

National diabetes center sought

By David L. Boren

Oklahoma has the opportunity to become a national leader in an important field that will serve the needs of its people and help develop its economy. It should not let the chance go by.

Oklahoma ranks at the top among all states in the per capita number of citizens who suffer from diabetes. Native Americans are three times as likely to have diabetes as others. Hispanic and African-Americans also have a tendency to develop the disease. More than 200,000 adults and children have been diagnosed with diabetes in Oklahoma and perhaps just as many more suffer from it or are prone to develop it, but have not yet been diagnosed. Those who have diabetes are two to three times more likely to develop heart disease, blindness and other serious problems.



David Boren

The onset of diabetes is the greatest looming health crisis in the United States. While almost 1 in 10 has the disease in Oklahoma, about 1 in 15 has it nationally. The number is mushrooming. The Centers for Disease Control and Prevention in Atlanta recently estimated that of children today, 1 in 3 will develop diabetes during their lives.

There are few centers of excellence in the nation for the treatment of diabetes like M.D. Anderson or Sloan-Kettering for cancer treatment. Harvard University leads the nation in diabetes research and there are a very small handful of clinics of stature elsewhere, such as the ones at Denver and San Antonio. There is a niche waiting for Oklahoma to fill.

Already in the past five years, Oklahoma

has greatly increased the number of scientists in the field. With seed money of \$15 million this year followed by a modest investment in additional operating costs and recruitment of additional top personnel, Oklahoma could be in the small handful of top diabetes centers just as the nation slowly wakes up to the diabetes threat and research grants begin flowing.

The building of a national diabetes center is an ideal area for the state government and our Native American tribes to work together financially and operationally as partners in a way that benefits all. Areas with large concentrations of Native Americans could be served from a center in Oklahoma City as well as Tulsa by physicians from the centers who would go regularly to tribal medical centers and provide testing, educational services and treatment for those with diabetes.

Houston, like Oklahoma known for oil and gas, has diversified by making medical care a major driver of its economy. The M.D. Anderson Cancer Center, along with affiliated hospitals and clinics, have an estimated \$6 billion annual impact on the Houston economy, bringing 250,000 people from outside the city to its facilities for treatment each year.

Already the OU Health Sciences Center, the Presbyterian Health Foundation, the McGee Eye Institute and the Oklahoma Medical Research Foundation have more than a billion-dollar impact in Oklahoma City alone. The McGee Eye Institute will soon double in size and already ranks in the top five in the nation. The new Oklahoma Comprehensive Cancer Institute, which must be kept on schedule by the Legislature, will greatly increase that impact.

We can only imagine the impact that a national diabetes center would add to what is already under way. It is an opportunity not to be missed.

Boren is president of the University of Oklahoma.

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