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Diabetes Camp

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Diabetes Camp

A Thesis

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Master of Fine Arts
In
Film, Theatre, and Communication Arts

By

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B.A., University of Memphis, 2005

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ABSTRACT

Every summer Camp Hopewell in Oxford, Mississippi hosts its annual summer camps. Over the course of a week, kids between the ages of seven and fifteen run, play, hike, and canoe. It's the pretty standard summer camp fair, but there is something that makes a week at Camp Hopewell different.

Every child that comes to camp has been diagnosed with Type I Diabetes. Some have had it for years and consider camp their second home while some have just been diagnosed and still live in fear of their condition. For this one week, however, they all have something in common, and while they eat, sleep, and play, they learn to take care of their own Diabetes.

Diabetes Camp is a 25 minute documentary film that is meant to show audiences the remarkable occurrences at Camp Hopewell through the eyes and voices of the campers and the staff that work there.

- Short Documentary
- Diabetes
- Summer Camp
- Children

CHAPTER 1: INTRODUCTION

Many parents struggle with the idea of leaving their already vulnerable child in the hands of strangers for a week of summer camp, but rarely does a parent regret sending their child to Camp Hopewell. The improvement they see in the confidence of their child as a person living with Type I Diabetes is always worth the anxiety of separation. Type I Diabetes is an autoimmune disorder in which the body's own immune system attacks the beta cells of the pancreas, destroying them or damaging them sufficiently to reduce and eventually eliminate insulin production. It can effect everything within the body from the nerves, to the eyes, to the skin, but the most commom problems that a diabetic faces are Hypoglycemeia and Hyperglycemia. When a Diabetic takes in too much or too little insulin, she will either have too little or too much sugar in her blood. Extreme highs or lows run the risk of seizure and even coma. Often, children that come to camp have been hospitalized many times due to complications from hyper or hypoglyemia, and for every camper avoiding the two extremes is a daily struggle.

The short documentary thesis film, *Diabetes Camp*, illustrates how these children are not as vulnerable as they may seem. Against incredible challenges that most adults will never encounter these children cope, grow and succeed. They should not be pitied, but praised, for their ability to find stability in the atypical circumstance of their lives.

Located just outside of Oxford, Mississippi, Camp Hopewell hosts campers with Type I Diabetes for two weeks of camp every summer. The kids range in age from six to fifteen years old. Many of them come year after year and others, having newly been diagnosed, come for the first time. While engaging in all of the typical summer camp activities, campers are able to watch and learn from adults and other children with Type I Diabetes.

I was diagnosed with Type I Diabetes at age fifteen, and for the last five years I have spent my own summers working as a counselor at Camp Hopewell. Over those summers, I have found myself constantly amazed by the resiliency of young children dealing with the barrage of issues that come with Type I Diabetes. Not having had Diabetes as a young child, I have always been thankful, thinking it would have made my childhood miserable. Often people think that children cannot handle such a chronic condition, but a week at Camp Hopewell will prove to any doubters that children with Diabetes are more amazing than the credit they are given. When facing an obstacle posed by their Type I Diabetes, these kids learn not to break down, but to take it in stride and keep moving forward. A camper as young as nine years old can have valuable lessons to teach older children, and even adults, about the nature of survival.

Diabetes Camp not only shares the inspirational story of these children, but also captures their subtle, yet powerful, interactions as they move through a week at Camp Hopewell. The campers speak for themselves about the obstacles they face in the authentically honest way that only children can. Production of the documentary has improved my ability to recognize and capture the daily interactions and activities that support my chosen story arch. While I am very familiar with the work of Camp Hopewell, I intend that my film should provide audiences with a full understanding of the impact and importance of the camp experience for these children. Viewers should feel as if they actually spent the week at Camp Hopewell, watching these children grow and learn about themselves.

Upon watching *Diabetes Camp*, it is my hope that audiences will react with surprise, and ultimately are impressed by the extraordinary normality in children living with Type I Diabetes. I intend to screen the film in as many film festivals as possible, and it is my intention to distribute

the film through doctors' offices and groups working with Type I Diabetic children, as well as the parents of these children, in order to encourage otherwise hesitant families to consider sending their children to a Diabetes Camp.

CHAPTER 2: CORE DISCIPLINES

Writing

Having chosen to forego the traditional narrative route and make a documentary, I was not able to write a traditional screenplay. Instead I wrote a detailed treatment based upon my familiarity at Camp Hopewell. My experience has led me to expect to see certain things within any given week, so I knew well what my themes might be. However, I also knew that I would have to be flexible when it came to capturing the real life of a week at camp. No documentarian can ever know ahead of time how reality will play out. She can only collect as much research as possible and make educated guesses as to what will occur. I knew going in that I would encounter a brand new week with a brand new group of girls and a whole gaggle of new and different personalities.

Before beginning the process of writing the treatment, it was imperative that I educate myself on the styles and techniques that other documentarians have employed in the course of making films about the different challenges that children face. I watched films like *Seven Up* (1964), *Sound and Fury* (2000), *The Boys of Baraka* (2005), *Born into Brothels* (2004), and *Jesus Camp* (2006). It was my intention that I saturate myself with such films in order to figure out what my own style should be. While the earliest film, *Seven Up*, bored me in its depiction of children as walking progress reports, *Sound and Fury* and *Jesus Camp* kept me enthralled by showing me the personalities of the children and then presenting me with a complex obstacle. As I absorbed the techniques used by these filmmakers, I was able to come to a better understanding of how I might tell the story of Camp Hopewell from my own perspective. I could only write the treatment once I had that understanding of my story.

The treatment greatly helped define the focus of *Diabetes Camp*, honing in on the themes necessary to tell its story fully and effectively. Divided into four parts and telling the story of imagined campers in imagined situations, the treatment asked questions that would eventually lead me to find answers during the shooting process.

Part I: How do the campers deal with the anxiety of leaving the protective umbrellas of parents and the apprehension of agreeing to take part in the unknowns of Diabetes Camp? What will the week hold in store for them?

Part II: Is it possible that in just one week, recently diagnosed campers can adopt a confidence in themselves as Diabetics? What can they learn from more experienced campers? Can any camper go so far as to even take pride in the fact that he or she is a Type I Diabetic?

Part III: Will those kids who have never been able to work up the guts to face injections, finger pricks, low blood sugar reactions, or the physical discomfort of high blood sugars surprise themselves with their own audacity? Will they leave camp filled with the pride of having conquered a great fear?

Part IV: At the end of a week, what have the staff and parents learned from the kids? Can a child living with Type I Diabetes teach valuable life lessons to anyone willing to observe?

