Here I present some highlights of a career in archaeology with diabetes. For me, this has been defined by availability and cost of health insurance, acceptance (or not) by others in the field, and perseverance in pursuing a career I enjoy.

*Diagnosis, Fieldwork, and Training*

I was diagnosed forty years ago, in 1981, at age 10. Back then, when you were diagnosed, there were no commercially available insulin pumps, there was no blood glucose monitoring. I was put on the typical diabetic model of two insulin injection and four urine tests per day. Although I don’t recall anyone terming my disease as a ‘disability’ I was told to restrict my physical activity to swimming, golf, or tennis. As that age golf and even tennis seemed far-fetched, and my lifelong fear of water kept swimming at bay, so to speak, as well. My doctor eventually relented to allowing bike-riding. I remember my parents saying diabetes couldn’t stop me from doing anything I wanted to do, so I shouldn’t let it; this philosophy did guide my future actions.

 A year after I was diagnosed, I first learned what archaeology was. We were studying the ancient city of Sumer, and I was amazed at the level of detail known about these long-dead people. When I asked my teacher how these details were known, she told me it was because of archaeologists. I decided that was the best way really learn history, and that I wanted to be an archaeologist. I changed my mind though; I didn’t know how to be one, and I also didn’t know how to be one with diabetes. A few years later, when I was trying to decide which college to go to, and what to major in, I thought long and hard about what I wanted to do. I remembered how I wanted to be an archaeologist and chose a college with an archaeologist on faculty.

 During college, I took field school and held jobs as a crew chief. During the field school, I didn’t want others to think I couldn’t keep up with them because of my disease. The extreme heat and physical exertion, not surprisingly, resulted in many low blood sugars episodes. I began a habit that still lasts today, of either continuing working while drinking a coke, or sitting only briefly and scarfing food down to get back to work. I didn’t want people to think I get off easy or have perks because of my diabetes. Years later I was surprised when that field school professor told me I was the hardest working student he’d ever had.

 As I neared the end of college, I applied to graduate school for a master’s degree. I was also engaged to be married that spring. It was at this point that the problem of health insurance and pre-existing conditions took center stage in my career. Before, I had been on my parent’s insurance policy, and hadn’t thought much about it. Now, if I were to be uninsured at all, I would have to pay high premiums and not be covered for a few months because of my pre-existing condition. My future spouse’s job prospects, and specifically the health insurance with that job, was *the* deciding factor in my choice of graduate school. We felt there was a better chance at a job in Georgia than Illinois, and we were right. We turned down an assistantship at SIU and took out a loan at Georgia, which seems odd, except the student health insurance at SIU that came with the assistantship didn’t cover diabetes while the job he eventually got in Atlanta (an hour-long one-way commute) came with health insurance that did cover everything. However, between our marriage in May and his employment in early July, we had to pay COBRA, abut $400 to ensure continuous coverage.

 In graduate school I did fieldwork and kept up my habit of working through low blood sugars. I learned to carry raisins, pretzels, and juice boxes with me all the time, esp. being far in the woods. I trained my boss in how to administer glucagon if I passed out (I haven’t passed out since I was 11). Secondary issues I hadn’t considered, like infections from having diabetes and doing fieldwork, occurred. I don’t usually wear gloves in the field because my fingertips are numb from repeated blood sugar pricks and the gloves limit my ability to feel artifacts. By this time, multiple injections (4 per day) and blood sugar checks using a glucometer (8-10 per day) were best management practices, so now I gave injections in the field and had to worry about keeping insulin cold in the hot Georgia weather and keeping my glucometer dry.

*Jobs, Insurance, and COBRA Woes*

 After I earned my MA, I accepted a position at Appalachian State University as an adjunct instructor for the 1995-96 school year. I accepted the position on the condition that it came with health insurance; we were again afraid to be non-continuous and pay the high COBRA costs. I was assured by the chair that I could get it through the university, but I would have to pay for it myself. We moved to Boone and I went to the personnel office to fill out the insurance forms, only to be told that adjuncts could not get insurance. I remember crying in this woman’s office. My husband didn’t have a job yet, and we had moved there because there was health insurance. Taking pity on me, the woman closed her door, made me promise not to tell anyone or she would lose her job, and gave me the form to fill out.

 After Boone, we moved to Gainesville, Florida, so my spouse could start a doctorate program. Job prospects were slim, and I accepted the first (and only) job offered, a PI with a small CRM company. The pay was low, but there was health insurance. I had avoided CRM before this, because I thought the intensive field work and frequent travel would not be very conducive to diabetes. At this point, though, I had no other source of income, and couldn’t see another choice, other than to drop out of archaeology (which I contemplated). Although I managed the fieldwork and travel, I ran into other problems. I was harassed by the co-owner of the company about my diabetes, which made him uncomfortable. He made it clear many times he thought it prevented me from keeping up with him in the field, and if that continued, I would get less pay. Within 8 months they fired me, for unclear reasons. They told me they had pity on me because of my diabetes, and would retain me on the company health insurance for two months if I paid them directly for it. I consulted an attorney and found out his was illegal—if fired, I had to be given the option to use COBRA and it was my legal right to retain that health insurance for 18 months. I had already paid the company one month of health insurance, I had to pay this again to COBRA for the insurance to be effective. I sent multiple letters to the owner of the company to request a refund for what I paid them directly. She wouldn’t answer my letters, and eventually I took them to small claims court. We settled with a mediator, and I did get my money.

