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Remarks by First Lady Hillary Rodham Clinton
Juvenile Diabetes Foundation
Washington, D.C.

MRS. CLINTON: Thank you very much Erskine. Thank you for your commitment, and your caring, and your concern and for that much too kind introduction, which I assume is in part to make up for a comment you made when the Wellesley Class of 1969, which happens to be my class and Crandall's class, were at the White House for a kind of mini-reunion. And Erskine, who has given up much for his service to our country and his assistance to the President, has certainly given up the time that he loves and cherishes with his family. And he was so excited about Crandall coming up to Washington that he was standing there with the President and me, and he said, "I just can't wait to see Crandall. I can't wait to see her. I can't wait to have her with all of her classmates. She's the blondest, smartest, most successful member of the Class of 1969." And all I could do is say, "Amen. You are 100 percent right about that."

So for me to be here is not only a great honor because of the work that all of you do that is so important, but it's such a personal pleasure to be here with Erskine. And Dr. Lieber, thank you for your leadership, and for sharing the good news with us about Emily Anne. I want to thank Ken Farber for his leadership and very impressive work on behalf of this organization and a cause for which you are committed, and John Pruitt, whom I have met before, as he reminded me earlier.

And to all of you who are here to both celebrate the accomplishments of JDF, but more importantly, to re-commit yourselves, based on your own personal experiences, on stories like the ones we have already seen and heard, but mostly because you know what the kind of concerted effort you've engaged in has already meant, and how close we are to pursuing what you know is so critical to the lives of diabetics and all of those people who were are attempting to help, namely this new campaign on behalf of a cure.

Some of what I want to say tonight has already been said more eloquently by people who have come to this podium before and have

been in the video, because they are speaking from the perspective of experience -- hard, difficult, painful experience, but experience which imbues their words with such conviction and passion. But I want to, as someone who does not have that experience, but who has, over the past years, and particularly, in the last few years, since my husband became President, seen all too often, the suffering and anguish of children and families who are confronted with and coping with diabetes. I know toll from having a diabetic child. I have close friends, such as Erskine and others.

But I also know the kind of uncertainty that infects families when they don't know what will happen next to those they love the most. And it is that uncertainty as much as anything else which you are combatting with your commitment, because if there is hope in the face of the uncertainty, and as we already heard, from the families and from the people who spoke on behalf of themselves, there is much that can be born.

We cannot, however, confront this disease the way it needs to be unless we are committed to further research. We know that research into diabetes is not only an important investment for all of you with direct experience, it is an important investment for our entire country. You understand the economic costs, as well as the personal ones that this disease increases every year. You know that if we do not commit ourselves to finding a cure through research that the costs will only continue to mount.

I come here tonight, not only to thank you and urge you on, but to ask you -- please let your voices be heard on behalf of medical research. Please continue to stress the importance of the public/private partnership that you have pioneered. With your aid, the federal government has invested over three billion dollars in diabetes research in the last twenty years. These funds have allowed the National Institutes of Health to conduct comprehensive studies of diabetes management, leading to the discovery that intensive management of blood glucose levels significantly reduces the rates of eye, kidney and nerve complications. And just this past Fall, the NIH launched the National Diabetes Outreach Program, which includes that famous 800 number -- 1-800-GETLEVL that will reach so many Americans with the information they need about diabetes when they need it about diabetes when they need it.

The management of the illness is obviously not our ultimate goal, but it is a very important part of raising public awareness, as well as assisting people who are struggling without the kind of information and access that many of us in this room take for granted. It is heartbreaking to go through hospitals, as I have done, and to go particularly into rehab wards and meet people who have had amputations and other kinds of interventions, because they did not know how to manage their disease, because

they did not have health insurance to get regular check-ups, and didn't even know they had the disease. He did not know the most basic rudimentary facts of what they were attempting to cope with.

