

OPENING STATEMENT

**OPENING STATEMENT OF
SENATOR SUSAN M. COLLINS
RANKING REPUBLICAN
PERMANENT SUBCOMMITTEE ON
INVESTIGATIONS
*DIABETES: IS SUFFICIENT FUNDING BEING
ALLOCATED TO FIGHT THIS DISEASE?***

June 26, 2001

MR. CHAIRMAN, I am honored to serve as one of the Co-Chairs of JDRF's 2001 Children's Congress and thank you for holding this hearing to examine the devastating impact that juvenile diabetes and its resulting complications have had on American children and their families. The work that I have done in the Senate on behalf of the sixteen million Americans with diabetes has been truly rewarding, and it has been a privilege to work in partnership with the Juvenile Diabetes Research Foundation whose commitment to finding a cure for this devastating disease and its complications is truly inspiring.

I also want to welcome our distinguished witnesses, and in particular I want to thank the 200 delegates to the Children's Congress who have traveled to Washington from every state in the country to tell 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 particularly want to welcome the two delegates from Maine – 11-year old Kate Farrell of Limestone and 13-year old Andy Webber of Steep Falls. Andy will be testifying on our third panel this morning, and I am looking forward to his testimony.

As the founder and Co-Chair of the Senate Diabetes Caucus, I have learned a great deal about this serious disease and the difficulties and heartbreak that it causes for so many Americans and their families as they await a cure. Diabetes is a devastating, 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, diabetes costs the nation more than \$105 billion a year in health-related expenditures. More than one out of every ten health care dollars and about one out of four

Medicare dollars are spent on people with diabetes.

The burden of diabetes is particularly heavy for children and young adults with type I or juvenile diabetes. Juvenile diabetes is the second most common chronic disease affecting children. Moreover, it is one that they never outgrow.

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

Thankfully, there is good news for people with diabetes. We were all encouraged by the news last year that twelve individuals from Canada appear to have been cured of their diabetes through an experimental treatment involving the transplantation of islet cells, and I believe that it is becoming increasingly clear that diabetes is a disease that can be cured, and will be cured in the near future, if sufficient funding is made available.

There simply is no investment that promises greater returns for America than its investment in biomedical research. I have been a leader of the Senate efforts to double our investment in biomedical research over the next five years so that we can accelerate our efforts to find better treatments, a means of prevention, and eventually a cure for devastating diseases like diabetes.

We are making progress. Our efforts have resulted in an increase in NIH's budget from \$13.6 billion to \$20.4 billion over the past three years. Last year I worked closely with JDRF to extend and increase funding for two special diabetes research programs created by the Balanced Budget Act of 1997, one focused on juvenile diabetes and the other focused on Native Americans. Our efforts were successful, and the Medicare, Medicaid, and S-CHIP Benefits Improvement and Protection Act extended the funding for these two programs for one year – through 2003 – and increased the funding for each program from \$30 million a year to \$100 million a year.

Diabetes research has been underfunded in the past. These funding increases will provide the NIH with the resources to make up for some of the past funding shortfalls and ensure that more of the scientific opportunities in diabetes research are funded. Our efforts have increased funding for diabetes research at the NIH from \$319 million in 1997 to over \$690 million this year – more than double. I am therefore particularly looking forward to hearing from Dr. Spiegel of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) about recent breakthroughs in juvenile diabetes research and how these funds are being used to advance the NIH's strategic plan to find a cure.

Again, thank you Mr. Chairman, and I look forward to the testimony from all of our witnesses this morning.

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