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DIABETES WELLNESS NETWORK® YOUR INTERACTIVE DIABETES SUPPORT SYSTEM

FROM THE HALLS OF MONTEZUMA

By Walter Bortz, MD

Bright Sunday morning, October 30, Arlington, Virginia, in front of the Iwo Jima Memorial, the starting line of the Marine Corps Marathon. My personal habit of a yearly marathon had already been satisfied by running in Boston in April. But I wanted to participate, thus I decided to run the half Marathon so that I could partially claim a vicarious moment in the sun. As I scanned the crowd of tens of thousands a doctor friend of mine, Dave Watts, called my name. It turned out he was going to be pacing Governor Mike Huckabee, and inquired if I would like an introduction. Although Governor Huckabee had written a marvelous introduction to my book, *Diabetes Danger*, I had not had the opportunity to meet him. I was delighted. Governor Huckabee, who was running his second marathon since his transformative 110 lb. weight loss and normalization of his diabetes inducing high blood sugars, and I exchanged common courtesies and compliments. I am very, very proud of the political stance that he has taken in confronting diabetes. In the book I suggested that we might try to clone him and run him for office all across the country.



Walter M. Bortz II, M.D. at the Iwo Jima memorial, near finish line of the 30th Annual Marine Corps Marathon, after completing a half-marathon. While running through the streets of Washington, DC in a shirt emblazoned with an image of front cover of his new book, crowds of supporters shouted, "Go Diabetes Danger!"

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Probing Our Feet

By David Mendosa



We can now use disposable probes, sometimes called monofilaments, to test our feet at home. They check for a lack of sensitivity, which can be a warning of diabetic peripheral neuropathy and its consequences. These probes don't hurt, don't require a prescription, and are quick and easy to use.

You might even consider them to be free. This is an unadvertised government benefit that you have already paid for with your tax dollars. If you know who to call, the U.S. government will send you the probes you need to test your feet at no additional cost beyond what you paid on April 15.

In 1960, two doctors, Josephine Semmes and Sidney Weinstein, developed a sophisticated set of monofilaments or probes to check the degree of sensitivity in our feet. They assigned numbers to these probes ranging from 4.17 to 6.10. The 5.07 probe became the accepted medical standard to determine the minimum level of protective sensation in the foot. These probes bend with a force of 10 grams. That's why they are called Semmes-Weinstein 5.07/10 gram monofilaments or just SW 5.07 probes.

But there have been two problems with them. The first is cost. The SW 5.07 probes that your primary care physician, endocrinologist, and podiatrist use cost hundreds of dollars. Now, however, we can get disposable probes that give identical results.

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ARE YOU INTERESTED IN BECOMING A DIABETES RESEARCH & WELLNESS FOUNDATION® LEGACY?

The foundation would like to honor each donor that has named the foundation in his or her will. We will announce the members in our Annual Report. We hope that you will let us recognize your wonderful pledge to the foundation in this special way. If you would like to be a part of the Legacy Program, please contact our office at 202-298-9211 for more information.

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What You Need to Know About Medicare and Diabetes

An Update from the National Diabetes Education Program and The Centers for Medicare and Medicaid Services

There is good news from Medicare for people with diabetes – and those at risk for the disease. Over the past few years, Medicare has made several changes in the benefits it provides relating to preventive care and diabetes. People with diabetes can tap into several Medicare benefits to help control diabetes and avoid serious health problems. These benefits will help with the day-to-day management of diabetes.

The information provided here refers to benefits covered under the original fee-for-service Medicare plan. This Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). The Part B Medicare deductible is \$110 in 2005, but that amount may change in subsequent years based on a statutory formula. If you are in a Medicare-managed care plan, contact your plan to find out how these diabetes benefits are covered.

BENEFITS FOR PEOPLE WITH DIABETES

1. Diabetes Equipment and Supplies

Medicare helps pay for diabetes self-testing equipment and supplies, including blood glucose meters, test strips, and lancets (the devices to stick your finger) prescribed by your health care provider. You can purchase your supplies at your pharmacy, hospital, clinic, or you can order them by mail. If you qualify, you pay 20 percent of the Medicare-approved amount after you have met your Part B deductible.

