouTube page: <https://www.youtube.com/channel/UCBvOzPLmbzjtpX-Htstp2vw>], RallyPoint [Link to RallyPoint: <https://www.rallypoint.com>], Dept Vet Affairs, US Department of Veterans Affairs, no matter the social media you can always catch us with that blue checkmark. Thank you again for listening and we'll see you right here next week. Take care.

[00:45:53] Music Out

(Text Transcript Ends)