

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

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

complete clearance of the amyloid plaques that prevent brain cells from communicating, leading to irreversible memory loss and cognitive decline.

Our witnesses yesterday told us more about these and other advances that offer hope that Alzheimer's—if not effectively prevented—can at least be more successfully treated. Once we in developed countries can get a better handle on diagnosing and treating Alzheimer's, we hope to share what we know with developing countries so their citizens can better escape what has in the past been a very bleak future for all concerned.

While we work to prevent and find a cure for Alzheimer's, we must not neglect those currently living with this disease and address the public health crisis we are currently facing. This Congress, I joined my colleagues in introducing the "Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act". This bill establishes Alzheimer's Centers of Excellence around the country, provides funding to state and local health departments to implement interventions and best practices from the Centers of Excellence; and increases the collection, analysis, and reporting of data on cognitive decline and caregiving to inform future public health actions.

Additionally, I have re-introduced Kevin and Avonte's Law to reauthorize and expand the Missing Alzheimer's Disease Patient Alert Program to address the issue of wandering among individuals with Alzheimer's and children with disabilities. It's common for a person with Alzheimer's to wander and/or become lost, and it can happen at any stage of the disease. 6 in 10 individuals with Alzheimer's will wander at some point. They may try to go home when already there or attempt to recreate a familiar routine, such as going to school or work. Funding from this program could be used to provide proactive educational programming to prevent wandering to families & caretakers of individuals who wander, as well as training to first responders in order to recognize and respond to endangered missing individuals and facilitate their rescue and recovery. This funding could also be used for innovative locative technology for law enforcement that would facilitate rescue and recovery.

Next week, I will re-introduce the Global Brain Health Act to increase research on prevention and treatment of autism, hydrocephalus, Alzheimer's and other forms of dementia. This legislation would encourage the building of treatment capacity for these brain disorders among caregivers in developing countries and support increased international cooperation in research and implementation of strategies on prevention and treatment. These actions also would benefit those with these disorders here in the United States.

HONORING MS. PAULA VAN NESS

HON. ELIZABETH H. ESTY

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 30, 2017

Ms. ESTY of Connecticut. Mr. Speaker, I rise today to honor Paula Van Ness upon her retirement as the President and CEO of the Connecticut Community Foundation after six tremendous years of leading and growing the organization. During her tenure, Paula

oversaw the organization's growth into a more supporting group.

Prior to joining the Connecticut Community Foundation in 2012, Paula had worked with nonprofits for more than four decades, including Make-A-Wish America, the Starlight Children's Foundation, and as the founding president of the National AIDS Fund, which has grown into AIDS United. The Connecticut Community Foundation, founded in 1923, serves twenty-one towns across the Greater Waterbury and Litchfield Hills region. The Foundation supports local nonprofits with grants, administrative resources, and strategic guidance that ensures those organizations can maximize their impact on the community. In 2016, the Foundation awarded 471 grants totaling \$2.4 million.

Over the course of her leadership, Paula has been instrumental in the Foundation's growing role in our community, especially by developing key relationships with local and state government officials. She has also managed to ensure the Foundation meets the needs of the broad range of nonprofits it serves, from essential human services to arts and culture.

Mr. Speaker, Paula Van Ness has been a visionary leader of the Connecticut Community Foundation for the past six years, and her work has strengthened the Greater Waterbury and Litchfield Hills communities. Therefore, it is fitting and proper that we honor her here today.

BOULDER CREST RETREAT ARIZONA FOR MILITARY AND VETERAN WELLNESS

HON. MARTHA MCSALLY

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 30, 2017

Ms. MCSALLY. Mr. Speaker, earlier this month, I had the honor to meet with the leadership team of Boulder Crest Retreat for Military and Veteran Wellness in beautiful Sonoita, Arizona.

The 130-acre retreat is nestled in a riparian valley in southern Arizona just 60 miles south of Tucson, Arizona. This beautiful facility is the second rural retreat established to provide free respite, activities and programs for our nation's seriously Wounded Warriors and their family members. Boulder Crest provides private accommodations, recreational and healing activities focused on the science of posttraumatic growth for approximately 700 personnel each year. The retreat has much to offer including:

Three beautiful homes that can accommodate up to six people and are available for 2 to 7 night stays;

A lodge where guests can gather to connect with other families and participate in programs;

Extensive outdoor amenities that include an archery range, nature trails, playground, organic garden, bird sanctuary and fishing pond;

Recreational activities and programs include nature walks, fishing, archery, gardening, swimming and kayaking in the nearby Parker Canyon and Patagonia lakes, hiking the Arizona Trail; and

Numerous healing activities for combat stress and first responder recovery to include yoga, meditation, journaling, art and music

therapy, canine, and equine assistance therapy.

Retired U.S. Navy bomb disposal expert, Master Chief Ken Falke and his wife Julia came up with the idea after numerous visits to severely wounded EOD personnel at Walter Reed National Military Medical Center.

The Falkes founded the EOD Warrior Foundation and wanted to provide a place where Wounded Warriors and their family members could escape their grueling treatment schedules and find solace outside of the hospital.

Boulder Crest Retreat Virginia has hosted over 3,000 personnel in four years since opening Boulder Crest Retreat Virginia and we are very excited to bring their success to Arizona. Please also know that a \$10 million gift was provided to make this happen by the A. James and Alice B. Clark Foundation in Bethesda, Maryland.

I would like to take a moment to honor Ken and Julia Falke, the staff, the volunteers, and donors for making this idea a reality.

I am proud to have this remarkable facility in my state. God bless our troops and God bless the United States of America.

I would like to include in the RECORD the following press release on receipt of a transformational \$10 million donation from the A. James and Alice B. Clark Foundation to heal combat veterans and their family members:

(From PRNewswire, July 6, 2017)

A. JAMES AND ALICE B. CLARK FOUNDATION PROVIDES \$10 MILLION TRANSFORMATIONAL DONATION TO HEAL COMBAT VETERANS AND THEIR FAMILY MEMBERS

BOULDER CREST RETREAT EXPANDS OUT WEST

SONOITA, AZ.—Today, Boulder Crest Retreat announces a \$10 million donation from the A. James and Alice B. Clark Foundation. This is the largest gift in Boulder Crest Retreat's history. The gift provides the capacity to expand its programs to the western United States for veterans and families who are healing from combat-related stress.

After 16 years of war, the longest in American history, it is estimated that 2.1 million combat veterans and family members struggle with invisible wounds. With only 50 percent of those struggling willing to seek help from the mental health system, Boulder Crest Retreat offers a non-clinical, accessible, acceptable, and effective approach that ensures veterans and their family members can make peace with the past, live in the present, and plan for a great future at home.

The \$10 million donation enables Boulder Crest Retreat to double the number of people they serve in their current Virginia facility and expand geographically by helping to support the purchase a newly remodeled 130-acre Apache Springs Ranch just 45 minutes south of Tucson, Arizona in the beautiful town of Sonoita.

Four years ago, the Foundation provided a donation of \$250,000 to Boulder Crest Retreat to build the first of four log cabins in Bluemont, Virginia. One year later, the Foundation donated \$1.25 million to construct the A. James Clark Lodge in Bluemont. These donations enabled Boulder Crest Retreat to host more than 2,600 combat veterans and family members to date.

Halfway through an 18-month longitudinal study conducted by leading psychologists Dr. Richard Tedeschi and Dr. Bret Moore, it is clear that Boulder Crest's PATHH (Progressive and Alternative Training for Healing Heroes) programs deliver results that far outpace the status quo, and represent a ground breaking and scalable solution for PTSD and combat-related stress.