

Goodbye, Bagels. Hello, Syringes. A Food Writer's Life With Diabetes

Monique Truong April 21, 2015



I'll begin with a simple assertion: We cannot understand the power and the meaning of food until we understand hunger. Hunger at its most basic is the lack of food, and therefore a body's need and craving for food.

If we are very lucky in this world, hunger is a minor physical discomfort that can be easily, quickly sated: a sandwich to go, a bag of chips from a vending machine, a cup of soup in the microwave.

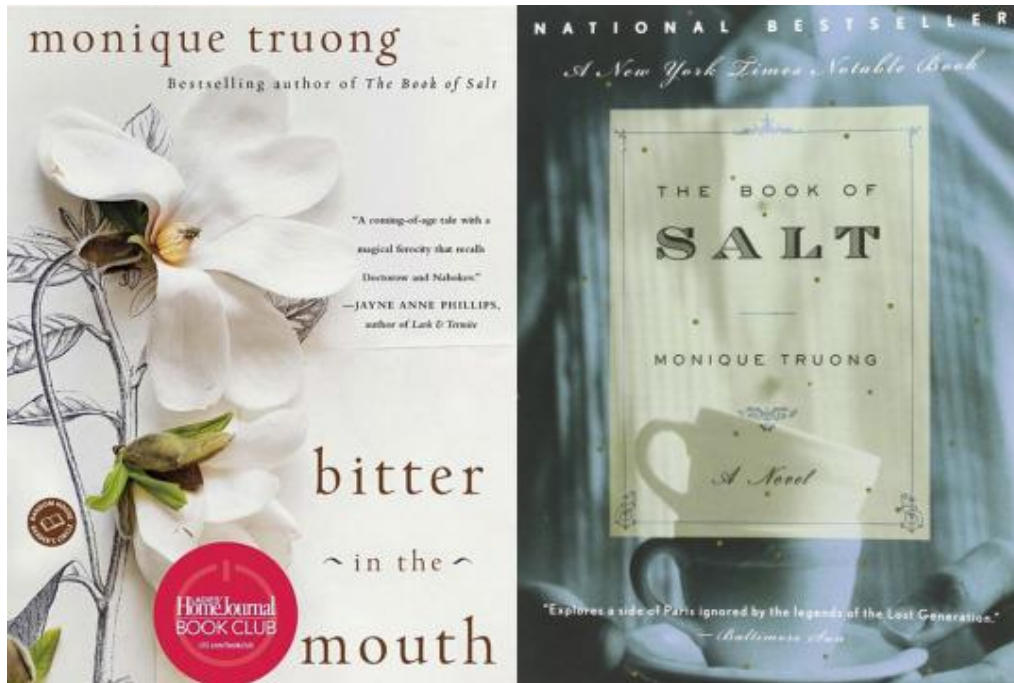
Hunger, of course, can also mean a craving for something that food represents or promises but somehow has failed to deliver to us.

The ritual of sitting down to a meal, is this not the theater of community and family? Eating a dish prepared by someone who cares for you and your well-being, is this not the tangible representation of love and caring? Then, there's the intake of flavors, vivid and deep, nurtured by the sunlight above and the earth beneath our feet, is this not the epitome of a sense of place and the pleasure of belonging?

It's this latter form of hunger — the hunger of the spirit, more so than the body, though they are, of course, often intertwined — that my novels and essays fixate on.

In my 46 years of life, there have been acute and formative moments of hunger, moments that have altered and shaped my perspective on food and my imaginative relationship to it as well. One of those moments was when I was first diagnosed with diabetes, a disease that I've lived with for 22 years now. [Diabetes](#) has provoked, irritated, embedded itself within, heightened, and ultimately enhanced my life as a writer.

Given my medical history, it may surprise you that I choose to write about food at all. The title of my two novels — [The Book of Salt](#) and [Bitter in the Mouth](#), and of my novel-in-progress, [The Sweetest Fruits](#) — include three of the four basic tastes. (I've joked that I'm keeping sour, or rather, tart, for the title of my memoir.)



The Book of Salt and *Bitter in the Mouth* by Monique Truong.

In 1992, I was 24 years old. I was living in New York City and in my first year at Columbia Law School, two facts that explained why I had lost over 50 pounds and was constantly lethargic and bone tired.

New York City is truly a metropolis where you cannot be thin enough. So when the pounds, like magic, dropped from my 5-foot-4 frame, leaving me at 95 pounds, I was elated. I thought of it as a blessing, a minor miracle given the foods that I was consuming. If there's one thing that Columbia Law taught me, it was that a bagel and cream cheese was New York City's equivalent to a peanut butter-and-jelly sandwich: perfect for breakfast, lunch, or dinner.

