

The Newsletter
of the Friends of
the Manx
Diabetic.
The diabetic
support Group
of the IOM

The Diabetic

All monies
collected are
spent on the Isle
of Man.
No monies are
sent
off Island

The Best and most Informative Diabetic Newsletter on the Isle of Man

Issue number 22

Date: December 2008

Happy Christmas

LEADING FROM THE FRONT

Caaryjn Lught Vannin yn Chingys Millish

A Charity registered in the Isle of Man. Charity number 894.

All monies collected from whatever source will be used exclusively on the Isle of Man for the benefit of diabetics and their medical carers.

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“The Friends of the Manx Diabetes Centre” have changed their name to “Friends of the Manx Diabetic”

The Chairman’s address at the AGM

Disability Discrimination Act Update, the meeting at the Villa Marina

The Christmas Message

In this issue

The Change of Name for the Group
Chairman’s AGM Message
Reminder to Mr Teare Minister for Health
Disability Discrimination Act update
The Christmas Message by our Trustee the Rev John Guilford
The Royal British Legion
The Booklet
OSA Recruitment
Presentations
Carers Allowance
Editorial: Wattersons answer.
The DHSS endeavours to reduce waiting lists.
Help your Pancreas to help you.
Correspondence: The Foot problem
News Update.
Changes to Membership fees.
Changes to the Constitution.
Introducing UTAG
The Last Laugh
The Manx Tay at Port Erin

The Change of Name for the Group

At an Extraordinary General Meeting of the Friends of the Manx Diabetes Centre held at St Andrews Church Hall on 16th October last, after discussion and consideration, all those present, unanimously agreed to do away with the title “The Friends of the Manx Diabetes Centre” and substitute it for **“Friends of the Manx Diabetic”**.



For some time now the Committee had become more and more convinced that our original title gave us connotations of being a DHSS department, which was the last thing we wanted to do, and the Centre was not now responding as we had expected it to.

Things had come to a head, and it was impossible to operate under our original title.

**Feegans
Deli**

Food to eat in

Food to take away

Food for thought

Are all available at
Feegan’s Internet Lounge
8 Victoria Street, Douglas

The new name “**Friends of the Manx Diabetic**” encompasses and reflects the operations and aspirations of the Group within our community.

We are the Group for all diabetics on the Isle of Man.

We are the Diabetic Group that is leading from the front, and that is where we want to be at the front, so that we can look after the interests of all diabetics in these worrying times.

It is important that we, as a diabetic group stand up for the rights and medical requirements of the Manx Diabetic, to safeguard their welfare, and to ensure that we can fight for them without let or hindrance in any adverse future developments that the DHSS may wish to introduce.

The new title “**Friends of the Manx Diabetic**” brings us into the 21st Century and reinvigorates our mandates and our position within our community and all diabetics on the Isle of Man.

Our mandate remains the same, all funds from whatever source received by the Group will be exclusively used on the Isle of Man for the benefits of all diabetics and their medical carers. No monies will be sent off Island.

We would like to take this opportunity to thank Dr Brian Stowell for kindly translating our new title into the Manx Language which we will now use on all our communications.

**To everyone and anyone who was involved in
my husband's passing, a
Heart Felt Thank you**
Obitury

Chairman's AGM address

At the AGM the Chairman gave his annual address.

After thanking all those who had helped the Group during the past year he enumerated the problems he and Mr Houghton, our Trustee, had had with Mr Watterson, and what Mr Watterson had said in respect of our request for help with allowances for amputees after they left hospital.

He also brought to the notice of the meeting his correspondence with Mrs Barbara Scott, the Hospital Manager, following their meeting

regarding the Prosthetic and Orthotic clinics, requesting that there should be weekly clinics on the Island with drop-in facilities.

Mrs Scott undertook to do an audit, but the questionnaire that had been produced, did not once mention the question of weekly clinics with drop-in facilities, and she had been told that we would not recognise the outcome of this ridiculous questionnaire without proper questions regarding weekly clinics with drop-in facilities.

However, it was his address on the rescinding of the ‘reciprocal health agreement’ that moved the meeting into a motion that it should be reproduced in its entirety in *The Diabetic*.

This was put to the vote and carried unanimously, as was the request from the floor that it should also be put on our website.

So in accordance with the mandate at the meeting this is a verbatim transcript of what the Chairman had to say on Thursday 16th October 2008, way before anyone else, on the rescinding of the ‘reciprocal health agreement’.



Henry J Ramage
Chairman

“Everything is now virtually insignificant, compared to the announcement by the Minister for Health on Friday the 3rd October, which puts what I have said in the shade, and has almighty adverse ramifications for the residents of the Isle of Man.

I am referring to the ‘reciprocal health agreement’ which the United Kingdom has rescinded as from 2010.

As you all know, I come from Gibraltar. I used to run the Television and Radio Stations there, and I had to contend with Government and Opposition, not like here.

I was constantly walking the tight rope, with the Government on the one side and the

Opposition on the other, holding hypothetical poles, taking it in turns trying to topple me off.

Not to mention having to deal with the UK Foreign Office because of the Spanish problem at the time.

So I have dealt with them, know how to deal with them, and know where they are coming from and how they operate.

If the Chief Minister asked to appear on Television or Radio, I would ask for a script as to what he wanted to say, and put a red pencil through whatever was political, and he was then informed he couldn't say that because it was political.

However if he wanted to say it, I would have no objections, but then he was informed that I would invite the leader of the Opposition to appear the next night to answer him.

If he didn't want to appear, then it was up to him, but if he insisted on saying it, I would invite the leader of the opposition to appear the next night, to refute what he had said, and then on the following night we would have a debate on the issue with representative of Government and Opposition.

Of course this system also applied to the Opposition.

So I have been brought up in politics.

To keep on my toes, I had to learn to analyse what was said, and at the same time envisage the future ramifications and developments from whatever action or comments, the politicians took, or made.

I became very adept at this game, and still am.

So when last year a member of the Government at a meeting made a certain comment, it went over the heads of those present, however the implications of his veiled remark made my little antennas vibrate.

I spoke with Mr Houghton and informed him, that the 'reciprocal health agreement' was going to be cancelled by the British Government in the next couple of years, and that the Government was either aware of its impending cancellation or problems with it's renewal.

I also told some friends. So I have witnesses.

Then this year at the same meeting the same quote was made, again by the same Minister in a different answer to another similar question.

Again nobody budged, but this just confirmed my assessment of his comments of the previous year.

Again I told Mr Houghton.

In His Statement on Manx Radio, Mr Teare in a typically political way, glossed over the implications to the Island and its residents, to its enormous complications. Maybe he didn't know what they were going to be.

The only good thing that comes out of all this, according to Mr Teare is, and I am quoting, that, "similar charges in agreements for residents of the United Kingdom who require hospital treatment while in the Isle of Man", he said, "will be made"

What a pathetic straw to hold on to.

The reality is that we, on our part would now require Insurance to go to the United Kingdom, and if you need to go into hospital whilst there, then there would be a charge incurred which you or your insurance would have to pay. So much for free National Health.

Similarly, it will affect the sending of people to UK for treatment, in some cases, expenses would have to be borne either by the Manx Patient, according to Mr Teare's claim, or by insurance.

I presume they will eventually probably make you pay for your taxis to the hospital to and from the airport, and who knows, maybe even, as they will put it, a contribution to your flights etc.

On Monday (13th October) a gentleman from the Insurance fraternity was on Manx Radio, who categorically said on Radio and to me when we spoke afterwards, that it would be very difficult for people over 60 to get insurance.

I agree with him entirely, **unless of course, it is the Manx Government who acts as the underwriter for all these insurances.** Then they won't refuse anyone insurance, and travel insurance will be cheap and accessible to all Manx Residents irrespective of their condition.

