

- Now's the time for all good men to get together with one another. We got to iron out our problems.

- Good morning, good morning, Virgin Islands, St. Thomas, St. Croix, St. John, and Water Island, this is Archie Jennings from the Disability Rights Center, here for Ability Radio, you and your health. This is a health literacy program. We're trying to advise the Virgin Islands a various health issues and it's sponsored by the VI Lottery, "Making a Difference" program. We'd like to thank the radio station here and VI Lottery for allowing us to broadcast these discussions, and it's a call-in show. So, you can, but we requested you there's no use of names, no personal text, no unfounded allegations, and/or product pictures, no profanity, and we don't give medical advice. So, we won't respond to those questions if, even if you ask for it. This morning, we're gonna talk about diabetes. We have Mr. Steve Prosterman.

- Good morning. How are you doing, Archie?

- Good morning, Steve. It is, it's good to have you here. What is this society that you're associated with?

- Diabetes Association of the Virgin Islands. I started actually back in 1988 when I realized that there was a need for support groups for people with diabetes. So, we don't, same thing, we don't really give, we talk about diabetes in detail. I give advice, but I can't do, give medical advice, so I can tell people what doctors to go to that might be good at treating diabetes or specialize, which here we have Dr. Barzey, who's a diabetes specialist, excellent, excellent doctor. Gets overrun because there's so many people with that, but then we have a lot of general practitioner doctors that are good with diabetes, too. So, we are mainly giving out where to find things, where to get medical help, other things like that and act more of a support group.

- Okay. Well, I know for myself, diabetes runs strong in my parents both sides, grandma, grandma, and grandfather got his leg amputated. How prevalent is it here in the Virgin Islands?

- Unfortunately, it's very common here in the Virgin Islands. Diabetes, and where, there's two main types of diabetes. And we'll talk about some of both. Type 2 diabetes is by far the most common. Up to 90% of the people that have diabetes in the world are dealing with type 2 diabetes. And that's when the body either has trouble making insulin or gets very resistant. It can be one or both of those. And there's a lot of contributing factors having it in your family, really gives you a higher chance of having it yourself. Also being overweight, which our whole society's men overweight and growing and getting bigger and bigger as individual people over the generations of the past four, five generations probably.

- Uh-huh.

- So, and in the Virgin Islands, it's also a little bit more prevalent in Black populations, which we are here in the Virgin Islands. And also, since we're on an island, we don't have as much mixing with outside people in general. So, the gene population can kind of, not having as much of a mixture, and since we've had airplanes and stuff that's not as big of a deal as it used to be, but still it caused an increase in diabetes in the general area, and most Caribbean islands in general are the same. So, it's higher, it's slightly higher than it would be in the States, type 2 diabetes as far as the incidents of, per population, say, number per thousand of people that have type 2 diabetes.

- Can you explain the difference between type 1 and type 2?

- Yes, that's a good question. Type 1 diabetes used to be called juvenile diabetes, and it basically, the basic definition is you have to take insulin to survive. Your body completely stops making insulin and the only way to take insulin is by injection. Now, there's different ways of delivering insulin now. They actually have recently come up with inhalable insulin.

- Oh, wow.

- So, it's kind of like a spray that you suck in with your nose, almost like where, people with asthma might do.

- Okay.

- And I'm not that familiar with that. I just know they've been working on that for decades really. And I don't know, I know there are issues if somebody has a cold and you have a lot of mucus in your nasal passages that might affect your absorption, but usually it's injected. There's also, my daughter who's also type 1 diabetic like I am, she uses an insulin pump.

- Okay.

- So, that's connected to her body all the time. She has to stick a needle into her flesh somewhere and then she pulls the needle out and leaves a catheter in and she's always getting a tiny bit of a supply of insulin that actually is called a basal dose.

- Uh-huh.

- And then she'll take a big dose when she's going to eat. The way I do is a little bit different. I take a long lasting insulin. There's two main ones right now called Levemir and Lantus. They pretty much do the same thing, a 24-hour insulin. There's always new developments also. So, anything we say, there could be something tomorrow that's gonna be even better than what we're talking about. And then I'll take a fast acting insulin at a meal.

- I see. And is it all by needle injection?

- For me it is, yeah.

- Okay.

- Yeah, I use actually their insulin pens.

- I see, I see.

- So, I'll take about six to eight shots per day on a normal day.

- Oh, wow.

- So, I'm full of, full of holes.

- I know, I traveled with my aunt one time and we had to make sure we had ice for her insulin. I assumed that's been fixed in these days, but with...

- To a point, you still want, got to be careful and they also, another thing, there's a lot of people with type 2 diabetes that also take insulin. Sometimes, it's just so much easier. A lot of times, you can take certain pills. There's certain medications that can stimulate your pancreas to make more insulin, and there's also certain medications that can make your body more sensitive to the insulin. To fight the two types, the two main issues with type 2 diabetes are insulin, you're being resistant to the insulin or not making enough. And there's medications for both of those, but a lot of times, doctors will put some type 2 diabetic on something like Lantus or Levemir insulin and it make it so much easier to help and control that.

- And are there any type of also any supplement to other things that people can eat that would assist with their insulin resistance.