2. Diabetes Self-Management Training

Diabetes self-management training helps you learn how to manage your diabetes successfully. Your doctor or other qualified health care provider must prescribe this training for you for Medicare to cover it. You will learn how to manage your blood glucose, how to make informed choices about nutrition and exercise, and how to prevent and treat complications of diabetes.

You must get this training from a certified diabetes self-management education program. These programs are certified by the American Diabetes Association (ADA) or the Indian Health Service (IHS). Your doctor or a qualified non-physician health care provider will give you information about where to get diabetes self-management training. You also may check with the American Diabetes Association or the Indian Health Service to find a Medicare-approved training program near you (see the list of resources at the end of this article). If there isn't a

certified training program in your area, ask your doctor to refer you to a registered dietitian to get the covered diabetes self-management training – or contact your local Medicare contractor.

Medicare will cover a total of 10 hours of initial training within a 12-month period. You pay 20 percent of the Medicare-approved amount after you have met the yearly Part B deductible.

3. Medical Nutrition Therapy Services

Medical nutrition therapy services help you learn to eat healthy foods to keep your diabetes in control. Your doctor must prescribe these services for you. A registered dietitian or nutrition professional provides medical nutrition therapy services. These services may include:

- A review of your current eating habits
- Nutrition counseling (what foods to eat)
- How to manage lifestyle factors that affect your food choices
- Follow-up visits to check on your progress in managing your food choices (Ask your doctor to refer you to a nutrition professional or contact the American Dietetic Association (see the resource list). You pay 20 percent of the Medicare-approved amount after you have met the yearly Part B deductible.)

4. Other Medicare Benefits

Medicare pays for several other services for people with diabetes who have Medicare.

Part B. You need a doctor's prescription for these services:

- The A1C test to check your blood glucose control
- Dilated eye exam to check for diabetic eye disease
- Glaucoma screening
- Flu and pneumococcal pneumonia shots.

Medicare also covers foot care and exams if you have nerve damage in either of your feet due to diabetes. One foot exam every six months by a podiatrist or other foot care specialist is allowed. You do not need a doctor's prescription for this service.

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The Navy Seals parachuting down, four jets thundering overhead, a stirring rendition of the Star Spangled Banner, and Senator George Allen sent us all on our way with the starting gun.

As mentioned, it was a spectacular day with many spectators. I wore a T-shirt with an image of the cover of my book *Diabetes Danger*. As I cruised the course eventually around the Lincoln Memorial – 10 miles, by the Capitol – 12 miles; many in the crowd called out “Go go, Diabetes Danger.” Their good cheer quickened my pace. At the half marathon mark I was at the Smithsonian, so I veered off course feeling a little bit like a Rosie Ruiz. I grabbed the metro back to the finish line in Arlington.

As I awaited the governor at the finish line I held a copy of my book, and of course my T-shirt was still on display. One of the many Marines on duty there approached me about the book and promptly announced that he had diabetes. He wanted to talk about it. Within a minute, we two were engaged in a fascinating conversation. Since we were in the press area, we soon found ourselves facing cameras and microphones. The conversation flowed easily. I was fascinated. It turns out that he is chief of Marine Corps press relations. So he had an easy formatting to his communication. “How long have you had diabetes?” “Two years, sir.” “Do you have any problems on duty with low blood sugars?” “How do you handle the lows?” “How many others do you know in the Marine Corps who have diabetes?” “One, sir.” This fact brought many issues to mind. First, diabetes is an exclusionary diagnosis for enlistment. So both these fellows had developed it while on duty. Both were clearly Type 1. I asked if there were any Type 2s on duty. He alertly observed that being a Marine

is not conducive to developing Type 2 diabetes.

This obvious statement conjured up a diabetes prevention poster, “Avoid diabetes – Join the Marines.” If all the 200 million overfed, unfit people in America trying to get diabetes joined the Marines, the epidemic would disappear. But at the recruiting end, the slogan of “The few, the proud, the Marines,” would have to be amended.

Shortly thereafter, there was a stir as the governor had finished. He had broken his earlier time by a few minutes. He was appropriately bushed, but proud and gracious as the press gang surrounded him. His strong message of positive health through fitness emerged in every answer. He was the story.