In addition, I was constantly thirsty, a kind of thirst that I had never experienced before: I was parched, as if the inside of me was a grassy lawn baking in the July sun or a pair of lips that desperately needed to be licked. A glass of water or more often orange juice was not nearly enough to quench the thirst. I wasn't so much drinking orange juice. I was gulping and chugging it, a quart at a time. Because of all the liquids that I was consuming, I was also getting up in the middle of the night — two or three times — to urinate. I hadn't had an uninterrupted night of sleep in months, which certainly didn't help with my low energy level during the day.

I also had one yeast infection after another, and that was finally the indicator that helped me realize my body was in distress. I did some quick research and found that these symptoms taken together — the rapid weight loss, excessive thirst, frequent urination, and reoccurring yeast infections — were classic symptoms of a female body with uncontrolled diabetes. After essentially diagnosing myself, I made an appointment at Columbia University's health services to confirm it. The doctor there tested the glucose level in my blood with a simple finger prick test. The small drop of blood on the glucometer's test strip showed that my blood sugar level was in the high 500s. A normal range for someone who hasn't eaten for 8 hours or more is between 70-99, and a "random test" like mine should have resulted in a number of 200 or less. There was not a doubt. I was a diabetic.

There are two types of diabetes: Type 1, previously known as juvenile diabetes, is when your pancreas is no longer producing insulin, the hormone that allows your body to convert carbohydrates such as sugars, starches, and dietary fibers and absorb them as energy. Type 2, sometimes known as adult onset diabetes, though increasingly more children are being diagnosed with it, is when your pancreas still produces insulin but your body is unable to use it effectively because of obesity or some other slowing down of your body's metabolic rate.

After additional, more extensive blood tests and given my medical history and my family's medical history, my doctor would eventually diagnose me with what he called Type 1.5 diabetes.



Because of another undiagnosed condition, known as hypothyroidism, my thyroid gland hadn't been producing enough thyroid hormone, and therefore my metabolic rate had slowed considerably, causing significant weight gain over the course of the previous year, which then triggered Type 2 diabetes. In addition, my pancreas was slowing its production of insulin, which placed me in the borderline Type 1 diabetes category. At the age of 24, my body was underachieving in an unprecedented way.

All this information would come later and gradually.

On that day when I left the doctor's office with my diagnosis, I took with me prescriptions for vials of insulin and syringes. I had also been given a crash course on how to inject myself. A nurse had me practice on an orange. Allow me to state the obvious: inserting the needle of a syringe into an orange was a vastly different experience from injecting yourself in the stomach or the outer thighs—two of the preferred injection sites for diabetics because there tends to be fat deposits in these areas and therefore less painful. I've never been particularly squeamish about needles, but this did not mean that I could inject myself in my stomach without many, many minutes of mental preparation in order to tamp down my fear.

I was also instructed that day to buy a glucometer, a small device that fits in the palm of your hand, and test strips, so that I could monitor my blood sugar levels multiple times a day. This meant more self-administered pain, courtesy of a lancet in order to prick the sides of my fingers, near their tips.

The injections and the finger pricks I eventually got used to. Over the years, the technology improved and the needles

for the syringes became thinner and shorter, and now I, like many diabetics, use an insulin pen, which looks like a fat pen and has a needle only one-half millimeter in length. It's almost painless, discreet, and much easier when traveling. As for the glucometer and the finger pricks, that ritual has become second nature to me as well. I haven't been consistent and diligent over the years about testing four to six times a day, as I'm doing currently, but it's true that I no longer find it strange to self-puncture my skin, draw blood to its surface, and receive an instant reading of my body's function and malfunction.

I'll tell you the thing that has never been easy and that continues to challenge me each and every day. It's the long list of foods and drinks, high in carbohydrates, that I could no longer consume without guilt, shame, remorse, and the inescapable knowledge of what these foods can and will do my body within a matter of hours.

Since the age of six, when I arrived in the U.S. as a refugee from the Vietnam War, food had ceased to be merely sustenance, simple and filling. Instead, it was a source of solace and pleasure, a reminder of the country, culture, and language that I had left behind. Food was also the tantalizing promise, the ever-hopeful possibility, of feeling at home, if not in the world, then at least at the dinner table. That's a lot to ask and to expect from a plate of food.