The final film can not fulfill exactly what is set in the treatment, but that treatment has been invaluable, allowing me to be much more aware of what is important to the final goal and what should be prioritized. Upon arrival at camp for the week of shooting, I had not yet met most of the girls in the cabin group that we, my crew, would be following.

The previous invention of characters within the treatment along with the kinds of personality traits they embodied and obstacles they faced made it possible for me to have a much easier time choosing which girls I might focus my shooting on within a matter of hours. After a day studying each camper, I was certain that Kierston and Callie could fulfill the character needs of the treatment's more experienced Diabetic camper, and Michelle could do the same as the real version of the more timid and inexperienced camper. The process of writing also has led me to understand how I could structure the story so that it had a distinctly strong beginning, middle, and end, while correctly exhibiting the conflict.

Treatment

Summer Camp is often a rite of passage for millions of American children. For a few days each summer they live out an adventure, leave their parents behind, sleep away from home, make a whole slew of new friends, not to mention swim, hike, canoe, horse-back ride, and participate in any number of traditional summer camp activities. There are always lessons to be learned from counselors and fellow campers and always, always there is fun to be had. But how does the summer camp experience change when every kid at camp has the same chronic medical condition?

In the United States, close to 177,000 people under the age of 20 live with Type I Diabetes. It is a condition that involves daily care and constant attention. Camp Hopewell, situated right outside of Oxford, Mississippi, strives every summer to provide the same traditional summer camp experience to those kids who live every day with Diabetes.

In this documentary, audiences will see a new twist on what most people think of as the classic American summer camp. They will find out what it means to be a child who, on top of the regular gauntlet of growing up, faces a chronic medical condition every minute of his or her life. *Diabetes Camp* will be a fifteen to twenty minute film, shot on Mini DV, over the course of seven days in the summer of 2007.

Having lived with Diabetes for eight years and been a counselor at Camp Hopewell for the past four years, I have formed strong relationships with the camp directors, as well as many of the campers and staff. I already have a strong idea of the personalities that I would like to follow throughout the camp session and at least 2 of them will be the documentary's main focus. Pre-interviews with both the camp director and the Diabetes session organizer will help to determine which campers have the most compelling and telegenic stories. Also, plans are in the works to visit with the families of each spotlighted child in the weeks before shooting. Through these selected campers the audience will see the struggles that most every child with Type I Diabetes deals with and yet how amazingly well they manage to find equilibrium. Most importantly, they will be impressed by the resilience and bravery of each child at Diabetes Camp.

Diabetes Camp will offer "you-are-there" coverage of everything from swimming to blood sugar management, but mostly will tender intimate portrayals of selected campers as they learn that it is difficult but not impossible to live with Diabetes and still be a "normal" and happy kid. Campers will butt heads with the medical staff that are there to help them learn how to correctly manage Type I

Diabetes. At camp, it is the camper's task and no one else's to be responsible for the details of their own Diabetes, and in an unfamiliar environment, the stress levels of the young run high. Without the safety net of home, some kids stumble under the responsibility of their condition. But usually the week of stress coupled with fun and discovery leaves behind a strong sense of pride, accomplishment, and independence that many of these kids have never felt before.

PART I: The first few hours of camp.

Overview: The first day of camp is a time when many campers return to the Camp Hopewell that they have known for several summers, but a few have never been there before. Some kids come having only been diagnosed with Diabetes for a short time and, to them, Diabetes Camp can be a very scary event. So far, Diabetes has probably been a strictly negative experience and it seems hard to believe that a summer camp for kids with Diabetes could be any fun at all. How do these kids deal with those first few hours of camp? How do they deal with the anxiety of leaving the protective umbrellas of parents and the apprehension of agreeing to take part in the unknowns of Diabetes Camp? What will the week have in store for them?

Several adults and their children stand in line behind picnic tables under a pavilion on the campus of Camp Hopewell. Children of all ages run and jump, playing around the line of parents. Shelby (not a real name) stands beside her mother. She excitedly looks around, watching the other kids play. "Where are her friends from last year? "They said they'd be here." Her mother is more concerned with the check-in process. Finally, Shelby sees an old friend and runs off to say,

“hello.” Her mother calls her back and Shelby rushes through the protocol of checking in with eyes fixed on what the other kids are doing. It would be a tragedy if something was missed. Shelby’s mom talks to a nurse sitting behind the picnic table about Shelby’s Diabetes. Shelby looks bored with this and quickly answers any questions as if they are the only thing standing between her and fun.

Jessica (not a real name), about the same age as Shelby, stands beside her mother and father in the same line. She also watches the kids around her with interest, but she sticks by her parents. Her father tells her what a good time she is going to have as he points out the swimming pool to her, but she doesn’t seem to believe him. She asks what will happen to her if her blood sugar gets really low. Her mother’s look says she is also wondering this but, explains that there are lots of people at camp to help when she needs it, and that she and her father will come immediately if need be. Jessica’s mother takes much more time with the nurse than Shelby’s mother did, extensively going over her insulin needs, her injection schedule, and what her blood sugars usually are at certain times of day. Jessica is unable to answer any questions before her mother jumps in to answer them first.

Both girls end up in Cabin 2. Inside, six girls choose beds, unpack, and settle in. Most of the girls chatter with one another and their new counselors. A couple of the girls loudly declare personal goals of fun for the week. Jessica quietly watches the others as her counselor attempts to draw her into the group. In V.O. interviews, we hear as Jessica talks about her experiences with Type I Diabetes. Having only had Type I Diabetes for a few months, she thinks it’s a pretty big deal. She says that it scares her and her parents sometimes. Shelby pulls

stuffed animals, clothes, and blankets out of her suitcase as she unabashedly gives the back-story on each to her cabin mates. Again in V.O. interview, Shelby explains that having Diabetes is old hat to her and she doesn't really mind it all that much. She has had Type I Diabetes since she was a little baby and this is her fifth year at camp.

The cabin nurse comes in to sit down with the girls as they settle in. In V.O. interview, she shares how she has seen Shelby grow up over the last few years. Her first summer at Camp, Shelby couldn't even summon up the courage to prick her own finger. She used to whip out the crocodile tears every time she had to test her blood sugar and now she does it without even batting an eyelash. The nurse also mentions that she noticed at registration just how overprotective Jessica's mother was, noting the possibility that it will be hard for Jessica to come out of her shell and handle her own Diabetes. However, the nurse has high hopes that being around kids like Shelby might help Jessica to overcome her fears.