During Mr Rodan's term of office, on the 25th April 2005 to be precise, I gave him a system of insurance that would save the DHSS money. He liked it, and he took it to the Treasury.

They liked it, but told Mr Rodan that the Government had no Mandate to impose it. I still have his letter to this effect.

I did say at the time, that all he had to do was put a resolution in the House, the Government would put their little hands up, and hey presto they had a mandate, and their expenses solved.

Amongst other presentations your Group also included the same proposal to Mr McGregor Edwards, the Director of Strategy and Performance, when he requested ideas from the Group at our AGM.

This submission was handed in on 6th May 2006, over two years ago, but Mr Edwards has not even deemed to acknowledge this, or any of the other proposals the submission contained.

To date there has still been no reply from Mr Edwards.

As some of you many have heard, I was on Radio yesterday morning (15th October) on this very question, because it affects diabetics, and we are the group on the Isle of Man that fights for their interests.

This morning (16th October) Mr McGregor Edwards went on Radio, at his request, to try to refute the things I had said. Which goes to show how important the Group is.

He did mention me by name in despatches, so to speak, but his remarks had absolutely no substance or consequence in refuting what I had said.

All that he did promise was that all patients being sent to hospitals across would be covered by the DHSS. He did not say whether they were to be fully covered or partly covered. He did not mention their escorts or where the insurance was going to come from.

He confirmed that all Manx residents when on holiday or shopping trips etc had to have insurance. Which is what I had said.

He also explained that the DHSS was going to have meetings with Insurance firms, and that as there were 80,000 people on the Island, it would be a very lucrative business for them. Meaning he did not foresee any problems with the Manx Residents getting insurance, but at what price?

He conveniently omitted to say that it won't be all that lucrative for those 80,000 Manx residents who will have to foot the bill for their insurance, and those who will never get insurance.

All I am interested in, is safeguarding the medical facilities for the Manx diabetic patient.

So Mr Teare, the reality of the situation is, that the Manx people and the Manx diabetic on the Isle of Man will have monumental problems.

Here are some hypothetical scenarios.

- 1) Those Island Residents who already have a medical condition, will not get insurance unless this is loaded, or the DHSS underwrites you, otherwise all those with an existing medical condition will be refused insurance or it will become extremely expensive.
- 2) Manx Residents are therefore now trapped on the Island if they are unable to get insurance.
- 3) They cannot get off the Island without insurance, not even to go shopping in Liverpool or visit their children at university, or visit their families in hospitals, or visit their children in hospitals, or go to football matches.
- 4) Their children if not resident here will face the same problems when they visit their parents on the Island.
- 5) You will even have to have insurance if you are in transit through the UK, just in case something happens to you in the departure lounge prior to catching your transfer connection.
- 6) It could maybe eventually come to the old Big Brother system in the old days, when visas were in operation. You could be refused boarding to and from the Isle of Man if you do not have valid insurance, just to cover the NHS in the UK and the DHSS here.
- 7) The only country in Europe, that you did not need insurance to travel to, was the UK, this can not now be done.
- 8) The Isle of Man is no longer the haven it used to be.
- 9) People will now be moving back to the UK, as in the UK you can get your medical requirements free, and can move into Europe and get them in Europe. The Isle of Man has lost its advantage.
- 10) Travel to and from the Island will become more expensive as everyone working on the travel trade will have to carry extra insurance.

- 11) Food will be more expensive as lorry drivers and all those working in the haulage business will also have to carry extra insurance, which will reflect on food prices, as these extra expenses will be passed on by the hauliers.
- 12) Similarly many of the people coming over will not now do so, with its concomitant decline in TT numbers, in Estate Agents activity, and the drying up of the purchase of expensive houses on the Island.
- 13) People who live abroad but have money on the Island will also need insurance just to come to see their banks and accountants. Not now a lucrative thing if they also have medical problems and can't get insurance.
- 14) This movement and non movement of personnel will also have an effect on Government Revenues.
- 15) Here the DHSS do not have many of the medical facilities they have across and therefore if you are sent over, as Mr Teare is preparing us for, you may have to contribute something towards your care, or if you already have insurance, your insurance will have to pay for your care.
- 16) What do you say to your insurance, I am going into hospital in the UK for an operation, I want you to insure me so that you can pay for it. What do you think they are going to tell you? Are they going to roll over and insure you?
- 17) Who is going to insure you? You will have to have valid yearly insurances with a track record for every member of your family, just in case someone goes sick whilst in the UK and needs treatment in the future.
- 18) How much extra is going to come out of your household budget to pay for all this family insurance?
- 19) Those patients that already have a health problem will never get any kind of insurance. What is our Government going to do with them, if they are across without insurance, they are not going to let them die. Will the Government pay for them? More expenses that the DHSS cannot undertake to do, and will have to be found from somewhere else.
- 20) In the meantime they will never be able to go on holiday to the UK.
- 21) If some member of the family gets sick across, you will not be able to pick up sticks and go across at the drop of a hat like you did before, you will have to get insurance first, if you get it in time before a disaster occurs. Supposed this happens on a Sunday what happens then?
- 22) Similarly the Tourist industry that is not what it was, will experience a near to total collapse, for who is going to take out insurance to come to the Isle of Man on holiday, when they can go on holiday for nothing anywhere in the UK and still be covered for any medical eventuality.
- 23) All this activity or rather non activity, will have repercussions on the whole trading community of the Isle of Man.
- 24) Also this massive problem will naturally impinge on the budgets of the DHSS, which Mr Teare has not told us about, or what it is going to cost the DHSS and the Government, as they probably have not as yet assessed it. I can assure you that they probably don't even know, nor have the faintest idea of what it is going to cost them.
- 25) As usual it will be guesstimate time as they go along. In fact trying to cope with it on the hoof.
- 26) The DHSS will not cut back on the Top Civil Servants, they will probably employ more to cope with the more paperwork, and you will have to carry the brunt of the expenditure.
- 27) There are people in the DHSS who come up with weird and wonderful ideas to save money, and which Mr Teare readily embraces, and then it backfires.
- 28) They will probably think it will be a good idea to increase prescription charges as a means of getting some revenue in.
- 29) They will probably then also suggest doing away with free prescription charges for diabetics and others.

- 30) They will probably increase your National Insurance.
- 31) They will probably make patients pay for taxis to and from the hospitals when they send them to the UK.
- 32) They will then think it a good idea to ask you for a contribution to your flights when they send you to hospital in the UK.
- 33) They will cut back on hospital facilities here. Which, if the idiotic DHSS arguments with the hospital staff regarding their pensions is taken to its ludicrous conclusion, Mr Teare will find himself with a mass exodus of specialist staff on his hands and no expertise at Noble's.
- 34) Mr Teare has already told you that you may have to pay for your treatment in the UK or from your insurance, a small step to doing it here for certain disciplines, if the budget gets tight. This will mean that people will not pay for preventative care to the detriment of the patient, and it will cost the DHSS more on the long run.
- 35) Maybe you will be made to pay for local hospital facilities that you do not pay for now, or from your insurance if you are lucky to be insured, that is if the insurance companies are stupid enough to insure you, because I wouldn't.
- 36) The moment you have to claim from your insurance, your insurance will not insure you the next time around for the same amount of money.
- 37) If the DHSS do it here, then you will need full time yearly insurance for every member of your family on the Isle of Man.
- 38) You and your family will incur massive insurance bills as you and all your loved ones will have to be covered individually for all eventualities both here and in the UK. Not just when you go on holiday but on a constant basis.
- 39) So the solution;
- 40) Mr Teare, now is the time to **Join the EU** and we can all avail ourselves of the

equivalent of the E111, and you have regained your status quo not only in the UK but also improved it in the EU.

