

TESTIMONY



Testimony
By
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On Behalf of
Juvenile Diabetes Research Foundation International
Regarding Federal Support of Juvenile Diabetes Research
Before the
Senate Permanent Subcommittee on
Investigations

I would like to begin by thanking the members of both houses of Congress for warmly embracing our children as they have courageously brought their story to the leaders of our great country. These 200 children are advocates for millions of others whose minute-by-minute, day-by-day existence is impacted by diabetes.

As we all know, diabetes is one of the fastest growing and most costly diseases facing our society. It has no cure. Sixty years ago it was fatal, 20 years ago it was manageable but shortened a person's normal lifespan by 20-30 years, today new tools (such as the insulin pump) and new types of insulin have improved the overall health of those with the disease. With your help, we can find a cure for this diabetes in the next decade.

I'll never forget the day, January 20, 2000, when I found out my 11-year-old son, Andrew, has diabetes. I was, until last month, president and COO of Continental Airlines and had just arrived home from a business trip. A call from my wife confirmed that what we had been suspecting as we watched Andrew drink water like a fish and drop 20 pounds in just over three months.

I thought about what I would say to Andrew when I first saw him. I knew his first thought would be of his grandfather who passed away a few years earlier from complications of diabetes after a long, painful fight. Andrew had just been to the doctor for his first of thousands of blood tests and insulin shots. All of my meetings had been canceled for the next day as we were

scheduled to spend the entire day in Children's Hospital in Houston learning how to care for the disease.

Our family met in the parking lot of Andrew's favorite restaurant to have our "last supper" before we drove head first into our new reality.

Andrew simply walked up to me and put his arms around me. He started crying. "Well, Dad," he said, "I guess I have 17 more years to live."

"Seventeen years to live?" I responded. "Andrew, where did you get that idea?"

"Dad, it was 17 years from the time Grandpa found out he had diabetes until the time he died."

I explained to Andrew that he had type one diabetes while his grandpa had had type two, and that treatment for the disease was a lot better than it used to be.

"Dad, will you be with me tomorrow when I learn how to treat my diabetes?" asked Andrew.

"I will," I responded.

"Dad, you led the turnaround of Continental Airlines when everyone thought it was hopeless and now you're the best airline. Will you help me find a cure for diabetes?" asked Andrew.

"Sure," I said, without really knowing what he meant.

The next day at the hospital, we had one of the finest health care professionals I have ever met, Shannon Brow, take us through a mind-numbing crash course on diabetes. She explained to us that Andrew's new goal was to keep his blood sugar in tight range without the benefit of his pancreas, one of the body's most complicated and miraculous organs. The consequences of being outside the range were rather severe. If Andrew's blood sugar got too low, he could pass out or go into a coma. If Andrew's blood sugar got too high, he would feel like he had the flu and lose control over his emotions in the short term, and would ruin his kidneys, heart, and liver over the long term. All kinds of things like food, exercise, and hormones would affect his blood sugar level.

Thus started a routine that any parent with a child with diabetes is painfully familiar with. Six-thirty a.m.: blood test and insulin shot carefully calculated to have just the right amount of carbohydrates. On any given day, he may feel like his blood sugar is high or low. If high, he drinks water and is excused from class to "exercise it down". If low, he eats a variety of snacks at his desk depending on how low it is and tests his blood sugar again in 15 minutes. Twelve-noon: blood test in the school nurse's office and carefully calculated lunch. Three-thirty p.m.: blood test and carefully calculated snack. If he has basketball practice, he mixes Gatorade with water to offset the effects of the exercise. Six-thirty p.m.: blood test and insulin shot with a carefully calculated dinner. Eight-thirty p.m.: blood test and insulin shot with a carefully calculated snack. If Andrew's blood sugar is low in his evening test, which happens once or twice a week, we must get him up every two hours in the night to test his blood sugar and force him to eat as necessary.

The process starts over again the next morning. With diabetes, there are no "breaks".

In addition, Andrew had to adjust his lifestyle. There is no snacking with friends, eating birthday cake at parties, or eating pizza late at night. He must always carry food with him in case his blood sugar drops. And we must ALWAYS carry a special shot with us to administer in Andrew lapses into a coma BEFORE we call 911.

That day in the hospital, I watched my son turn from 11 to 18 in one day. Andrew manages to care for himself. I'm so proud of him. Some children and parents have it much worse.

Like most parents, I want to do what is best for my children so that they can dream their dreams and realize those dreams, and make a valuable contribution to this great nation. In order to have a chance, these children must have a shot at a healthy and productive future. The health care community and those that have lived with diabetes report that they have seen the future for long-term diabetes and it is not a future any parent would want for their child.

We know that the ONLY way to ensure that these children and the millions like them a future is by finding a cure for this terrible disease. We need your help. Please help us to give all

these children a fair chance. Please help me to live up to my promise to Andrew to help him find a cure.

Thank you.

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