

## Transcription details:

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## Transcription results:

S1: 00:03 Participant ID WL1011DR. I'm gonna have [y'all?] [inaudible]. All right. So we're gonna go over just kinda general questions about your diabetes care, your eye care, your, uh, visits with healthcare, that kinda stuff. So what are some things that you do every day that are related to your diabetes?

S2: 00:25 I take four shots a day.

S1: 00:27 Okay.

S2: 00:29 The eye drops in my eyes twice a day.

S1: 00:32 Okay.

S2: 00:34 Anything else?

S1: 00:36 Is that all you do?

S2: 00:37 That's it. Just--

S1: 00:38 Okay. Um, so obviously there's-- some people do, like, all kinds of things for their diabetes. What do you see as your biggest priority in your diabetes care?

S2: 00:50 Trying to keep my sugar low.

S1: 00:51 Okay. Mm-hmm.

S2: 00:53 That's the biggest thing.

S1: 00:54 And what do you watch out for to let you know that your diabetes is getting worse?

S2: 01:00 They gave me a Dexcom 7.

S1: 01:03 Okay.

S2: 01:03 So I got a little meter in my pocket that--

S1: 01:06 Mm-hmm.

S2: 01:06 --tells me what my sugar is.

S1: 01:07 Mm-hmm.

S2: 01:08 And right now it says it's 162.

S1: 01:12 Okay. What are-- what is your, uh-- what are your experiences with that Dexcom 7? Do you have any issues with it at all?

S2: 01:19 The only, uh, thing that I have with it is once in a while it will not read.

S1: 01:25 Hmm. Okay.

S2: 01:26 You, you, you put a new one [on?], and then it just-- two days ago I-- my sensor said-- my monitor said, "You're out of-- out. It's time to re--" so I put on a new one. It did 10 minutes worth of search, search, search, search, wouldn't recognize. So I had to take that one off and put on another one, and it happened within 10 seconds.

S1: 01:47 Hmm. Okay.

S2: 01:49 So that's the biggest problem with the Dexcom is--

S1: 01:51 Yeah.

S2: 01:52 --the, the monitors.

S1: 01:54 Okay.

S2: 01:54 Or sensors, not the--

S1: 01:55 Yes.

S2: 01:55 --monitors.

S1: 01:56 Hmm. Okay. So, um, talking about diabetes in your eyes, how has diabetes affected your eyes?

S2: 02:03 I've lost my right eye.

S1: 02:04 Okay.

S2: 02:06 I-it's there, but I can't see a thing. If I close my I-- if I close my left eye, ain't nobody here.

S1: 02:12 Okay. Okay. Um, so are there any other specific changes that you've noticed other than the vision loss in your right eye?

S2: 02:19 No.

S1: 02:20 No? Um, and when did you start to notice that the-- the vision going in your right eye?

S2: 02:27 I didn't know it was gone--

S1: 02:29 Mm-hmm.

S2: 02:29 --because, like, I can see with my left eye.

S1: 02:32 Mm-hmm.

S2: 02:32 And-- but it started burning one morning.

S1: 02:36 Oh, okay.

S2: 02:36 Yeah. I woke up and it was burning. It wasn't-- it wasn't no-- it didn't feel like there's pressure. It just burnt.

S1: 02:40 Mm-hmm.

S2: 02:41 So the wife says, "Well, let's go to the Eye Institute." So we come down, and they took me back in the room. And the little girl did her little thing that measured the pressure, and she jumped up and ran out of the room. And I said, "What in the world happened?"

S1: 02:53 Yeah.

S2: 02:53 You know? She didn't say a thing. Just [jump?]- gone. And it wasn't--

S1: 02:55 Mm-hmm.

S2: 02:56 --two seconds the doctor was in there, and he says, "Well, she said she had a high reading, so let me check to see if she was right."

S1: 03:03 Mm-hmm.

S2: 03:04 And he checked it through the microscope--

S1: 03:05 Mm-hmm.

S2: 03:06 --that way, and he said-- backed up, turned the lights out, and he said, "Yep. She was right." And I said, "Well, what's the problem?" He says, "Your pressure in your right eye is 49. It should be no more than 27 at the highest."

S1: 03:18 Almost double.

S2: 03:20 So they gave me a shot.

S1: 03:22 Mm-hmm.

S2: 03:23 He says, "Go home. Get back here 8:30 tomorrow morning, and we'll see if the pressure went down."