- 41) Or, Mr Teare **go Independent, after all we are supposed to be a Nation.** Make your own deals with other countries instead of the agreements the DHSS has at present with England.
- 42) England is now becoming a complication to our Nation. What is the point of blindly following what they tell us to do as the Government has been doing up to now, when they can toss you aside at a whim, and mark my words, they will continue to do so until eventually they crush us.
- 43) Doesn't our Government realise that the British Government want to squash offshore territories? They will continue to clamp down on the Isle of Man in as many ways as they can think of.
- 44) The time for hanging on to the coattails of the United Kingdom is over.
- 45) I know there are other things in the pipe line with which the UK Government will try and strangle the Island once they are brought into operation.
- 46) Alternately, as a member and friend of the Group said to me, become affiliated to another country.

Because of all of what I have just said, we as a Group must be very vigilant, as we don't want any incursions, diminution or dismantling, of what we as diabetics have already gained over 29 years of fighting our corner for better services.

We should not allow, not even a contemplation of a review of free prescriptions for The Manx Diabetic.

We must stand together and contact our MHK's for help, and make sure that our voices are heard.

We must get our friends to do likewise, and we must get our friends to join our Group, they don't even have to be diabetic, so that we can continue to fight for the Manx Diabetic.

Diabetics on the Isle of Man must continue to enjoy the facilities that they have today, not as a concession, but as of right, because as time goes

by we must increase and improve these facilities to keep up with developments on the diabetes front.

The next few years will be extremely difficult years for the Isle of Man, what with the fallout from the credit problems that the Government is facing and will have to pay out hundreds of millions, and which according to an outside overview, did not appear to have been handled all that well, and now with the rescinding of the 'reciprocal health agreement', will make severe inroads into, if not demolish, the Government's Budget.

These two events will need careful nurturing if we want to keep our place in the financial and medical world for the benefit of the Manx people.

So our message tonight is, please, vigilance is the watchword, so that we maintain our rights, irrespective of what the Minister for Health and his advisors may propose or do.

If any action is taken by the DHSS or Government, that may affect the Manx Diabetic, your Group shall not be silent.

We shall be fighting tooth and nail on your behalf, but we need your help.

There are 3,800 diabetics registered with GP's in the Isle of Man.

If we go by the World Health Organisation then there are a similar number undiagnosed.

Remember, you as the Diabetic have power at the ballot box, use it.

Let us take no nonsense from any quarter, in particular from Government or the DHSS".

The above was part of the address given by the Chairman at the AGM on 16th October last, that dealt with the rescinding of the 'reciprocal health agreement' which was way before what has already been said in the press and radio, and which the meeting unanimously voted to have included in this quarters newsletter.

It is interesting to note that Senator Obama promised that if he became President he would set up a department of Government as **underwriters** so that all Americans will then have affordable health insurance.

Our Government already has the Chairman's similar proposals years before Mr Obama mentioned his, which was presented to Mr

Rodan 3 years ago when he was Minister for Health, and 2 years ago to Mr McGregor Edwards, all they have to do is implement it, become the underwriter and everyone on the Island will then have affordable travel insurance, and the DHSS will be rolling in money.

It is satisfying that President Elect Obama is following the Chairman's lead.

Since the above address, the Minister for Health has said in the House, that he could not predict what the cost impact would be on the Manx DHSS, as it would depend on the numbers of patients requiring treatment from 2010 onwards and **"the CHARGES that the Manx Government would levy"**.

He continued, **"This remains a matter for discussion, but we will certainly not be proposing to provide such services AT A LOSS"**.

So much for that. The Chairman rests his case.

But the Chief Minister also said in the House, **"members should not get 'over-excited' at this issue"**.

Bless him, one day we shall all come down from cloud nine and live in the real world.

The Chairman is already getting indications that even before July 2008, the Government was already making plans for the rescinding of the 'reciprocal health agreement', as contracts that should have been renewed on that date have **not** been renewed, so the Chairman's assessment last year and his comments at the AGM are spot on.

The Chairman has also heard whispers from two independent sources of what the DHSS is already thinking of implementing to raise funds.

If they are what he has heard, they don't present a pretty picture. As they appear to be talking of making patients pay for taxis to and from the Airport and the Hospital as they have not renewed the taxi contracts as from July 2008, and they may even be considering you paying for your flights up front, and then they would make a contribution to you.

The Diabetic hopes that this will eventually not be the case, as some patients may not be able to put the money up front, or even pay for most of the flights and their transport to and from hospital.

As a note of interest, we have already been informed of a member of our Group that has put his house on the market. The family are leaving our shores because of the insurance problems, and those of their family across when trying to visit them on the Island.

They are all going back to the UK, and have already bought themselves a residence there.

We would like to take this opportunity to acknowledge, his enormous and invaluable contribution to the welfare of the Manx Diabetic over the many years he has been on the Island.

The Chairman will sorely miss his extensive knowledge, advice, and support.

We have also heard of another two families already selling up and leaving, with others awaiting as to what action our Government will take before deciding whether to stay or leave the island.

So in a nutshell, our Darling across the water has promised a “long and hard look at the Isle of Man”.

Genuine advice for the Government, HE’S BEHIND YOU, and believe it or not he will be like a praying mantis, and he is going to clobber the Isle of Man.

You can talk till you are blue in the face, and even send delegation to the moon if you want to, but it will make no difference, for they have the whip hand, they will tell you everything is all is alright, don’t worry boys, go home and don’t make waves. As usual you will believe them, and then they will impose whatever they want at their convenience, without even consulting you.

Get both feet on the ground, the Isle of Man is in no position to dictate to the British Government.

Let us therefore have no more talk of being a Nation, but become a real Nation, become independent and apply to join the EU and all the Island problems will be solved.

Please please Chief Minister, less Strategy and more Performance immediately, otherwise in five years time the Island shall be bankrupt and the UK will eventually just walk in and take over.

Mr Brown, a five star prison with the most up to date mod cons, is still a prison.

Ostriches put their heads in the sand, but some of us carry our own buckets of sand with us in case of emergency.

Reminder to Mr Teare, Minister for Health.

National Health Service Act 2001.

The Act under its very first mandate stipulates:

1 Duty of Department

- (1) The Department of Health and Social Security (the Department) shall, **(please note it says a SHALL, and not maybe)**
 - (a) Continue to promote in the Island a comprehensive health service designed to secure improvement in-
 - (i) The physical and mental health of the people of the Island and
 - (ii) the prevention, diagnosis and treatment of illness, and
 - (b) for that purpose provide or secure in the Island or **ELSEWHERE** the **effective provision of services** in accordance with the following provisions of this act
- (2) Subject to any other provision of this act, and to any provisions made by regulations, the services provided under this act shall be **FREE OF CHARGE**.

Mr Teare, please tell your advisors that the words **SHALL, ELSEWHERE, AND FREE OF CHARGE** have specific meanings in the English dictionary and in the Act which cannot be altered.

So let us not contemplate any shenanigans.

Disability Discrimination Act Update

The following report on the above meeting has been compiled for *The Diabetic* by Mr David Gowne, Chairman of the Isle of Man Voluntary Groups. He says: -

“The one day conference held at the

Promenade Suite, Villa Marina, Douglas on Monday 27th October, attracted a near capacity audience of almost 100 people.

Amongst those attending were a good cross section of the disabled community together with the Minister for the Department of Health and Social Security, the Speaker of the House of Keys, Mr Dudley Butt MLC, political member for Social Services, and senior officials of Government Departments and third sector organisations.

The proceedings were opened by Mr Andrew Swithinbank, Director of Social Services who gave a comprehensive update with progress being made to introduce the Disability Discrimination Act in the Isle of Man.