- Well, there's a lot of, I never want to discount anybody if they have a home remedy. And I'm sure, and I've been here since 1979 and I've loved all the local foods and some of the teas and stuff are wonderful, so I would never discount any of that. But I'm not aware of, I'm sure we can get, people calling in and tell us what they've found is good to help treat diabetes with local teas. I love, lemongrass teas is one of my

favorites, and fresh lemongrass. I hope that, oh, in my mind, I want that to fix everything. But I know it taste good. But the one careful thing you have to be with doing any other remedies is number one, you can't exactly measure it especially if that remedy might have carbohydrates in it.

- Okay.

- Like, if you're putting a lot of sugar in your tea, that's not gonna help with your diabetes.

- Lots of them, kind of productive, isn't it?

- Right. And it sure taste better, but a little equal or something like that will be a little bit better than the sugar. But I'm sure there's a lot of good things. The main thing is to have a healthy balanced diet.

- Okay.

- You don't, you don't wanna have, and heavy carbohydrates is kind of the bad guy in the diet for somebody especially with type 2 diabetes. If you're taking insulin and you really know what you're doing, you can take enough insulin to take a carbohydrate rich meal. But if you're just taking the pills, you need to be even more careful with not getting too much carbohydrates which could be too much potato, too much rice, other things, those are the kind of things that raise your blood sugar. Too much bread or any other kind of sugar.

- Right, right. Well, at this time, we'll get right back to you. Got a short break coming up. Thank you.

- All right. Thank you.

- And iron out our quarrels, and try to live as brothers. And try to find piece within without stepping on one, can, can, yes we can, can, why can't we? If we wanna, yes, we can, can.

- Good morning. Back with Ability Radio, Mr. Steve Prosterman, and I think we have a call. Remember you can call-in in 779-1079 for call-in. And caller, are you there?

- [inaudible] good morning.

- Good morning.

- Yeah [inaudible] green apple and celery together? [inaudible]

- Okay, that's great. A green apple and celery?

- Yeah, yeah, yeah.

- Okay. Now, the one thing that brings up a good point as far as insulin, because it has to be injected. What happens with insulin that we take, the acids in your stomach ruin it, so that's why we have to take it by a shot and we take real insulin. So, this might have some combination that can help and it's always good. I never wanna not, or criticize anything like that. And those kind of things are good for you no matter what. There's always gonna be a lot of good, you know, with good natural remedies, so you don't depend, you know, if you depend too much on that and you have a serious condition, you would definitely need to get under a doctor care, but...

- Sir, how did you learn about that remedy or that [inaudible]

- [inaudible]

- Oh, okay. But again...

- I'd like to know that, too. Thank you very much. That's a great suggestion to try out.

- Well, anybody else on the listening audience, remember the call-in number is 779-1079. And how would a person learn about their conditions or how...

- Oh, great..

- ...should they...

- Great question. Yeah. A lot of times with people with diabetes, you can actually, especially type 2 diabetes, you can have it for years without recognizing it. That's why it's called the silent killer. And another thing I'd wanna mention with diabetes especially in the Black population's high blood pressure is another issue that's very common. And diabetes and high blood pressure together, it's not twice as worse. It make things much, much worse as far as conditions that could lead to stroke or heart attack, things like that. So, with Black populations in general, where you have a more, a higher incidents of diabetes, type 2 normally, and also of high blood pressure, it's important for everybody to get both of those checked on a regular basis. But as far as knowing, recognizing signs and symptoms of diabetes, it can be a number of things. It can be, number one will be excess of thirst and excess of urination. So, if you're getting up to pee all the time and you're always really thirsty, that would be a good time to get checked. Also, if you have an unexplained weight loss or very tired all the time. And sometimes, people discover it when they go to the doctor because they're not feeling good. They might have a cold or something like that. It wouldn't cause the cold, but then the doctor decides, "Well, let's do a test for diabetes also." So, a lot of times, it's in a general checkup because it's kind of underlying, and sometimes it's not really prevalent to announce yourself in a big way.

- Oh, okay. So, regular checkups would...

- Regular checkup's very important for, you know, so many other things especially, like I said, with, along with the incidents of high blood pressure here also. That'd be very important to keep your blood pressure in control.

- And if, what if it gets out of control? I know sometimes people with diabetes may have to deal with dialysis.

- Yeah. Now, then you told me about complications. It's another big subject. As far as controlling your diabetes, first of all, it's actually kind of a game. You wanna keep your blood sugar within certain parameters. For a normal person who doesn't have diabetes, the normal blood sugar being anywhere between 80 and 120 with the American system that we use. I'm not sure what that is and the European, but, and we can do that really easy. We have home blood test. So, you can do blood test at home. And a lot of people only do that once and then they don't do it for a long time. I probably do about eight blood test per day, and now I'm a little bit more than the normal because I have, I wanna make sure I really control it tightly because of the, some of the work I do, being in-charge of other people and things like that. But we wanna watch our blood sugar and we can do that easily. But sometimes, this is the hardest thing because you got to stick your finger with a little needle. The finger print can sometimes, I think people would rather just chop off the end of the finger rather than stick it with a little baby needle because you just, but if you really do it a lot, it's not that big a deal and usually do it on the side of your finger, but it's not as to being nerve endings. And somebody with diabetes, it may be a little bit high, it may be 180, and that would still be considered fine or even up to 200 and that's fine. But when you get to the blood sugars that are in 300 and 400s, the blood sugar is not a stable thing. It's moving up and down like a wave all day.

