

Opening Testimony for Dr. Eric Verdin, President and CEO of the Buck Institute for Research on Aging

Good afternoon, Chair Scott, Ranking Member Gillibrand, and members of the Committee.

Thank you for the opportunity to speak today. My name is Eric Verdin, and I am the CEO of the Buck Institute for Research on Aging—the world’s leading research organization on the biology of aging. Our mission is to eliminate the threat of chronic disease by addressing aging itself.

Over the past century, public health advances and medical breakthroughs have nearly doubled the human lifespan. This incredible success has come with challenges. We live longer but not healthier. The end of our long lives is now characterized by debilitating diseases such as Alzheimer’s, Parkinson’s, heart attacks, strokes, type 2 diabetes, cancer, osteoarthritis and macular degeneration. By the time an American reaches age 65, most have at least one chronic condition and more than half have two.¹ We call these conditions the chronic diseases of aging.

Our current healthcare system is focused on treating these conditions when they occur, not in preventing them in the first place. This approach is expensive, inefficient, and ultimately ineffective. The cost of managing these illnesses is staggering - increasing as our population ages - and places an unsustainable financial and emotional burden on our healthcare system, our citizens and their families.

In the 20th century, we dramatically reduced deaths from infections, from heart disease, and from cancer, extending life expectancy in the process. But progress is slowing. Even if we cured cancer tomorrow, the average lifespan would increase by less than three years.² The reason is simple: aging itself continues unchecked.

Aging is the greatest risk factor and main driver for these chronic diseases. Research from the past 20 years clearly indicates that aging can be slowed, thereby extending healthy lifespan and delaying disease in animal models. There is not a single reason why these findings should not apply to humans as well. By focusing on aging and its mechanisms, we can compress the period of illness and frailty so that more of our years are spent in good health.

The economic and public health benefits of a shift from a reactive healthcare system to true preventative healthcare based on our understanding of aging are enormous. Studies suggest that delaying aging will generate trillions of dollars in economic gains, reduce

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC6873710>

² <https://www.science.org/doi/10.1126/science.2237414>

medical costs and increase productivity.³Just as vaccines and antibiotics revolutionized medicine in the past, aging science is the next great frontier in preventive healthcare.

The science is at a turning point, and as policymakers you will play a critical role in ensuring that we realize its benefits. Investing in aging research must be a priority. The NIH should increase funding on the molecular pathways of aging, with a new emphasis on translating discoveries into human applications. We also need a much greater focus on lifestyle interventions—nutrition, exercise, sleep, stress management, and social connections. They account for more than 90% of our healthspan and lifespan and should be an essential part of our health policy and our research.⁴

We must also rethink how we allocate healthcare dollars. Right now, we spend trillions on treating diseases after they arise. A shift toward prevention—one that targets aging itself—would be far more effective. The FDA needs clear guidelines for aging-targeted therapies. Biotech and pharma companies are investing in this field, but without a defined regulatory pathway, progress is slowed. And finally, we need stronger public-private collaboration. Translating discoveries into real-world applications will require coordinated efforts between industry, government, and regulatory agencies.

This is a pivotal moment. The 21st century has the potential to witness one of the most profound medical breakthroughs in history—not just treating age-related diseases, but preventing them. The goal is not just to extend lifespan, but to ensure those extra years are spent in health, dignity, and independence.

I applaud the Committee for recognizing the urgency of this issue. Aging research is at an inflection point, and with the right policies, we can transform public health for generations to come. I look forward to working with you to make this vision a reality.

Thank you.

³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC4743067>

⁴ <https://pubmed.ncbi.nlm.nih.gov/30401766/>