Mr Swithinbank explained that whilst the Act had passed through Tynwald it still required an Appointed Day Order in order for the legislation to become operational. In order for such an Order to be made considerable work was required in order to write the underlying regulations and guidance notes. Appropriately qualified and experienced people would need to be employed to undertake this work which given the extent and nature of the task could take up to three years to complete. The intention at this stage is to introduce Appointed Day Orders on a rolling basis to progressively give effect to parts of the Act leading to its total implementation by 2012.

Mr Swithinbank went on to welcome the formation of the Disabled Peoples Forum last year and looked forward to actively engaging with them. He encouraged the disabled members of society, who are a significant percentage of the population to become involved in legislation and strategies which affect their daily lives.

The main speaker for the day was Mr David Finnegan, Senior Access Officer, Mersey Travel, who in a series of presentations outlined the work he undertakes in the North West and successes achieved in making travel easier for all people with any form of disability. A long time wheel chair user he later described actions which he had personally taken to ensure compliance with the legislation in England and Wales.

Comparing the local legislation with that in England and Wales he stressed the need to change society's perception and understanding of

disability and disability issues. In particular, he opined, there is a greater need to appreciate the social model of disability as opposed to the medical model in that it is not the medical condition that disables the individual but society which disables him or her through the lack of provision of appropriate facilities. Legislation would not in itself be effective without an environmental change. He encouraged disabled people to make sure their views were represented and that they were consulted through the establishment of an advisory group to help those moving the Act forward.

The day concluded with group work considering the topics covered and a further meeting will be convened to look at establishing an advisory committee, which in David Finnegan's view, endorsed by those present, should be made up of disabled people supported by the voluntary sector".

The Chairman of the Friends of the Manx Diabetic, was unable to attend the meeting as he was off Island on that day. He is most grateful to Mr David Gawne for his collaboration in compiling the above report.

The Christmas message by our Trustee the Rev John Guilford



The Rev John Guilford
Trustee to the Friends of the Manx Diabetic

"The Jesus who will protect us from the wrath that is to come."

When St Paul wrote those words to the church in Thessalonica some two thousand years ago, the wrath he was thinking about was not persecution by the then Roman authorities.

Neither was he thinking of the great wars that have blighted human lives throughout history.

And he was certainly not thinking of the things that concern all of us as I write this piece; the continuing threat of religious terrorism or the unknown territory of financial meltdown.

No he was thinking of the apocalyptic promise contained in The Gospels; the promise of Jesus' return.

To some Jesus' return is a frightening prospect, to others it is a looked forward to possibility. To the majority, though, as we live our lives at such distance from the original promise, it is not something that enters our consciousness often, if at all!

When troubles come, though, and our lives are disturbed from their normal sense of security, we do begin to look for meaning. Troubles come upon us in many forms: it can be the loss of a loved one, it can be illness, or it can be instances like the one that concerns the majority of us at this moment, the loss of financial security and a fear of the future.

However when troubles come they can bring with them the opportunity to rethink; to change direction.

The Global Financial Crisis, which has been 'in our face' for this past month or so is, we are told, brought about by greed and irresponsibility. If this is true, then these are things that we can do something about. We can't do anything about them, though, if we don't rediscover the gift of caring more for our brothers and sisters. Whilst we wouldn't wish the worry of this present crisis on anybody, one positive product could be that we hear anew Jesus' command that we love God and love our neighbour as ourselves.

The powerful act of loving will bring us out of the present crisis and find us living in a world that has changed for the better.

Jesus will save us from the wrath that is to come, but even if the wrath that St Paul writes about is a long way off, living as though it were tomorrow will be a great benefit to us all.

So my hope and prayer for you all, as we prepare to celebrate Jesus' first coming, is that your hearts and minds will be open so that you may discover Jesus' presence in your lives and that through him you may receive the word of God.

I wish you all a happy and peaceful Christmas.

Will the last person to leave please see that the perpetual light is extinguished.

Notice in a church in the USA



The Royal British Legion

Mr Terry Marston one of our members brought to our notice a circular letter, that as a member of the Royal British Legion he had received, and asked the editor to see if we could use its contents in *The Diabetic*.

Naturally we had to get permission from their head office and we had an informal chat with Mr P.D. Cleminson the National Chairman of the Royal British Legion.

During the course of our conversation he told us that the past year had been extremely successful, and that last September (2007) the Legion had launched the Honour the Covenant campaign, urging the Government and the Nation to improve conditions for the serving and ex-Service community.

In particular he said that the legion had asked for an improved compensation scheme for the Armed Forces: a greater commitment to support the physical and mental health of Service personnel and their families, and of course more support for bereaved families.

The Government, explained Mr Cleminson, had responded by commissioning a Command Paper to address a government wide strategy for the welfare needs of serving personnel, veterans and their families.

He told the editor of *The Diabetic*, that at a meeting with the Prime Minister their Director General, Mr Chris Simpkins had been asked to sit on the group, supporting the Minister for Armed Forces in drafting a paper.

This he pointed out had been published in July and outlined the material improvements for the Armed Forces, veterans and their families, which the Legion sees as a major victory for the Honour the Covenant campaign.

It included improvements to the Armed Forces compensation scheme, which will double payments for the most serious injuries: better quality of prosthetic limbs available on the NHS: and a helping hand on the property ladder for those leaving the service.

Mr Cleminson also pointed out that they had had a record Poppy Appeal last year and he thanked all those that helped, as they had raised over 30 million pounds.

He was of the opinion that the Poppy Appeal holds a special place in the hearts of the Nation.

He explained that in 2007 with the developments in Iraq and Afghanistan beneficiaries seeking their help, aged 35 or under had increased by 30 per cent.

He also told *The Diabetic* that following the success of the Honour the Covenant they had now launched a new campaign aimed at increasing the incomes of older people living in poverty. The campaign which had been launched in conjunction with age concern in the UK is called 'Return to Rationing'.

The National Chairman then asked us to point out that they require more members and to this end the Legion's review team will be asking members for opinions on how to go about this recruitment initiative.

As Mr Cleminson puts it "Your input is Vital".

So if you have any suggestions, please send your comments to The Royal Legion, Suite 14, St James Court, Wilderspool Causeway, Warrington WA4 6PS or by e-mail to membersviews@britishlegion.org.uk

Please remember that a vibrant membership is vital to their continued success.

So look out for more information in 'Legion' magazine and on the Legion website.

The Diabetic is most grateful to Mr Cleminson for talking to us and sincerely hopes that all the endeavours of the Legion will be fulfilled.

We trust that you all respond and join the Royal British Legion, the efforts by those who perhaps like you, have served the Nation cannot go unrewarded, and they deserve our unconditional support.

We once again would also like to thank Mr Marston for requesting *The Diabetic* to support such a good cause which we are delighted to do.

The Booklet

The Friends of the Manx Diabetic have been requested to provide information to patients who are newly diagnosed diabetic.

It appears that during the transition from being diagnosed to visiting the Centre for the first time, the time lapse is in the region of 4 months, though the Friends of the Manx Diabetic have been arguing for this to be a maximum of ten working days.

We have even been made aware of someone who was given a waiting time of 18 months.

So the Committee decided that they would produce a booklet, not giving medical opinions or advice, but an overview from patient to patient, and an interim information package.

The booklet is now available at surgeries for distribution to newly diagnosed diabetics so that they can have some idea of what diabetes is all about.

This booklet has been made possible by a very generous donation from the local firm OSA Recruitment to whom we are all exceedingly grateful.

Naturally it will also be available to any diabetic who might want to acquire one.

Please ring Jan on 613702 if you require one.

For best results, start with a clean bath before use.

Message on a bottle of bath cleaner

OSA Recruitment

OSA Recruitment is making a grand gesture with the launch of a charity giveaway to mark the company's 10th anniversary by donating £1,000 a month to charity for the next 10 months.