S1: 03:28 Okay.

S2: 03:29 Went back the next morning at 8:30. They went in and checked it, it was still 49. So they went up above my eyelid and punched a hole in my eye and stuck a tube in it and stuck a little bag behind my eye for the fluid to get pressure to get out. And they says, "Your diaphragm got squeezed up into a fist--"

S1: 03:47 Mm-hmm.

S2: 03:48 "--and when they get the pressure off, it may o-- it may open back up. And if it does, we're still gonna have to give you a corrective lens in that eye for you to see."

S1: 03:58 Okay.

S2: 03:58 It never opened.

S1: 03:59 [It never did?]. Hmm. So was there anything that was hindering you from discussing your eye issues with your doctor?

S2: 04:08 No.

S1: 04:08 No? You felt comfortable [inaudible]?

S2: 04:09 Yeah. Oh, yeah.

S1: 04:10 That's good. Uh, and then, did your doctor explain how diabetes, specifically, could affect your eyes?

S2: 04:15 Mm-hmm. Yes. He did.

S1: 04:17 What did they tell you about that?

S2: 04:18 They told me that I needed to keep my sugar down.

S1: 04:20 Mm-hmm.

S2: 04:21 Keep the pressure-- to keep the pressure down. So--

S1: 04:24 Mm-hmm.

S2: 04:24 --they put me on eye drops.

S1: 04:25 Okay.

S2: 04:26 I do two orange-- one orange in each eye, and then the purple one is only in the right eye--

S1: 04:34 Okay.

S2: 04:35 --but it's twice a day for both.

S1: 04:37 Okay. Um, and so, do you typically get your eye exams here or [crosstalk]?

S2: 04:41 Yes.

S1: 04:42 Okay. Um--

S2: 04:43 I went to the VA, and because of losing my right eye, they put me to the eye clinic.

S1: 04:49 Okay. Um, and when you go for your eye exams, could you describe, like, the usual steps and procedures that are taken throughout your appointment [inaudible]?

S2: 04:57 Yeah. Uh, they come and get me, and I check in out front.

S1: 05:02 Mm-hmm.

S2: 05:02 They fill out the paperwork that they need back there, I reckon. So they--

S1: 05:05 Yeah.

S2: 05:06 --come and get me, take me back to the room--

S1: 05:07 Okay.

S2: 05:08 --put a-- t-talk to me and ask me how-- if I'm-- have any problems--

S1: 05:12 Mm-hmm.

S2: 05:13 Uh, do the eye drops to dilate my eyes--

S1: 05:17 Mm-hmm.

S2: 05:17 --then they take the pressure--

S1: 05:18 Mm-hmm.

S2: 05:19 --and then they send me over to take pictures of my eyes--

S1: 05:22 Okay.

S2: 05:23 --and then I go back to the waiting room. And they come and get me and put me in a room, and the doctor comes in and talks to me.

S1: 05:30 Okay.

S2: 05:30 And he says, "Everything's fine. It looks good."

S1: 05:33 Mm-hmm.

S2: 05:33 And, uh, he says, "We're gonna hold off on shots." They've been giving me a shot in my left eye.

S1: 05:39 Okay.

S2: 05:39 And, uh, he says, "We'll wait for two months. Come back in two months." And, uh--

S1: 05:45 Today they told you that?

S2: 05:46 Yeah.

S1: 05:46 Okay.

S2: 05:47 And, uh, if, uh, if th-things are the same then, we may not get any more shots.

S1: 05:53 So did you have-- you-- when was your last dilated eye exam? Was that today?

S2: 05:56 Mm-hmm.

S1: 05:56 Okay. Um, and what was your experience with that-- with getting your eyes dilated?

S2: 06:02 No problem.

S1: 06:03 No problem? Okay. Good. Um, how often do you think you should get your eyes checked?

S2: 06:08 I think you should get them checked, at my age, every year.

S1: 06:11 Okay. Every year?

S2: 06:13 Yeah. Uh--

S1: 06:14 Uh--

S2: 06:14 --you younger people, you could probably go two or three without-- unless your-- you noticed your glasses ain't--

S1: 06:20 Yeah.

S2: 06:20 --focusing right.

S1: 06:21 Yeah.

S2: 06:21 But, I mean, you know, otherwise--

S1: 06:24 Okay.

S2: 06:25 Excuse me.

S1: 06:26 So let's talk about your visit, specifically. What does the scheduling process look like for you?