After the counselor discusses what fun activities the campers want to do over the week, the nurse asks about their Diabetic goals for the week. Shelby will put her insulin pump site in her arm for the first time. Her insulin pump, like all of the other pumps at camp, is a small beeper sized device that delivers her insulin via a tube around the clock. The pump site is the place where the tube enters the body and, having always put it in her stomach, Shelby's belly has started to pooch out with scar tissue. She simply isn't as comfortable injecting in another spot. "What if it hurts more on my leg or my arm?" Other girls declare that they will learn to count their carbohydrates or check their own blood sugars. Jessica listens

with big eyes. She has no Diabetic goal when the nurse asks. What is an insulin pump anyway? Her mother has been delivering her insulin via a shot 3 times a day. When the nurse explains what an insulin pump is Jessica claims it unbelievable that, with a pump, she wouldn't have to take shots anymore. The other girls swear that it is true. They show off their own pumps. Jessica learns that, at camp, there is the possibility of a test run with a pump site, but the nurse stresses the need for bravery, saying that she will have to put it in herself. "I'll think about it," Jessica quietly says.

Part II: Negotiating Diabetes Together

Overview: Within the first forty-eight hours campers find themselves fully initiated into the camp experience. Inevitably, cabin groups become mini-families and each family member must learn to lean on each other and work together through the course of the week. Some families must cope with dysfunction, but all must consider the needs of each member. Nurses, counselors, as well as the campers must function together and pitch in to help in all situations, Diabetes related or not, and most campers find themselves happy to do so. Responsibility for one's self and one's condition is a motto preached at Camp Hopewell, but many new campers find the new responsibility stressful. It's a lot for a child to take on and many campers have never been expected to do it before they get to camp. Is it possible that in just one week, recently diagnosed campers can adopt a confidence in themselves as Diabetics? What can they learn from more experienced campers? Can any camper go so far as to even take pride in the fact that they are Type I Diabetics?

The girls of Cabin 2 spend their meal-times family-style, passing food around a table, pricking fingers together, and reporting their blood sugars to the nurse or counselor. Shelby guides Jessica in adding up the carbohydrates in her breakfast while the other girl's help, debating things like how many carbs are in the sugar free maple syrup and how much insulin they should take to counter it. Pencils in hand, they study over menus and calculators as they work. No girl's opinion or input is ignored.

The counselor, always toting a fanny pack filled with emergency medical supplies, directs the cabin group from the arts and crafts house towards the nature trail. When Shelby's blood sugar is super-high after breakfast one morning, the counselor steps in for a "teachable moment. Shelby is whining, feeling "icky," as she sits out the morning energizers, the dance steps that the whole camp does as a group each morning. The counselor explains that moving around a lot while her blood sugar is high will help her blood sugar to come down more quickly. Shelby wonders why that is and the counselor answers her, also saying that, after all, "Jessica is watching you and you want to show her how smart you are about Diabetes." Filled with a new sense of responsibility, Shelby marches over to Jessica, plants herself beside her, and begins doing the steps with zeal. Jessica follows suit.

One afternoon, mid-hike, the counselor stops. The campers wonder what's wrong. The counselor pricks her own finger to check her blood sugar level. It's low. The girls jump to attention. One suggests glucose tablets. Another girl runs to get the nurse. Jessica strokes the counselor's arm who thanks the girls for their

help. Shelby wants to know if she would be a good counselor. They all would be great at it, the counselor says. She asks Jessica if she would like to be a counselor one day. Jessica nods in enthusiastic affirmation.

The next day, Jessica climbs out of the pool, shaking. Her blood sugar is low. She sits wrapped in a towel as the nurse hands her juice. Jessica twists the corner of her towel as she drinks. The counselor checks that Jessica is o.k., then begins to crack jokes. After a particularly lame knock-knock joke, Jessica laughs. Shelby and a few other cabin mates join in as Jessica forgets that her blood sugar is low and stops her shaking. The girls plan for the end of the week dance until the counselor reminds Jessica to recheck her sugar. She is normal once again and heads back for the pool, without skipping a beat. Shelby has just begun a game of pool football and Jessica very much wants to play.

The whole camp gathers for the week's cook-out. The staff works around a huge fire as people tuck in to eat on the ground or at picnic tables. Spirits are high. The Cabin 2 girls wander from adult to adult, on a hunt to find and tease those that are not diabetic. This week, those without Diabetes are the unusual ones. In V.O. the counselor explains: "The campers love that, for one week each year, they get to be surrounded by people who deal with the same things they deal with. In their normal lives they are always the minority. But for one week in the summer, they get to be a part of their own status quo."

PART III: The biggest hurdle.

Overview: Often, as the end of a week approaches, the biggest challenges remain to be faced. Campers have become more comfortable with themselves,

their cabin mates, their surroundings, and their Diabetes, but the knowledge of a looming departure from Camp Hopewell often brings on a certain self-imposed rush to seize opportunities that might not be as easy to seize at home. Once they leave, campers know that they might not have access to the supplies or the support to meet personal goals that they have at Hopewell, like trying a pump out or dealing with a moment of low blood sugar without alerting mom. This is it, the moment they have been anticipating all week. They have all of the resources and all of the encouragement on hand. Now they must face their own do-or-die moments. All that remains is the mustering of courage, but how does the Camp Hopewell environment help to gently push the process along? Will those kids who have never been able to work up the guts to face injections, finger pricks, low blood sugar reactions, or the physical discomfort of high blood sugars surprise themselves with their own audacity? Will they leave camp filled with the pride of having conquered a great fear?

It's the end of the week, Jessica is as loud, boisterous, and involved as any other girl in her cabin. Gone is the meek and shy Jessica of the first day of camp. As her new friends push buttons on their pumps in order to dose insulin after dinner, she asks: "Does it hurt?" "Is it easy to use?" "How do you sleep with it?" "What colors does it come in?" "What do you do with it when you go swimming?" Shelby loves the attention. She displays her pump as if it were the hottest new cell phone trend. Any time Jessica shows interest, Shelby answers happily. Jessica watches closely as Shelby finally injects her pump site into her arm. The nurse asks Jessica: "Are you ready to try and inject your own pump

site.” Jessica isn’t sure. Shelby nudges her. Jessica nods OK. The girls gather around as Jessica loads up the site into its plastic injector with the help of the nurse. Girls give advice as Jessica keeps her eyes on the exposed needle. Her eyes betray her inner struggle between bravery and terror. She tries. Fails. Tries again. Tears well up and, seeing this, Shelby takes her hand. She won’t let go. Finally, Jessica closes her eyes tight, takes a deep breath, listens as the nurse counts one, two, three and BAMM, pushes the button to release the needle into her leg. She proclaims in surprise, “that didn’t hurt!” Everyone cheers. The nurse and counselor hug her and tell her how proud of her they are. The other girls jump around. Shelby says, “See, I told you so.”

