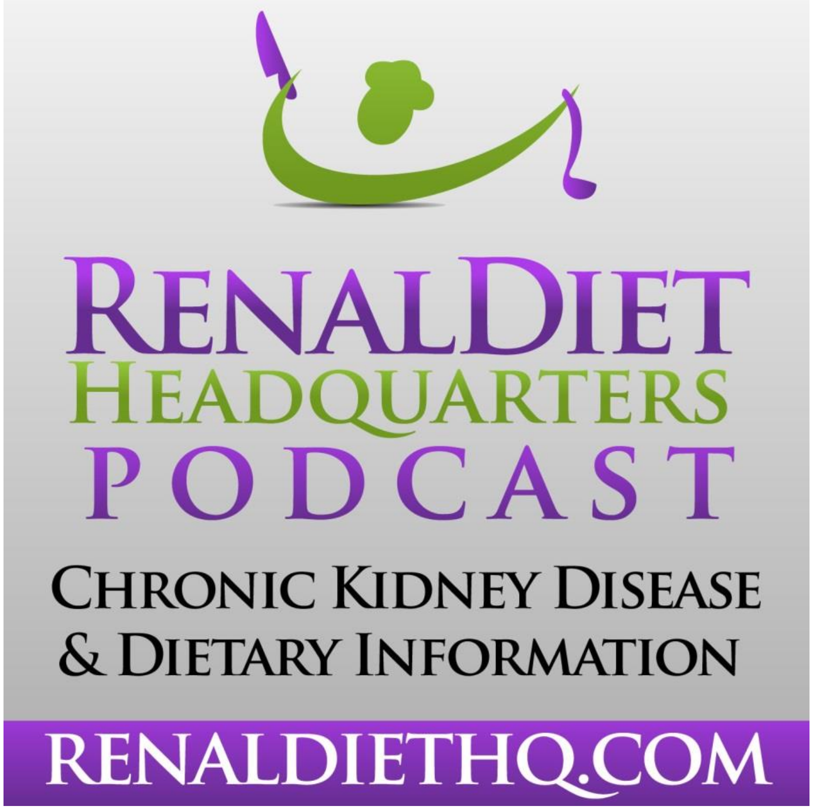

Welcome to the Renal Diet Headquarters podcast, with your host Mathea Ford, CEO of Renal Diet Headquarters. This is our weekly talk about how you can succeed with a kidney diet, brought to you by renaldietHQ.com, a website whose mission is to be the most valued resource on kidney disease that people can use to improve their health.

This week I spoke with Gail Rae Garwood of www.gail-rae.com. She tells me about how devastating her diagnosis was of chronic kidney disease and what she did about it. She also shows that you can do a lot if you set your mind to it. I hope you enjoy the interview.

Welcome to the Renal Diet Headquarters podcast, and this week I am interviewing Gail, and she is going to talk to us about her journey with chronic kidney disease, and how she has found an outlet for helping other people through her program called *SlowitDown*.

Mathea -"Gail, first I wanted to ask you to tell us a little bit about yourself."

Gail - "Well, I am originally a New Yorker, now I live in Arizona. I have 2 biological children, 2 step-daughters, and their significant others. I was married in April, and last February I retired from college teaching, before that I taught high school for many, many, years. I also retired from acting in March of last year. Now I write and I am a chronic kidney disease awareness activist, which is my passion. When I was diagnosed in 1960, excuse me, when I was age 60, which was seven years ago, I didn't know what the doctor was talking about when she said, she thought I has chronic kidney disease, and this is how I got the title of my book. My first questions were what that is that and do I get it? And she said early stage chronic kidney disease, so that is where the title came from. She got me to a nephrologist the very next day. Now, you know if you get to see a specialist the next day there is something wrong. So, I went and I spoke with him, and he explained, explained, explained, and I was so shocked that all I could think of was, 'He wants me to ask him questions? I think I am going to die, I need to find out more about this.' He was really trying to tell me more about it, but I was just too shocked to hear a thing he was saying.

