



United States Senate

Committee on Homeland Security and Governmental Affairs

Senator Susan M. Collins

Opening Statement

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**Ranking Member, Committee on Homeland Security and
Governmental Affairs**

JDRF and the Federal Government: A Public-Private Partnership Accelerating the Timeline to a Cure

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As one of the Co-Chairs of JDRF's 2007 Children's Congress, I am pleased to hold this hearing to examine the devastating impact that juvenile diabetes has had on American children and their families. This is the fourth 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, Senator Lieberman, for enabling me to maintain my "winning streak" by 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. This year, for the first time, we have international delegates from the United Kingdom, Canada, Denmark, Australia, Israel and Greece. I also want to give a special welcome to the delegate from Maine – 13-year old Caitlin Crawford of Yarmouth who will be testifying this morning.

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 \$132 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 diabetes.

These statistics are truly 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 will help us to focus on what Congress can do to help us better understand and ultimately conquer this terrible disease.

The burden of diabetes is particularly heavy for children and young adults 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 juvenile 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, those 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 juvenile 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.

For example, a new drug has been shown in clinical trials to stabilize or reverse the progression of Type 1 diabetes, demonstrating for the first time that the clinical course of the disease can be altered. Advances in technology, like continuous glucose sensors, are helping patients control their blood glucose levels, which is key to preventing diabetes complications. These advances are also moving us closer to our longer-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.

In August of 2006, the National Institutes of Health released a report titled “Advances and Emerging Opportunities in Type 1 Diabetes Research: A Strategic Plan.” The report was the product of an intensive, year-long effort involving leading diabetes researchers, advocates and patients. It identified specific, strategic research goals that, if aggressively pursued, could propel Type 1 diabetes research closer to a cure.

The Juvenile Diabetes Research Foundation has brought together leading diabetes researchers and economists to estimate just how much it will cost to fully fund the research opportunities identified in this report. They estimate that it will cost approximately \$557 million in 2009 rising to about \$1.2 billion in 2013. Total funding for Type 1 research at the NIH this year is just \$433 million – \$238 million from regular appropriations and \$150 million from the Special Diabetes Program – so clearly we have our work cut out for us.

The good news is that there is strong support in the Congress for increased funding for diabetes research. Last month, sixty-four Senators joined me in sending a letter to the Senate Leadership urging increased funding for Type 1 diabetes to accelerate our race to a cure. I am hopeful that this morning’s hearing will help us to build on that support by highlighting the need for increased research funding to find better treatments, a means of prevention, and ultimately a cure for this terrible disease.