- I see.

- Unless you have uncontrolled diabetes and it stays very high, and that's when it's very bad for your body all over even not that long of a period.

- And your profession as a diver, so, is that right?

- Right. I teach scuba diving at the university in Captain Boat, so I do have to take extra precautions to make sure I stay within those boundaries that I want to.

- Okay.

- I could never let it drop low, so somebody with like one diabetes. It's also easier for the blood sugar to drop low since I'm controlling it artificially by taking insulin. I can't let it get too low, because when it gets low, your brain works on glucose in the blood stream and your, if it gets low, your brain might get a little weak and dizzy feeling.

- Okay.

- So, that's really important. And if somebody, especially with type 1 or just taking insulin, it feels like they had low blood sugar, then that's the one of the few times they do need to eat something sweet, something with carbohydrates in it because, and if they don't recognize that and they keep going, say, if they're also drinking alcohol where they might be confused in that note, well, I better check my blood sugar. They could actually pass out...

- Oh, great.

- ...when their blood sugar is going too low.

- Low.

- So, need to have good general health. It's kind of one of those things where it can be a cycle of care. That if you take care of everything, you got to, you got to pay more attention, but it can really help you stay healthy if you pay attention to things. And if you don't, the cycle gets worse and goes down, very quickly do.

- What are some of the other complications?

- Oh, other complications, well, diabetes causes a lot of things. It affects almost every part of the body, every system. It's the leading cause of new blindness. So, people that go blind in their teen or older years.

- Okay. Is that called macular degeneration?

- No. No, this is a different thing.

- Different one. Uh-huh.

- It's a...

- Diabetes with retinopathy.

- Yeah. Diabetic retinopathy.

- Retinopathy, yeah.

- It's, it all happens in the retina of the eye.

- Uh-huh.

- And we have a couple of great eye doctors here. I've gone to Dr. Biscoe, he's been really good. There's a couple of other, you have to be an ophthalmologist, not just an eye doctor that can prescribe glasses,

but a full MD to look at the retina and make sure that, actually the other, the optometrist can be very helpful in recognizing conditions and then they will refer you to an ophthalmologist.

- I see.

- But what diabetes causes in the eye, it's kind of interesting because it causes the retina to grow new blood vessels for some reason. I'm not exactly sure why that happens, but those new blood vessels are weak and they can leak out flood and fluid in behind the eye and that's what causes the problem. And it's a very simple thing. If it's caught early, it's treated with the laser and they just seal it off with the laser. But if it's not, that's the one thing, it's easy to prevent if you do get checkups. So, if somebody that does have diabetes, whether type 1 or type 2, you should get a retina exam done by an ophthalmologist here.

- Okay.

- That's really important. Couple of other complications that are really important to think about are, it's a leading cause of amputation of lower limbs, too.

- Okay. We got another caller. This is the second.

- Okay. Great. Yeah.

- Yes, good morning [inaudible]

- Good morning. How are you doing this morning?

- Good morning, Iris.

- Good morning, Dr. Prosterman. Thanks for [inaudible]

- Oh. And I'm not a doctor, so I'm not giving medical advice. I'm just a person with diabetes that's learned a lot about it and wants to help people and help people learn what to do or who to go to.

- Oh [inaudible]

- Oh, okay.

- And I wanted to [inaudible] listening audience and pre-retirees that Medicare does provide preventive [inaudible] measures and that they do diabetes screening and self-management training. So, if anybody has already gone through a doctor or whatever, when they become eligible for Medicare, they will do a baseline on screening and then take it from there to monitor, help monitor the patients with diabetes. They also conduct, they also provide self-management training.

-That's great. That's so important.

- Yes. But what, if they need a written order from a physician, and they also provide medical nutrition therapy, which can be provided by registered dietician or a Medicare approved nutrition professional.

- That's fantastic.

- And they, there are also a lot of information available on the Medicare website. They can go in there or call 1-800-MEDICARE and get a booklet that's available entitled Medicare Coverage of Diabetes, Supplies, and Services. And there's also another one that was just revised March 2015, which is Your Guide to Medicare's Preventive Services, which even includes the checklist of what preventive service they've got there, entitled to as a Medicare beneficiary. I just wanted to remind the listening audience with that.

- Oh, that's great.

- Thank you very much.

- That's great.

- Two things that are really important, as people age, their chances of getting diabetes get higher also. So, it's probably important to keep up those checkups. And another thing the caller mentioned is called self-management training. It's so important for the patient to take an active role in their treatment.

- Absolutely.

- That, and just about everything. But in diabetes, it's extremely important because it's something that's constantly changing. It's not a stable, your blood sugar is not at a stable point. It's always going up and down and you wanna, you wanna take an active part in treating that along with your medical team.

- Oh, okay. Thank you very much.

- No. You're welcome.

- And that's all preventive and paid for by Medicare?