I have been a non-fiction writer for about 20 years, probably more by now, and that requires a lot of research, so I started researching. I learned more and more and more, and the more I learned the better

I felt about being stuck with this particular disease and understanding that I am not going to die right away, I will die like everyone else is dying, and that I could slow it down, and that there was so much I could do for this disease. And then, I became angry when I realized that if I had been diagnosed earlier, I could have started slowing it down earlier. That's when I made the decision that I was going to take all my research and turn it into a book, and publish it, and put out for sale, and talk about it everywhere I could. But then, I got a call from a doctor in India who explained to me that his patients can't afford my book, even the electronic version, which is under $10.00. So, I talked with him a little bit and he explained that they don't even have the money to get to the clinic half the time, they are so poor. So what we worked out is, I would start a blog, and I would publish each chapter of the book, as a blog entry. He would download it, translate it, and put it in his waiting room. Then I got to thinking about other people who might not be able to afford the book. I started working with Arizona Kidney and Hypertension Control Clinic, and we worked out a deal where there were flyers in every single one of their offices, and then I realized that people were taking the book, because I put a copy of the book in each office too. The doctors were getting dismayed about that, I should say the office staff, but my response was, no, no, no, you have the wrong idea. If they take a book, I will just replace it, you just let me know. They got tired of letting me know, so then I said, okay, this really is not working, I need to find another way of getting this information out there. So that's when I continued the blog, and continued the blog, which is still going today, and I started using Facebook and Twitter to post tidbits about chronic kidney disease and related diseases."

Mathea -"Okay,"

Gail - "Cause I still felt like it wasn't enough, and I didn't know what to do with it. Then I took a class in leadership, and it got me to thinking, one of the parts of the class was you had to do a project, so I started thinking about, okay, what do I want to do for a project, well, I live in Arizona, there are many, many Native American tribes here. They have a high risk for CKD. I contacted a bunch of kidney educators who were trained, and willing to work for free, and we got them on the Salt River Pima-Maricopa reservation, for a series of classes. Then we did a, I guess they are called medical fairs, and exposing people to chronic kidney disease in that way.

I am always looking for outlets, like where can I find a community to bring this education, who needs this education? You know yourself, as renal dietitian, that blacks are high risk, Native Americans as I mentioned, Hispanics, and now people over 60. So everywhere you look. There is 59% of United States people are at risk for this disease. Almost nobody has ever heard of it. I consider myself an educated person and as I said my reaction with the doctor talked to me about this was, literally, if I had been less polite it would have been, what are you talking about, I have never heard of that before."

Mathea - "That is a wonderful story of kind of how you took that frustration and turned it into something that is useful. It is so funny, because that is the experience I think of so many people, that they are just so angry that they had the lab test done before, they had the information, the doctor had the information that could have told them they were in stage 2 or stage 1, and they never knew, then they get that first feeling is that anger, that 'why didn't they tell me that I was getting this, all the sudden, I am in stage 3 or stage 4, and I feel like at that point they feel like it is a snowball rolling down a hill, right?"

Gail - "Umm hum"

Mathea - "And it does not have to be, but that is how you feel initially, I think."

Gail - "Oh, yeah, and at this time one of my children was living in upstate New York, and the other one was living in Staten Island and I am here in Arizona, and I had not meet my husband yet, I figured, okay, so how long do I have to hide my impending death from the kids? I really had so little information that I thought I was going to die right away."

Mathea - "So, I want to go back and try to think about how some of your history kind of fits into what you decided to do with your knowledge base, so you said you were a teacher in college, what did you teach in college?"

Gail - "I taught everything from writing to American literature to research writing to ancient history literature, always in the literature and language arts."

Mathea - "So how long were you a teacher?"

Gail - "Oh, gosh, let's see, I started teaching high school when I was 22, I believe, and I retired from that at 55 and started teaching college, and taught college until I was 66. So that is a long time teaching, and always English."

Mathea - "Yea, so it was just a natural outlet for you to write, to research and to write to go to that, wouldn't you say?"

Gail - "Well when I was teaching in a vocational/technical high school in Staten Island, when my children were little, probably 10 the youngest, I was asked to write, study guides for the school, so I did that, then they asked me to for the in house borough high school newspapers, so I did that, and then my English supervisor asked me if I would like to write study guides, so I started to do that for a publishing company, and then there were study guides for the state test, and then there were 'how to's', and then my students got word that I was writing educational text and they told me what they wanted. So I brought that to my publisher and started doing things that they wanted like what do literary terms mean, and why they are used, realistic phycology series, it just kept snowballing, it was like, oh you want something written, you need it researched, call Gail, she will do it."