“Beat diabetes by doing a marathon.” Many bylines emerged from the interviews.

Finally I got my turn to do several minutes to enlist his help in promoting the Diabetes Danger book. Once again, his enthusiasm and generosity were on full display. “Dr. Bortz, I hope everyone in America reads your important book. We all need it.” I couldn’t have scripted a better response if I had several hours to work on it. Governor Huckabee remained on alert for his wife, Janet McCain Huckabee, who was several hours behind him, but still very much on course. The First Lady of Arkansas was also running for health. We parted with much warmth and intentions to re-affiliate somewhere down the line.

All of this adventure happened immediately beneath the imposing Iwo Jima Memorial. The flag flew proudly. This is very significant to me because my father was on Iwo Jima in March 1945, and saw the real flag go up. On my piano I have a picture of my father in combat uniform standing proudly beneath the flag three days after landing.

He was a colonel with an evacuation hospital in the 5th Marine Division grimly engaged in one of the most vicious battles in history. I received a letter from him (I was 15 years old at the time) in which he wrote about the grisly details. Father went on to compose the official march of the 5th Marine Division, “Men of Iwo Jima.”

And here was I, 60 years later, beneath this statue of the flag raising. My thoughts were about my father, a physician before me, with an early interest in diabetes. In 1940, he wrote a tidy little book called *Diabetes Control*.

He would have been proud of the errand that I ran that day.

Here’s “Hail to the shores of Iwo Jima.”



Governor Mike Huckabee of Arkansas, who completed the 30th Annual Marine Corps Marathon on October 30, 2005, adds his personal signature to his foreword to “*Diabetes Danger: What 200 Million Americans at Risk Need to Know*,” as author Walter M. Bortz II, M.D. looks on.

Medicare Information

1-800-MEDICARE (1-800-633-4227)
or 1-877-486-2048 for TTY users.
www.medicare.gov

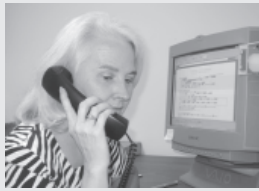
For more details about Medicare benefits and diabetes, ask for the booklet called “Medicare Coverage of Diabetes Supplies & Services.” Or go to this address on the Medicare Web site: <http://www.medicare.gov/publications/pubspdf11022.pdf>.

Information About Certified Diabetes Self-Management Education Programs

American Diabetes Association
1-800-DIABETES (1-800-342-2383)
www.diabetes.org/education/eduprogram.asp

Indian Health Service
1-505-248-4182
www.ihs.gov/medicalprograms/diabetes
Information about Diabetes

American Dietetic Association
1-800-877-1600
www.eatright.org



HELPLINE CORNER:

Kathy Gold, RN, MSN, CDE

YOUR QUESTIONS ANSWERED

Question:

I would like to donate blood but I get conflicting information on whether or not I can donate because I have diabetes and I am taking insulin. Does having diabetes prevent me from donating blood?

Answer:

The Red Cross has a list of guidelines to protect the health and safety of donors and recipients. Regulations are established by the Food and Drug Administration but eligibility is also determined by the specific blood bank or program. At the time of donation, a health professional will assess your overall health: temperature, pulse, blood pressure, and hemoglobin level are determined. Donors must be 17 years of age and weigh over 110 pounds. Individuals with diabetes may donate if their diabetes is in good control. For individuals who use insulin, your dose of insulin must not have been changed in two weeks and you cannot have used insulin made from cows in the UK since 1980. (Individuals who have used beef insulin any time after 1980 are not allowed to donate.) Individuals with Type 2 diabetes on medications are acceptable donors. If you have a cold or are on antibiotics you cannot donate. If you do intend to donate, eating iron- rich foods a week before making a donation may be helpful in raising your hemoglobin level. For more detailed information regarding guidelines, the Red Cross Web site at www.redcross.org/services/biomed/0,1082,0_557_,00.html provides more detailed listings of conditions, or contact your local blood bank or Red Cross for more information.

You could save a life.

Probing Our Feet...continued from page 1

The other problem is that those of us with diabetes haven't been able to get our feet tested often enough. Until now, we needed an appointment with our doctor, who would test our feet – if he or she remembered.