- Yes. [inaudible] paid for by Medicare, but as long as the beneficiary goes with a physician that accepts Medicare, that's the participating provider, they wouldn't have to pay anything, right.

- All right.

- So, yeah. It would be Affordable Care Act. There were 15 new preventive measures implemented that was free to the Medicare population.

- That's great.

- That is...

- Good night.

- You're great, Iris.

- All right.

- Thanks for calling in and then you have your great day.

- Oh, you're welcome.

- Thank you very much.

- Thank you. Bye-bye.

- Also, to remind those who were government employees under their Sigma plan, they get a free checkup part of the, as part of the program. But again, we're gonna take a short break, Steve, and we'll get right back to you.

- Great. Thanks.

- Kindness that we give. I know we can make it. I know that we can. I know darn well we can work it out. Yes, we can. I know we can, can. Yes, we can, can, why can't we? If we wanna, yes, we can, can. I know

we can make it work. I know we can make it if we try. Yes, we can. I know we can, can. Yes, we can. Great gosh Almighty. Yes, we can. I know we can, can. Yes, we can, I know we can, can. Yes, we can, I know we can, can. Oh, yeah, we make it all. Oh, we can only try. Yes, we can, I know we can, can. Yes, we can, can.

- Oh, good morning. We're back with Ability Radio. We're talking with Mr. Steve Prosterman, and the issue is diabetes, and you and your healthcare and working with your healthcare providers to control your diabetes. Steve, we're also talking about complications with the diabetes. What are some of the other aspects of, that persons with diabetes should be aware of?

- Okay. I don't want it to all be doom and gloom.

- Okay.

- But diabetes can be very serious if untreated and/or if treated poorly and controlled poorly. And I think we talked, just touched on that it's a leading cause of blindness and amputation for lower limbs. And really, that's why I started the Diabetes Association. I teach at UVI, the scuba diving and the marine biology department, but I also work at the hospital since 1984, and there, I run the hyperbaric chamber.

- Okay.

- So, that was mainly developed for scuba diving accidents when somebody messes up diving. It's amazing what it can do to help people that might be paralyzed the rest of their life. We can fix them, you know, when they come in and that's an incredible dramatic recovery sometimes and can be a great thing. But what they found over the years, what the medical community found, is when we're giving these people, treating them in high pressure environment with oxygen, we're delivering so much oxygen that it helped with other medical conditions. It helped cure certain infections that normally could be very problematic and long-lasting. And what happens in people with diabetes is they get poor circulation in their feet usually. Your feet are the farthest from your heart and also it's the hardest to pump up against the gravity. So, sometimes the circulation is not very good. And with the hyperbaric chamber, we increase the amount of oxygen that's possible for the blood to carry to the cells and we found it can help to get these feet better. Didn't do it by itself. You had to do it in combination with antibiotic therapy because there was germs that were, you know, trying to go the other way.

- Okay.

- But it's amazing what the hyperbaric oxygen did for people. And anyway, so I realized a lot of people didn't realize they, they needed to take a, a big role of involvement in their treatment. And that's really why I started this back in the late '80s. Other problems that diabetes can cause would be kidney failure. There's a lot of kidney problems with people with diabetes. And probably on our dialysis unit, I would venture to say it's a very uneducated guess but eight to nine out of ten people that need dialysis is because they had diabetes and that's what led to their kidney failure. There's other kidney diseases too, but they aren't related to diabetes but diabetes probably leads to that many, many times.

- So, we had a great expansion of dialysis here in the Virgin Islands. I, it's my understanding.

- Yeah, yeah, we've gotten new--there's actually some private dialysis areas to them. Maybe somebody knows they could call in and tell us. I thought there was going to be one down at Crown Bay. They were kind of targeting cruise ship passengers.

- Oh, okay.

- And trying to develop people that were coming in that could get dialysis while they're stopped here or something like that. But, yeah, in the hospital, the dialysis department is fairly big, I know. Another thing with diabetes, it's not a direct cause, but it seems like there's a much higher incidents of certain types of heart problems, heart attacks with people with diabetes. There was just this past week, a famous rapper

and his name escapes me, he was a very good musician that passed away at 45 years old that was type 1 diabetic, I, maybe somebody knows his name. We can get for, after the next break, but he was a great musician. I listen, I didn't know of him until this, I listened to a few of his songs and he was wonderful. He did say he was, he was an addict and his drug was sugar.

- Okay.

- So, he had trouble being a diabetic and also being addicted to sugar.

- Sugar, yeah.

- Yeah.

- Yeah.

- And then died way too young. He contributed a lot, but unfortunately, didn't take care of himself well and died of a heart attack and, and it was, it can, it can cause other problems that need to be looked out for with that kind of thing also.

- And you were speaking about your diabetic society. What does that entail? I mean, can other people join?

- Oh, yeah. Well, it's very, it's a, it's kind of a loose, loose organization. You know, it's nothing to join. We haven't really been really active with meetings lately. We used to have meetings, but it got to the same, you know, few people came. If, I would love help if somebody wants to help try to organize getting regular meetings again. At this point, we're really just trying to give support and information, and you could call my office number at UVI, which is 693-1399, if you're interested, or have further questions about diabetes in general, or try to help with the organization. Or you can also email me at sproste@uvi.edu. So that's at the university.

