

Mr Chairman, and members of the committee, I appreciate the opportunity to address you and to offer my perspective on HB 345 before your committee.

I have been in medical practice for the past 40 years and since my retirement from private practice I am seeing patients at Reachout Montgomery County, one of 100 free clinics in Ohio. From the first day I started my practice of Endocrinology and Internal Medicine, I believed that within 10 years we would have a cure for diabetes, a disease that affects 30 million Americans (9% of the US population)<sup>1</sup> of which approximately 10% have Type 1 or what we previously called Insulin Dependent Diabetes, usually of childhood and adolescent onset. When I started practice, that number was 16 million.

I knew that the young attorney who had just passed his bar exam but in danger of losing his eyesight due to retinopathy, or the 32 year old mother of two whose coronary arteries were already corroded as a result of diabetes onset under the age of 5 years and whose life we struggled to save unsuccessfully in the coronary care unit, or the adolescent going through typical adolescent adjustment but unlike most his age, struggling with repeated bouts of life threatening diabetic ketoacidosis would have a new lease on life, to grow up, become productive citizens, get married and have children and grandchildren as we all dream. I also think of the 25 year old young lady, just a little younger than me as an intern, who was suffering the end stages of acute myelogenous leukemia, but who was accepting death with great grace and prayer as I spent the night trying everything to save her even as we met the dawn together. She died with a smile as she went to meet God.

Over these 40 years I have come to realize that although those in the medical industrial complex do want to cure disease and banish illness, there are only incentives to continue to more effectively treat without solving the problem at hand. I would place the disorders we deal with daily in broad categories. There are hereditary diseases such as coronary disease, diabetes, hypertension, some cancers, common and rare genetic disorders. With much overlap there are disorders that may be related to behavior, such as lung cancer, liver disease, obesity, trauma and drug abuse related disabilities. And there are immunologic and degenerative diseases, Parkinson's and Alzheimer's that shorten lifespans and chronically disaffect lives for decades, such as my medical school roommate who has been fighting Multiple Sclerosis for over 30 years, now wheelchair dependent for over 5 years. He was an addictionologist, a specialty now with heightened importance given our current drug crisis, now no longer able to run a program he started in the Akron area more than 20 years ago.

Cure is the goal of every doctor I have known, but unless you have lived with these stories as a doctor or a parent or a loved one, it is difficult to know how it feels when you are unable to find the answer, to administer the magic pill or the curative injection

I want to take you back to the 1920s when Dr Cecil Striker, founder of the American Diabetes Association obtained the first dose of insulin to give to a dying cachectic adolescent with diabetes. They had the fantasy that somehow that shot would make her instantly better, and although it saved her life, inevitably she would succumb to her illness. Many of you were not alive as I was when I was a polio pioneer, receiving the first inoculations of the Salk vaccine which cured Polio in the early 1950s.

Unfortunately, with the technological advances in the progress of treating chronic disease in the past 40 years, we do not see the cures we encountered in a less technical era, such as penicillin for pneumococcal pneumonia, typhoid fever, leprosy, diphtheria and several others, but none recently. We are spending \$95 billion annually<sup>ii</sup> including \$5 billion for cancer research by the National Cancer Institute<sup>iii</sup>

I have been the Chief Medical Officer of a small pharmaceutical company, EQ Bioscience, which has produced a product yet unproven but with much data to promise a prevention of several forms of cancer including breast and prostate. The company has had to go out of business due to inability to obtain funds to do further research. There is much belief that any pharmaceutical company that would purchase the patent would just make it disappear, according as well to the original researcher who discovered the link between altered estrogen metabolism and cancer in laboratory animals as well as high levels of this metabolite in women with as history of breast cancer and men with prostate cancer. When this research was first presented to an affiliate of the American Cancer Society, the director frankly stated that such a cure would put her out of business.

A report in the Wall Street Journal last week<sup>iv</sup> notes that Pfizer has decided to abandon research to treat or cure Alzheimers' Disease. This is a failure of the system. I am not here to denigrate the pharmaceutical industry. In my four decades of experience, many advances in treatment are evident and useful life has been extended in most instances, but no one seems to be curing disease any more like prevention and cure of scurvy re-discovered in 1753,

What about cancer and hypertension, diabetes, Alzheimers Disease and Parkinson's Disease, multiple sclerosis and inflammatory disease such as rheumatoid arthritis, which my mother in law struggled with for over 50 years. These disorders deserve a cure and the people who suffer from them an answer with the advances and technology available in the 21<sup>st</sup> century.

This is the reason I support HB 345.

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<sup>i</sup> <http://www.diabetes.org/diabetes-basics/statistics/>

<sup>ii</sup> [http://www.nbcnews.com/id/9407342/ns/health-health\\_care/t/billion-year-spent-medical-research/#.WkUglUmnGUk](http://www.nbcnews.com/id/9407342/ns/health-health_care/t/billion-year-spent-medical-research/#.WkUglUmnGUk)

<sup>iii</sup> <https://www.quora.com/How-much-money-is-spent-on-Cancer-research-per-year>

<sup>iv</sup> Wall Street Journal, January 8<sup>th</sup>, 2018 p.B1