United States Senate
Committee on Homeland Security and Governmental Affairs
Senator Susan M. Collins

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Statement of
Senator Susan M. Collins

"Transforming Lives Through Diabetes Research"
Committee on Homeland Security and Governmental Affairs
June 22, 2011

I appreciate the opportunity to hold this hearing to examine the devastating impact that juvenile diabetes has had on an estimated three million American children and their families. This is the sixth 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 afternoon.

I also want to welcome our distinguished witnesses and 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 Congress what it's like to have diabetes, just how serious it is, and why it is so important that we fund the research necessary to find a cure.

I also want to give a special welcome to the delegate from Maine, 14-year old Caroline Jacobs of Shapleigh. Caroline will be speaking on our second panel this afternoon, and I am looking forward to her testimony.

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 does not discriminate. It 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 one out of three Medicare dollars. Medical costs for a child with type 1 diabetes are six times higher than the costs for a child without the disease, averaging $9,000 a year as compared to $1,500.

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 all have traveled to Washington today to tell your stories. You put a human face on all the statistics. You help us to focus on what Congress can do to better understand and ultimately conquer this terrible disease.

The burden of diabetes is particularly heavy for children with type 1, or juvenile diabetes. Juvenile diabetes is the second most common chronic disease affecting children. Moreover, it is one that 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 carefully balanced with regular meals and daily exercise, and blood sugar levels must be closely monitored throughout their lives through frequent testing.

Of particular concern is the fact that the incidence of type 1 diabetes is increasing, particularly in children under the age of four. While the discovery of insulin was a landmark breakthrough in the treatment of diabetes, it is not a cure. 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 this 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.

We are also moving closer to our goal of an artificial pancreas which would revolutionize diabetes care. The artificial pancreas is an external device that people with type 1 diabetes can use to do what their bodies cannot – automatically control both high and low blood sugar levels around the clock. It would link two existing technologies -- the insulin pump and the continuous glucose monitor – with sophisticated computer software to provide just the right amount of insulin at just the right time.

This new technology has the potential to dramatically improve the health and quality of life for individuals with diabetes. The Food and Drug Administration has so far played a pivotal role in moving research forward by approving clinical trials in hospital settings and making the artificial pancreas one of its Critical Path initiatives. I look forward to hearing more about what the agency is doing to advance this promising new technology.

While we are making progress in the battle against diabetes, 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 diabetes research funding, 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 additional years through September of 2013. This critical program provides $150 million a year for juvenile diabetes research, over and above the regular appropriation for diabetes research at the National Institutes of Health.

The Special Diabetes Program represents more than a third of our federal commitment to diabetes research. As such, 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 afternoon's hearing will help us to generate even more support to extend this important program far into the future.