- Okay. Well, what sort of information or advice you would give to, for the, you can have a steady support group? What sort of things have been in the past?

- Well, mainly, we talk about things like we're talking about today, and we would always get somebody that's learning something new. One of the big things is getting people to take their medication regularly, and monitor their condition. So the self-monitoring with the self-glucose testing is really important. And to write that down so your doctor can see what is happening. Now a lot of the blood testers have a memory for, let's say, a thousand tests or more, and you could even take your monitor to your doctor, and they can just look through there to see. And it's also good to take tests at different times of the day.

- Oh, I see.

- Because you might take your pill at night and it works on you. You're not eating at night and you wake up every day, and your blood sugar is 90 and that's great. But after breakfast, it might shoot up to 250 or something like that. So it's good to check at different times. Ideally, you would wanna do multiple tests, do, you know, two to four a day, minimum to see what's going on during the day.

- And these are tests you can buy like at the local pharmacy here? Okay.

- Oh, yeah.

- Yes.

- Yeah. All the pharmacies have them. Kmart, Walmart, all the other local pharmacies have blood tests, and they're not that expensive at all. I bought one, I lost one, I went and bought one. It was \$20. The strips are a little bit expensive and that's where it's gonna be better if you have insurance to pay for the

strips, if you're doing a lot of them like I do, especially on a regular basis. But you wanna try to get an idea of what's happening with your blood sugar throughout the day. There's another test too that's really important I wanted to mention and that's called a hemoglobin A1c test. And that's usually done by the doctor. So, that gives the doctor an idea of how good your blood sugar control has been over the past three months.

- I see.

- It's like a 90-day average.

- Okay.

- Because, like I said, if you're testing every morning when you wake up and it says 90, you might think you're doing great. But if you're saying going up to 250, 300, or 400 sometimes during the day, bouncing all around, and you might be averaging over 200.

- I see.

- This will give you an idea of what that average might be over a three-month period, and it's another very valuable tool.

- Oh, is this a test the doctor can do in his office or does he send you out for blood then you come back with some results, or how does that work?

- Well, it's very interesting that you ask that because usually it's the, what the doctor does in the office. They've only recently come up with tests that you can do at home with this also. And I've gotten some, I work at a homeless shelter clinic at Bethlehem House that Dr. George Rosenberg started, and Dr. Jeffrey Guller, just to help the community get back, and it's a wonderful thing. We do it the second Saturday of every month, so this is the first Saturday. So next Saturday, we'll be at the homeless center at Bethlehem House, and again, my part is doing the diabetes testing and we'd, I did just order these home A1c tests.

- Oh, I see.

- And it's great to have them there so we can get instant results. The regular blood tests take about five seconds to do, once you put the blood on there, which is incredibly fast. And these take about five minutes, which is still incredibly fast for getting information like this that used to have to send out, take a week to get the results back, so, the medical care in general has just always been going that way to make things quicker and easier.

- The technology is getting much, much better, quicker and faster.

- Make it, make it easier and cheaper, and quicker to get, you know, and that's great for us.

- And also, it talks about the same thing. You working with your medical provider to address your health needs.

- Yeah, correct.

- And not being totally dependent than just going to the doctor's office. With these self tests, you can check yourself at home. When it looks critical, then go with your medical provider.

- Exactly. A lot of times what they'll do is give you guidelines and they'll give you what's called the sliding scale. So, you might go to Dr. Barzey for instance, she's a specialist in diabetes, and she would say, "Okay. If you test your blood sugar before bedtime or before dinner, and it's, say, two hundred to two-fifty, you're gonna take three units of insulin. If it's one hundred to one-fifty, you're gonna take two units."

They'll, and they'll have a scale like that to help you better control what your diabetes, gives you a much bigger say so. And not just wait until you come see her three months down the road.

- I see. I see.

- You can, you can start doing things to fine tune your care, and that makes a huge difference in your overall health, and what your A1c might be when they come and test that again. So, it gives you a lot more power than we used to have.

- In working on your own disease?

- Right.

- In health care and that type of...

- And that's just the whole thing. Once you start understanding in your mind what you need to do, and also you say, "Well, I have this much rice." And a lot of times what we do now is we count grams of carbohydrates. And that's why the government has put on, made people put on labeling with their food. With all the foods you buy in the grocery, there's label. So somebody with diabetes, what they should do is become a very educated and good label reader.

- Uh-huh.

- You know, and it's not as exciting as some books I've read, but it's really helpful.

- [laughs]

- [laughs] But the reading labels is really important to understand, from my point, how many carbohydrates, grams of carbohydrates, and that's in per serving. So, if you eat the whole box, the whole box might be five or ten or servings.

- Servings.

- So you got to understand, you've eaten five or ten times whatever it says the amount of grams per serving is. The other thing to be aware with that would be sodium for people with high blood pressure.

- Correct. Correct.

- And that's one of the things you wanna control if you have high blood pressure. And if you have both, it's even more important to control both of those things and look out for it. So, becoming an educated buyer at the store is very important, and learning to read labels is a very, very important thing.

- Okay. Are there other methods that you can talk about as far as helping recognize and control your diabetes?