S2: 06:32 I go through the VA.

S1: 06:34 Okay.

S2: 06:34 So there's a lady here that takes care of all the VAs.

S1: 06:38 Okay.

S2: 06:38 And if the doctor-- like he said today, "Two months," she'll call me and say [inaudible] you know, in a month or so and say, "Your next appointment is at such and such a date, such and such a time."

S1: 06:48 Okay. What does your doctor's availability look like?

S2: 06:51 He's been here every time I've been here.

S1: 06:53 Okay. That's good.

S2: 06:54 And I, uh--

S1: 06:55 Uh, what kind of recommendations on eye care do you receive? So what, what kind of recommendations does your doctor give you, if you can recall?

S2: 07:08 Basically, he just tells me, since everything's okay, just to keep doing what I'm doing with my eye drops. Make sure I do my eye drops twice a day.

S1: 07:16 Okay. Um, do you face any-- or what kind of challenges do you face in receiving eye care?

S2: 07:22 None.

S1: 07:22 None? Okay. Do you have any suggestions for improving the eye care experience?

S2: 07:29 The o-- the only problem-- a couple times I've come from my appointment, and I've had to wait and wait and wait.

S1: 07:35 Hmm. Okay.

S2: 07:36 And I talked to the doctor about it, and he says, "I can't do anything about it." And he says, "They say, 'You gotta see this many patients and [inaudible].'" So they just--

S1: 07:44 Okay.

S2: 07:45 --register a whole bunch of people--

S1: 07:46 Mm-hmm.

S2: 07:47 --and it's back-to-back.

S1: 07:49 Okay. Yeah. I under-- that's definitely frustrating, especially-- do you travel far?

S2: 07:54 I'm 20 m-- 22 miles--

S1: 07:57 Okay.

S2: 07:57 --so it's not really that far.

S1: 07:58 [inaudible] but still taking up your day.

S2: 08:00 Yeah. Yeah.

S1: 08:01 I understand. Um, so what ways do you take care of your eyes?

S2: 08:06 Just wash them out--

S1: 08:07 Mm-hmm.

S2: 08:08 --every day, use my eye drops in the morning, in the evening when I go to bed.

S1: 08:12 Mm-hmm. Do you wear, like, sunglasses in the sun?

S2: 08:14 Yep.

S1: 08:14 Okay. Um, do you ever give your eyes, like, a rest when you're watching TV or--?

S2: 08:20 I don't watch TV.

S1: 08:21 You don't watch TV?

S2: 08:22 I got a big, big--

S1: 08:22 Are you ever in front of a screen?

S2: 08:23 --big TV sitting in the house, and then it's not even turned on.

S1: 08:26 Not your thing. Okay.

S2: 08:28 Well, we don't have ca-cable where we live.

S1: 08:30 [crosstalk].

S2: 08:31 You either have to have DISH or net-- not-- network, uh, computer.

S1: 08:36 Yeah.

S2: 08:36 Uh, yeah. I don't--

S1: 08:38 [inaudible] subscription online?

S2: 08:40 Mm-hmm.

S1: 08:40 Yeah. Where are you from?

S2: 08:42 Preston County. Masontown.

S1: 08:43 Oh, yeah. Okay. I'm from--

S2: 08:44 Not that far.

S1: 08:45 --Southern West Virginia, so.

S2: 08:45 Oh, yeah. You're down south.

S1: 08:47 Ah.

S2: 08:47 Ah, I can tell--

S1: 08:48 [crosstalk].

S2: 08:48 --you got a little bit of a southern accent there.

S1: 08:51 Yeah. It-- yeah. [crosstalk].

S2: 08:52 That's all right. I like them.

S1: 08:54 Um--

S2: 08:55 And your name's Clo.

S1: 08:56 Yeah. Um--

S2: 08:58 And you're a Hatfield.

S1: 08:59 I am Hatfield--

S2: 09:00 Oh.

S1: 09:01 --uh, from Mingo Counties.

S2: 09:03 Mm-hmm.

S1: 09:04 Um, anyways, what has your eye or diabetes doctor told you about the risk of vision loss due to diabetes?

S2: 09:13 Actually, they just said, "If you don't take care of your eyes, you're not gonna go-- you're gonna go blind."

S1: 09:18 Okay. Did they explain, um, what exactly was happening to your eyes currently? Like, did they explain what diabetic retinopathy is?

S2: 09:29 No.