PART IV: More than lessons learned

Overview: Diabetes Camp is a learning experience as well as a fun experience for campers. They have had someone constantly monitoring them and seizing opportunities to educate or guide them, but what they are not aware of is the equally powerful impact that they have on those adults who are working with them. At the end of a week, what have the adults learned from the kids? Can a child living with Type I Diabetes teach valuable life lessons to anyone willing to observe?

On their last night the girls play together as they pack up to go home. Addresses and phone numbers are exchanged. Each promises the others they will stay in touch and come back next year. In V.O. the cabin nurse says that, while the campers know how the adults at camp teach them each summer, those kids are probably unaware of how much they have taught the adults about dealing with

life's challenges. She says that these kids are amazing because they find regularity through their challenges and, unlike many adults facing the same challenges, manage to avoid forming a chip on their shoulder. "These kids teach us more about courage, empathy, and flexibility than we teach them."

The last morning of camp the girls accept hugs and kisses from their parents even as they cry over leaving camp for the year. Jessica explains her new love of camp. "I'll come back next year and every year after that. "Diabetes isn't that scary and I love my new friends. Mom would have freaked out whenever my blood sugar was low, but the counselor and nurse didn't make such a big deal about it." Jessica shows her mother her new pump site, proudly. She excitedly introduces Shelby and Shelby's insulin pump, listing off all the things that she has learned about the pump throughout the week. Her mother is amazed, especially when Jessica asks for a pump of her very own.

Shelby's mother talks with the counselor and expresses just how proud she is that Shelby has worked so hard to show another girl that living with Type I Diabetes isn't so bad. Years ago, when Shelby was first diagnosed, her mother never would have thought that Shelby would ever become so proud of and comfortable with her Diabetes. Shelby declares to the camera that she wishes she lived at Diabetes Camp. Her mom reminds her that she will be back next year.

Jessica and Shelby wave goodbye as they climb into their family cars amidst parents, siblings, and luggage. Cars pull out, riding away down the gravel road that led to camp one week ago. The last camper leaves and finally Camp Hopewell stands empty...until next year, that is.

-THE END –

Production Design

Like screenwriting, *Diabetes Camp* could not rely on any particular plan for production design. Having little control over the environment within the frame, focus had to be on capturing events as they happened with more regard for the events than for the visual elements of what surrounded them. The main goal is truth, so the people and places of *Diabetes Camp* are taken as they are. Striving to engage in no external manipulation, it was imperative that the design capture certain truthful environmental elements from a day in the life of a camper. For example, interviews are framed in such a way as to include in the background quintessential camp images. Trees, leaves, cabins, and even the “Health Center” sign occupy the space that surrounds the interview subjects. Sunrise over the Levee, the sound of cicadas, and even an empty rocking chair rocking on a lodge porch add to the overall visual environment that Camp Hopewell occupies. While the vast majority of shooting time was spent following the action of the campers during the course of the week, an important amount of time was devoted to capturing the still images that might put the viewer within the camp environment. Audiences see, not just campers inside taking shots and checking sugars, but outside swimming, shooting arrows, climbing rock walls, eating watermelons, and flying through the sky on zip lines.

Cinematography

In planning production for *Diabetes Camp*, I was insistent on having a small crew. I acted as my own camera operator and had only one other person to be in charge of sound. A good friend of mine and an experienced filmmaker acted as that crew member, and, as an added bonus, she is female, allowing she and I both to move in and out of the girls' cabin without any problems. Operating the camera myself ensured that I could capture those visuals that I wanted without getting mired in communications with a third person.

I chose to shoot using UNO's DVC-60 cameras because they are more conducive to handheld documentary shooting than any other UNO camera. With its three CCDs for good image quality, the DVC-60 is shoulder-mounted, weighs only about five pounds, and makes both low- and high-angle shooting easy with an LCD screen that can rotate up or down. Plus, the design of the camera allows easy finger access for operation of manual zoom, focus, and iris.

Relying on my eye and the available light, I did not need to manufacture any outside lighting manipulation. Aside from using a gold bounce sheet for one interview, all of the images within *Diabetes Camp* are naturally occurring. As a film based around a summer camp (luckily in good weather) it was no stretch to shoot all interviews outdoors in the sun as well as a good deal of the action. Shooting video, it was imperative that I constantly check and reset white balance and, in the end, only a small number of shots needed color correction.

Direction

In his book, Directing the Documentary, Michael Rabiger very clearly states while a documentary can and should be directed, that job is done as much in research and pre-production as in the editing process. He says that directing "includes the real problems of researching and

focusing a documentary film or video idea, of developing a crew, of directing the crew and participants, and of maintaining control during shooting. It guides the reader through the complex evolutionary process of post-production, when the film's true characteristics can really begin to emerge and assert themselves.”

Directing a documentary is almost opposite that of directing a narrative film. In both cases the director must be clear ahead of time on what it is she is looking for as she moves into production but, once there, the latter director strives to lead actors towards that final idea while the documentary director can only lead a crew in hopes of finding and capturing that which her research has led her to explore.

The treatment for *Diabetes Camp* helped to bring in the focus on the very themes coming out in the final film. Without focusing on just what kind of actions and characters would illustrate and support those themes essential to the story, I would never have been able to decide just what to film and just how to lead my crew. Direction of *Diabetes Camp* relied on the strength of my pre-planning and my prior knowledge of camp. The ability of my crew member, Liz, to do her best work relied on my ability to communicate to her just what it was that we needed to capture, what was essential and what was auxiliary.

As important as pre-planning is in the world of documentary directing, it is important to beware of becoming married to an idea of what one thinks that she *must* get. An idea can be priceless when time or money is tight, but there is something to be said for flexibility and spontaneity. For example, the treatment for *Diabetes Camp* placed a large emphasis on the check-in process. I was sure that I needed to see and hear the anxiety of the parents as they dropped off their kids. It was the first thing that Liz and I shot and, after four hours, we discovered that the audio was badly distorted and unusable. According to the treatment, a very

important story element had been lost, but with a little flexibility, I regrouped, continued shooting, and was able to find a new beginning later in the editing stage.