So the management part of this, which is very important, is something that I know your public outreach efforts have made a big impact on, but certainly the most important goal that you are committed to is trying to prevent the disease in the first place, and NIH is currently conducting the largest prevention clinical trial in the history of juvenile diabetes by working with laboratories across the country to screen relatives of diabetics so we can learn how to prevent or delay the onset of this disease. But even here, we face a wrenching problem. The more we know about identifying any disease, such as diabetes, by perhaps using genetic research or other ways of determining markers for the disease, the more we encounter the "catch-22" of our health insurance system.

I've recently had the experience of visiting with researchers about breast cancer and the excitement about the breakthrough that they have made with respect to the genetic markers is tempered by what they are encountering as they attempt to bring in women who are related to people with the disease to begin to test to determine whether they too carry the genes. Many women are saying, "I cannot afford to have such a test. If it is found I carry the marker, I lose my health insurance, or I'm only able to obtain it with an exclusion as to breast cancer."

As we continue our research into diabetes, as the NIH goes forward with its clinical study, how terribly ironic and tragic it will be if families are afraid to learn the truth that could lead to they're being able to either prevent the disease or certainly ameliorate its impact, because to learn the truth causes them to lose their insurance. We also know that researchers are looking for ways to administer insulin through nasal sprays or pills, and developing devices to read blood-glucose levels without having to prick the finger.

None of these successes and none of the ones that are on the horizon would have been possible without this foundation. We now know that if we stick with something, as you have for more than 25 years, we can see results. You have stuck with your fundamental belief that there was an important role for a private foundation, leveraging funds working with both the public and the private sector. You have belief that government serves a purpose. Your partnership with the National Institutes of Health and the Centers for Disease Control is proof of what can happen when people get together to reach a goal.

We now are facing difficult budget decisions, which all of you are aware of. We are particularly concerned about the possible

cuts in medical research, the cuts at NIH, the cuts at CDC that are being proposed. It is not only dangerous to cut at this point in time the kind of research that has already advanced, it is very counter-productive. It is not cost-effective. We need to invest in medical research, because not to do so is turning our backs not only on cures, but on saving money, and being able to better allocate the scarce dollars that too many people have to use.

If we are serious about research, then we have to be serious about keeping our country on the cutting edge of scientific inquiry. Many who are advocating cuts do not appreciate both the economic and social consequences that will flow from such cutbacks. If we cut NIH, we cut at a point when there are many diseases, like diabetes, that are being rapidly understood, and where cures are possible to talk about. It is not just diabetes. There are a number of diseases, and there are people in this audience who are associated with NIH and with our pharmaceutical companies who know better than I how close we are on so many fronts. If we cut money for CDC, we begin to hamper our capacity to deal with other health problems on the horizon, the Ebola Virus outbreak, for example. We at the CDC in this country have to continue to play a leadership role. And yet, we are seeing the kind of cuts that would severely undermine the CDC, but a withdrawal from the support of international organizations that likewise perform health, research and public health functions that are very important to our country.

While we do not know what will happen with this ongoing budget debate, the President has been committed and remains committed to increasing funding for the NIH and CDC. There are many ways to cut the budget. There are right ways and wrong ways. And the kinds of investments we should be protecting and increasing are the ones that can make a difference in the long-term for the quality of our life.

I hope that as this debate continues, those of you in positions of leadership, not only in the Foundation, but in the private sector will make your voices heard. I think there is a great opportunity to help educate the American public about where we stand with respect to disease research and the obtaining of cures. And diabetes, as has already been pointed out, is a disease that probably affects every American family directly or indirectly. It is a disease people know about. They see Mary Tyler Moore, who has been so courageous in leading the public awareness campaign. This is a disease that can be understandable to people, and which we can use as a fine example of what research has already done and what it has yet to do if we remain committed to investing the money needed in medical research.

I'm told that the campaign you are waging will be an enormous success. I anticipate that it will be based on the leadership that

you have, but I hope at the end of your campaign, you still have a strong partner in the federal government and its research capacity. Because together we not only can find a cure, but we can do what needs to be done to make sure every child has the hope of growing up healthy and strong, despite diabetes, and that we also can prevent any other child from having the disease.

Thank you for what you're doing, and God speed as you go forward.

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