S1: 09:29 No? You're not s-- do you-- do you know anything about it?

S2: 09:31 All I know is it, it gets worse.

S1: 09:34 Okay. Yeah. Yeah.

S2: 09:36 It gets worse.

S1: 09:37 Hmm. Um, how comfortable are you to talk to your doctor about your eye problems?

S2: 09:43 Fine.

S1: 09:43 Very comfortable?

S2: 09:44 I like Dr. G.

S1: 09:45 Okay. Good. Can you give me an example of when you were able to express--?

S2: 09:50 Well, the one time I came in, and that was before they started giving me the shots--

S1: 09:55 Mm-hmm.

S2: 09:55 --I kept telling him, "I see-- I keep seeing spots."

S1: 09:58 Okay.

S2: 09:59 And, you know, it, it, it-- sometimes they're white--

S1: 10:01 Mm-hmm.

S2: 10:02 --sometimes they're black.

S1: 10:03 Okay.

S2: 10:04 Uh, he said, "You got floaters." I says, "No. I don't have anything floating." I mean, you know, little specks of--

S1: 10:10 Yeah.

S2: 10:10 --floating in the eye. Didn't bo-- it bothered-- and that doesn't bo-- that do-- I don't have any.

S1: 10:14 Yeah.

S2: 10:15 It's just that every once in a while, I-I'm looking at something, and there's a-- either a white light or a black spot.

S1: 10:22 Okay.

S2: 10:23 And, uh, that's when he started giving me the shots.

S1: 10:26 Mm-hmm. Do you feel like he was receptive of what you were saying?

S2: 10:29 Oh, yeah.

S1: 10:29 Okay. That's good. Um, so if you had to tell your doctor, uh, like, the best way to provide care for you, what would that be, like, the best methods and--?

S2: 10:42 I, I don't have any problem with, with him.

S1: 10:44 Okay. You're content with him? That's good.

S2: 10:45 I'm content with the way he does things.

S1: 10:47 Yeah. Okay. How, how serious do you think diabetes is that, like, that could cause vision loss for you?

S2: 10:55 It's very serious.

S1: 10:56 Okay.

S2: 10:56 It's very serious. I don't-- uh, there was 12 of us in the family--

S1: 11:00 Mm-hmm.

S2: 11:00 --and I'm the oldest,

S1: 11:01 Okay.

S2: 11:02 --and out of the 12, so far that I know of, six of us have diabetes.

S1: 11:07 Hmm. So how likely do you think you are to experience further vision loss due to your diabetes?

S2: 11:14 If I don't pay attention to the doctor, it's probably very s-- very possible. But as long as he keeps thinking, you know, if I need-- he says if I need the shots, they'll go back to giving me the shots.

S1: 11:25 Okay.

S2: 11:26 But he says, "Today everything's fine."

S1: 11:28 Okay. Um, and I know we spoke a little bit about, about-- earlier, how you can't see out of your right eye. Correct? Could you describe your current vision just, like, as a whole?

S2: 11:42 It's fine, except I don't have depth perception. I can't tell-- if I pull up to something, I can't tell how close I am.

S1: 11:50 Okay.

S2: 11:50 To me-- like, the last time I was at Lowe's, I pulled up to the handicap parking space--

S1: 11:55 Mm-hmm.

S2: 11:56 --and I looked at the post, and I pulled up, and I thought, "Okay. I'm as close as I need to be--"

S1: 12:00 Mm-hmm.

S2: 12:01 --so I stopped. I got out; I could walk a wheelchair between me and the post. But--

S1: 12:09 Okay. I mean--

S2: 12:10 You know, I just can't tell how close I am.

S1: 12:12 Okay. Yeah. Um, have you ever been diagnosed with any other conditions like cataracts, glaucoma?

S2: 12:18 I have-- both eyes had cataracts, and they took those out.

S1: 12:21 Okay.

S2: 12:22 They took the other-- right one out, and then I lost my right eye. And then I got the left one done two years ago.

S1: 12:29 What about glaucoma?

S2: 12:30 That's why-- that's the drops that I'm taking are--

S1: 12:32 Okay.

S2: 12:33 --glaucoma drops.

S1: 12:34 Any age-related eyesight decline?

S2: 12:36 No.

S1: 12:36 And dry eyes?

S2: 12:38 No.

S1: 12:38 No? Okay. Um, and then f-family history. Do you have a family history of any glaucoma, diabetic retinopathy?