Mathea - "Yah"

Gail - "And I was a single parent so I would do it, I needed the money"

Mathea - "Oh I love researching stuff, just finding out more, and digging in deeper so that is absolutely, I totally understand that and especially when I know that it is going to help somebody to be able to explain it. I went into deep depth about this, I kept getting questions about grapefruit, and why I couldn't have grapefruit on my diet, or can I have grapefruit, then this was this thing that came out, where they put a bunch more drugs on the list of the things you shouldn't have with grapefruit. So, I went into this whole extensive article about what it is about grapefruit that causes, that effects these medications, and actually it's probably the opposite of what a lot of people think. People think it probably makes it less available in your system, but what it actually does is it makes you absorb more, so it can affect your dosage, so you may get to much of the drug, most of the time anyway."

Gail - "And you have to be so careful as CKD patients because our kidneys are slowed down and we don't have as much function and some drug that somebody else can take, we have to adjust the dosage for us because it stays in the body longer, and that means it is working harder in our bodies which may not be what we need at all. "

Mathea - "Right, you have to be very careful with telling your doctor, hey, is this going to affect my kidneys, because sometimes I think they don't even remember all of it, you know."

Gail - "I can remember easily I was hospitalized, not hospitalized, in the emergency room, for a bladder infection that I didn't know that I had, I just knew that I was feeling really, really, bad and I couldn't get to any doctors at all because it was Friday at 7'oclock at night. They gave me sulfur drugs, and I said wait, I can't take sulfur drugs, you know as explained the nephrologist, I can't take sulfur drugs and they absolutely refused to believe me, finally got to my nephrologist who said no, she can't take sulfur drugs. And as of that point, I started wearing a medical alert bracelet that says I have chronic kidney disease."

Mathea – "Oh, Okay, that is a good idea, excellent idea."

Gail – "I did a blog about that one too. I have covered any and every topic that comes to my mind, like, sleep apnea, and the effects of sleep apnea on CKD, and why it could be life threatening. I am so enjoying blogging, I am so enjoying researching. I started writing a fiction book, must have been 5 or 6 years ago, and I pick it up periodically, and it suddenly came to me that what I am enjoying about this is the research more than the writing."

Mathea – "So, tell me about your acting career. "

Gail – "That was a lot of fun, I was very, very shy, painfully shy in high school, and then in college I seemed to work it out because I was studying to be a teacher, you have to student teach, which means getting up in front of classes, you have to practice teaching the classroom. Then when I got to grad school I realized that I'm still shy, even as a teacher, I'm still shy. So I took a couple acting courses, and I absolutely loved it. I started going on auditions, I was in New York then, so I started going on auditions for the small off Broadway theatres. I remember one of my classmates being outraged, 'what gives you the right, who do you think you are', and I just turned around and said to her, 'they have the ability to say no to me, it's not such a big deal', and they didn't say no, I got roll, after roll, after roll and I thoroughly enjoyed it. Oh, I remember one time, I was standing at the tickets booth on Broadway, and this fellow comes running up to me and he says, at that time my name was Gail Hawn, and he says, 'Gail Hawn, Gail Hawn, I want your autograph', and looked behind me to see who he was talking to, because I didn't realize that I was that well known. So I had a lot of fun and success in that. As I got older, and I found out it was really hard to keep the whole play in my head, the whole script, I started doing movies.

Because with movies you shoot one scene at a time, you shoot a scene, and then when they are done, you memorize another scene you shoot that. But now I am tired. I don't know if it is age or the chronic kidney disease or who knows what."

Mathea – "Well, I see how you being a teacher and you having done some acting kind of lends to your, like some of the things that you talked about, like putting your flyers in offices and talking to these groups, and the projects and not being afraid of going out there and feeling like this is really a cause that needs to be fought for. Which is something that I absolutely believe in too, I mean, I think the statistics are that about 10% of people in the United States have some stage of chronic kidney disease, and yet like you said, very few people even know. It seems to be just this hidden disease, I think, but it seems me that you, that the acting and the teaching kind of go hand and hand, and obviously they did, but it just seems really clear to me why you are doing what you do, because you are so in love with it and you are excited about doing it but you also have that little bit of boldness that it takes to stand up in front of an audience and say 'I'm not afraid'."

