February 21, 2021

Governor Charlie Baker
Massachusetts State House, 24 Beacon St.
Boston, MA 02133

To Whom This May Concern,

My name is Kimberly Austin and I have been living with type one diabetes for 25 years. I understand that I am not a constituent because I live in Connecticut. However, I do work in Massachusetts at a public school and I receive all my medical care in Massachusetts. My family does pay Massachusetts state taxes every year. I am writing to ask for your support in a modified accommodation to add individuals with type one diabetes to phase 2 group 2 in the COVID-19 Vaccination Phases.

There is a major disparity between type one and type two diabetes when it comes to research. The National Diabetes Statistics Report released in 2020 states that "most estimates of diabetes in this report do not differentiate between type 1 and type 2 diabetes"[1]. Yet, with this pandemic the CDC has made an inequitable distinction between the two types of diabetes. The CDC states that their list of underlying medical conditions are only those conditions that have proven "sufficient evidence to draw conclusions"[2]. The CDC does state that individuals with type one diabetes "may be at increased risk of severe complications of COVID-19"[2]. Sufficient evidence cannot be concluded on COVID-19 and type one diabetes because the population size is not significant enough. It is estimated that only between 5% and 10% of the 34.2 million Americans with Diabetes are diagnosed with type one[3]. To put into perspective, a study was conducted in 2020 analyzing 6,138 individuals without diabetes, 273 individuals with type two diabetes, and 40 individuals with type one diabetes[4]. This study concluded that after statistical adjustments, both type one and type two diabetes had similar increased odds of worsening illness and hospitalization, OR of 3.9 hospitalization and 3.35 severity for patients with type one in comparison to OR of 3.36 in hospitalization and 3.42 severity for patients with type two diabetes[4]. A study recently provided by the American Diabetes Association stated that "patients who regularly took insulin … had a 44% higher risk of death than those who didn't take insulin"[9]. All individuals with type one diabetes must take insulin every day to manage their diabetes.

Three years ago, I started an online support group for people across New England who are also living with type one diabetes. We currently have over 300 members, with over 95% living in Massachusetts. Many topics of conversations include managing this life secluded from family and friends due to fear of contracting COVID-19. Many members have set up online forms for signatures and have petitioned for you to add type one diabetes to the list eligibility of phase 2 step 2 COVID-19 vaccinations. Many individuals in this group have common ailments associated with type two diabetes such as obesity and insulin resistance. The term coined in 2001 "double diabetes" is preserved for these individuals[5]. One study suggested that individuals with type one diabetes were 38.5% more likely to be overweight then non-diabetic counterparts and a 18.2% greater prevalence of hypertension[5]. A 2011 study suggests that Cardiovascular disease is the leading cause of death for individuals living with type one diabetes and is not responsive to tightened glycemic control or standard CVD risk predictions[6].

A common fear expressed in this support group is what will happen if we contract COVID-19. The fear is surrounding the treatment we would receive in an overworked, already strained hospital setting and the complications associated with any virus or illness a type one diabetic

can encounter, such as DKA. Unfortunately, many individuals, I included, have expressed the inequity of care for patients with type one diabetes due to the misinformation on the disease and the gaps in experience with treating a patient with type one diabetes. There is a prevalence of conversations regarding DKA, Diabetes Ketoacidosis. DKA is a life-threatening condition that is caused by a virus or bacteria induced illness[7]. The fear associated with DKA is that if the individual is hospitalized with COVID-19, the symptoms associated with DKA will be missed. Individuals in my support group who have expressed this fear, are not afraid of COVID-19, they are afraid of the mismanagement and misdiagnoses of complications associated with type one diabetes that could cause the individual to parish from an undiagnosed yet treatable and preventable complication.

You have the facts and the science behind the petitions. I ask that you consider a compromise. The CDC states that an A1C, a blood test that measures the amount of sugar-coated hemoglobin in an individual's red blood cells, qualifies as normal if it is below 5.7%. Prediabetes is a level of 5.7-6.4% and anything above 6.5% is considered diabetes[8]. I ask that you please consider adding individuals with type one diabetes to the phase two step two of the vaccination phases if they have a recent A1C of 6.5% or higher, evidence of insulin resistance, or are prescribed a medication to prevent heart disease. Please help us tackle these daily disparities and inequities by allowing those of us with qualifying secondary conditions to become vaccinated in phase two step two COVID-19 Vaccination Phases.

Thank you for your time,
Kimberly Austin

Additional Resources

1. Information on the grassroots website:
   https://gett1dthecovidvax.org/?fbclid=IwAR3vUhmVvqGU5mLrbZOBzHhvRDMMc7Jf_jKXzFQaIRTPN42ao7RCS3qIWCg
2. American Diabetes Association
   https://www.diabetes.org/diabetes/type-1
3. Beyond Type One
   https://beyondtype1.org/coronavirus-and-type-1-diabetes/
4. JDRF
   https://www.jdrf.org/coronavirus/

References

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