

EXTENSIONS OF REMARKS

HONORING BOULDER CREST RETREAT FOR MILITARY AND VETERAN WELLNESS

HON. DAVID SCHWEIKERT

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 30, 2017

Mr. SCHWEIKERT. Mr. Speaker, I rise today to pay tribute to the Grand Opening of the Boulder Crest Retreat for Military and Veteran Wellness in Sonoita, Arizona. Boulder Crest Retreat is a facility that provides free accommodation, recreational and therapeutic activities, and breakthrough combat stress recovery programs for veterans and their families as they make the transition home from war.

This desert oasis focuses on healing activities for our Nation's bravest. Here, they have the opportunity to participate in a range of outdoor recreational activities such as hiking the Arizona Trail, and are provided with a number of positive growth activities including meditation, journaling, and music, canine and equine therapies. This is complemented by Boulder Crest's signature Progressive and Alternative Training for Healing Heroes (PATHH) programs, which is based on the science of post-traumatic growth. Its success is visible by the testimonials from those that have benefitted from this program.

I would like to recognize Ken and Julia Falke, who founded Boulder Crest Retreat, the hardworking staff, volunteers and the organizations that have been so charitable in funding these important facilities. Additionally, I would like to recognize the A. James and Alice B. Clarke Foundation's generous donation, which paved the way to bring Boulder Crest Retreat to Southern Arizona.

Mr. Speaker, I have a strong appreciation for our veterans, their families and the sacrifices they made so that our fellow citizens may enjoy the freedoms and opportunities that make America great. I wish only the greatest success for this facility going forward in its mission to help our service members focus on strong, positive growth.

A GLOBAL UPDATE ON ALZHEIMER'S DISEASE

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 30, 2017

Mr. SMITH of New Jersey. Mr. Speaker, yesterday I held a hearing on the global challenge of Alzheimer's Disease. There are an estimated 47 million people in the world living with Alzheimer's disease and other forms of dementia—more than the entire population of Spain—according to a report by Alzheimer's Disease International.

And according to Dr. Marie Bernard, Deputy Director of the National Institute on Aging who we heard from yesterday, this number is esti-

mated to grow to 115 million by 2050 as populations around the world age. The total estimated global cost of addressing this condition today is \$818 billion, but by as early as next year, it is estimated that this cost will rise to at least one trillion dollars.

Alzheimer's is a cruel disease, robbing its victims of their memories and their very identities, and robbing their family and friends of the person they know and love. It is excruciatingly painful for someone to lose themselves gradually. But what of those who love them? Death can rob you of a loved one suddenly, but Alzheimer's gradually takes them from you before your very eyes. There are isolated points at which they may be back to themselves momentarily, only to fade away once more.

In 1999, I co-founded the Congressional Task Force on Alzheimer's Disease, which I still co-chair today, to bring this disease to the forefront of the congressional agenda, advance support for federal research, and increase awareness. The Task Force worked in partnership with the Alzheimer's Association to unanimously pass the National Alzheimer's Project Act (PL 111-375) which established an Advisory Committee of private and federal experts to work with the Secretary of Health and Human Services to comprehensively assess and address Alzheimer's research, institutional services and home and community-based care, with a goal to identify a cure or disease-modifying therapy for dementia by 2025. Today, there are over 170 Members in the House and Senate.

This year, I worked with my Task Force Co-Chair, Representative MAXINE WATERS, to request an increase of \$414 million to the Alzheimer's Research Funding at the National Institutes of Health. Under HHS Appropriations Chairman TOM COLE's extraordinary leadership, the Fiscal Year 2018 omnibus appropriations bill, passed on September 14, 2017 included a \$400 million increase for Alzheimer's disease research at NIH. This would bring total funding to \$1.814 billion. Currently funded at \$1.4 billion, NIH spending on Alzheimer's research has almost tripled since Fiscal Year 2015, when \$589 million was allocated for research.

The majority of people with Alzheimer's or other forms of dementia have not received a diagnosis so they are unable to access the care and treatment they so desperately need. This is true in the developed world, but it is even truer in the developing world. Michael Splaine points out in his testimony that detection and diagnosis are a stubborn problem everywhere. Research shows that most people currently living with dementia have not received a formal diagnosis. In high income countries, only 20–50% of dementia cases are recognized and documented in primary care. This 'treatment gap' is certainly much greater in low and middle income countries. Without a diagnosis, there can't be treatment, care and organized support or opportunity to volunteer for clinical research.

Of course, even when Alzheimer's or other forms of dementia are diagnosed, care is too

often fragmented, uncoordinated and unresponsive to the needs of people living with this condition. In response, last Congress I introduced the "Health Outcomes, Planning, and Education (HOPE) for Alzheimer's Act" of 2015 to provide Medicare coverage for a care planning session for patients newly-diagnosed with Alzheimer's disease, family caregivers or legal representatives. In recognition of this great unmet need, this legislation garnered 310 bipartisan cosponsors. Ultimately, Medicare adopted an amended version of the HOPE benefit in the final rule for Calendar Year 2017 Physician Fee Schedule.

Of course, Alzheimer's robs its victims not only of their memories and awareness, but also their lives. In the American Journal of Public Health Research survey of years of life lost versus number of deaths between 1995 and 2015, annual deaths due to Alzheimer's complications in the United States alone rose from 20,607 in 1995 to 110,568 in 2015. During that period, Alzheimer's rose from the 14th leading cause of death among ailments in this country in 1995 to number six in 2015.

This was the fourth hearing I have chaired on Alzheimer's disease. On June 23, 2011 this Committee held a hearing on Global Strategies to Combat the Devastating Health and Economic Impacts of Alzheimer's Disease. On November 21, 2013 I chaired the Global Challenge of Alzheimer's: The G-8 Dementia Summit and Beyond. In December 2013, the G8 nations adopted a goal to identify a cure or disease-modifying therapy for dementia by 2025, which corresponds to the U.S. National Alzheimer's Project Act. The G8 agreement resulted in the creation of the World Dementia Council as a vehicle to drive forward the G8 commitments. Despite this progress, the massive health and economic threat of Alzheimer's and dementia globally is growing. On January 15, 2014, this Committee held a hearing to Report on the G8 Dementia Summit.

Yesterday's hearing was intended to examine the existing and potential options for prevention and treatment of this often devastating disease, and the harrowing statistics cited earlier likely would be much worse in developing countries if they had accurate identification of Alzheimer's and records of victims and deaths.

As our hearing testimony demonstrated, there is hope for Alzheimer's patients, their families and friends. For example, a research team from the Columbia University Medical Center in 2013 said they had finally traced Alzheimer's to its earliest developmental stages—a discovery that they believed could lead to more effective treatments. In Science Translational Medicine two years ago, Australian researchers explained a non-invasive ultrasound technology that clears the brain of neurotoxic amyloid plaques—structures that are responsible for memory loss and a decline in cognitive function in Alzheimer's patients. By 2016, scientists at the Institute for Regenerative Medicine at the University of Zurich said they were amazed to find that patients treated with the highest dose of the antibody drug aducanumab experienced an almost

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