But after I was diagnosed with diabetes, food took on another set of meanings for me. Food became temptation, an exercise of will, a loss of control, an assertion of power, and a relinquishment thereof. Food became a drug, and it became a poison. Of course, anyone who has ever tried to go on a diet and failed knows that this was the flipside of a meal. As a diabetic, I've felt as if I've been on a non-stop diet — often unsuccessfully and always on the cusp of failure — for 22 years now. Enjoyment was always tempered. Desire was always undercut by the numerical calibration that would soon follow, not on the scale but via the glucometer. Food cravings often consumed and colored my thoughts. There was hunger in every bite that I took. Hunger for when food wasn't barbed, mined, and riddled by the immediate and long-term medical consequences.

Like language had become for me when I first came the U.S., food was no longer natural to me. I had to relearn it. I had to break it down into its smallest components in order to understand it again. How many grams of carbohydrates in a bagel? Of those grams, how many are sugar? How many are dietary fiber? What flour was used to make the bagel? Was it white flour, which would break down into sugar so fast that it will cause my blood sugar levels to spike? Or was it whole wheat or some other whole grains, which would break down slower but will, nonetheless, raise my glucose levels over the course of the day? A bagel made from white flour has about 48 grams of carbohydrates. (By way of comparison: a [12-oz. can of Coca-Cola](#) has 39 grams.) I've not enjoyed the simple pleasure and the convenience of a bagel with cream cheese or with anything else since 1992.

Yet, I began by saying that my diabetes has "heightened and ultimately enhanced my life as a writer." It's taken me many years to reach this conclusion, and I believe it to be true. I'm a writer obsessed by food, but my obsession is a clear-eyed one. I don't celebrate, venerate, or elevate it. I don't wear rose-colored glasses when I write about food in my fiction or my non-fiction. My lenses, instead, are those of the microscope, the jeweler's loupe, the bi-focal glasses, and even the telescope because sometimes we must stand very far away from something in order to see it clearly and to appreciate it within its larger context.

Here's the larger context: Diabetes is an epidemic in the U.S.

According to the [American Diabetes Association](#), diabetes was the seventh leading cause of death in the U.S. in 2010, and in 2012, 29.1 million Americans, or 9.3 percent of the population, had been diagnosed with diabetes.

I would add to this my own observation that Type 2 diabetes is a symptom of our nation's nutritional hunger. The cheapest, most widely available, and most convenient, time-saving of foods are also the foods that have been processed and manufactured to give us a quick fix in terms of their flavors — high in sugar or high in salt — and in terms of their high calorie count. In short, foods that fill our stomachs and keep our wallets full are, in fact, starving us.

I use the word "starve" not as a metaphor. One of the symptoms of uncontrolled diabetes is rapid weight loss because the body, when it can no longer effectively convert [carbohydrates](#) into energy, breaks down its own fat deposits in

order to obtain energy. Diabetes was once called the “wasting disease” because sufferers appeared to waste away from the excessive and rapid weight loss.

It's sometimes easy to forget the nutritional hunger aspect of the diabetes epidemic because words like “obesity” are used to describe what can trigger the disease. Obesity isn't simply about the over-consumption of food. Obesity is also about over-consuming foods that harm the body more than aid the body.

Food, at its very best, is when we can see the faces of the people who grew it, harvested it, cooked it, and served it to us. When one of these links is missing, there is a void, which is inevitably reflected in the lowered quality of the food and the lowered quality that this food can have in our bodies and our lives.

My own body complicated food for me many years ago, and my brain has had to learn to adapt and to process these complications, fashioning them into additional, more expansive, and ultimately richer ways of understanding the alimentary and the culinary. My novels and my food essays are a testament to the lessons that I've learned and continue to learn about what my body needs to survive. My body and my diabetes are constant reminders to me that to survive isn't the same as to thrive, to eat isn't the same as to nourish, and that food is a necessity *and* a gift that we give to our bodies.

About the author: A best-selling novelist, [Monique Truong](#) calls Brooklyn, New York, home. Her debut novel, *The Book of Salt*, took her to the 1920s Paris of Gertrude Stein and Alice B. Toklas. Her second novel, *Bitter in the Mouth*, returned her to the 1970s American South of her youth, and her third novel, *The Sweetest Fruits*, is bringing her to Meiji-era Japan. Truong is also an essayist whose works have appeared in *The New York Times*, *Washington Post*, *London Times*, *La Repubblica* and in numerous magazines.

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[An apple a day may not keep the doctor away](#)

[How Ella Woodward changed her diet, and her life](#)