Their Isle of Man office was established in 1998 and currently employs a team of 14 staff.

Committed to the Isle of Man as a Centre for Excellence, OSA Recruitment is proud of their reputation and the services they are able to provide to businesses in all sectors, additionally providing support to educational and charitable organisations within the Island.

OSA is staffed by senior professionals who, whilst qualified and respected in their areas of expertise, ensure approachability and empathy at all levels.

The OSA managing director Bernadette Murphy told *The Diabetic*: ‘We are proud of our reputation and what we have achieved as a company over the last 10 years due to the success of offering candidates the best career opportunities with our valued clients.

I am therefore delighted to be able to give some of our success back into our local community, as a thank you for supporting OSA Recruitment.’

‘The OSA Giveaway is designed to recognise contributions made in the community by charities, no matter how large or small, therefore, we choose The Friends of the Manx Diabetic to benefit from our £1,000 monthly giveaway’.

‘The money’ she pointed out was ‘being used for a very worthwhile cause as the booklet will provide valuable help and information to newly diagnosed diabetic patients in the Island.



Mr Michael Lewin, Mrs Bernie Murphy and the Chairman

With Manx residents being diagnosed with diabetes every week it is vital there is support for them and I am confident the Friends of the Manx Diabetic are well placed to provide it.’

The Friends of the Manx Diabetic are very grateful for OSA’s kind gesture and are sure that the booklet will be of benefit to all newly diagnosed diabetics on the Isle of Man.

Presentations

During the quarter we also received the sum of £500 kindly donated by Clare and Diane Kelly.



The Presentation

These two ladies had raised the money doing the Parish Walk.

The Friends of the Manx Diabetic are most grateful to them for their wonderful effort and we assure them that according to our mandate none of the monies will be sent across, but spent on the Island for the benefit of the Manx Diabetic and their medical carers.

We would also like to thank all those that contributed so generously to our funds during the last quarter.

We have also just received the sum of £350 from the Dress Down Committee of Lloyds TSB for which we are most grateful to all the staff who took part in their dressing down days.

It is better to give than to receive.
Bless you all.

Hospice Isle of Man and Rebecca House

The Hospice, which moved from its original St Bridget’s building in Kensington Road, Douglas in November 2007, is now situated near Noble’s Hospital.



Hospice Isle of Man

Neighbours with the Millennium Oakwood, and not far from the Private Patients Ward of Noble’s, Hospice Isle of Man’s impressive building includes Children’s Hospice, Rebecca House and overlooks

open countryside towards Douglas. It is surrounded by extensive gardens designed by TV gardener, Diamund Gavin.

We are very lucky to have the new premises so near to our hospital colleagues. It helps us to work more closely together and share our resources. It also helps many of our patients who only need make a short journey across to attend their Out Patient appointments.

It may be a good idea to remind everyone what Hospice Isle of Man provides and how it is organised, managed and funded.

Hospice Isle of Man provides a wide range of palliative care services. These include an In-Patient Unit with 12 single en-suite rooms, spacious patient lounges, the Scholl Centre which houses the Day Therapy Unit, complementary therapies, lymphoedema clinic, Gough Ritchie Education Suite, Chapel, Rehabilitation Suite and children's hospice – Rebecca House.

Hospice provides specialist palliative care which includes patients symptom control, psychosocial care, counselling and spiritual support.

Hospice primarily is funded by charitable donations, fundraising events and legacies. It also receives a grant from the DHSS. All care that Hospice provides is delivered free to patients and their families.

Patients who are facing a life limiting diagnoses (predominantly cancer) are referred by Consultants, Specialist Nurses and GPs. Christine Bloomer and Cheryl Young, Hospice's Clinical Nurse Specialists (CNS) in Palliative Care, are familiar faces to many at Noble's.

Hospice also employs four more CNS who give help, support and advice to patients in the community.

Education and training plays a major roll in Hospice's provision and many Hospice staff participate in DHSS training; either through receiving or by providing it.

I am delighted that the long held dream to have a new hospice near Noble's has become a reality. Building on existing excellent working relationships and planning developments for the future, in partnership with our Health Service colleagues, will improve the care that patients receive. We look forward to the future and to further development of partnership working.

I see many opportunities ahead that will allow the Hospice Isle of Man and Noble's staff to work even closer in the years to come, thus enhancing and expanding patients care that will benefit all Manx people. These opportunities include widening the

access to hospice care, further joint initiatives in education and training and building on the excellent work that Children's Hospice, Rebecca House now delivers.

This year Hospice Isle of Man is celebrating its Silver Anniversary. Let's celebrate this together!!! Our list of events is on Hospice's website www.hospice.org.im. and I hope that many Intouch readers will attend the events and support us. We, in turn, will do anything to help and promote the excellent service the DHSS delivers.



Margaret Simpson
Chief Executive, Hospice Isle of Man

The above article was supplied and is published by courtesy of InTouch magazine a DHSS publication.

Carers Allowance

In the UK, MPs are up in arms about the pittance that is being paid to carers.

This is a bone of contention for the hours that they put in and these carers are the cheap labour of the NHS and our own DHSS.

This also applies to the Isle of Man as the Government under their agreement with the UK Government follow exactly what the UK pays their carers.

If however the MPs in the United Kingdom have their way our Government will have to follow suit.

For those of you who are not aware of the situation, this is the state of play across the water.

There is no indication that we are not in a similar boat, although in a smaller assimilation due to our smaller population capacity.

In the UK: -

- 1) One in eight adults is a carer, this means around six million people. The number is estimated to rise to nine million over the next 30 years.

- 2) One million of them are caring for more than one person.
- 3) Carers save the UK economy £87bn per year. **(How much is our Government saving here?)**
- 4) The Main Carers benefit is £48.65 for a minimum of 35 hours per week equivalent to £1.39 per hour. **(This is the same as the Isle of Man.)**
- 5) Carers who look after their charges for 24 hours a day, are paid £67 per week the equivalent of **40p per hour. (This is the same as the Isle of Man. The Diabetic does not see or hear of any of our MHK's bending over backwards to help our carers).**
- 6) Carers are twice as likely to be permanently sick or disabled
- 7) Couples caring for children have divorce rates of twice the UK average.
- 8) 58 percent of carers are women 42 percent are men.
- 9) 1.3 million carers are over 65 and 175,000 are under 18. **(We asked Mr Juan Watterson, who now calls himself the 'Political Member for Social Security', for a statement on the 73 children that were carers on the Isle of Man with two of them being under 5 years old.**

This was on 14th March 2008, when he promised to give us an answer if the question wasn't asked in the House. He could not put the question himself because he was a member of the DHSS.

However, 7 months later on 30th October he managed to give us an answer, which will be dealt with in the Editorial).

An ageing population, smaller families and different family structures mean that three in five people will care for someone at some point in their lives.

- 10) Every day in the UK another 5,500 people are thrust into a caring role.
- 11) Every year in the UK 10,000 people have a stroke, 36,000 are badly injured in a road accident, and 27,000 children are diagnosed with a disability.

- 13) We on the Isle of Man are no exception to these UK problems and at some stage it will catch up with our DHSS, and they must be prepared.
- 14) At present this bureaucratic system makes the lives of carers a misery and they are the cheap labour of the DHSS.
- 15) The plight of full time carers has only recently been acknowledged by any Government in the United Kingdom.
- 16) In the UK following The Carers (Equal Opportunities) Act 2004, and the Families Act 2006 the UK Government has ploughed about £225 million into special provisions earlier this year. But carers there, all say the system is not working.

What has our Government done on the Island?

According to the agreement they should have followed the UK, if the UK put in £225 million, how much has our Government ploughed into the system here?

What will our Government do when these miserly carers payments are increased in the UK?

They shall have to follow suit in accordance with their agreement, if it is still in existence.