Just press one of these nylon probes against the five sites pictured to the right until the probe forms a C shape. If someone can do it for you, all the better.

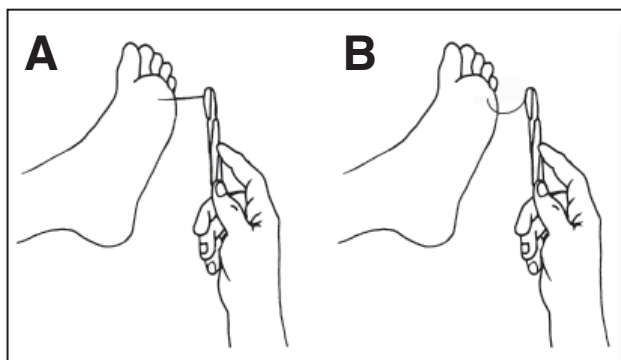
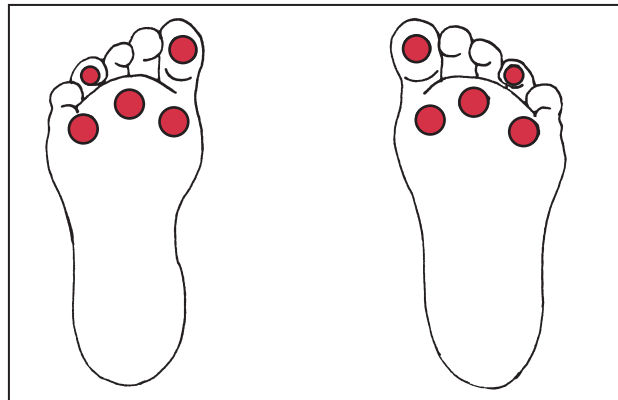
There are five standard areas of each foot to test. These are the big and fourth toes and three areas of the ball of the foot – the inside, outside, and center.

If you can't feel the probe, it means that you are at risk for ulceration and need special care. That means making an appointment with your doctor as soon as possible.

We owe these free disposable probes to the U.S. Bureau of Primary Health Care's Lower Extremity Amputation Prevention Program, appropriately abbreviated as the LEAP Program. People at the Gillis W. Long Hansen's Disease Center, which became known simply as "Carville" – saw that patients with Hansen's disease (formerly known as leprosy) needed low-cost and high-quality probes. After their engineers figured out how to develop them, the LEAP program made them available to an even larger group who especially need to protect their feet – people with diabetes.

For months these probes or monofilaments haven't been available, but at press time were back in stock at the Bureau of Primary Health Care. You can get what they call a package of 10 "LEAP Monofilaments" simply by calling 1(800) 275-4772 (press 1 when offered the choice). When you need more,

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Apply the monofilament perpendicular to the skin's surface

Apply sufficient force to cause the filament to form a C.

In 2000, I interviewed John McDonough for this column. He's a husband, father, grandfather and businessman who's had diabetes for 63 years, a man whose tenacity and humor has served him well. I recounted his personal journey from being diagnosed at six through the year before the interview, when he lost part of his leg. He told me a little bit about how difficult it was and how close to death he had come. "It was so frightening because there are so many things I still want to do."

My editor called the other day and requested that I address foot care and amputation for this newsletter, so naturally, I thought of John and his experience. I felt certain that the intervening five years would be filled with a liberal dose of McDonough initiative and wit. I wasn't wrong.

John remembers how it all started. "I was always careful with my feet, because I knew the risks. Nonetheless, I developed an infection. We tried everything, but it just wouldn't heal. First I lost one toe, then a second. I was in the hospital a lot, on all kinds of medications, plus antibiotics.

One night his wife Marilyn noticed a long red streak extending from the infected area up his leg. John had had an aortic valve replaced in his heart and they both knew if that long red streak of infection reached that valve, it could be deadly. Over the course of the next thirty-five days, John had ten surgeries. He lost his leg below the knee. John says, "It took me a while to come back. I had a fever for a long time and the wound wouldn't heal. They opened it up again and put packing in it every day. There was pain, let me tell you – yelling, screaming pain. Finally they were able to close it up."