Gail – "I will be perfectly honest; I am passionate about chronic kidney disease awareness. When I became this kind of bold that you are talking about, was as a single parent. It suddenly occurred to me that I am in charge of these children that I brought into the world and I need to protect them and I need to promote them to themselves. That kind of belief in themselves, both my daughters, my biological daughters, the ones I raised. The both feel the same, one of them is a blogger for …., and the other one is, has a great job during and at night and on the weekends she teaches dance because she is just passionate about that. So they each have their passions, and I think it is the passion that gives you the freedom to go ahead and do these things, more than the training, they are passionate, that is what I see as the big difference. Although, I absolutely agree with you, that my training helps a lot. It made it easy for me to fall right into the roll without saying, can I, should I, will I be a success. I didn't really care; I just went in and did it."

Mathea – "Right, and you are 100% right when you say, you don't have to be trained, and it doesn't matter if you were a teacher, or you were a stay at home mom, or you worked behind a counter your whole life, or something like that. The minute you get passion for something there is very little that stands in your way, of how you are going to make it happen."

Gail – "Oh, yes. I use parents because that is my best example having been a single parent, feeling how important it was that I play both rolls, the father and the mother, and taking on 100% responsibility for everything I taught my children, not well their dad will teach them this, but 100% responsibility. I can see just how passionate you can become. I am sure that there are people who have no children, but they have a clear course or they have a thought or they have an invention or they have a new way of doing something that can better the earth, I am sure that they are just as passionate as parents are. "

Mathea – "Oh, absolutely, that is a good example, I understand. So, Gail, tell me a little bit about what you find to be your struggles with kidney disease and I know you write about them on your blog, and I did read your one about sleep apnea and I read about how you wrote this week about I'm tired. Tell us a little bit about your struggles because I am sure they are struggles that other people feel but sometimes we think that we are the only ones."

Gail – "Well I think as a renal dietitian, you will understand this one, people always come to me with food advice, if you will only eat a healthy diet, only eat fresh, only eat organic, oh you gotta have meat, 5 ounces is nothing. Or what do you mean you can't have this or you can't have that, it is so healthy. I actually wrote a blog called; A Healthy Diet is Not Necessarily a Renal Diet. I just, sometimes I get tired of explaining over and over again, which I know is not very generous cause I am not always explaining to the same people, but it is sort of like, you eat the way that is healthy for you, as a renal patient there are certain things I can do and certain things I can't do. And who I find the most patient are the waiters, when I go out to eat. I quiz them unmercifully and they are wonderfully patient. One of them kidding around said to me 'Is this a math test?' They are adorable.

The other one obviously is being tired. I am pretty much high powered, I mean you can tell, I was a single parent I had a full time job as a high school teacher, and I had five rotating part-time jobs, and I had my children, one who required medical attention and one who just wanted to live 'a normal life'. So, this took a lot of energy, and I did it. And then when the kids were grown, and on their own, I still had four jobs, I had the acting, the teaching, the writing, 1, 2, 3, something is missing, OH, the chronic kidney disease activism, which is not really a job but it requires a lot of time. I was doing fine until I started noticing, I am getting more and more tired. I realized I am also getting more and more older. Little things like, I know I have to exercise 30 minutes a day, well as an older person, there are bone spurs that were never there before and they get in the way. Somebody said to me, one of the kids said to me, 'why don't you just walk, you use to love walking, come on, you can't be that lazy'. I said no, I'm not lazy my foot hurts. Then she said well go have it taken care of, well her father who is my husband, unfortunately, and I shouldn't laugh about this, he had surgery three months ago to have three fractures and a tendon, repaired in his foot, and we knew it was going to be a six month recovery and it was going to be painful. So, I just looked at her and I said 'we thought it would be a good idea if one of us could walk'.

Mathea – "Right, exactly. One of us has to be able to drive a car to get the other one around."

Gail – "Thank goodness their all healthy, they are all doing well and there is no reason they should have to understand the problems of chronic illnesses or older age. They will get there in their own good time."

Mathea – "Yeah, they will get there. They are probably tired because, do they have children?"

Gail – "No grandkids, just grand animals."

Mathea – "Oh, okay, well, I am tired because I have two children and they just take up a lot of energy. I figure, I always blame them for me being tired. So, what part of kidney disease, and you know, I would agree with the food advice thing, with kidney disease fat is actually in some ways your friend, because it doesn't have potassium, it doesn't have phosphorus, it doesn't have protein, but it has calories, but sometimes it is so funny because you can add a little bit of that and it will help, but people say that is not healthy, but I know what you mean. You have the fruits and vegetables that you have to limit, or try to limit."

Gail – "I would be perfectly happy living on fruits, vegetables and grains, but I can't. I need three servings of fruit and three of vegetables, each with different sizes of the servings; it's not enough to get you through the day."