- Yeah, sure. Well, so people that take insulin, that's in units. Usually, it's, 100 units makes up a milliliter. So they have a little injection, a syringe that's divided up into 100 units. And people with diabetes, whether, and the units might be in a pen, too, so each click might be one unit. And what people like to figure out to treat their diabetes very diligently, they like to see, figure out how many grams of carbohydrates it takes, or how much one unit of insulin will cover in grams for carbohydrates.

- Oh, okay.

- So an average thing might be, to start out with, might be one unit will cover ten grams of carbohydrates.

- Uh-hmm.

- So you wanna kind of predict, and it's, and it, and it's a very unscientific field when you're eating.
- Right. Right. Right.
- But sometimes you eat more than planned or sometimes less. But you might get a general idea, say, I'm gonna eat 60 grams of carbohydrates for this meal.
- Okay.
- And sometimes, there's some hidden carbohydrates that sneak out later, like with pizza. It seems to be, for me, that always might butcher, it's not that high but later, it sneaks up and it might be all the grease and fat, and oil in there.
- [laughs]
- But that's kind of how somebody tries to do it, and they usually can get a much better idea and it's a little bit of trial and error to figure out what that, what that ratio is for you. But you're always doing math in your head.
- Right.
- And now we can do it on our phones, people that have phones can do that. But...
- But the constant monitoring and being aware of what you're eating until, essentially, you have to be very careful when you eat out.
- Yes. Yes.
- Since we have less control over what are the ingredients and then the foods that you are eating.
- Yeah, very good point. And a lot of restaurants are more healthy than the others, and they're serving portions, and they're serving balanced meals that's not all carb. You know, if it is spaghetti and that's all you eat in a big giant plate, that's gonna be a lot of carbohydrates.
- Carbohydrates. Right.
- It's not super-fast getting in there, but it'll, it's a lot overall. That's a, that's a really good point. If you have, you know, some green vegetables and some sweet potato, and sweet potato is interesting because it's not nearly as carbohydrate-rich as a white potato.
- Correct. Right.
- So it's actually a healthier, the more colorful the food, the healthier it is.
- It is.
- Except for one of my favorites is that's, that green ice cream, still doesn't count as a vegetable.
- [laughs] A green tea ice cream?
- Yeah, a green tea ice cream or mint ice cream, but anyway, it definitely takes a lot of effort on the patient or the person with diabetes to control this. You can't depend on the doctor to fix everything by giving you a pill, and that's one of the biggest messages we wanna get people...
- More involved with their health care.

- Exactly.

- Right.

- More involved with taking care of themselves and eating a balanced meal, and trying to eat smart.

- Okay.

- So the dietitians at the hospital are always really good. A friend of mine, Carol Bareuther, who'd been here a long time, she's, she, we used to talk a lot about trying to get people to eat a balanced diet and she would do education with newly diagnosed diabetics.

- Oh, okay. Okay. I know we're trying to get a nutritionist on with this, looking at diabetes. I think in the next couple of weeks, we'll have a nutritionist come on.

- That's great. That's a huge...

- To follow up on this...

- A huge part of diabetes cure is understanding what you're eating, and the same thing, again, when I'm in the grocery, I spend so much time reading labels just to see, you know, how much will I...

- Well, it's probably better to eat the foods without the labels, like the sweet potato, the...

- That's a really good point, too.

- ...vegetables. [laughs]

- Yeah. The foods...

- And the apples and...

- Or, yeah, we're sitting right across from Market Square.

- Yeah. Right. Right.

- And that'd be the best place to shop. There is no question of that buying fresh, especially local farm fresh that you can get right here at Market Square on an early Saturday morning. You can't beat that with anything.

- Yes. Yes. And if anybody out there knows about some of the other teas or some of the local remedies...

- Yeah.

- ...please call in, give some health advice. One of the things I notice when I first moved here, I used to get oatmeal and the lady would stick a cinnamon stick in the oatmeal, and I had, I asked her one time. She said, "Oh, it's good for your diabetes." And I've been doing it, you know, making sure I get cinnamon in my diet ever since because of the...

- Actually, yeah, that's been around for quite some time that cinnamon is good to help control blood sugar. I'm not sure. It wouldn't be a cure for diabetes.

- Oh, no, but it's...

- But supposedly, it makes it, so it's, it doesn't rise as fast and stays a little bit more even.

- Right.

- I'm not sure if any real scientific studies had been done on that, but I've heard that for, and I like cinnamon, too. So I'll add it when I can. [laughs] But...

- [laughs]

- ...it is, it is very tasty. Cinnamon tea can be really good. But, yeah, yeah, that's a great thing.

- And you were talking about the, was it the baric at the hospital, for...

- Oh, hyperbaric chamber?

- The hyperbaric chamber. I was always been curious about it. Does it also help capillaries and things, and people and their lungs? Does it help expand those type of organs in the body that would help blood flow through other parts of the body?

- Well, what we, what this does is it puts you under pressure. So, right now, we're at sea level pressure, and the pressure of that is 14.7 pounds per square inch, to give you a number. We can simplify that and call that one atmospheric pressure. If we go up, and that's the weight that's put on, it's per one inch at the ocean.

- Uh-hmm.