Another example concerns Caroline, a camper who is featured in the film but could have had a more important role to play. On the first day of shooting, I scrambled to find those girls who would demand the camera's and the viewer's attention. Caroline was paid little attention because she was so introverted and quiet. However, I discovered in the editing process she had quite a number of powerful break-throughs that week of camp. Had I been flexible enough to consider her more during shooting instead of writing her off once and never looking back, she might have played a bigger part for the betterment of the final film. It is important, as a documentary director, to be aware of the constantly evolving reality that surrounds the camera. If one closes off her mind to certain elements, she might miss very important aspects of the reality she is trying to capture. Having a plan is imperative, but staying flexible can be just as important.

The story arc of *Diabetes Camp* is part and parcel with the major objectives of the staff and the campers each week at Camp Hopewell. I chose to follow kids around the age of nine, because, over time, I had learned this age group is still young enough to pull off cute, innocent, and playful without the concern for "coolness" that will govern their behavior within a few years. However, they are old enough to be responsible for themselves. They are less likely to get homesick and don't necessarily need to be coddled all of the time. Around the age of nine, these kids would still be candid and honest but also would be at different stages of responsibility for their Diabetes.

Just as I know that there will be canoeing, hiking, playing, and zip lining during a week at camp, I also know some campers will be afraid to give a shot in a new place, will be irresponsible when it comes to checking their sugars or counting their carbs, will deal with

Hypoglycemia as well as Hyperglycemia, and will be curious about the insulin pump. This kind of knowledge was more valuable to me in production than any other kind of research could have been. It allowed me to be sure just what kind of action I could expect to see, therefore, avoid building a treatment around something that simply might not occur at all. While I did have to be flexible about what was contained within my treatment versus what happened in reality, my knowledge of Camp Hopewell and what happens there provided for me exactly what I needed in order to tell its story.

Able to get around the campus without asking directions, Liz and I were able to move on the fly, easily traveling from one activity and cabin group to another. At the beginning of the week, I sat in on a staff meeting that made up the weekly schedules for each cabin group. With that information, I made my own schedule for Liz and me to follow throughout the week. The cabin groups move quickly and things are going on all over campus at any given time so, with only one week to shoot, it was imperative that Liz and I were ready to capture every event and cabin group that I needed without losing time.

Just as Rabiger said, the real story of *Diabetes Camp* was allowed to emerge only in post-production. However, it is important to note that the footage collected during shooting serves as the only material available to the editor. Academy Award winning director, Barbara Kopple, has stated, “When you’re out in the field, if you don’t get the material that tells the story, no matter what you do in the editing room you can’t put it together to say something.” Keeping this in mind, it is imperative that a director collect the best footage available during production.

While shooting, there were a few moments I knew immediately I wanted to include in the final film, moments that perfectly illustrated my planned themes. For example, Kierston teaching Caroline how to refill her pump was an amazing illustration of how the campers can teach each

other. Otherwise, however, the structure of the final film only began to emerge as I slowly and methodically went through the footage months after shooting was complete.

Editing

Before shooting began, I anticipated collecting about fifteen hours of footage over the course of the week. However, good sense dictated I be prepared for much more. The tapes had to be ordered ahead of time, and had I run out in the middle of the Mississippi forest, my shoot would have been over and my production ruined. Therefore, I purchased much more tape than estimated, and once we reached the end of the week, I had acquired about twenty-three hours of footage. With the final film at a running time of twenty-five minutes, that is about a fifty-eight to one shooting ratio.

Before editing even began, months were spent with the intensive work of reviewing the tapes, sub-clipping footage, making notes, and transcribing interviews. It was essential the footage be as organized as possible in order to speed up the editing process. I had to be intimate with the footage so I knew exactly what ingredients were available to me for my final cut. Also, it had to be organized so I could easily retrieve a small clip or a sound byte at a moments notice. I refused to waste any time hunting in the editing process, and at the end of this long process, there were bins and bins of organized clips within the Avid as well as pages and pages of typed interviews.

Just like pre-planning made the shoot possible, having both organized clips and thorough transcriptions made the editing process a much easier project instead of just a search for a needle in a haystack. It took five months to comb through twenty-three hours of footage and interviews. From that, just two months to create a fine cut. Editing is truly the last phase of the writing of the

story and this is even truer in the world of documentary. Barbara Kopple states, “In the editing room you see strong themes that take you to certain places and how things start to connect.” After reviewing the footage, I knew that the elements of the story were there. However, the film’s structure could not even begin to take shape until I began to edit.

Regarding structure, Barry Hampe writes, “You have to have structure – an ordered progression of images and sounds that will capture the audience’s interest and present the point of view of the documentary as a visual argument.” In the process of writing the treatment, I had fleshed out my point of view and the argument that I wanted to make with *Diabetes Camp*. In order to successfully make that argument, the structure dictated a few important themes. It was necessary to explain what Type I Diabetes is, what its daily obstacles are, and what an insulin pump is. All of this information was essential for viewers to understand the goals of the main characters, Kierston, Christian, and Michelle. Each girl’s personality needed to be introduced along with her greater Diabetic goals for the week, each girl needed to deal with obstacles to that goal, and whether they met their goal had to make up the film’s climax. Overarching all of this, it was my goal that viewers take away from watching *Diabetes Camp* the feeling of just how resilient and amazing the kids of Camp Hopewell are. That depended on my ability as an editor to piece the story together from the raw footage.

Content with the footage that I did have, there was still the occasional moment where I needed a specific kind of shot in order to move the story along. As always happens in editing, I had to find creative ways to get around these points with the footage I did have. For example, in the sequence in which Kierston finally puts her pump site in her side, I did not have footage of her as she actually injected it in. Instead, I had focused my camera on Ray Ann, another camper who, while Kierston injected, was watching, enthralled. The footage of Ray Ann was classic

because her face, fixed on Kierston, perfectly illustrated the anxiety within some of these campers as they face their fears along with the theme that the girls were learning from each other. However, I still had to let the audience know that Kierston had actually accomplished her goal, so I decided to rely heavily on the sound of the moment in order to get that point across. Visually, I set up the viewer for what Kierston is about to do and then I brought up the audio of Nurse Lori as she cheered and led a round of applause for Kierston. What the viewer sees in that moment is Ray Ann as she raises her hands to clap along and then Nurse Lori as she gives Kierston a congratulatory hug. In so doing, it becomes clear to viewers, while they might not have seen Kierston actually inject the site, she did do it. Instead, they are allowed to watch through the eyes of Ray Ann which provides a deeper level of meaning.