Just imagine yourself all of a sudden being forced into full time caring and having to exist on **40p per hour**, and because of your full time caring you cannot now get a job, how can you make ends meet? The DHSS will probably help you with other assistance, but it will not be the same as the proper wage you have lost.

Because you are the cheap labour of our DHSS what is going to happen when you go through your savings?

How will you pay your mortgage?

How will you pay your rates?

How will you pay for your heating bills? It won't be with insulation because you won't be able to afford your share of it.

You won't be able to enjoy the same foods you did before, because you have to look after your pennies.

It's unthinkable isn't it?

Where is our compassionate Government, when it takes Mr Juan Watterson the 'Political Member for Social Security' to bring us up to

date 7 months after our initial request on these caring children.

Does anybody really care about the carers out there?

It does not matter how long the journey is, it could be 5,000 miles, it always starts with the first step.

Editorial

Watterson's Answer

Since we had the story of these children in a previous *Diabetic* edition we thought it only natural that we bring you the official DHSS answer to our request of 14th April 2008.

It now transpires that after 7 months of waiting for an answer, that Mr Watterson claims that there are not 73 children with 2 five year olds acting as carers on the Isle of Man.

In his letter of 30th October 2008 he points out that the way that young carers are identified varies from country to country.

He says that we, that's him, on the Island use a wide definition whereby the DHSS sees a young carer as "someone under the age of twenty-one who lives in a family where there is a serious illness or disability".

Taking the above criteria, or to put it into his words, "using the Manx definition the **2001** census tells us that there are **195** young carers on the Island, **29** of which are aged under **9**, **64** between **10** and **14** with the remaining **102** being aged over **15**".

But in fact he emphasises, there is no one in direct care under 10 years old.

So what are the 29 under the age of 9 he claims exist are doing, just giving him their names for fun? In accordance with Mr Watterson's own definition above they are part of the family and therefore **they are a carer**.

First it is inconceivable that Mr Watterson has to rely on figures that are 7 years old, as the DHSS does not appear to have any up to date figures. After 7 months we are given 7 year old figures. Surely if they are at present paying these carers they should know who they are paying.

Secondly Mr Watterson does not tell us how much these young carers are getting and why the

DHSS is not providing nursing facilities round the clock for their charges. *The Diabetic* feels the DHSS finds it cheaper this way.

Mr Watterson does tell us that the majority of their direct support is carried out in partnership with the local voluntary organisation Crossroads Caring for Carers who provide a range of services and activities, and that at the present time in excess of 70 such young people are being supported.

The Diabetic spoke with Crossroads and were informed that at present they looked after **10** carers who were **up to, Mr Watterson, up to 5 years old, up to, means that they are under five years old.** 62 were between **5** and **18** years old.

Mr Watterson, how come they are looking after **10 up to 5 years old** that means **under 5 years old**, and you don't know about this.

Maybe you are still working in **2001**, when Crossroads are working in the actuality of present day **2008**.

What has happened to the other **123** young carers? Who is looking after these **123** young carers?

This is not the "majority of the young carers".

We are supposed to be an offshore financial centre and if we don't use these finances to help our own Manx children we might as well pack it in, or better still let the United Kingdom go the whole hog and pack it in for us.

For goodness sakes we are supposed to be a Nation, a caring Nation.

We want action and not in another 7 months time working with 7 year figures.

So how about it Mr Watterson.

Mr Watterson, please excuse the pun, but what you are telling us is a "Political" National disgrace.

Please go slowly round the bend.

Roadside notice

The DHSS endeavours to reduce waiting lists

Once again the DHSS has secured from Tynwald more money, the sum of £325,000 to provide an aids and adaptation scheme to supply

specialist equipment, and in some cases alterations to the homes of people with disabilities in order to allow them to have access to vital facilities and remain in their own homes.

Mr Dudley Butt MLC member for Social Services said “We are committed to helping people remain in their homes for as long as they are able”.

The Diabetic hopes that some of the £325,000 will be used to get the Community Occupational Therapy Team to visit homes within ten working days of referral and not after 18 weeks, as otherwise Mr Butt, the operation is a waste of time and money and will never work.

Mr Killip in a letter told us in 2005 that it had been brought down from 22 weeks to 18 weeks, with which he appeared to be happy with his achievement. Three years later it is still 18 weeks..... fantastic progress.

Having to wait 18 weeks to assess the situation and then further weeks to have the problems resolved; well, we are sure that Mr Butt’s words will ring true when he said ‘We are committed to helping people to remain in their homes for as long as they are able’. They are not going anywhere they are forced to stay at home.

Mr Butt, you will achieve your purpose, they won’t be able to get out of their homes for 18 weeks plus, whilst they wait for your people to come to assess and assist them.

Another DHSS achievement.

The Patient has chest pains if he lies on his left side for over a year.

Actual comment written by a doctor on a patient’s chart.

Help your Pancreas to help you

In an article in the Daily Mail, in its good health section, their resident Doctor Martin Scurr discussed diabetes and the Pancreas.

The Friends of the Manx Diabetes Centre has decided to publish a booklet for surgeries to hand out to newly diagnosed diabetics, which we hope to have available as from the beginning of December 2008.

We have pleasure in publishing the extract of the booklet that deals with the Pancreas.

“Under normal circumstances the sugar in the blood comes from the food that we eat.

This is used by the individual body cells in the production of energy.

Any excess sugar in the blood is stored either in the liver for later use, or in the fat stores of the body.

Without the pancreas producing insulin to police the sugar, insulin must come from another source, hence the necessity to have regular injections of insulin in order to control the sugar levels.

The blood sugar rises after every meal and without insulin to restrain it there would be no control.

That is why diabetics who do not produce insulin must have an injection prior to having a meal, or just after, so that they can bring their sugar levels down to normal, by giving themselves an extra insulin boost, to convert sugar to energy, and this makes it available for use by the body cells.

We are now going to briefly look at Type 2 diabetes, or maturity onset diabetes.

This has been aggravated by the obesity explosion we are now experiencing.

How common this condition is and how it relates to obesity is considered a major cause of the present increase in Type 2 diabetes.

However now it is appearing more and more in obese Children.

In Type 2 diabetes the pancreas does not make enough insulin or the insulin is ineffective and the condition is made worse by obesity and inactivity.

In simple terms if you are overweight this means that there is more of you and consequently you need more insulin. Therefore your pancreas has to work harder.

It stands to reason that if there is less of you, you are going to need less insulin and there is less work for your pancreas to do.

If you are physically fit, and this does not mean that you are ready to take part in the Olympic Games, but if you are reasonably active, then that will tend to make your body more receptive to insulin and again your pancreas has less work to do.

If your pancreas is made to work very hard for these reasons, for a long period of time, it will

naturally get tired, and like everything else get worn out, and will eventually not make enough insulin.

So in effect tests have proved that many people with non insulin dependent diabetes are overweight.

Obesity is an increasing health problem and of course, the risk of becoming diabetic increases with increasing weight.

The causes of obesity are sedentary lifestyles, too much sitting around watching telly or playing on the computer, no exercise and going everywhere by car.

Food intake is often wrong and too many snacks, particularly those high in fats and sugar.

So what do we do? We have to eat and get the kids to eat properly and we have to take exercise and help our pancreas

Once the pancreas stops making insulin or gets too tired to make sufficient insulin, there is no going back, you are diabetic for ever.

Remember if you look after your pancreas, your pancreas will look after you.”

If you are diabetic, we must stress that it is essential to keep your appointments with your GP and at any Hospital that your are attending, to ensure that you maintain a high level of well being and so that you can lead a healthy life just like everyone else.

When she fainted, her eyes rolled around the room.

Actual comment written by doctor on patient's chart.

Correspondence

The Foot Problem.

