

## TESTIMONY

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**The mission of The Endocrine Society** is excellence in hormone research and care of patients with endocrine disease. To achieve this mission, the Society will continue to be the prime advocate and integrative force for clinicians and investigators, and will maintain a leadership role in providing endocrine education and information to the diverse professional endocrine community, the broader medical community, policy-makers, patients, and the public.

Statement of E. Chester Ridgway, M.D.

Before the House Appropriations Subcommittee on  
Labor, Health and Human Services, and Education

April 27, 2004

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Mr. Chairman and members of the subcommittee, I would like to thank you for the opportunity to testify today before your committee. I am the Fredric C. Hamilton Professor of Medicine at the University of Colorado Health Science Center. In my professional career I see patients with Endocrine Disorders like thyroid disease, pituitary disease, diabetes, and obesity. I also do both clinical and basic science research in Endocrinology. I am here today as the current President of The Endocrine Society. The Endocrine Society is the world's largest and most active professional organization of endocrinologists representing over 12,000 members worldwide. Our organization is dedicated to promoting excellence in research, education and clinical practice in the field of endocrinology.

The Centers for Disease Control recently announced that obesity is now the number two preventable cause of death among Americans, trailing only tobacco use. More than 64 percent of Americans are overweight or obese. Most alarming is that childhood obesity has tripled since 1970. In addition, there is now clear and compelling evidence that racial and ethnic minorities, as well as those with lower socioeconomic status are disproportionately affected by obesity and related ailments such as diabetes.

Everyday we are bombarded by news accounts and newly released statistics that show obesity is becoming the number one health concern in the nation. We must now ask ourselves what role the government has in helping to stem the tide of obesity. The National Institutes of Health (NIH) asked itself this very same question in April 2003, when NIH Director, Dr. Elias Zerhouni, created the NIH Obesity Research Task Force. The goal of the task force was to examine obesity as a public health concern and determine its relevance to NIH's mission. The task force released its draft Strategic Plan for Obesity Research in February of this year. In summary, the plan calls for NIH to undertake research that explores preventing and treating obesity through lifestyle modification; pharmacologic and surgical approaches and research that further examines the link between obesity and its associated health conditions.

After reviewing the draft plan I have faith in both the task force members and NIH leadership and believe they are on the right track to identifying the government's role in combating obesity. However, I am left asking the question: How will NIH fund these, and other, vital objectives with recent annual budget appropriations far below historical increases.

As this committee is aware, Congress made a strong commitment to NIH from 1998-2003 and sent a message that biomedical research was important to our country's future. Those at NIH and those who depend on NIH for research funding received this message loud and clear and responded in kind. There are multiple examples of real scientific breakthroughs and benefit to the people of the United States from NIH sponsored research in obesity related research. I will only mention two examples. First, the discovery of the hormone Leptin by Jeff Friedman at the Rockefeller Institute opened a whole new dimension to the field of Obesity. Leptin is a substance produced by our fat cells that travels in the bloodstream to the brain where it is one of the controls on appetite. This terrific discovery established the principal that fat cells can communicate with the brain and influence metabolic processes. Since this discovery there have been many more NIH sponsored discoveries

demonstrating that other organs like the pancreas, the GI tract, in addition to fat cells, can produce substances that control appetite and metabolism. We are right at the threshold of understanding how our bodies control weight and how we might use this knowledge to cure obesity. As you may know there are currently only two FDA approved drugs for the long term treatment of obesity. Neither is fully effective. We, as doctors, and the American population, as patients, need better medications based on the knowledge we will gain from NIH sponsored research.

Second, one of the most devastating complications of Obesity is the development of Type 2 Diabetes Mellitus and the Metabolic Syndrome. The NIH sponsored Diabetes Prevention Program firmly established that a 7-8% drop in body weight can decrease the burden of Type 2 Diabetes Mellitus by more than 50%. One is left to wonder what would happen to the prevalence of Type 2 Diabetes if obese patients could be dropped all the way to ideal body weight. Not only do these breakthroughs save lives but they save taxpayer dollars as well.

As obesity looms on the horizon as our next great public health concern we need to provide NIH with the resources it needs to carry out, not only the objectives identified in its Obesity Research Strategic Plan, but other ongoing NIH projects and initiatives. To support these goals Congress must appropriate NIH with an 8-10 percent budget increase so that we can maintain the progress we have made in recent years. Congress has funded NIH at an average eight percent annual growth rate over the last 30 years – now is not the time to reduce that commitment.

The current Administration request of a 2.6 percent increase for NIH would translate into 640 fewer grants than in FY2004 after funding 258 fewer grants in 2004 than in 2003. In addition, NIH will be forced to reduce the cost of ongoing projects to only a 1.3 percent cost of living increase. According to the Biomedical Research & Development Index, the inflation rate for biomedical research for recent years has been 3.5 percent. In effect not only will a 2.6 percent increase nullify project growth, it will reduce funding to existing projects as well.

I am well aware of the budget constraints that this committee and Congress are under, but I ask that you consider appropriations to NIH as an investment in our nation's health and not as an expenditure. The Centers for Disease Control estimates that U.S. obesity-attributed medical expenditures reached \$75 billion in 2003 and that taxpayers financed about half of these costs through Medicare and Medicaid. Conversely, a recently released report by Advanced Medical Technology Association suggests that, in the past 20 years, each dollar spent on health care services has produced health gains valued at \$2.40 to \$3.00—that's a 300 percent return on your investment. In addition, based on a study of claims data for Medicare patients with Type 2 Diabetes, every additional dollar spent on the overall treatment of this condition has produced health gains valued at \$1.49.

Mr. Chairman and members of the subcommittee, doubling of the NIH Budget between 1998 and 2003 was a noble effort. Completely sequencing the human genome was a marvelous downstream benefit. It is like our robotic space probes on Mars; it is but a beginning. All the downstream exploration and translation of the new knowledge is ahead of us. The promise and hope for alleviating the serious health burdens of our citizens, as illustrated by the problem of Obesity, is also ahead of us in our future. Thank you for inviting me to testify today and thank you for your past and future support for medical research.