

Statement of  
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Before the Senate Health, Education, Labor and Pensions Committee

Hearing on “Addressing the Challenge of Children with Food Allergies”

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Chairman Dodd, Ranking Member Alexander and distinguished Members of the Committee, thank you for inviting me here today. It is also a pleasure to address this panel that contains my home state Senator from Colorado. This Committee is doing a great service to millions of families around the country who have children with life-threatening food allergies. I am especially appreciative of Senator Dodd’s efforts to champion S. 1232 and provide greater resources for schools who are struggling daily with the challenges posed by food allergies.

You have already heard some information about childhood food allergies and the speakers that follow me will share their perspectives as doctors, nurses, teachers and parents of food allergic children. You have heard food allergies referred to as “life-threatening,” and you may consider that overly dramatic. After all, a lot of medical conditions can be life-threatening if they are not treated properly. But I am here today to share my perspective as a mother who found out first-hand what life-threatening means. Almost exactly seven years ago, my son Nathan died from a severe allergic reaction to peanuts. He was 9 years old.

Nathan’s third grade class in Washington state was scheduled to go to a local farm, along with two additional third grade classes. By the time the bus got to the farm, it was close enough to lunchtime that the school lunches were passed out. Lunch consisted of a peanut butter and jelly sandwich, trail mix with peanuts and a peanut butter cookie. A special lunch was supposed to have been ordered for Nathan, but wasn’t. He received the same lunch as the other kids.

When he realized what was in his sack lunch, he returned the sandwich and trail mix to his teacher and told him that he couldn’t have those things, he was allergic to peanuts. His teacher commended his awareness and Nate returned to his friends, thinking that he could eat what looked like a sugar cookie. Nathan didn’t realize that he was eating a peanut butter cookie and didn’t recognize the taste. When he was about halfway through, he commented to his friends that his tummy felt funny and again alerted his teacher that he didn’t feel well.

His teacher recruited the assistance of a parent volunteer, who was also a nurse practitioner to sit with Nate on the bus, so the other kids wouldn’t have to miss out on their field trip. Nathan had with him his inhaler and an EpiPen. Nathan sat on that bus for 2-3 hours. When the field trip was over, it was decided that a parent would drive Nathan home, rather than back to school. The nurse practitioner would go along.

Witnesses say that Nathan was unable to walk unassisted at this point and looked like elephant man. By this time, he had been given a few sips of sprite and his inhaler. He was lain down in the back seat and Nathan finally left the farm, approximately three hours after ingesting

a few bites of a cookie. A few minutes into the drive, the nurse practitioner asked the parent driver if she thought it advisable to give Nathan his epipen. The other parent didn't know what that was, but knew that Nathan was in serious trouble and quickly pulled into a fire station a few miles away from the farm. Nathan had stopped breathing and his heart had stopped beating by now.

One of the women ran into the fire station and asked if oxygen was available. Most of the fire fighters were out of the station on training, but one of the volunteer fire fighters was there. He called 911, followed the woman to the car and he was the one who finally administered Nathan's Epipen. He also began CPR. Less than one minute later, paramedics arrived and took over life saving efforts while racing to the hospital. I'm told that the doctors worked on him for over an hour; past the point of hope.

My understanding is that Nathan might have survived if he had been given his Epipen, especially considering how close emergency medical care was. I *know* he would have survived if his health care plan had been followed; if his school had received additional training on the severity and risks of food allergies.

As I am sure you can imagine, the death of my son was simply devastating. It was a year before I could even think about going back to work, and not a day goes by that I don't think about him and wonder what he would be doing now if he were still here with me. I live in Colorado now and I re-married a year ago. Fifteen years after being adamant about not wanting to go through the terror of possibly having another child with severe food allergies, my husband and I recently found out some wonderful news. I am four months pregnant with our first child together. I am doing all the usual pregnancy things – eating right, taking care of myself, trying to get a lot of sleep. But no doctor can tell me what I can do to make sure that my daughter does not develop a severe food allergy like Nathan did. The doctors simply don't know why Nate had a food allergy and they can't tell us why so many more children are developing these life-threatening allergies every year.

I appreciate what this Committee is doing today to focus attention on the issue of life-threatening food allergies. This issue is not going away. There are a lot of important public policy issues facing this Congress and our nation. Focusing on childhood food allergies needs to move up on our priority list. I urge you to do what you can to make sure that no parent has to endure what Nathan's dad and I have. Congress has the power to increase research funding, to protect children in the school environment, and to raise public awareness so that food allergies are treated like the serious, life-threatening medical condition that they are. Much more needs to be done.

Thank you.