Another example is the moment when Kierston is first realizing that she must rotate her site to a new place. I needed a stronger explanation of why. I had Nurse Lori talking about it but the shot of Kierston's scarred belly wasn't strong enough. Initially, I had no intention of including myself in the edit of the project. I wanted *Diabetes Camp* to be as objective as I could make it, but it just so happened that a moment occurred and was captured on camera that perfectly illustrated the pointed I needed to make during the editing process. While Kierston was struggling to deal with her fear of putting her site in a new place, I couldn't help but jump in and take up my old role as counselor. I passed my camera to Liz to hold while I showed Kierston my own belly in an attempt to show her just what could happen if she never moved her site to a new place. I did not intend for this moment between Kierston and I to be captured but Liz had the foresight to frame it and keep rolling. Later, while editing, I struggled with the idea of having myself make a small cameo within my own film, but because that moment perfectly helps to illustrate the ramifications of not rotating one's injection sites as well as showing a few of the

campers as they come to realize this, I decided to use it. Audiences have no way of knowing that I am the filmmaker and not just another counselor.

Otherwise, I did have the footage I needed in order to support my desired structure themes. I went through my organized bins using the sift mode within Avid as well as combed through my transcribed interviews with a highlighter in order to pick out just what was necessary, much like grocery shopping. The months of organizing became invaluable to me in the editing process. From my treatment, I made a kind of grocery list of the themes that I wanted to hit upon and I was able to simply retrieve from the organized material those clips and sound bytes that helped to illustrate the story points.

With the rough cut finished, there were finer revisions necessary in order to add to the hook and flow of the final film. I decided to bring in the voices of the girls earlier over the still shots of the camp in the beginning. Originally those two elements were separate but bringing them together successfully hooks the viewer. Also, the title cards were added in order to separate and draw focus to individual themes so they might not run together. Certain sections were paired down or cut completely from the film in order to avoid any slow moments or repetitiveness. For example, in the rough cut there was a lengthy explanation of what Type I Diabetes is, and watching it viewers would often begin to get bored. The shorter explanation of the final movie serves to define what the condition is without losing the interest of the audience.

Finally, I added the happy and upbeat music of Two Way Radio in order to make the film's beginning and end much more cohesive. As a friend to two of the band's members, permission was easily granted in order for me to use their music. It was important that it correctly capture the mood that I wanted to convey and that it help move the story. For example, I laid music under the scene in which Kierston puts her pump site in her back. Because that scene

had to express the tension that Kierston and some of the other girls who were watching her felt, adding music helped to draw more attention to the moment.

While editing *Diabetes Camp*, I discovered the truth behind what Hampe writes about editing the documentary. As an editor, I must always remain “an active, decision-making participant in a process of communication that begins with an idea and ends with an audience.” Direction does not end until the film is completely finished and the choices an editor makes about what shots will be presented and in what order is as important to the story as the raw footage is. Directing a narrative film entails the art of control while directing a documentary film entails the art of staying out of the way while right on top of things at the same time. Documentaries take on a life of their own in the editing process, and sometimes the editor’s ability to structure a story depends completely on the footage that was gathered during the production process. Of course this is true of both narrative and documentary, but when one’s subject is real life pick-up shots are often not an option. The documentary editor has to have the subtle and important ability to find the story somewhere within the haystack of footage and bring it out. She has no script to use as a road map, only a treatment, the footage, and an idea of what the structure might be. The editor is inspired by the footage captured of reality and the final film is woven by the editor.

Sound

Liz Dagget traveled all the way from Denton Texas to act as my sound mixer. As sound mixer she ran a mixer and operated a boom microphone for all active shooting as well as organized all sound elements for interviews. As the other half of my small crew, she and I had to work together as one unit in order to capture certain action.

Liz had a great idea to utilize the wireless microphone sets we have at UNO in order to wirelessly capture sound while still using single system sound running directly through the camera and onto the tape. I chose to avoid having to sync up sound later and Liz's idea meant that I could do that while still avoiding being attached to her by the headphone and mic cables. However, while checking tape after the first four hours of shooting, we discovered that the sound was so badly distorted that the footage was almost unusable. A bit of trouble shooting led us to decide that we were unprepared to operate our wireless system and we had to quickly reevaluate, deciding to make a go at shooting while attached.

From that moment on and for the rest of the week, Liz and I worked as a well oiled machine, getting better and better at working together with each passing day. Working out a system of hand signals and head nods, she and I were able to communicate without sound and, of course, it didn't hurt that we have been close friends for years and had worked on documentary production shoots together before.

Because she also is studying towards her MFA degree in documentary film production at the University of North Texas, Liz was able to bring a few more essential points to the sound production of *Diabetes Camp*. Adamant about hiding the lavalier microphone that we used during interviews, she pointed out that seeing a microphone only reminds a viewer of the production, something we are always striving to avoid in narrative production. Also, she insisted that we use a lavalier microphone as well as a boom microphone during interviews in order to have a more dynamic sound track as well as a back up track. Liz's work and insight was a great asset towards the sound production of *Diabetes Camp*.

Diabetes Camp created opportunities for me to expand my production and post-production skill base. For example, there was a great deal of sound work that needed to be done

in order to smooth out the edits within the timeline. The visual edit was complete but I had reached the end of my skill set in sound editing. Rob Racine, my committee head, and I spent a few hours going through the timeline and examining the subtle ways in which the sound could be smoothed out.

David Sonnenschein , author of Sound Design, describes what he calls the Figure and Ground phenomenon. He uses the example of a specific voice popping out of a greater murmur of voices in a restaurant illustrating that, as that voice achieves focus, it has gone from being a part of the horizon and has become a lone figure. It draws attention to itself and, unless the is done on purpose, it will distract the viewer away from the story, much like a jump cut would visually. Changes in the frequency, intensity, location, or spectrum, unless done smoothly, will indicate that a new source has been activated. He writes that “If you bring your audience members into an altered state, you as the sound designer must be aware of where you have taken them, and when and how you are going to bring them back.”

Without realizing it, a great deal of my sound edits were activating new spaces in the minds of my viewers and bringing them from altered state to altered state without ever bringing them back. There was a great deal of ambient sound that came and went, from cut to cut. Sound bytes would begin or end mid-sentence, leaving the viewer to wonder what had been chopped off, and often abrupt fades would jar the viewer as the film moved over its edit points. Rob worked with me to find ways to smooth out each of these errors.

With ambient sound, I initially removed it each time I cut away from the loud environment of check-in and into an interview in a different and quieter space, then brought it in again upon returning the viewer to check-in. It became clear that the bouncing from loud to soft

to loud again only served to jar my viewers. Instead I smoothed the rough transitions by continuing the ambience of check-in under all of the edit points that occur during the check-in sequence.

