



**Speech by David Bunning to the  
Food Allergy Expert Panel Meeting at  
The National Institutes of Health (NIH)  
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My name is Dave Bunning. I'm a Chicago businessman, and I'm here because my wife Denise and I don't have food allergies. However we have two sons, Bryan, age 12, and Daniel, age 9, who have been severely allergic to milk, eggs, nuts, and shellfish from the time they were infants. And I'm here because there are too many others like us. Parents who don't have food allergies with children who do. What's going on, that's what we all need to find out.

I have to admit that we became food allergy activists in spite of ourselves. Denise was an elementary school teacher, and I am a former Harvard athlete who believes in rapid change through teamwork. I also happen to have a strong desire for privacy. However when I realized the lack of resources dedicated to this disease relative to the problem, we had to go public. To help our kids and the millions of other families affected by the disease, we created a charitable organization, the Food Allergy Project. Its mission is to save children's lives through food allergy research. The Project has already committed nearly \$15 million in private funds, and is advocating that the federal government increase the level of its research funding from \$10 million dollars per year to \$50 million by 2009.

Why is such a dramatic increase in funds necessary? Well, to begin with, because all across the United States, we are seeing a rapid rate of increase for a noninfectious disease that is truly alarming. According to the dozens of allergists I have interviewed, food allergy patients make up 20 to 50% of their practices. 20 years ago, I'm told, food allergic patients made up far fewer than 5%.

A 2004 study of school nurses tells us, in every American elementary school there are, on average, ten children suffering from food allergies. When asked about health related issues facing the school, nurses in the study ranked food allergy as a bigger health problem than diabetes and almost on a par with learning disabilities. No wonder 20,000 schools have already requested FAAN's school plan. Schools need action plans; parents who host our children need medical instructions; coaches and teachers must be educated; restaurants and food companies must address cross contamination issues. Even the future of our military is affected. Did you know their current policy forbids recruiting those with anaphylactic allergies to common food? This disease affects not only the individual but also the entire community.

Everyone talks about the increase in peanut allergy, but a substantial portion of food allergic children cannot tolerate milk, eggs, soy, or wheat, and are not growing out of the allergy by age 5, as it was once assumed they would. I ask you all to try to avoid even one of these more common, foods for a day. Believe me when I say it's not easy. Now imagine being told you might die if exposed. In the black and white world of a child, that threat feels quite overwhelming.

But how many of these children REALLY might die from exposure? NO ONE KNOWS. The diagnostic tools are imprecise and confusing even to experts. So food allergy sufferers and their caretakers must remain vigilant 24-7. So imagine having to live with that level of daily psychological stress. Our children deserve better.

We also need to know why, on different days, food allergic children react differently to the same food. Why does one child out grow an allergy at age 3, another at age 9, and another not at all? Why does one person react to peanuts, another to milk, and yet a third to both? How can we predict the severity of a reaction? Given the increase in prevalence, how many more will be affected in 10 years, especially if we do nothing?

We need more funding, because until we find a preventive vaccine or other permanent cure for food allergies, we must help those who suffer from them now. We need better "treatment" for food allergy, because the current one – avoiding the allergy-causing foods completely or else - is archaic, and we must give our children more and better weapons to fight for their lives if they do come in contact with life- threatening foods, because the only one they carry now is epinephrine. A drug my son tells me was discovered in 1898. With advancements in modern science over the last 108 years, we ought to be able to do better.

Researchers offer some optimism. They tell us that, relative to cancer and diabetes, the mechanism of food allergy does not appear to be overly complex. They say a cure is possible and AFFORDABLE. They believe they can figure this one out relatively quickly. And based on treatments done in neighboring fields like asthma, airborne allergens, and venom allergy, we know that food allergy can be critically advanced within a decade - if sufficient funding is provided.

And that, as usual, is the bottom line. Funding. The NIH currently grants only \$10 million for Food Allergy Research annually while they spend 1.2 billion on diabetes. Of course, we all recognize the seriousness of diabetes and I'm not trying to reduce its funding allocation. I'm making the point that at less than 1% of the investment, we're going to have less than 1% of the research output. We must raise the profile on the severity of this problem and direct the appropriate resources to it, OR additional investigators will not move into the field, and these most serious basic questions will not be answered.

Before we met in 2004 with the Chairman of the Labor, Health, and Human Services, and Education Appropriations Committee of the Senate, Senator Arlen Specter, he had never heard of the food allergy issue. But after we spoke, I could tell he got the magnitude of the problem when he said, "Dave, in our \$28Bn NIH budget, you guys aren't getting peanuts, no pun intended."

I am glad to see that progress is being made. The fact that the NIH has brought us here to participate on this panel is very encouraging. Yet, as I say, I believe in rapid change through teamwork, and our food allergic children need more. I know working together – the private and public sectors CAN do more. The NIH must take a leadership position because new investigators in the research the community won't bet a career on just private funds. It must make others more aware of our children's community-based disease. So we urge the NIH to devote more to the problem, and increase the funding for food allergies with a trajectory reaching \$50 million per year by 2009.

Thank you.