 After two years in Florida we returned to Virginia where I worked for a large engineering firm as a Principal Investigator with heavy workloads and lots of travel. It was difficult to control my blood sugars under such constant schedule changes. Again, I ran into insurance problems. At this time the Kennedy-Kassebaum bill passed ensuring people with pre-existing conditions could go up to 90 days between jobs without insurance, and not be penalized for lack of continuous coverage. That is, I could go a month without paying COBRA and sign up for a new insurance and get immediate coverage for my diabetes. After I got insurance at the new job I submitted claims for supplies and doctor visits. The health insurance company declined these claims because of a lapse in coverage. In the end, I contacted a lawyer, and the American Diabetes Association, and got a copy of the law and was able to get coverage.

*Abuse in the Field*

Although most interactions with others in the field about my diseases are positive, a few negative incidents have made me leery, depending on the job circumstances, to reveal too much or take risks. When I was at Appalachian State University, I accompanied another instructor on a yearly trip to the Southwest. Although I explained my needs the other instructor, he ignored them. On a two-day hike through a canyon I came close passing out because of a low blood sugar; I insisted the instructor radio for help and drive me out of there. Although he did, he retaliated by discrediting me to the students on the trip and tried to tell the chair when we returned that I was incompetent.

While at the Virginia job, I got on an insulin pump. After being on it only a few weeks, I was sent to the field with another PI. While there, my reservoir set came out of my stomach, but I didn’t know it for a few hours. Very soon I had a high blood sugar, and was getting close to ketoacidosis. I didn’t have any back-up supplies with me to change the set, and ended up driving around with a co-worker all over Roanoke, until I found, ironically, the National Diabetes Supply Company. The next day, the PI showed me an incident report he had written up about it, which stated that it happened because I was not taking proper care of myself. He made me sign the form, and it was then sent to the corporate office and placed in my file.

After additional federal and CRM jobs, I returned to graduate school in 2004 to earn my Ph.D. In 2011 I graduated and in 2013 I began a tenure-track job at the University of Mississippi. In that time, I began using a continuous glucose monitoring system. I’ve had two incidents where my pump malfunctioned and for both I had to call a rescue squad. The first happened during my first semester of teaching and I told almost no one and recovered quickly. I didn’t want it used against me, formally or informally. The second one happened as I was returning from SAA Orlando and waiting in the security line. Thanks to friends, an amazing TSA agent, and some emergency supplies, I recovered (after a 4-hour stay in the ER) and returned home on a later flight, exhausted. Again, I kept silent about this because I didn’t want it used against me while untenured.

In general, though I have always been upfront about my diabetes, especially in the field, and I find this helps people feel at ease with it. Often, we are far from civilization, and I usually tell them that if I become unconscious, to give me the glucagon, but if they don’t feel they can, call 911 and wait for the paramedics. If I die, my family won’t sue them. It sounds funny, but it actually relieves people; they don’t want that burden.

*Other Considerations: Health, Money, Perceptions*

Physically, fieldwork is hard with diabetes. Low blood sugars can take a toll; thankfully, with the CGMS I have much fewer low blood sugars. Carrying around supplies for the pump, and test kit, and food, is difficult. I have had nerve damage in my leg since age 18, possibly from an injection. Although mostly healed, I don’t have full feeling in my left thigh. It can tingle and hurt if overused, like during shovel testing. I now have frozen shoulder, because recent job stress resulted in anxiety that has adversely affected my diabetes and resulted in complications. Considering I was told at diagnosis that I’d likely lose limbs and eyesight after 20 years I feel lucky.

Diabetes, like many chronic diseases, is expensive. Supplies cost me a few hundred dollars a month after insurance covers their share. I have tried major cost-cutting measures over the years such as cutting test strips and re-using syringes (which get dull after about 4 uses). My pump costs $5000 out-of-pocket and is replaced every two years. My once-a-week sensors cost $100 each. These costs are after monthly insurance costs and after I meet my $3000 deductible (usually by March each year). I also have higher costs from specialist doctor visits and higher rates of infections. The last time I got the flu I came close to hospitalization.

I had a crew member once and after I gave my diabetes spiel, he came up to me amazed. His mother was a diabetic, and was housebound. He said she could barely walk to the mailbox every day, and expected to die in a few years. He thought, and so did she, that diabetes was a death sentence. He had never seen anyone like me, certainly not in the field. I told him it didn’t have to be like that, and told him about the pump, and other resources. I brought him info on both, which he gave to his mom. She ended up switching doctors, going on the pump, losing weight, and regaining a life. That is one of the things I am proud of in my life. He was so happy to get his mom back and know that she’d be around longer.

I like that I change people’s perceptions of diabetics. Having diabetes has allowed me understand and empathize with people with severe physical disabilities. Diabetes taught me to fight for what’s mine. I have never had qualms about fighting for sugar when I’m low, and that’s taught me to fight for other things too. I think I’ve done a lot more with my life because I had diabetes than if I hadn’t had it. I’m not afraid to take the hard road, or the road less traveled; I’m already on it.