Mathea – "So, tell us what part of chronic kidney disease that you find the most frustrating."

Gail – "Well, we talked about diet, we talked about tiredness. I would say the numbers, I am not really a numbers person, and as I described in the book, I actually made myself a little chart, because I couldn't keep it straight. Everything that I ate, until I got a pretty good idea in my head of what it was worth, I would write down the sodium in it, the potassium, the protein, and the phosphorus, and the calories. Then I would also watch my, not watch, list my stats and my coffee. My saving grace is 16 ounces of coffee a day. When I drink my coffee, I feel like I am having an ice cream Sunday with whip cream and a cherry on top. I don't do any sweets, I don't do any fried, rather I don't consume any sweets or fried foods. I don't make myself crazy looking for hidden sugar, because I have this number problem, and I do find that as I get older and continue to get older and older, I am gravitating much more to the fruits and vegetables. Which surprises me, because I am the granddaughter of a Russian miller and bread was my staple, my elixir, the staff of life for me."

Mathea – "So, numbers are frustrating for you, what do you really, what is working well for you? Right now, with your kidney disease, besides your coffee kind of being your saving grace."

Gail – "The exercise had been working well for me, until I started as I said, injuring this that and the other thing. I still manage to get in ½ and hour, most days of the week. I had been a dancer, going dancing several times a week. East Coast Swing dancing and I was very sad to find that I couldn't do that anymore because of the bone spurs. My daughter, who teaches dance, teaches something called The Blues and that the weight of your body is pretty much on the toes of your feet during The Blues, and I find that I can dance that way without any pain. So every Sunday night, I go down to where she teaches and there is an hour and ½ lesson, and then the regulars dance with the new people and dance with the other regulars. I am usually there for about 2 hours, and this is ½ an hour away. It is wonderful, it is so joyous, so that is working for me, that kind of exercise I absolutely love. I would like to get back to walking and I am pretty sure that after my husband heals, I will have my foot looked at, because I use to take my dogs and we would go into the arroyo and just walk and I would listen to music and we would just walk, and walk, and walk, and it was such fun."

Mathea – "So you said that type of dance is called blues? B-L-U-E-S?"

Gail – "Yeah, it is wonderful."

Mathea – "I have never heard of that."

Gail – "Oh yes, look up if there is blues dancing in your area. And usually, you know people say, Oh, that's that sexy dance, I can't do that. Well, I am 67, my daughter is the teacher, and I am dancing The

Blues, I am loving dancing The Blues, it's fun, it's pretty easy, and you get a lot of exercise in, I mean I come out sopping wet, so I know I am getting a really good workout, and it is a heck of a lot more fun then doing my walking tapes, which are not bad, I do that rather than walking because I do it on an inch pad foam rubber, or riding the bike, which is actually getting to be painful, not just for the heal spur but knees and the hips."

Mathea – "Okay."

Gail – "So, I kinda knew things might go awry as I got older, but I didn't expect it to happen all at once."

Mathea – "Well, and you have to watch your Advil and your nonsteroidal inflammatory, because those hurt your kidneys, so you can't really take a lot those."

Gail – "I don't take any of that."

Mathea – "Yea, you really can't."

Gail – "I remember when I was first diagnosed the nephrologist, who I had never meet before, kept I insisting it was because I took to many Advil, I just looked and him and I kept saying I don't take pills if I can avoid it. He was really, really, adamant, somehow he magically disappeared from the practice, I wonder why? (Giggles) Basically without the pills you have to be careful about not injuring yourself because, I mean even now these bone spurs should not hurt. I mean they are in places that are difficult, but I really should not be feeling them, but I can't take that Advil. There is one bone spur in my back that hits nerves that go all the way around to my ribs, so I will walk around with rib pain, and there is not much I can do about it except live with it."

Mathea – "Well, something you said earlier, kind of triggered me to, I made a little note to remind me to ask you about it. You said a couple times, you were trying to hide your impending death, or you were researching how you were going to keep from dying right now, and then you realized you are not going to die right now. How does that, do you think that is a common feeling?"