During this whole time, his daughter Allison stayed with him

The Harmony System

By Gloria Loring

to help manage his diabetes. "She slept on a naugahyde chair every night," John says, "For Christmas that year I offered to buy her a naugahyde chair of her very own." John recalls that her response was unrepeatably in polite company.

The hospital recommended that John be fitted with a prosthesis. The shop he went to was very dingy looking. There wasn't any parking close by, and he and Allison had to park half a block away. John says, "It was awful. Allison started to cry, saying 'Oh, Dad, after all you've been through,



John McDonough

now this.' I assured her there was one good thing. 'I'll only worry about athletes foot half as much as I used to.' She started laughing and then we both did. That helped us get through that day."

John got the prosthesis, even though he fell down the first time he stood up on it. It became obvious to him that using the device was not going to be easy. Eventually he got

better with it, but walking on it was always difficult and uncomfortable. Legendary baseball player Ron Santo had been a friend of John's for many years and Ron lost both his legs to diabetes. John says, "He and I became really close when he was going through it. Ron knew about a new prosthesis technology that used what was called the 'Harmony System.' He introduced me to it and it made a huge difference."

The Harmony System technology addresses the fact that fluid volume in the leg changes. The fluid volume is most stable at night during sleep, but during the day, it can change from 7 to 12%, causing the limb to be a different size and shape. When you get up in the morning, the leg is at its largest volume and it decreases as the day progresses. A conventional prosthesis is fitted for only one volume. If the prosthesis is fitted early in the day, it might fit well in the morning, but may be too loose in the afternoon as the limb volume decreases. Conversely, if the prosthesis is fitted in the afternoon, when fluids are less and the leg is slightly smaller, it may be too tight in the morning. Either method of fitting a conventional prosthesis may result in an uncomfortable fit during the day. The rubbing on the end of the limb can cause pain and subsequent irritation and breakdown.

A below-knee amputee and prosthetist, Carl Caspers, invented the Harmony System. The prosthesis contains a pump that stabilizes leg volume and maintains proper fit throughout the day. It also helps to reduce perspiration. Ray McKinney assisted Carl by field testing the technology and providing valuable patient feedback to Carl that helped him improve the system.

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THE DOCTOR/PATIENT RELATIONSHIP AS A PARTNERSHIP: HOW TO HAVE AN EFFECTIVE DOCTOR'S APPOINTMENT

By Donald J. Cecchi

Now in excellent health, I am a survivor of five different cancers and other illnesses. Throughout my treatments, it was extremely important to me that my doctors and I create a partnership and that our appointments be as effective as possible. Equally important, it has been shown that patients who actively participate in their healthcare do much better medically and psychologically. If, however, the doctor/patient relationship is to be a partnership, patients must be prepared for their appointments. I have found the following practices to be highly productive.

Before the Appointment:

Studies have shown that 80-85% of diagnoses are made based on historical information provided by the patient. It has been estimated that that number rises to 90-95% when prior medical records are factored in. I maintain a master file which I bring to a physician who is treating me for the first time and suggest that other patients be prepared with the following:

- Information about their family's medical history, including illnesses which affected parents, grandparents and siblings and, if possible, other relatives. This is particularly important in regard to high risk illnesses such as cancer, diabetes, heart disease and other situations where a genetic component might be involved;
- Prior medical records, including laboratory and imaging tests, particularly those concerning major illnesses, surgeries and injuries, and the dates when those illnesses occurred. By law, patients have a right to their records and should maintain an on-going file. Remember, records can be lost, misfiled, and eventually are archived, which makes retrieving copies difficult at best. Also, in cases of chronic and/or complicated medical situations, a large number of doctors may be involved. Records can become voluminous and patients should not expect doctors to collect and disseminate them among themselves;
- The names and telephone numbers of prior doctors should your doctor want to contact them;
- A list of all prescription and over-the-counter products, including vitamins and supplements that the patient is taking, the strength and dosage, and the length of

time those medications and products have been taken. Such a list is informative and reduces the possibility of adverse drug reactions between medications. Even supposedly harmless supplements such as St. John's wort, ginkgo, ginseng and garlic tablets can have extremely negative interactive effects;

- Information regarding any allergic reactions to medications that they have previously taken, or those that have caused adverse reactions. Medication affects everyone in different ways and, in my case, I have negative side effects to some very commonly prescribed drugs, such as percoet and amoxicillin;
- A list of symptoms that the patient is experiencing, the time of day when they occur, and their duration. This list should be as specific as possible, and include recent illnesses and any changes in sleeping patterns, weight gain or loss, bowel movements and urination. The patient must be honest and forthcoming, particularly in response to questions about their symptoms and those concerning alcohol intake, smoking and diet.
- Insurance information and advance directives including a detailed living will; a medical power of attorney; if desired, a do-not-resuscitate order; and copies of insurance and Social Security cards.