- From the atmosphere that measures miles and miles above it going into outer space.

- Okay.

- That's how much pressure is. When we go underwater and we measure things as pressure underwater, even in the hyperbaric chamber, we're not underwater, but we're in the same type of pressure. When you go underwater just 33 feet, 10 meters for the smart metric system that most of the world uses, but...

- [laughs]

- ...ten meters underwater, you have two atmospheres of pressure. So you're 29.4 pounds per square inch, twice as much.

- Okay.

- So it's twice as much put on it of pressure at 33 feet as is at the surface.

- Right.

- So that means if you're breathing air or, say, you're breathing oxygen, you're breathing 100% oxygen on the surface, that's as much as you can possibly breathe on the surface. But when you go underwater at 33 feet, you're breathing twice as much.

- Okay.

- So it's like you're breathing 200% oxygen.

- Uh-hmm.

- That's impossible to get that much oxygen into your body on the surface. We usually treat for medical treatments at 45 feet and that's 2.4 atmospheres. So 240% of the amount of oxygen you could possibly

get at the surface. And when we found that that high pressure oxygen does wonders for certain conditions, it doesn't cure everything. Some people wanna give it a chance to cure everything.

- Right, right.

- And that can give things a bad name, actually, because then it becomes, you know, if there's not proof, then it becomes, kind of...

- Sort of speculation when...

- Yeah, yeah.

- Yeah, when taking that risk.

- And people are charging for things that aren't helping, and that's not a smart thing to do.

- Right.

- But Medicare, Medicaid, they're only gonna pay for it if it's really proven, and diabetes foot complications are one of the things they'll pay for, and it also helps with other things. And with this over time, they shown that it causes what's called neovascularization, which is growing new blood vessels.

- Okay. Okay.

- So it can help the body to grow new blood vessels over time, and help deliver that oxygen that the cells need, which is really amazing. [coughs] And it kind of supercharges the antibiotics. It can also help with very serious infections like gas gangrene.

- Uh-huh.

- Flesh-eating bacteria that can cause people to lose limbs, cause people to lose their life, if that's not treated properly, and even sometimes, treating it as best as you can with antibiotics doesn't do it, a lot of times that'll do it. but that, plus the hyperbaric can really supercharge those antibiotics and help it to overcome the bacteria that's causing such a problem, that's usually anaerobic bacteria, bacteria that thrives and lower non-oxygen environments, and because there's poor circulation in the lower limbs, that's a better chance of that happening, and when we bombard it with oxygen from a hyperbaric chamber, that can really help to battle against the infection.

- Oh, okay. Okay.

- Yeah. So that, so that can really, really help to do things, to fix the body, so there's a lot of, a lot of good stuff it can do.

- Great. That sounds great.

- Yeah. Let's see what else we have here we're going to talk about.

- Or do some of your volunteer work at Bethlehem House, do we need other volunteers that could help out in checking with, some of the homeless people in, on a regular basis?

- Yeah. Now, that would be something you would just wanna come over there next Saturday and ask what you can do. We have people that have different jobs, and it's great. We have a lot of doctors that come because the main thing is the doctors, and we've had doctors that were from the hospital ER, there's numerous doctors that come, and sometimes, they kind of take turns, and also dentistry, we have a couple of dentists that help out down there and that's a, that's a wonderful thing because teeth care is another thing that gets, that gets ignored when people have issues, especially of financial problems and

things like that, going homeless, another thing, with diabetes, you do wanna try to take care of, a better care of your teeth also.

- Okay.

- Just in general, people that take better care of their teeth live longer, it seems like.

- Right. Right.

- Maybe because they take better care of their health in general.

- Okay.

- It might be just a telltale sign that they're gonna care about more things, but definitely, and that's another way, and I'd have to have a dentist explain, but dentists will see some things in people with diabetes or sometimes can help diagnose, and I'm not sure what those signs are that the dentist may see, that somebody with the diabetic might have different in their mouth or their gums, that might be more gum disease or something like that, but I'm not qualified to talk about that at all.

- Do you know if there's any outreach in the schools? Because we, our organization deals a lot with the, what's called Special Ed or IDEA, and I'm not so certain of that whole aspect of food and prevention, do you know of any programs...

- Yeah.

- Or in, geared toward the department of education?

- Not that I'm aware of, just their regular health and PE classes.

- Okay.

- I'm sure they try to teach good general health practices, but that brings up a really good point, and that type two diabetes, we should never see in children.

- Correct. That sounds...

- Used to be very rare. But it's become almost epidemic because children have gotten so overweight so much sooner in life, and such a greater percentage of children are overweight now.

- Well, if you ever gone in the food store, I've gone in with one of my granddaughters, all those cereals, sometimes I'm a little, I'm a little tirades, it's, everything has sugar in it.

- Yeah.

- You know, for, and I think the only thing that doesn't have sugar in it still is Cheerios, but if you check out everything...

- Oh, they all, they all, Cheerios too. And it's all about reading those labels.

- Labels, right.

- And how much per serving is in there. The other thing is you got to make sure you're looking at equal serving. Some people might say, some cereals are serving us 55 grams.

- Oh, okay.

- And some, it's 30 grams. So the servings aren't always equal.

- Equal? Okay.