S2: 12:47 Nope. Cancer on both sides of the family. Dad had can-- almo-almost all the ones on dad's side that died. His mom. No. His grandpa-- his dad died, uh, in '35 working on the Grafton Dam.

S1: 13:02 Oh, really?

S2: 13:03 Yeah. He got food poisoning.

S1: 13:05 Oh, that's not good.

S2: 13:06 Mm-mm.

S1: 13:08 So any history of macular degeneration that you know of?

S2: 13:12 No.

S1: 13:12 Okay. Um, all right. So how would you describe your overall experience with being diagnosed with the eye issues that you have and the treatments and follow-ups?

S2: 13:21 They're doing good.

S1: 13:22 Doing good? Okay.

S2: 13:23 They're doing good.

S1: 13:24 Um, what helps you keep up with using regular healthcare services?

S2: 13:29 Using-- uh, well, I-- since I'm a veteran, I go to the VA for--

S1: 13:33 Mm-hmm.

S2: 13:34 --everything that I can go to the VA for, 'cause--

S2: 13:36 Mm-hmm.

S1: 13:36 --I don't wanna have to pay for it.

S1: 13:37 Yeah.

S2: 13:38 But, uh, outside of that, I'm fine.

S1: 13:42 Yeah. Um--

S2: 13:44 I've had--

S1: 13:46 --what discourages you from using healthcare services, if anything?

S2: 13:50 The cost.

S1: 13:51 The cost? Yeah. I can understand that.

S2: 13:53 And it just seems to keep going up and up and up and up.

S1: 13:56 Mm-hmm. Yeah. [crosstalk]--

S2: 13:58 I haven't got the bill from my last hospital stay.

S1: 14:02 Yeah. It-it's, it's tough.

S2: 14:04 It was only w-- it was only one day, but still, it's [inaudible] probably gonna be up there.

S1: 14:08 Yeah. I would say so. Um, could you share, like, a positive or a negative experience with using these healthcare services that has specifically helped you form your attitudes towards seeking your eye care?

S2: 14:24 According to the eye care, there's no-- there's no problems--

S1: 14:26 Okay.

S2: 14:27 --at all. Now, other--

S1: 14:28 [crosstalk]--

S2: 14:29 --other ones, yes.

S1: 14:31 Do you think that your good experiences so far is, like, um, kind of supporting your attitude of wanting to keep--?

S2: 14:38 Mm-hmm.

S1: 14:39 Okay.

S2: 14:39 Oh, yeah.

S1: 14:40 Yeah.

S2: 14:40 Oh, yeah. Yeah. I-- if I-- if I had one that wasn't-- I wasn't happy with, I'd be saying, "I need another doctor."

S1: 14:47 Yeah. Um, do you have any suggestions on what we could do to maybe help patients have a better experience with using their diabetes or eye care?

S2: 14:57 Just pay attention to what the doctor tells you.

S1: 14:59 Yeah.

S2: 15:00 That's the biggest-- that's the biggest one right there.

S1: 15:02 Yeah.

S2: 15:02 You know? They told me in 1994 I was a diabetic.

S1: 15:06 Mm-hmm.

S2: 15:06 At 1994 I was 35 years old--

S1: 15:10 Hmm.

S2: 15:11 --and they told me, "You have to change your diet." I says, "I'm 35 years old. Ain't nobody telling me what I can eat and what I can't eat."

S1: 15:19 Yeah.

S2: 15:20 I was the, the oldest one of 12 kids, and we had to scrimp and pinch and-- when I went in the service, I weighed 126 pound.

S1: 15:28 Mm-hmm.

S2: 15:30 I was just skin and bones--

S1: 15:31 Mm-hmm.

S2: 15:32 --because we didn't have enough to eat.

S1: 15:33 Yeah. It's a big difference going from that to [inaudible].

S2: 15:36 And then I got out and got a job--

S1: 15:38 Yeah.

S2: 15:38 --and I got money, and I-- and I said, "Ain't nobody tell me what I can eat and what I can't eat."

S1: 15:43 I understand that.

S2: 15:43 So I ate whatever I wanted--

S1: 15:44 Mm-hmm.

S2: 15:45 --and now I'm paying for it. If I'd have listened in '94, I'd have still had my left foot. I'd have had my right eye.

S1: 15:53 Yeah. It's, it's a difficult situation, 'cause, you know, sometimes you don't really realize the magnitude until it's a little too late, uh, which is what--

S2: 16:00 Yeah.

