



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

For Immediate Release

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Opening Statement
Senator Susan M. Collins
Chairman, Committee on Homeland Security and Governmental Affairs
“Juvenile Diabetes: Examining the Personal Toll on Families, Financial Costs to the Health System,
and Research Progress Toward a Cure”
June 21, 2005

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As one of the Co-Chairs of JDRF’s 2005 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. In addition to hearing about the personal toll that this disease imposes, we will also look at the tremendous economic costs of caring for people with diabetes. And finally, we will discuss the promising breakthroughs in juvenile diabetes research that hold such hope for better treatments and, ultimately, a cure.

This is the third Children’s Congress hearing that I have had the honor to chair. It has been a privilege to work with the Juvenile Diabetes Research Foundation whose commitment to finding a cure for this serious disease is inspiring.

I also want to welcome our distinguished witnesses, especially the 150 delegates to the Children’s Congress who have traveled to Washington from every state in the country 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 particularly want to welcome the delegate from Maine – 11-year old Stephanie Rothweiller of Falmouth. Steffi will be testifying on our second panel this morning, and I am looking forward to her testimony.

As the founder and Co-Chair of the Senate Diabetes Caucus, I have learned 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 Type 1 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 people with diabetes, it is not a cure, and people with juvenile diabetes face the constant threat of developing life-threatening complications, as well as a drastic 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 at the National Institutes for Health has more than tripled from \$319 billion 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.

But now is not the time to take our foot off the accelerator. We must maintain our commitment to increasing funding for diabetes research so that we can take full advantage of these opportunities.

I am particularly excited about the promise that embryonic stem cell research holds for a cure for juvenile diabetes. Early research has shown that stem cells have the potential to develop into insulin-producing cells to replace those that have been destroyed in people with Type 1 diabetes. We simply cannot ignore the potential that this research holds for the young people who are with us today.

A major focus of the 2003 Children's Congress was the Pancreatic Islet Cell Transplantation Act, which I introduced to advance this important research that holds the promise of a cure for the more than one and a half million Americans with juvenile diabetes. Thanks to the lobbying efforts of JDRF children and families, 52 Senators cosponsored the bill. As a further testament to your powers of persuasion, the legislation was passed unanimously by both the House and the Senate and signed into law by the President late last year. So I look forward to hearing from our witnesses this morning about what more Congress can do to move us closer to finding a cure for juvenile diabetes.

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