Testimony
By
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On Behalf of
Juvenile Diabetes Research Foundation International
Regarding Federal Support of Juvenile Diabetes Research
Before the

Senate Permanent Subcommittee on Investigations

Thank you Chairman Levin and Members of the Subcommittee for the opportunity to speak to you today. In my professional life I am President of Lovell Communications, a business devoted to disseminating information about the United States Space Program, but you probably know me as a former member of the space program and the commander of the Apollo 13 mission. What you may not know is that I am also the father of a grown son, Jeff, with juvenile diabetes.

When my son called at the age of 26 to tell me that he had been diagnosed with juvenile diabetes, he began by saying, "Houston, we have a problem." At the time I found it ironic that he would draw a parallel between my career at NASA, especially the Apollo 13 mission, and his diagnosis with diabetes.

My training at NASA gave me confidence in my ability to overcome any obstacles that stood before my goals. When an explosion depleted our oxygen supply on the Apollo 13 mission, forcing us to abort our voyage to the moon and improvise a plan to get home, I never doubted that we would be successful, despite the seeming impossibility of our task.

With the combined ingenuity, teamwork and commitment of my crew and the team at Mission Control, we were able to successfully convert our lunar module into an effective lifeboat, which allowed us to conserve enough electrical power and water to get us safely home.

But when my son was diagnosed with juvenile diabetes, the skills that I had developed at NASA suddenly seemed meaningless. I felt that I had nothing to fight this disease that was threatening my son's life. I was well aware that insulin was not a cure for diabetes and that even if my son did everything in his power to maintain tight control of his blood glucose levels, he could still be faced with the devastating complications of this disease.

However, after joining the Juvenile Diabetes Research Foundation, I became convinced that we do have the ability to find a cure for diabetes and that the skills that I developed at NASA, such as teamwork, ingenuity and commitment, will help us achieve this goal.

The mission of the Juvenile Diabetes Research Foundation is constant: to find a cure for diabetes and its complications through the support of research. With the help of the Federal government, private individuals willing to give their time and resources to the cause, and researchers around the world who dedicate their careers to juvenile diabetes research, we can bring about a cure in our lifetime.

I now serve as a member of JDRF's International Board of Directors and am pleased to report that this year JDRF will spend over $150 million on juvenile diabetes research—an increase of $30 million from the year 2000 and up $95 million from 1999.

However, I am well aware that JDRF's budget from private donations cannot compare to the vast resources of the Federal government.

I am aware of the recent increase in juvenile diabetes research funding and the initiative to double the budget of the NIH and I thank you for your commitment to this effort. However, we must continue to increase funding for juvenile diabetes research in order to capitalize on the opportunities that have recently been presented by the breakthrough trials in Edmonton, Canada that Mary mentioned.

The justification for increases in diabetes research has been provided by the report of the congressionally mandated Diabetes Research Working Group, which was released in 1999. This report, drafted by a national panel of diabetes

research experts, puts forward an accelerated and expanded diabetes research program at the NIH.

The DRWG report identifies numerous major opportunities not being pursued because of lack of funds and focus. They include potential high impact initiatives in: the genetics of diabetes; the biology of the beta cell; the treatment of diabetes related eye-disease, kidney disease, nerve disease, and heart disease; and the development of a vaccine for prevention of Type 1 diabetes. All of these initiatives were identified as high priorities, by the DRWG and are of particular importance to children with Type 1 diabetes.

The panel recommended an FY 2000 appropriation of $827 million for diabetes research, a fiscal year 2001 appropriation of $1.07 billion and a fiscal year 2002 appropriation of $1.3 billion. Despite the recent increases in medical research funding and juvenile diabetes research funding, diabetes research at the National Institutes of Health only came to $690 million in fiscal year 2001, $384 million short of the recommended funding level.

It is evident just by looking at the children here today that the personal impact of juvenile diabetes is devastating. The economic impact of this disease on our country is just as staggering. Diabetes accounts for more than $105 billion of health-care costs annually in the U.S. and approximately 25 percent of all Medicare expenditures. The numbers speak for themselves—diabetes research is a worthwhile investment.

Mr. Chairman, I know that our great nation can solve any problem if it puts its mind to it. I ask you to promise to remember these children by supporting a cure through diabetes research. Look at the children before you. I think you will agree that failure is not an option.

Thank you.