- So it might look like it has more when it actually has less per gram of weight. So it's interesting to figure out and I'm sure they're trying to standardize all of that too, but what's happened over the generations, started seeing in the '90s, actually, I'm sorry, well, we first started seeing it in the '60s and '70s when TV came about, as our society has gotten more sedentary, children have gotten bigger.

- Correct. Correct. They're playing [inaudible]

- And as that's happened, we've seen more and more, we've seen explosions of diabetes at certain times in our history, and this recently, this is one of them.

- Oh, okay.

- Be, something to talk about, trying to keep your kids active is really important.

- All right. Well, we've got a short break coming up and we'll get right back to you, Steve.

- Thanks.

- Yes, you can, can, oh, why can't we? If we wanna it, yes, we can, can. I know we can make it work, I know that we can make it [inaudible] darn well we can work it out. Yeah, so many need it, and so many [inaudible] when love and understanding is the key to the door. I know we can make it work, I know that we can...

- Yes, get back to Ability Radio, Mr. Steve Prosterman this morning. And wanted to do a little wrap up and recap some of the contacts that people can make with regard to your organization, and some other organizations that may assist people who are pre-diabetic or diabetic?

- Yeah. Well, just your general doctor will be the first person the start with, if you, in getting a good checkup. There's also clinics, free clinics that are done many times throughout the year, sometimes the Lion Club, I know, has been very active and certain Rotary Club's been very supportive of free clinics, and the health department also usually is behind these, and they invite people like the Lions Club to do diabetes testing or things like that. So any of those, if you have any suspect, go to those. They'll do blood pressure, they'll do diabetes testing, sometimes they do even more, they'll do cholesterol sometimes, depending on who it is, that's a little more complicated test. And again, my number is 693-1399 at the university, or sproste@uvi.edu, and another thing that would be good to mention, we were talking about children, and the rise of diabetes in children, used to be children only got type one, but now, it's been a lot of type two in children, as childhood obesity rates have skyrocketed, and that correlates perfectly with the computer age.

- Oh, okay. The explosion, yeah.

- So they're not outside near as much, and not playing. And this happened in our cultural history a few times. First, when we started getting mass transportation in cities, let's say, New York City and people weren't walking to where they were going, but they were taking the bus or the train.

- Uh-huh.

- That started happening, and then the other big thing is, in the '60s and '70s, when fast food started becoming very prevalent in the country.

- Correct.

- They deliver such a high caloric content, so many calories in the package, and supersize everything.
- Right.
- It means people are getting the carbohydrates and calories in simpler forms that we...
- Especially, you know, soft drinks. Lots of sugar...
- Yeah. Oh, yeah, especially in the big soft drinks. But we're consuming so much more than we ever did, calorie-wise, but we're working less. When we're working on the fields, we might've needed those calories, but now that we're sitting at a desk, they go to, they go to excess, which means body fat.
- Okay. Okay.
- And that can really, really lead to, you know, being overweight really leads to problems and developing type two diabetes and its complications.
- So, as your society, when you get together, do you talk about labeling, and addressing some of these self, basically, self-diagnosing and self...
- Oh, yeah. Yeah. That's one of the big things.
- Preventive aspects of diabetes?
- Yeah. Learning how to read food labels, talk about, you know, the importance of blood testing, taking your medication, of course, is basic, but doing blood tests at home and getting that A1c test is really important. And that would be done with your doctor, you know, the A1c test is something you should go to your doctor to get done.
- Okay.
- If you, if you wanted to buy one yourself, they're only about \$30 to get from the internet, although we had trouble shipping it here for some reason.
- Okay. So a local pharmacy wouldn't carry it?
- No. Not that I found.
- Okay.
- I haven't found a local, Walgreens might, I know they had their own version, I don't know if they have any in stock here.
- Okay. Okay.
- But anyway, that would be better to do at your doctor's office because you're gonna get your doctor's advice when you get the results, he's gonna wanna talk to you about it, whether it's good or it's high, where you might wanna do some changes in treatment.
- So, working with the doctor and working with your own basically, self-monitoring...
- Right.
- Should help control diabetes?

- Yeah. And most of our GPs are really good with type two diabetes, because it's not that complicated for a doctor, who's highly, highly trained...

- Yes.

- In general medicine to control type two diabetes or help you control it, if it, but it's really up to you whether you're going through it here to those conditions, they say you're necessary to control it really good. So if you wanna take care of yourself, and you wanna keep your health, then take care of it, if you ignore it, it'll go away for sure.

- Good. Well, I certainly appreciate you coming this morning, working with us on health literacy, letting people know what they can do about their own health care. Again, thank you this morning, radio audience, this is Ability Radio, and we should get back to you next week, following up on you and your health.

- Been great to be here, thanks.

- When love and understanding is the key to the door. I know we can make it. I know that we can. I know darn well. How can you sit down like there's nothing to do, just like you don't care what the world's coming to, Lord. I know we can make it. I know that we can. I know darn well we can work it out. It's gonna be hard like people say, no matter how hard, but if there's a will, there's a way. I know we can make it. I know that we can. I know darn well we can work it out.

- [music playing]

- I know we can make it. I know that we can. I know darn well we can work it out.

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