

Statement of Senator Susan M. Collins

**Type 1 Diabetes Research: Real Progress and Real
Hope for a Cure**

Committee on Homeland Security and Governmental Affairs

June 24, 2009

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I appreciate the opportunity to hold this hearing to examine the devastating impact that juvenile diabetes has had on children and their families. This is the fifth Children's Congress that I have had the honor to chair, and I am particularly grateful to my good friend, the Chairman of the Committee, for turning the gavel over to me this morning.

I also want to welcome our distinguished witnesses, especially the more than 150 delegates to the Children's

Congress who have traveled to Washington from every state in the country and from around the world to tell the Congress what it's like to have diabetes, just how serious it is, and how important it is that we fund the research necessary to find a cure. I also want to give a special welcome to the delegates from Maine – 11-year old Hannah Ryder of Cumberland and 8-year old Cole Buchanan of Falmouth.

As the founder and Co-Chair of the Senate Diabetes Caucus, I have learned a lot about this disease and the difficulties and heartbreak that it causes for so many American families as they await a cure. Diabetes is a life-long condition that affects people of every age, race and nationality. It is the leading cause of kidney failure, blindness in adults and amputations not related to injury.

Moreover, it is estimated that diabetes accounts for more than \$174 billion of our nation's annual health care costs, and that health spending for people with diabetes is almost double what it would be if they did not have the disease.

These statistics are overwhelming. But what really motivated me to devote so much energy to this issue was meeting more and more people - like our delegates today and their families - whose lives have been forever changed by diabetes. That is why it is so important that you have all traveled to Washington today to tell your stories. You put human faces on all of the statistics. You help us to focus on what Congress can do to better understand and ultimately conquer this terrible disease.

Juvenile diabetes is the second most common chronic disease affecting children. Moreover, it is one they never outgrow.

In individuals with Type 1 diabetes, the body's immune system attacks the pancreas and destroys the islet cells that produce insulin. An average child with diabetes will have to take over 50,000 insulin shots in a lifetime. Moreover, these injections must be balanced with regular meals and daily exercise, and blood sugar levels must be closely monitored throughout their lives through frequent testing.

While the discovery of insulin was a landmark breakthrough in the treatment of diabetes, it is not a cure, and people with Type 1 diabetes face the constant threat of developing life-threatening complications, as well as a reduction in their quality of life.

Thankfully, there is good news for people with diabetes. Since I founded the Senate Diabetes Caucus, funding for diabetes research has more than tripled from \$319 million in 1997 to more than a billion dollars last year. As a consequence, we have seen some encouraging breakthroughs in diabetes research, and we are on the threshold of a number of important new discoveries.

Advances in technology, like continuous glucose monitors, are helping patients control their blood glucose levels, which is key to preventing diabetes complications. These advances are also moving us closer to our long-term goal of an artificial pancreas. And drugs originally designed for cancer therapy are showing tremendous potential for treating diabetic eye disease, the leading cause of blindness in working-age adults.

While we are making progress, this is no time to take our foot off the accelerator. We have two choices. We can sit back and continue to pay the bills and endure the suffering, or we can aggressively pursue a national strategy aimed at curing this terrible disease.

The good news is that there is strong support in Congress for increased funding for diabetes research, thanks in no small part to the strong grass-roots support provided by JDRF volunteers. Last year, we were able to pass legislation to extend the Special Diabetes Program for two years through September of 2011. This critical program provides \$150 million a year for juvenile diabetes research, over and above the regular appropriation for diabetes research at the National Institute of Health. It is critical to our efforts to find

better treatments, a means of prevention, and ultimately, a cure for this terrible disease.

I am hopeful that this morning's hearing will help us to generate even more support to extend this important program far into the future.

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