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Testimony of

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Mr. Chairman and members of the Committee, thank you for the invitation today to discuss how government, private industry and non-governmental agencies can form innovative partnerships to address the epidemic of uncontrolled diabetes in America. This raging epidemic is simply too great a challenge for any but a collective effort.

I know this Subcommittee has little ability to change the fiscal reality that you must produce an appropriations bill that, for a second consecutive year, must reduce spending under your jurisdiction by multiple billions of dollars. This fiscal reality does not change the fact that one out of every three people with diabetes will suffer a heart attack by age 40, every day 144 Americans with diabetes will go blind, every hour three people with diabetes will undergo an amputation, and every minute 20 people with diabetes undergo kidney dialysis. The sad fact is most of these and other complications of diabetes are preventable through known interventions. But, not everyone living with diabetes is aware of some of the simple things they can do to monitor their disease and prevent some of these terrible consequences.

My entire career has been dedicated to improving the care of people with diabetes, through research into the causes of diabetes complications, and how to improve diabetes care. I have been President of the American Diabetes Association, a member of the Coalition I represent today, and the founding Chairman of the private-public partnership of the National Diabetes Education Program (NDEP), which was funded by the National Institutes of Health and the Centers for Disease Control and Prevention (CDC) to improve the care of Americans with diabetes. I am also the Medical Advisor to the Diabetes Care Coalition (DCC) on whose behalf I am speaking today.

As Dr. Gerberding told this Subcommittee earlier this month, “where we invest, we can make a difference”. I am here today to tell you that the DCC is committing significant private sector resources to mount a critical public awareness campaign aimed at improving the health of individuals with diabetes. We are initiating discussions with experts at the CDC, and are excited about the potential opportunity to develop an innovative partnership with this world-renown agency to leverage scarce federal resources, and combine our efforts with theirs, to immediately begin to reduce the burden of this rapidly growing disease.

In this difficult fiscal environment where we are seeing the CDC budget cut this year by hundreds of millions of dollars, and the President’s proposal to cut it again by almost \$200 million next year, we believe it is imperative to encourage creative solutions to reach the millions of Americans living with diabetes with information that can ultimately prevent heart attacks, strokes, blindness, amputations, and other complications of this disease. The DCC represents what is truly a creative solution to combat the problem of uncontrolled diabetes.

The DCC was born out of a recognition by its various participants that Americans with diabetes lack a basic understanding of how best to control their disease to reduce their risk of complications like heart attacks and strokes. The DCC's pilot "Know Your A1C" campaign represents a novel approach to empower people with diabetes to take personal responsibility by working with their diabetes healthcare team to manage the disease.

Personally, I am concerned that the federal government's commitment to battling the epidemic of uncontrolled diabetes is under-funded and potentially losing ground. Since 2003, the CDC estimates that the prevalence of diabetes in America increased 14%. Over 20.8 million adult Americans live with diabetes today compared to 18.2 million in 2003. While I recognize the limitations on the federal budget and the tough choices that have to be made in this Committee every day, now is not the time to approve declining budgets for our federal programs that aim to prevent and manage diabetes.

I do not want to overwhelm you with facts and figures, but it is clear from even a brief review that diabetes is about to overwhelm America's medical system. By providing you with perspective related to the reach of diabetes, I trust you will appreciate the need to invest in battling uncontrolled diabetes before its impact devastates our health system. The place our nation needs to make this investment is here in your appropriations bill, in the CDC.

Diabetes strikes across age groups, economic status, and ethnicity. Projections for the future are even more ominous. The Yale Schools of Public Health and Medicine project the population of Americans living with diabetes will increase two and a half times by 2025. Supporting this projection, the CDC estimates that 33% of all children and nearly one half of minority children born in the year 2000 will develop diabetes by 2050.

The economic cost of diabetes is enormous. In 2002, the total economic impact of diabetes was \$132 billion. Put another way, 1 out of every 10 health care dollars spent in the U.S. is spent on diabetes care and its complications. CMS estimates that 32% of the Medicare budget goes towards caring for Americans with diabetes – an amazing one-third of the entire Medicare program that is struggling with long-term solvency issues far more critical and a near-term fiscal crisis than Social Security solvency.

The human costs of uncontrolled diabetes are more shocking:

- 2 out of 3 people with diabetes in America will die of a heart attack or stroke.
- Diabetes is the leading cause of blindness, causing 12,000 to 24,000 new cases each year.
- Diabetes is the leading cause of kidney failure, accounting for 43% of new cases in 2002.

- More than 60% of non-traumatic lower-limb amputations occur in people with diabetes.

Unfortunately, most diabetes patients are not controlling the risk factors that can keep them healthy. A1C is a compelling example of this trend. A1C is the single most important measure of glucose control over time and a proven risk factor for all major diabetes complications. A1C is a test that shows glucose control over the previous three months; sort of a diabetes batting average except that lower is better.

Diabetes patients should know their A1C number and work to keep it in check—similar to blood pressure or cholesterol levels. The test is paid for by managed care, Medicare, and most private insurance plans; there are few financial barriers to being in the know.

However, a recent study by the New York State Department of Health found that 89% of patients with diabetes did not know their A1C. Worse, even among those who knew their A1C, 80% had A1C's above the value deemed acceptable by all diabetes organizations. Nationally, the CDC estimates that 65% of all diabetes patients are out of control, defined by the CDC as “an A1C level above 7.”