For the occasional interview sound byte that began mid-sentence, I was pointed to Sonnenschein's principle of Completeness. He writes "the mind likes to complete patterns, so if a melody, voice, or cyclic sound has paused before completing its intended trajectory, we will feel tension, conflict, and drama." At one point early in *Diabetes Camp*, Kierston says "because if you don't, you might get really sick and you might die." Originally, the "because" was cut out of the edit, but I discovered that viewers sense the missing bit and want to complete it. We trimmed back the clip to include the "because." Not only did it smooth the transition, it also fit quite nicely with the clip right before it.

Lastly, Rob showed me how the subtle action of lengthening audio fades and dissolves could work wonders to smooth a transition. Up to that point, I had relied heavily on fades and dissolves that lasted as little as five frames, only one sixth of a second. When sound drops off that quickly, it will often leave the viewer wondering where it went. Longer fades and dissolves allow the audio to move from one point to another while the viewer stays focused on the story. I lengthened many fades to thirty, forty, and even sixty frames. Upon listening, it became clear the longer I extended a transition without butting up against new sound, the better. This principle applied, not only to diageic sound, but also to the music fades.

It was imperative that I get rid of the distracting lyrics. In order to achieve this, I imported the full songs into the Avid and then cut up the clips and reformed them on the timeline, careful to make my edit points on the beats of the music. That way, each clip runs together smoothly as if what the viewer is hearing is the original music.

Technology

Once the production footage was ready to be collected, organized, and sub-clipped, I decided to purchase an external hard drive for a few reasons. First, it was necessary to capture every minute of my footage in order to log and keep it. This proved a better way of backing up the footage instead of putting a lot of wear and tear on the twenty-three mini-dv tapes in order to copy them. Second, I had to be able to work and edit away from school on my own computer and a portable hard drive allowed me to do this. Last, I was able to avoid having to go back and re-capture at a higher resolution later, taking up more time and putting even more wear on the tapes.

An Avid non-linear system was used during the editing process, with the Avid Express Pro HD software on my personal computer and the Avid Media Composer software at school. Within the Avid system, I was able to do everything necessary for the fine cut, including titles, graphics, and sound work.

CHAPTER 3: ANALYSIS

Before I was even able to begin making *Diabetes Camp*, I had to decide for myself what kind of documentary I wanted to make. *7 Up!* and *Sound and Fury* are two of the most important documentaries that shaped my ideas of what makes up a good documentary. While they are both about children, their styles are completely different and what I saw in each of them allowed me to formulate my own ideas of what would make *Diabetes Camp* a strong film.

7 Up! started as an anthropological study in 1964 with the intention of introducing viewers to a group of seven-year-olds, finding out what their impressions of their lives were, and then checking in again with them every seven years. The idea is intriguing; watching kids grow up and finding out which will succeed, which will fail, and which will change their minds completely. *7 Up!* is the first of the series, serving to introduce audiences to the children that would make up the study.

Though it would lack the pay off of the children as adults, it had a great opportunity to endear audiences to each child, making viewers identify with specific characters and begin to root for them. However, *7Up!* was done in a more journalistic style. Making use of a narrator, it makes viewers feel as if they are peering in at the kids from an outside perspective, quickly introducing them and then abandoning them. From my experience I knew that children will welcome others more quickly and make them more comfortable than any other possible characters. *7Up!* failed to make use of that openness and I found that the lack of intimacy lent to a lack of interest on the part of the viewer.

Sound and Fury did just the opposite, however, making audiences feel as much a part of the family being presented and the argument being explored as those within the film. It is a

documentary about a deaf family struggling over the idea of allowing their daughter to get a cochlear implant that might allow her to hear. The film took the time to introduce its main characters, allow viewers to get to know them, and persuade those viewers to identify with the emotions and opinions on both sides of the argument. At points, when family members communicate using sign language, the film makes use of voice over, giving each character a voice so that non-deaf viewers could identify with them more easily.

After watching these two films, I knew that my most important goal would be to achieve a kind of style that would allow my viewers to feel as if they too were at camp, right along side the kids and rooting for them. If I had used a narrator to simply introduce the kids and ran through their goals like a grocery list, viewers would have been bored and unaffected by the outcome. If, on the other hand, I could let these kids introduce themselves and allow the audience to get to know them, I knew that I could make viewers care about what happens to each of the girls.

The strength of *Diabetes Camp* lies in that very intimacy. The campers are open and honest and inviting of the camera into their camp lives. They are funny, sweet, goofy, and helpful but also scared, nervous, serious, and shy. Their duplicity helps to make the audience member identify with them. While one can't help but laugh as Christian does her best death scene, he also can't help but sympathize as she struggles to give herself a shot in the arm. The editing works to reveal the personalities, opportunities, and goals of these girls as the viewer begins to feel more and more like they are a part of a week at Camp Hopewell.

The trade-off for *Diabetes Camp*'s strengths in story and characterization is a certain amateurish quality behind a few of the more technical aspects of the filmmaking. There are

moments when things like exposure, coverage, and even sound suffer due to a lack of time, money, or both. As in many documentaries, these things are easily overlooked if the audience is more engrossed in the story. While *Diabetes Camp* could have benefited from more money, time, or even just more technical focus, it's editing is sharp enough to bring viewers through to the end unscathed by certain technical weaknesses.

Several times throughout *Diabetes Camp*, if one looks past the central subject of the shot and out into the background, he will notice that the shot is blown out, meaning that the brightness levels are so high that the image has lost a great deal of its detail. A great example of such a thing occurring is the interview shots of Nurse Lori. She is sitting on a porch with the camp and a few of its trees behind her. She is adequately exposed but, while the impressions of her eyes are dark and a bit too shadowy, the trees behind her are blown out and over exposed. Such an exposure issue could have been resolved by setting the camera to properly expose the trees, while lighting Nurse Lori enough to also expose her properly.

Another camera related technical problem that has been even more difficult to notice is that a couple of shots are out of focus. The Christian interview setup and one of the Kimberly interviews goes in and out of focus as the interview goes on. With the camera set on automatic, the lens constantly struggles to pick out what needs to be in focus and what does not. If noticed, such a thing would be distracting to the viewer, but these shots are used minimally and viewers have hardly noticed them.

While certain out of focus and overexposed shots might not be so noticeable to the viewer, there are moments when he might be left wondering why he is looking at one thing when he would like to be seeing something else. When Kierston finally faces her fear and injects her pump site into her side, the viewer is left watching Ray Ann instead of the actual injection. When

Nurse Lori asks Christian if she would like to try a pump site, the viewer might want to see Nurse Lori. Instead, he only sees Christian and hears Nurse Lori. With only a single camera, I was forced to constantly decide what the most valuable image was that I could capture at any particular time. In these examples, I chose something other than what some might consider the most intuitive choice, and in the editing room was left with a minor lack of coverage.