The bottom line? The more information you can provide, the more productive the doctor's appointment will be, and the better job the doctor can do.

Making the Appointment

When making an appointment, a patient should provide the reason why he or she wants the appointment, and be prepared to give a succinct description of the symptoms that are present and how long they have been going on. We also know that there are times when one has to sit around a doctor's office for seemingly unreasonable amounts of time. For first-time appointments, I always ask if the doctor is usually fairly good about staying on schedule. If I get a pregnant pause at the other end of the phone, I know the answer is "no," and it puts me on notice. I also always call an hour or so before my scheduled appointments to ask where the doctors are in their schedules and, if they are behind, ask what time I should arrive so as not to have to sit around.

Unfortunately, patients contribute to the “waiting” problem. Virtually every doctor I have spoken with has told me that a significant number of patients neither show up for appointments nor call to cancel. This is obviously rude – more important, it exacerbates the problem.

The Appointment

Good communication between doctors and patients is an absolute must. Unfortunately, it does not always exist. Sometimes doctors and patients seem to be speaking two different languages; often patients don't understand what they are being told or feel rushed. (A study conducted by the Journal of the American Medical Association in 1984 showed that patients were interrupted within, on average, 18 seconds from the time they began speaking. By 1999, that time had “improved” to 23 seconds.) Whatever the case, patients can facilitate communication in the following ways:

- Bring a list of questions and ask the most important ones first. In the absence of such a list, you will not remember all of them.
- Write down the answers and if you don't understand them, ask the doctor to repeat them. Like all of us, doctors sometimes assume that what they are saying is perfectly clear – when it isn't. You may have to be (politely) assertive, but it is, after all, your health that's at stake. Although I have never done it, some patients bring along a tape recorder. By having a record, you will be able to review, on your own time, what has been said, know exactly what instructions have been given and, should you want, research what has been discussed.
- Bring along a third party if you can – a friend or relative, particularly when the illness might be serious. He or she will provide moral support and another set of ears, and might also raise questions that you would not otherwise think of.
- At the end of the appointment, you should sum up, in your own words, what has transpired; this will assure both you and your doctor of your understanding.

Tests

I always ask:

- What is the test for?
- What will the results tell us?
- How accurate is the test?
- What alternatives exist?
- What preparations will have to be made?
- What are the possible side effects?
- Will the test rule in or rule out certain disorders?
- When will the results be available?
- In addition, I always ask that the test results be forwarded to me when they become available so that I can review them and have a copy in front of me when I discuss them with the doctor. This is especially

important if the results are to be discussed on the phone.

The Test Results

Once the test results are in they may, of course, raise additional questions: What do the results show? Are the tests definitive? Will additional tests be necessary or are they advisable? What treatment is recommended? Are there alternative treatments? What are the expected results? What are the risks and side effects of each treatment? Should I get a second opinion? (I have ALWAYS gotten at least one other opinion when the diagnosis



involved is a serious illness or surgery.) What written information can the doctor provide, or where can I find the best information?

Summary: The ideal medical situation is one in which a doctor and a patient have a true partnership. This means, however, that the patient has responsibilities. The tasks I have suggested may seem burdensome but, if treatment is to be as effective as possible, they are necessary. They become routine and have very definitely worked for me.

Don Cecchi is a management consultant and a lawyer. Much of his consulting practice includes the delivery of healthcare. In 2001, he received the NIH Clinical Center's Director's Award and, in 2004, the NIH Director's Award for his contributions to the NIH. He is also a guest lecturer at the Yale Graduate School of Public Health.

Help Support DRWF's Valerie Jeremiah in the Fourth Annual Grand Canyon Challenge.