Gail – "Yes, I do. I think that people are absolutely shocked by this news when they get it. And I think that many people don't ask questions and don't do the research and are so disturbed that they don't really listen to the nephrologist, and they do believe that they are going to die, I don't mean the fatalistic 'oh I have a disease and I am going to die', they honestly believe they are going to die right away. That is another reason why I feel it is sooo important to educate people about what they can do to slow down the decline of the kidney function. This one fellow, who is not a friend, I have not met him personally, he is my childhood buddies best friend, and he has chronic kidney disease and he does nothing that I do or that I recommend in the book. My friend has given him the book, and read to him from the blog, and she says he is just about dead, he can barely breathe, he can barely walk, and I am saying to myself, this is a man our age. One thing I have is vitality, I may be slower than I use to be, I may not be able to exercise as much, but I sure have vitality. Tired and all, I have the will, the life force, and he is snuffing his out. It's not necessary."

Mathea – “Yea, sometimes I think getting diagnosed with a chronic disease can make you, you do go through those stages of grief, you just have to hopefully get past them, because you do feel that anger, you feel that depression, you feel that bargaining, ‘okay what if I do my diet perfect, can we make this go away?’. I know what you mean. I agree that’s a feeling that I think a lot of people feel, they don’t understand and they go to see doctors they are afraid to ask because they are afraid that they are going to look stupid, I don’t know if that is the word, but, they are afraid they’re going to look like they don’t know, which they don’t.”

Gail – “I think a lot of people also don’t want the answers.”

Mathea – “Well that’s true too.”

Gail – “They feel they are better off not knowing.”

Mathea – “That is possible; if you don’t know then maybe you don’t have to deal with it. That is an interesting thought.”

Gail – “I have to agree with you about the seven steps of grief, the five steps rather, but also feel that there is nothing wrong with helping people through it. Now, if they don’t want the help, okay, you can’t force them,”

Mathea – “Absolutely.”

Gail – “But why not help them, isn’t that what we are here for? To help each other.”

Mathea – “Yes, we have to help each other, absolutely.”

Gail – “I feel it is really important and deep down inside, if you scratch my surface really, really deep, I do believe that we are here to help each other. Because if we are not, what are we here for? So, this is my way of helping other people.”

Mathea – “That is just what I was getting ready to ask you about. So tell me about your *SlowitDown* program because you have talked a little bit about your book, and kind of how you have made it available via your blog, and people can get it that way, but what about your *SlowitDown* programs where you are going out, or you have kidney educators that are going out, tell about that.”

Gail – “Okay, I just this afternoon made myself a nutjob by deciding that I had to update the website so that I could give you the address, so people could take a look at the website and contact us about getting these trained chronic kidney disease educators into their neighborhoods and their communities for free. And when I say communities I don’t mean like geography communities, I mean like Native American community, the Burmese community, the Christian community, the geriatric community you know whatever your particular community is. Before I go any further, I want to give you the website so that my afternoon was well spent and that is www.gail-rae.com.

Mathea – “Okay, I will put that in the show notes too.”

Gail – "Okay, It's not perfect yet, but at least you can navigate and you can figure it out. There are lots of ways to get in touch with us. So what I did was, I was taking this leadership class, and the idea of the class for me was, I felt I wasn't doing enough with the chronic kidney awareness, I wanted to somehow find more ways, better ways, more effective ways of getting this education out there. And as I mentioned in the class you have to do a project. So the project that I did was *SlowitDown* and I got to thinking about the project, I didn't have a name, I really didn't know what I was going to do. And I thought about the kidney disease, and I said slow it down, then I figured, oh, you could really use that as a name, just use it as one word and put the capitals in there. So that is what I did. Now what I did as my project, is I contacted, oh boy, everybody, I went through the CDC, I went through the NIH, I went through NIKKD, I went through American Kidney Fund, I went through National Kidney Foundation, and I found people who didn't know me from a hole in the wall, who directed me to other people that might be helpful, and if these other people weren't helpful then they suggested even other people. So it was a lot of figuring out what I was doing and how I was doing it, and a lot of people helping, people who didn't even know me. So I am really thankful for that. And then I contacted, I was looking for kidney educators, because I know about it, but I'm not trained to educate, yeah, I'm a teacher and yeah I have chronic kidney disease but there is so much I don't know. So I called this group and that group and the other group and the other group and they just absolutely were not interested.