S1: 16:01 --you know--

S2: 16:01 Yeah.

S1: 16:01 And hopefully we can curb that in s-some way, but [crosstalk].

S2: 16:05 Well, me and the wife will have 54 years come December.

S1: 16:09 Oh, that's so sweet. Do you--?

S2: 16:11 Yeah. Yeah.

S1: 16:12 Uh, does she help you with your diabetes care?

S2: 16:14 She tries the best she can.

S1: 16:15 That's good.

S2: 16:15 And I-- sometimes-- I'm still stubborn. She'll fix me something to eat, and if I don't like it, I'll eat a little bit of it, but I won't--

S1: 16:23 Yeah.

S2: 16:23 --eat it all.

S1: 16:24 Mm-hmm.

S2: 16:24 You know?

S1: 16:25 Um, and so, can you-- do you feel comfortable sharing your worries and fears with her about diabetes--

S2: 16:33 Oh, yeah.

S1: 16:34 --[inaudible]?

S2: 16:34 Yeah.

S1: 16:34 Do you feel like she's receptive of that?

S2: 16:36 Oh, yeah.

S1: 16:36 Okay. That's good.

S2: 16:37 She, she knows more about diabetes than I do, 'cause when I-- they told me I had diabetes, she got on the computer and started looking up--

S1: 16:43 [crosstalk] looking it up.

S2: 16:44 --looking it up and what--

S1: 16:45 Yeah.

S2: 16:45 --you can do and what you need to do [inaudible]. And sometimes I listened, and sometimes I didn't.

S1: 16:51 Yeah. [That's?] everybody. Um, so if you're, like, sick or things like that, is she able to help you do any-- like, some of the chores that you would do for yourself? Like, is she able to help you do that?

S2: 17:03 Oh, yeah.

S1: 17:03 [crosstalk] able to?

S2: 17:03 Oh, yeah.

S1: 17:04 That's good. That's great. Um, how much, specifically, does your current eyesight limit your ability to do things you want to do?

S2: 17:15 Eyesight is not the problem. This is the problem.

S1: 17:18 Missing foot is the problem. Yeah. I would say so. D-does it complicate things? Do you feel like losing your right eye made the issue of being an amputee worse? Like, did it make things--

S2: 17:31 No.

S1: 17:31 --harder to navigate?

S2: 17:32 No.

S1: 17:32 Okay.

S2: 17:33 No.

S1: 17:33 Um, okay.

S2: 17:35 I got a blister on my shin from the prosthetic.

S1: 17:38 Hmm.

S2: 17:40 Because you got a rubber boot that you got to put on to fasten--

S1: 17:41 Yeah.

S2: 17:42 --the prosthetic on--

S1: 17:43 Yeah.

S2: 17:43 --and, and this time of year when it's super hot anyway you sweat like crazy--

S1: 17:47 Oh [crosstalk].

S2: 17:48 --and it rubs and it [makes?] a blister.

S1: 17:50 Okay.

S2: 17:51 And I've been almost a month trying to get this one healed up, and it still isn't. I can't put my leg on and walk.

S1: 17:57 Hmm. Okay. Um, so for your current-- for your visit today, what were your expectations for, for your care today?

S2: 18:04 Uh, biggest expectation was whether I was gonna have to get another shot or not.

S1: 18:10 Okay. Mm-hmm.

S2: 18:11 And Doc come in, and he says, "No. You don't need one."

S1: 18:13 That's good. That means you're [crosstalk].

S2: 18:15 And he says, "I'll see you in two months, and we'll see how it's doing then. If it do-- if it's the same then as it is now, you won't-- you won't be getting any more shots."

S1: 18:23 Okay. That's great to hear, though.

S2: 18:24 That's-- yeah.

S1: 18:25 Yeah. I bet you were happy--

S2: 18:26 Uh-huh.

S1: 18:26 --[inaudible].

S2: 18:27 Uh-huh. 'Cause the one doctor came in and checked me out, and then Dr. G. came in and, and did, basically, the same thing that he did. And, uh, uh, he says, "Well [inaudible] maybe we could give you another shot today." And I said, "I'd rather not--"

S1: 18:44 Yeah.

S2: 18:45 --'cause they are not comfortable.

S1: 18:46 Yeah. I understand that. Well, uh, do you have anything else you wanna share about anything?

S2: 18:51 No. That's good.

S1: 18:51 No? Okay. So.