Help Support DRWF's Valerie Jeremiah in the Fourth Annual Grand Canyon Challenge. Please help Valerie raise funds to support diabetes research! Send a donation to: DRWF, Attn: Valerie's Hike, 5151 Wisconsin Avenue NW, Suite 420, Washington, DC 20016. Thank you.

John says, "This leg has changed my life. I put it on in the morning and don't take it off until bedtime. Ron is out riding his horse and playing golf. He has two of them: one leg is blue and one is white. He says they're his 'home and away' legs." (Relating to the Chicago Cubs' baseball uniforms.)

Ron and John were so impressed they bought the technology and created McKinney Prosthetics in Gurnee, Illinois. They're now in the prosthetics business. "We're helping a lot of people. The shop is clean, bright, and welcoming. We even serve coffee. I wanted going into that shop to be part of the healing process."

One day not long ago, a young man delivered a new television to John's home. He was wearing prosthesis and limping noticeably. He told John he had lost his leg in a water skiing accident. John says, "I asked him if I could look at it. He pulled it off and it was just a mess under there, an open wound. I told him about our shop and the new system. He went back home and raised the money he needed, and then came out to our shop. We fitted him with a new leg and after only a few

days, he was walking without a limp and the tissue underneath was starting to heal."

The cost of the Harmony System can be several thousands of dollars. It is incorporated into a prosthesis and is designed to fit each individual. Insurance companies recognize the technology and its benefits, and cover a substantial portion of the cost. Although John's company has been able to help some people who can't afford their system, they can't do as much as they would like and still stay in business. John says, "We see so many people who need help. Right now there's a young woman who lost both legs to cancer and she can't afford our legs. So we started a new foundation, 'Limbs for Life,' to help those we need it."

John has other plans, too. Right now, there's only the one shop near Chicago, but plans are in place to open satellite offices around the country. If you're interested in knowing more, send an email to fakeleg@bigfoot.com.

Perhaps someday everyone who has a prosthesis will feel the way John does, "This leg is only an inconvenience."

PROSTHETIC CARE

If you've had an amputation, paying for your rehabilitation expenses may be a concern. The following organizations provide financial assistance for people who need prosthetic care:

Amputee Coalition of America

900 East Hill Avenue, Suite 285
Knoxville, TN 37915-2568
Phone: 1-888-AMP-KNOW
(267-5669)
Internet:
www.amputee-coalition.org

Easter Seals

230 West Monroe Street,
Suite 1800
Chicago, IL 60606
Phone: 1-800-221-6827
Fax: 312-726-1494
Internet: www.easterseals.com

Prosthetics for Diabetics Foundation

323 Reed Way
Monroe, GA 30655
Phone: 770-267-0019
Fax: 770-395-7487
Internet: www.expage.com/page/pfdfoundation

they say to just call them again.

While you are at it, it can be quite useful to make another call for a related government freebie. You can order a copy of the booklet, "Feet Can Last a Lifetime," by calling the National Diabetes Information Clearinghouse at 1 (800) 860-8747. This booklet, of about 50 pages, shows where, why, and how to test your feet.

These free probes and booklet are well worth the time it takes to make two toll-free telephone calls. That is their total cost, and of course, there is no free lunch. Just remember that you have already paid for this one.

David Mendosa has type 2 diabetes and writes about diabetes for the major diabetes magazines and websites. He also publishes a free monthly email newsletter, "Diabetes Update." He is a coauthor of What Makes my Blood Glucose Go Up... And Down. His website is: www.mendosa.com/diabetes.

Diabetes Wellness Network®

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Diabetes Wellness Network®

Subscription Office

P.O. Box 587

Frederick, MD 21705-0587

Diabetes Wellness Helpline

Do you have a question about your diabetes? Please call the helpline toll free for any non-urgent medical questions: 1-800-941-4635 Monday through Friday, 9am-7pm (EST)

Executive Offices (New address)

Diabetes Research & Wellness Foundation®

5151 Wisconsin Ave, NW, Suite 420

Washington, DC 20016

www.diabeteswellness.net

202-298-9211

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COMBINED FEDERAL CAMPAIGN
Combined Federal
Campaign #0414