Then I called Annette Foamer from the local Arrowhead DaVita center, which is actually a dialysis center, and I said, I know you are a dialysis center but I have this idea, what do you think? And her reaction was, your timing couldn't have been better because DaVita now wants to go into community outreach, we want to teach people how to prevent themselves from going on dialysis, in other words, how to slow down the chronic kidney disease, and how to recognize it. So, that worked perfectly, and she has been on the reservation with me several times, and we have gone to health fairs, and she has been instrumental in organizing her trainers, she does the training, a lot of the time, she has brought her nurse Sheryl with her, and we're getting the word out there as fast as we can. It seems to have developed that she is the education component, and I am the locator. I find the groups that need our help or want our help, or we think should know about our help. It is unfortunate that I keep banging on doors and getting no response, or very little response, because there are so many, many groups out there, but that is not going to deter me, I'm just gonna keep knocking on doors. And by that, I am being figurative. I mean I do most of this through the telephone and the computer.

Mathea – "Yes, I know you do. I didn't think you knocked on doors. (Laughter)

Gail – "Oh the vision of me knocking on doors with my little chart, saying 'Okay, do you know about CKD'."

Mathea – "So, people can contact you and it does not matter the community? They don't have to be in Arizona?"

Gail – "Nope, this is national. I had tried for international and she explained to me that they don't have trainers in other countries, only here in the United States. Then I got an email from a reader in Germany who said he was having a really hard time locating any kind of kidney education, and he looked up kidney education, chronic kidney disease education in his country, and my book came up."

Mathea – "Oh, wow!"

Gail – "And then the Indian doctor I told you about, same thing. So I am glad he found it but I wish there more, I mean there are people all over the world that need more. Somebody said to me, aren't you a famous author, aren't you rich now, and I said yea, I am rich in telephone numbers, I am rich in people to contact on the computer, I'm rich in people who would like a complimentary copy of the book. I retired, and this is my retirement job. And every cent that I get from the book, goes right back into publicizing for chronic kidney awareness. So I am kinda in the hole, but I felt like, so what, it is my money, I can do what I want with it and this is what I want to do with it."

Mathea – "Retirement is just an opportunity to do something that you love, I mean I'm sure you loved being a teacher and you loved acting but you obviously have a passion for this, teaching people making them more aware about chronic kidney disease."

Gail – "Yeah, if we can, it sounds a little dramatic, but if we can save a bunch of people from having to go through dialysis, or even having to go through the later stages of kidney disease, by simple prevention, and simple identifying, via the blood test and the urine tests, who has the disease and who doesn't, well in a way the world is gonna be a better place because you are going to have fewer sick people in it. I keep telling people, I am no gonna progress to dialysis, and it's not because I am going to die, it's gonna be because I am one of the 80% of people with chronic kidney disease, who have learned to manage it, so I can slow down the progression."

Mathea – "Okay, well, thanks Gail, for talking to me today, and I really appreciate what you are doing and your message, and I am glad you took the time to come on to the podcast because I think it is a very important message and the more people, just like you said, people getting blood test, people asking their doctor, can I see my results, a lot of people, the doctor says, oh your cholesterol labs were fine, and they don't even know what all blood tests their doctor did, and they don't know all the different numbers that might be, just slightly out of whack. You know, it is one of those things where the awareness is very important."

Gail –"Oh yeah, A1C, how many people with chronic kidney disease know to look for that? Or diabetes is the leading cause of chronic kidney disease, and if you already have chronic kidney disease and your A1C goes up indicating diabetes, then you got CKD and diabetes, and blood pressure, do you know there are 42% of the black population has high blood pressure? That blew me away, and that's the second leading cause of chronic kidney disease."

Mathea – "The problem with having diabetes and chronic kidney disease is that it's already hard enough to follow a diabetic diet, and then you add some of the restrictions of chronic kidney disease and it just feels difficult, it feels very difficult to manage, I am not going to say it is impossible to manage, because it is not, because there are lots of people that do it, but it makes it difficult."

Gail – “I went to my dietitian, my renal dietitian, and she’s got me on the renal diet, Milburn, Arizona Council Renal diet, and I told her that I am prediabetic and wanted to go on a diet for that, and I wanted to go gluten free, and she laughed. So I said, why are you laughing, and she said there is nothing left for you to eat Gail.”

Mathea – “Well, there you have it. Gail, thank you very much for coming on the show today and I want to thank you for listening and thanks a lot for being here this week, I look forward to talking to you again next week. Next week, we are going to talk about healthy heart and high cholesterol / high blood pressure issues. So, I want to sign off with that and if you would like to get notifications of new podcast, go on over to website at renaldiethq.com/go/email and you can sign up for our email list and get a notification. Thanks. Have a good day, bye-bye.”