A member of the Group appears to have had foot problems with the Podiatry Service and writes in to explain what happened.

We do get complaints about all the services at the Centre, like the person newly diagnosed and was give an appointment for months hence. So we have decided to publish some of the complaints on a quarterly basis.

Here is this quarters diabetic's e-mail which says: -

“I attended Nobles in July for the annual M.O.T. and as three months had gone by I thought it reasonable to have my feet checked as a matter of routine.

I had an appointment at Cummal Mor, Ramsey a few days ago. (October)

When I was called into the consultancy room by the Chiropodist she asked why I was there as I had been seen in July.

I explained that I felt that regular examinations were a good idea by way of preventing any problems arising.

I was then informed it was not necessary as no problems had been reported, and then proceeded to usher me out of the door.

So, to make the visit “worth-while” I suggested she might like to look at my feet anyway.

She did so, stated my feet are in good order and that was it.

I was in and out in six or seven minutes.

We do not feel this is good enough, particularly as you will not need us to tell you, (that's the Chairman) that problems can and do arise.

Unfortunately we were not impressed, and in a way we were sorry we even bothered to keep the appointment”.

Name and address supplied.

You should have your feet checked by your private chiropodist at least once every six weeks.

We will always tell you about the miracle but never the saint so you have no problems.

Keep them coming please.

We are not fooling around. We've got the bull by the tail and we're looking him straight in the eye.

Chief of the Anishnabe Nation

News Update

If you don't sleep properly you could get diabetes

Researchers at Karolinska Istitute in Swedwn tracked the health of more than 5,000 middle-aged men and women for up to ten years.

They have discovered that men who suffer sleepless nights run double the risk of contracting diabetes.

The link with type 2 diabetes held firm even when factors such as weight, smoking and exercise were taken into account.

None of the volunteers had diabetes at the start of the project.

However according to the journal Diabetic Medicine report, the link applied only to men.

Gaps in diabetes care remains

According to a UK Government report, diabetes care is improving, but they say that there is still a long way to go before the UK NHS is providing top quality services.

The department of health study analysed progress made since its diabetes plan was published five years ago.

The report said that the prevention, diagnosis and treatment of patients in England was getting better.

However it warned that more was needed to be done for pregnant women, children and emergencies.

The Obesity Jab

Doctors have predicted that a jab to cure obesity could be available in as little as five years.

The hope is that the treatment which uses hormones that control appetite, could reduce patients' food intake without the need for risky gastric bypass surgery.

British experts on diabetes also claim that it could also cure the most common form of diabetes.

The prediction comes as the fight to curb the obesity epidemic continues with million of adults overweight or obese.

New weekly treatment for diabetics

A trial of 259 volunteers at the Samuel Lunerfeld Research Institute of Mount Sinai Hospital in Toronto, has proved that a new weekly treatment for Type 2 diabetics works better than twice daily injection to keep sugar levels down.

The trial showed that the slow-acting new formulation was more effective than the original,

of two injections per day, at keeping glucose levels in the blood under control and of course more convenient to use. The new formulation will need further clinical trials before licensed for use by patients.

Caesarean Births

A study has found that a review of 20 studies on children born by Caesarean section have a 20% increased chance of becoming insulin dependent diabetes during childhood.

The higher rate of the procedure may explain the rise of children suffering from Type 1 diabetes.

Caesarean births now account for 25% of deliveries in Britain.

The rate recommended by the World Health Organisation is 10 to 15 %.

It is believed that exposure to bacteria during natural childbirth is key to the development of a child immune system and without such exposure the baby may be predisposed to illnesses such as diabetes.

Vitamin D

Scientists in Finland monitored several thousand people, aged between 40 and 74, for 22 years, during which time 412 developed diabetes. Results showed that the volunteers who had higher levels of vitamin D had the lower risk of diabetes.

It appears that Vitamin D may offer protection against diabetes. In particular, men with the highest level of the vitamin D were 72 % less likely to develop Type 2 diabetes.

There was a reduced effect amongst women.

It is thought that low levels of vitamin D affect the body's ability to produce insulin.

'Cell Alchemy'

Scientists have found a way to transform ordinary cells in the body into ones that produce insulin.

This is a breakthrough that could revolutionise the treatment of diabetes.

The technique has been assimilated to 'Living Alchemy' and could one day banish insulin injections and medication for all diabetic sufferers.

The technique called direct reprogramming does away with stem cells removed from embryos.

Researchers from Harvard Medical School in the United States published their study in the journal Nature.

It was carried out on a mouse with symptoms of diabetes, and they used a modified cold virus to spread three genes around the mouse's body.

Camomile Tea

Professor Robert Nash claims that Camomile tea has been used to soothe frayed nerves and guarantee a good nights sleep.

The researchers suggest the drink lowers blood sugar levels and can help prevent complications arising from diabetes.

He said it was quite fascinating, as camomile tea seemed to be doing a lot of different things all at once.

The researchers from Aberystwyth University in Wales and the University of Toyama in Japan, are of the opinion that the findings could lead to the development of camomile-based drugs to treat diabetes.

Cleanliness could be a link to Diabetes

Scientists have now claimed that being too clean could increase the risk of diabetes.

This they say is because there has been a lack of exposure to bacteria and viruses during childhood which may explain why the number of under-fives with Type 1 diabetes has soared in recent years.

The number of cases of Type 1 diabetes is now 5 times more than it was in the mid 1980s.

The study published on line by The University of Bristol in the Journal Nature, also found that so called "friendly" bacteria in the gut can prevent the onset of this form of diabetes.

An estimated 250,000 people in the United Kingdom, including 20,000 children of school age, have Type 1 diabetes.

St Peters Church blesses animals, holds chicken pie supper.

Headline in the Vermont Bennington Banner

Membership Fees

At the AGM on Thursday 16th October the meeting unanimously approved an increase in membership fees, as at present the existing membership fees did not even cover the postage for the number of communications that the Group sends each member.

The new membership fees will be as follows: -

Over 60 and concessions	£ 5.00 p.a.
Individuals	£10.00 p.a.
Life Membership	£75.00

The new membership fees came into effect as of 16th October 2008, and we would like to respectfully remind our members that membership runs on a calendar year basis.

For any more information please ring the Membership Secretary Mr Michael Lewin, on telephone (01624) 624696, or send him a completed membership form to, The Firs, Pinehurst Avenue, Douglas, Isle of Man IM2 1PQ.

We spend weeks and hours every day preparing the budget.

President Ronald Reagan.

The Constitution

The Constitution also had some amendments made to it during the EGM.

The back bone of the Constitution has not been altered, and our primary mandate, that all monies collected will be used exclusively on the Island for the benefit of diabetics and their medical carers, and that no monies will be sent off Island, still stands.

The main amendments have been to accounts to conform with the new rules implemented by the Charity Commissioners, and other wording changes to bring us up to date with requirements for the smooth running of the Group, in addition to a bigger emphasis to help for the surgeries on the Isle of Man.

Copies of the new version of the Constitution are available on request.

If you require one please get in touch with Jan on Telephone (01624) 613702. or write to 'Gibel Tariq', 17 Farmhill Park, Douglas IM2 2EE.

The Digital Dogtag

Attention all diabetics, something new that is a must have for all diabetics is now on the market.

What is it?, it's called a Utag

We have all had bracelets that tell paramedics or anyone that may find you in problems that you are diabetic, well now we have the ultimate, the UTAG.

The UTAG utilises the latest USB technology to give electronic data storage, in a style that mimics a traditional dogtag.



Clearly displayed on it are the international medical symbol (the snake and staff) and the letters "ICE" which the emergency services are using to denote "In case of emergency".

In reality it is a memory stick. It can be worn as a dogtag, a zip pull, on a key ring or carried in a purse. It is also available in a wallet as an ICE card, the size of a credit card.