My freedom to work on the fly and be without extra equipment meant certain sacrifices had to be made. I chose to work without lighting, making use of the natural light. I chose to use only one camera, and rely on my ability to discern what was important visually. In the editing stage, I found a handful of valuable scenes were captured with sub-par sound and, forced to make a choice between using a scene or leaving it out, I chose to keep it and make use of subtitles.

Scenes like Christian being confronted with the idea of a pump site for the first time, injecting a shot in her arm, and coming off the rock wall full of confidence and proclaiming “I’m awesome!” are essential to the story, explicitly illustrating the opportunities and challenges that a week at camp offers to campers, the fears that they face, and the personal confidence that they find in themselves. However, the sound leaves something to be desired and *Diabetes Camp* makes use of very basic subtitles in order for those scenes to work. In 12 point Times New Roman font, the subtitles communicate what the inaudible sound could not. However, while subtitles might never be what a filmmaker would want to see in her film, they are a necessary evil, allowing certain invaluable scenes to remain within the greater film.

The sounds of *Diabetes Camp* do have their positive points, too. The tell-tale sound of cicadas in the distance and the background murmur of a crowd of parents and children contribute to the environment of camp and the “you are there” feeling in the viewers. In addition, the up-

beat music adds to the feelings of simplicity, uncomplicatedness, and lightheartedness that *Diabetes Camp* offers to audiences and the fun camp-like fonts of the titles and the vertical wipes during the credits add even more to those carefree feelings.

The importance of fun and silliness comes across in *Diabetes Camp*. Viewers are introduced to Christian and Kierston as the girls say things like, “I was walking around yesterday with one sock on and one sock off. I might be a little crazy” and “I’m nine. My birthday is in June so technically I’m ten.” However, their lightness is juxtaposed with the somberness of Michelle’s comment, “there weren’t any Diabetics for me to talk to. I just didn’t think that they would understand.” The film introduces Diabetes and camp, but lets viewers know quickly that they should not feel sorry for these kids. The editing succeeds in explaining for those who might not know just what Diabetes is and what information is necessary for daily care. However, it then brings in the real focus with Dr. Becky’s, “It’s what we do with that information that is the important part.”

The three main characters run the gamut between strength and weakness, shy and outgoing, and fear and fearlessness. While getting to know these girls’ personalities amongst canoes, rock walls, and cabins, viewers are able to see just how normal these children are as well as how unique. Each girl is very different, but they have at least one important thing in common. While watching each girl cope with that thing, viewers are able to identify with Kierston, Christian, Michelle, or even one of their fellow campers. Viewers aren’t just told in narration that Kierston is afraid to put her pump site in her side, that Christian is afraid to even try a pump site, or that Michelle is struggling to learn how to count her carbs, they see it in their actions, their reactions to others, and their faces.

Each girl is introduced along with her personal goal and her feelings toward reaching that goal. While the film does take moments away from each main character, it always comes back to them and, by the end, viewers have watched as Kierston succeeds and gushes proudly and Michelle finally manages to complete crab-counting on her own, receiving a jubilant high five. Christian's ending is more anti-climactic, however, she doesn't actually reach her goal of trying a pump site. She is still too nervous, but viewers see her tackle other fears and gain a great deal of self-confidence.

The greater message of *Diabetes Camp* doesn't have to be about Diabetes; instead it can be about any obstacle, mental or physical. The kids of *Diabetes Camp* serve to empower any viewer. As Dr. Becky says, "Just as if you have asthma or hemorrhoids – it's a condition that you have to manage. It doesn't make you who you are." The adult staff pushes that very message of *Diabetes Camp*, explaining Diabetes, guiding the campers, and revealing just how working with the kids has served them for the better.

Diabetes Camp gives the viewer an idea of what it is like to spend a week at Camp Hopewell, wandering all over the sunny campus in pursuit of fun activities. However, one weakness of the film is that it is skewed towards the female side of Diabetes. Although there are male campers and staff around, the film does not focus on them. This is because following a female cabin was much more conducive to the all-female production crew. However, it might lend to the misguided idea that Type I Diabetes is more of a little girl condition for those who do not know better.

Including male campers as major characters would have required more planning ahead of time, but could have been done. It would have been necessary that I gain access into the boys' cabin, and as a female, the camp would have frowned upon the idea. However, a second male

unit charged with following the boys' cabin could have done what I could not, and as long as I worked to be sure that they knew exactly the kinds of actions and characters that I needed in order to tell my story, the final film could have avoided being skewed to any particular gender.

In comparing *Diabetes Camp* to *7Up!* and *Sound and Fury*, it is clear that, while production of *Diabetes Camp* may have had some of the technical handicaps of *7Up!*, it also demonstrates the strength in characterization and story that *Sound and Fury* exhibits. It is a story rich in personal experience that leaves viewers satisfied by its narrative.

CHAPTER 4: CONCLUSION

I have found myself each summer amazed and empowered by the young children at Camp Hopewell who deal with the same condition and yet still manage to be happy and healthy kids. As a counselor, I am supposed to teach them, but I have found they have taught me just as much about the power of self-confidence, support, responsibility, and resilience as I have taught them.

In making *Diabetes Camp*, I have taken that story of empowerment off of the Camp Hopewell campus and am now able to share with it people who might not otherwise get to see just how much a child can handle, and just how much they can teach to other children as well as to adults. The story of a handful of young girls as they spend a week in the environment of a typical summer camp, *Diabetes Camp* illustrates how Kierston, Christian, and Michelle deal with their own fears and find a confidence in teaching, sharing, and learning from each other.

Having started the MFA Film Production program at the University of New Orleans sure that I was not interested in documentary, I am still now just wetting my feet as a documentarian. To everyone I show *Diabetes Camp* to I pose the questions: “Who are the characters?”, “What are their goals?”, “Do they achieve those goals?”, and “What is the overall theme?” People are always able to answer those questions in a way that I intended them to be answered. One viewer called Kierston the “strong character” and another called the overall theme a very “uplifting story about the abilities of these children.” Some viewers cringe to see these children prick their fingers to draw their own blood or jab themselves with needles and then the same viewers realize just how amazingly these kids can learn to deal with such things and move on, unaffected. The

fact that people who aren't even sure of what Type I Diabetes is or entails can be a little bit more educated and possibly more empowered to deal with their own physical issues after watching *Diabetes Camp* makes it a success.

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VITA

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