I urge this Committee to consider, based on the dire state of diabetes in America, whether we can or should continue to overlook the basic diabetes care needs of Americans. The answer to me seems obvious; we must embark on an aggressive campaign to encourage Americans to manage diabetes to control its staggering human and financial costs that encompass all sectors of the American community.

The DCC works to bridge the diabetes management knowledge gap by educating diabetes patients and their healthcare teams on ways to battle uncontrolled diabetes primarily through A1C awareness and management. Through public education in its initial test markets, the DCC aims to help diabetes patients take control of their disease and live longer, healthier lives—without the specter of heart attack, stroke, amputation, or kidney failure.

The American Diabetes Association and the Juvenile Diabetes Research Foundation International are jointly leading the DCC's “Know Your A1C” campaign to battle uncontrolled diabetes in America. Providing financial support to this novel non-branded, public-private partnership are six of the world's leading pharmaceutical and medical device companies: Abbott Diabetes Care Inc., Becton, Dickinson and Company, LifeScan, Inc., Novo Nordisk Inc., Roche Diagnostics Corporation, and sanofi-aventis U.S. Inc.

The “Know Your A1C” campaign is different from other public service campaigns. It encourages Americans and their families to control diabetes by focusing primarily on the message that patients need to know and to manage their A1C.

Prior to launching its campaign, the DCC conducted research to determine the most effective way to encourage patients to manage diabetes and the findings supported a sole focus on A1C control.

The campaign utilizes television, radio and print placements to reach families affected by diabetes in the pilot markets. While these placements consist of paid advertising today, beginning in late 2006, most of the effort will rely on public service announcements generated under an agreement with the Ad Council.

The effort is enhanced by the sales teams of the corporate supporters who distribute unbranded educational materials into medical offices, clinical laboratories, pharmacies, diabetes educators' offices and any other location likely to be frequented by a person with diabetes in the pilot markets. The campaign also provides an order fulfillment system via 800 number allowing people to request basic materials associated with the campaign, a website and direct mail to healthcare professionals to ensure campaign materials have the broadest reach possible in the test markets.

In 2006, the DCC will expand upon its 2005 "Know Your A1C" pilot program in Atlanta and Tampa. This year, the campaign will reach the television and radio markets of Atlanta, GA, Lexington, KY, Little Rock, AR and Memphis, TN.

The DCC is expanding its focused campaign simply because it is proven to work. Consider some of these compelling highlights of the campaign's achievements in 2005 in Atlanta and Tampa.

- An improvement in the number of patients with diabetes who report obtaining an A1C test in the past three months from a low of 25% prior to campaign launch to an average of 52% during the campaign.
- An increase in patient with diabetes understanding of A1C awareness from a low of 38% among people with diabetes prior to the launch of the campaign to an average of 54% by the end of the campaign; and
- An increase in patient with diabetes understanding of what the A1C test measures from a low of 17% prior to the campaign to an average of 41% during the campaign.

Based upon these results, the Ad Council will join the DCC to refine the "Know Your A1C" campaign and transform it from a regional effort into a national public service campaign. This campaign is expected to launch in late 2006. Plus, the campaign hopes to reach English and Spanish speaking populations. I hope you share in my enthusiasm for this program as it could potentially transform America's ambivalence towards the uncontrolled diabetes epidemic into a national call to action.

We would like to build on the current NIH and CDC patient awareness campaigns and will soon talk to CDC about the best ways to work with it to

improve patient awareness of A1C levels. This may include CDC support for needed patient and healthcare provider components that inform Americans with diabetes how they can and should manage the disease not presently part of the campaign. Components the DCC would like to incorporate in the campaign include more aggressive healthcare provider education tools, documents informing families how to help manage a family member's diabetes, information detailing steps patients can take for A1C control, components that speak more directly to multi-cultural audiences and a more robust order fulfillment program.

While the Diabetes Care Coalition will provide an expanded national "Know Your A1C" campaign in late 2006 and the personnel necessary to distribute the materials associated with the campaign, a partnership with the federal government will enable us to expand and enhance our campaign. A public-private partnership will give us the expertise and funding needed to take the battle to all Americans and their healthcare teams to eliminate uncontrolled diabetes. This makes economic and humanitarian sense.

Today, the DCC joins the American Diabetes Association in requesting an increase in the CDC diabetes prevention and control program by \$20.8 million in fiscal year 2007. Given the scope and reach of diabetes, we believe this is a modest request even in this budget climate.

We also encourage this Committee to urge the CDC to dedicate new and existing resources for its diabetes control program to battling uncontrolled diabetes. To best serve the American people, CDC must equally address both aspects of controlling this disease – primary prevention activities to stop new cases of diabetes, as well as secondary prevention activities to improve the health of the 20.8 million people living with diabetes.

Members of the Committee, the time to battle the epidemic of uncontrolled diabetes is now. If we miss this opportunity, America will lose substantial ground and run the risk of never getting the diabetes epidemic under control.

Unfortunately, the 20.8 million Americans living with diabetes today represent "the low water mark" in the reach and scope of the disease. It is time to realize that diabetes is here to stay in America and to act in a way that accepts this truth. Please help empower Americans living with diabetes, and the growing numbers who will live with it tomorrow, to "Know Your A1C" by providing the CDC with the resources needed to battle the epidemic of uncontrolled diabetes.

Thank you for your time and consideration.