The unique software that comes with it will enable you to input all your medication and data onto the memory stick, by using the computer and then downloading it back onto the stick.

Once you have done that you just clip it back onto the dogtag.

This unique software has been developed to be easy to use and can include emergency phone contacts, next of kin, your photo, ID, GP information and all your medical information.

The software has been designed so that it can be displayed in any of 7 European languages, and if you are found with problems, it can be immediately downloaded onto a computer.

Remember that there may be times when you may not be able to speak for yourself.

The creator of UTAG wanted a product that could easily be seen and identified as containing emergency information in case of accidents or

medical problems, and could be worn in a visible place.

It needed to carry all the information someone would need in an emergency situation.

It had to give the person concerned the best possible chance of communicating with the emergency services, letting them know who to contact on their behalf, and pass on any medical information they wanted to make available to paramedics and the hospital.

Even if you go for a check up and they ask you what medication you are on, all you have to do is give them the dogtag and they can download it.

This is not only good from a diabetic point of view, but for the ordinary man in the street, who could have an accident, the driver, the motorbike rider, your children and anyone who wants to make sure that if anything happens to them, they are immediately taken proper care off with the utmost expediency.

The memory stick also has a private folder that will take any other information that you might care to input, like copies of vital documents etc. but which cannot be accessed by anyone except yourself.

We spoke with the distributor in the UK and if you want to acquire one of these high tech Dogtags on line go to: - www.utagice.com

Alternately you can get one from their local agent, ring 411349 and ask for Steve, or on his e-mail, steve@manxdropshop.co.uk and he will make arrangements for you to purchase a wallet or a dogtag.

We are grateful to our medical advisor Dr. Alison Blackman for bringing the UTAG to our attention.

This is the practical and ideal Christmas present this year.

The Last Laugh

The last laugh this quarter has been sent to us by Matthew from Edinburgh, just to show that the people in question are everywhere in the world and not just here.

This is not a joke it is for real, but it is a laugh.

If you have come across anything similar to this on the Island give us a shout.

An actual letter sent to a man named Ryan DeVries regarding the pond on his property.
Dear Mr DeVries

Re Spring Pond

It has come to the attention of the Department of Environmental Quality that there has been recent unauthorised activity on the above referenced parcel of property.

You have been certified as the legal landowner and/or contractor who did the following unauthorised activity: Construction and maintenance of two wood debris dams across the outlet stream of Spring Pond.

A Permit must be issued prior to the start of this type of activity. A review of the Department's files shows that no permit has been issued.

Therefore, the Department has determined that this activity is in violation of Part 301, Inland Lakes and streams, of the Natural Resources and Environmental Protection Act, Act 451 of the Public Acts of 1994 of the Pennsylvania Compiled Laws, annotated.

The Department has been informed that one or both of the dams particularly failed during a recent rain event, causing debris and flooding at downstream locations. We find that dams of this nature are inherently hazardous and cannot be permitted.

The Department therefore orders you to cease and desist all activities at this location, and to restore the stream to a free-flow condition by removing all wood and brush forming the dams from the stream channel.

All restoration work shall be completed no later than January 31, 2008. Please notify this office when the restoration has been completed so that a follow-up site inspection may be scheduled by our staff.

Failure to comply with this request or any further unauthorised activity on the site may result in this case being referred for elevated enforcement action.

We anticipate and would appreciate your full cooperation in this matter. Please feel free to contact me at this office if you have any questions.

Sincerely
David L Price.

District Representative and Water Management Division.

So now we have Mr DeVries official reply.

Dear Mr Price

Re Spring Pond

Your certified letter dated 11/25/07 has been handed to me to respond to. I am the legal landowner, but not the contractor at Spring Pond 2088 Dagget Lane, Trout Run Pennsylvania.

A couple of beavers are in the (state unauthorised) process of constructing and maintaining two wood 'debris' dams across the outlet stream of my Spring Pond.

While I did not pay for, authorise, nor supervise their dam project, I think they would be highly offended that you call their skilful use of nature's building materials 'debris'.

I would like to challenge your department to emulate their dam project any time and/or any place your chose. I believe I can safely state there is no way you could ever match their dam skills, their dam resourcefulness, their dam ingenuity, their dam persistence, their dam determination and/or their dam work ethic.

As to your request, I do not think the beavers are aware that they must first fill out a dam permit prior to the start of this type of dam activity.

My first dam question to you is:

- (1) Are you trying to discriminate against my Spring Pond Beavers, or
- (2) Do you require all beavers throughout the State of Pennsylvania to conform to said dam request?

If you are not discriminating against these particular beavers, through the Freedom of Information Act, I request completed copies of all those other applicable beaver dam permits that have been issued. Perhaps will see if there is a dam violation of Part 301, Inland Lakes and Streams of the Natural Resources and Environmental Protection Act, Act 451 of the Public Acts of 1994 of the Pennsylvania Compiled Laws, annotated.

I have several concerns. My first concern is, aren't the beavers entitled to legal representation? The Spring Pond Beavers are financially destitute and are unable to pay for aid

representation---so the State will have to provide them with a dam lawyer.

The Department's dam concern that either one or both of the dams failed during a recent rain event, causing flooding, is proof that this is a natural occurrence, which the Department is required to protect.

In other words, we should leave the Spring Pond Beavers alone rather than harassing them and calling them dam names.

If you want the stream 'restored' to a dam free-flow conditions please contact the beavers---but if you are going to arrest them, they obviously did not pay any attention to your dam letter, they being unable to read English.

In my humble opinion, the Spring Pond Beavers have a right to build their unauthorised dams as long as the sky is blue, the grass is green and water flows downstream.

They have more dam rights than I do to live and enjoy Spring Pond.

If the Department of Natural Resources and Environmental Protection lives up to it's name, it should protect the natural resources (Beavers) and the environment (Beavers Dams).

So as far as the beavers and I are concerned, this dam case can be referred for more elevated enforcement action right now.

Why wait till 1/31/2008? The Spring Pond Beavers may be under the dam ice then, and there will be no way for you or your staff to contact or harass the beavers then.

Being unable to comply with you dam request, and being unable to contact you on your dam answering machine, as you appear to be at meetings all the time, I am sending this response to your dam office.

Thank you

Ryan DeVries

& The Dam Beavers.

Isn't it wonderful?

If you know of bureaucracy gone berserk, let us know won't you?

We would be delighted to publish.

STOP PRESS

On Saturday 14th February 2009,

♥St Valentine's Day, ♥

The Friends of the Manx Diabetic in conjunction with the Manx Association for the Welfare of Children in Hospital will be

holding a Manx Tay

at St Catherine's Hall in Port Erin.

It will be held from 2p.m. till 4 p.m.

There will be a raffle and a silent auction, tea sandwiches, scones, cakes etc.

Tickets priced at £2.50 will be available from the Manx Association for the Welfare of Children in Hospital on telephone 836509, and from the Friends of the Manx Diabetic on telephone 613702 prior to the event, or you can get them at the door on the day.

We shall of course be needing cakes and prizes for the Raffle and the Silent Auction.

Any unwanted Christmas gifts,

(you are safe, we promise we shall not tell anyone where they came from)

that you may want to clear out and give away for charity, now is your chance to do so.

Please send cakes or raffle prizes to Mrs Sue Cain at 25 Thornhill Close,

Port Erin, IM9 6NG

or Mrs Jan Ramagge at 17 Farmhill Park

Douglas IM2 2EE

or give us a ring on any of the above telephone numbers and we shall send someone to collect them.

Support your local charities and enjoy a wonderful afternoon amongst friends.

Remember if you can't go to our Manx Tay on ♥St Valentine's Day♥, you can still buy a ticket for a friend.

See you there.

**God Bless, see you all next year
Happy Christmas**

