T1INTERNATIONAL
Advocating for people with type 1 diabetes around the world

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To the Expert Committee at the World Health Organization regarding the application for **A.18 Insulin, analogue rapid-acting – diabetes mellitus,**

My name is Arden. I am a medical student and a T1International #insulin4all advocate in the United States. I am proud to fight for a world where I, all of my future patients, and every person around the world who needs insulin can access it. Today, I am writing in support of the addition of rapid-acting insulin analogues to the WHO Model List of Essential Medicines for the treatment of children and adults with type 1 and type 2 diabetes mellitus and for gestational diabetes.

Insulin access is a global crisis. It affects people in every country, people of every race and class and political party. Around the world, 1 in 4 people who depend on insulin to survive cannot reliably access it. Patients with Type 1 Diabetes, an autoimmune condition that cannot be prevented or cured, require a constant infusion of insulin or numerous injections every day. Without it, their bodies begin to shut down and they can enter Diabetic Ketoacidosis - a painful and life-theatening condition in which the body cannibalizes its own cells in search of fuel - within less than 24 hours. Insulin was invented more than a century ago, and it costs only $4 per vial to produce, but patients who depend on it often pay hundreds of dollars for a month's supply, forcing them to sacrifice dreams of going to school, buying a home, or starting a family.

When I learned that rapid-acting analogue insulin wasn't on the WHO's Essential Medicines List, I was stunned. The list currently includes long-acting analogue insulin, which is certainly crucial, but for many patients, not sufficient. Millions of patients would die without consistent access to rapid-acting insulin, and many of them - including myself - have made great sacrifices in an effort to obtain this life-giving medication.

When I was seven years old, I became extremely sick. I went from a happy and energetic first-grader to a shell of my former self, lying in a hospital bed, where doctors told my terrified parents that I had Type 1 Diabetes and that my pancreas would never again produce insulin. From that point forward, my survival was completely dependent on tiny glass vials of a clear liquid more precious than gold: rapid-acting insulin.

As a teenager, I learned not only to calculate the correct dosage of insulin for every meal, but also how much money that dose costs. I began skipping my high school lunches when I realized I could save $5 worth of insulin per day by going hungry. Before I'd ever gotten my driver's license or applied to college, I'd already experienced the terror of leaving my pharmacy empty-handed and the painful consequences of insulin rationing. When my father lost his job and my family became uninsured overnight, I spent half a year stretching out every precious drop as far as I could, taking the bare minimum dose to keep myself alive every day and lying awake at night as the pain of hyperglycemia coursed through my body, leaving untold permanent damage in its wake.

I live in fear of the day I turn 26 and lose my family's health insurance. Even today, while insured, I pay more for a month of my insulin than for a month of my college tuition, and I still find myself calculating the "cost" of every meal I eat. My experiences with rationing have left their mark - not just with the damage that was done to my eyes, heart, and kidneys, but also with the trauma that continues to shape how I move through the world.

High prices aren't the only factor that has defined my relationship with insulin. Affordability is a central piece of the issue, yes, but access is just as important. After all, what is the point of affordable insulin if it can't be easily obtained? Last spring, I once again found myself leaving the pharmacy empty-handed - not because I couldn't pay, but because there were no vials of Novolog, the rapid-acting insulin analogue that I depend on for my survival. A shortage of rapid-acting insulin swept the country and took hold for several months, and I began rationing again. Terrified of running out, I made the risky decision to refill my pump with insulin from an expired vial. And like so many people who have had to make the same painful choices, I wound up in the emergency room fighting for my life.

My story is far from unique. Since 2022, I have served as the leader of the Connecticut Chapter of #insulin4all, and in my time in this role, I've met countless patients who have struggled to afford or access the insulin that works best for their bodies. My chapter members tell stories about meeting strangers in parking lots late at night to get black market insulin, skipping meals to conserve the last precious drops at the bottom of a vial, and giving up on buying a home or starting a business because their prescription costs were too high. And of course, many, like myself, have been forced to ration. They skip doses, take less than their prescribed amount, or use expired or compromised insulin in an effort to make their supply last longer.

For people with diabetes, rapid-acting analogue insulin is the closest replacement for what our bodies are unable to produce. Without it, our blood sugar levels are slower to respond and harder to control. The ability to reliably and affordably access this form of insulin gives us the opportunity to live a healthy and fruitful life. Ensuring that all people with diabetes can access the insulin that works best for them will not only improve their survival and quality of life, but also decrease rates of rationing and long-term complications.

Adding rapid-acting analogue insulin to the World Health Organization's Essential Medicines List will send a clear message to healthcare systems and governments around the world that all people with diabetes have a right to survival without sacrifice. Rationing insulin isn't just dangerous and potentially deadly - it is also proven to increase the risk of long-term complications, upending the lives of patients and their loved ones and placing a heavy burden on healthcare systems.

The addition of rapid-acting analogue insulin to the Essential Medicines List is long overdue. We call on the World Health Organization to help ensure that no one - regardless of where they live or who they are - has to suffer, sacrifice, or die because they cannot obtain their insulin.

Sincerely,
Arden Parrish
Person living with type 1 diabetes
T1International #insulin4all Advocate in the United States