

**Testimony of George Vradenburg
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**Before the House Committee on Foreign Affairs
Subcommittee on Africa, Global Health, and Human Rights**

**"Global Strategies to Combat the Devastating Health
and Economic Impacts of Alzheimer's Disease"**

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Washington, DC**

Good afternoon Chairman Smith, Ranking Member Payne, and members of the Subcommittee. Chairman Smith, you are to be commended for not only calling this hearing but for your steadfast leadership on Alzheimer's disease policy in the U.S. Congress, including your co-founding and co-leading, with Congressman Ed Markey, the Bipartisan Congressional Task Force on Alzheimer's Disease.

Alzheimer's disease and related dementias is a global public health, fiscal and economic crisis that acknowledges no national boundaries. With the aging of global populations, it will inevitably worsen with each passing year. Public health experts may debate the merits of whether or not this is an epidemic, but it is abundantly clear that we are facing a worldwide health and fiscal crisis of major consequence unless the world unites to stop it. If the prospect of over 100 million people, including over 20 million Americans, dying with Alzheimer's in fewer than 40 years – plus a population two to three times that size serving as family caregivers of those terminal victims – is not frightening enough to spur immediate global action, what will be?

It is this frightening specter that spurred my wife and me to join with other like-minded friends and colleagues to form USAgainstAlzheimer's, which has a clear and simple mission – stopping Alzheimer's by 2020. We are well aware of the enormity of this challenge. Yet time and again, America and the world have taken on and conquered enormous challenges, and we strongly believe controlling Alzheimer's within the decade can be achieved if we bring the right focus and resources to bear.

To begin with, we must accept two basic facts about Alzheimer's disease:

- 1) There is no treatment or therapy available today to prevent, modify, stop, or reverse Alzheimer's disease; and
- 2) Because of this dynamic, no one survives Alzheimer's disease. There is no remission. There is no cure. There is no “living with Alzheimer’s”, there is only “dying with Alzheimer’s”. In the end, Alzheimer's is 100 percent effective in killing its victims.

The research community believes that it is possible to prevent or control Alzheimer's within the decade with a disciplined and adequately funded strategy. As some of my fellow witnesses have already mentioned, the United States is – thanks to the work of Congress and President Obama in enacting the National Alzheimer's Project Act or NAPA earlier this year – working to develop its own National Alzheimer's Plan. But I will submit to you that more must be done – and done more quickly – if we as a nation and world are to be successful in addressing the grave public health and fiscal burdens of Alzheimer's and dementia.

Call to Action

I join my fellow witnesses in calling for immediate actions to achieve the goal of stopping Alzheimer’s. Specifically, I offer the following three recommendations:

- 1) **Lead by Example.** The United States has a long and storied legacy of leading the way to address significant health crises. Nearly 60 years ago, we led the effort to eradicate polio. Forty years ago, we declared a war on cancer, a bold statement that resulted in bold action including the establishment of the National Cancer Institute. Thanks in large part to this legacy, many cancers have moved from near-certain death sentences to treatable diseases. More recently, thanks in large part to the work of this very committee, the United States recognized the global threat of HIV/AIDS and enacted the successful President's Emergency Plan for

AIDS Relief or PEPFAR. Because of the one-two punch of PEPFAR and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, millions of lives have been saved. I propose to you that through similar leadership – both domestic and international – we can achieve a similar impact against Alzheimer's and dementia.

So what does this leadership look like? First, we must articulate, with urgency, a robust and comprehensive National Alzheimer's Plan, one that accounts for the impact caring for an aging population will have on the healthcare system. We should have in hand by the end of this year a statement of our national goal and a set of initial recommendations. I know Dr. Hodes and many other departments and agencies are working to move the plan process forward.

USAagainstAlzheimer's and the large tri-sector coalition of Alzheimer's-serving organizations we co-convene with the Alzheimer's Foundation of America (called LEAD, or Leaders Engaged in Alzheimer's Disease), stand at the ready to assist however possible. Yet, we do not yet see a timeline for plan deliverables that matches the urgency of the challenge. We must also include candid yet realistic action items, assign responsibilities for tasks to specific agencies and departments, and hold all parties accountable. We all know any plan is worth little more than the paper on which it is written, absent a clear national goal that can mobilize needed resources, catalyze private and public innovation and lay out an execution plan with defined metrics of progress and mechanisms of accountability.

While the rapid development of the National Alzheimer's Plan is critical, we must not wait patiently for the bureaucracy to do its work or for the ink to dry on a plan document. Rather, we must aggressively seek out and advance all legislative, administrative, and regulatory opportunities to accelerate high-tempo Alzheimer's outcomes-oriented research and innovative regulatory reforms needed to reduce the time and cost to market of safe and effective treatments for this and other diseases driving up our healthcare costs of the Medicare beneficiary population.

2) **Ensure Alzheimer's and dementia are included on the agenda of global institutions responsible for fiscal and health issues, most urgently the upcoming United Nations Summit on Non-Communicable Diseases (NCD)s.** I commend Congressmen Markey and Smith for leading a Congressional letter to the United Nations General Assembly advocating for the inclusion of Alzheimer's disease on the agenda of this upcoming landmark summit. USAgainstAlzheimer's and many of the other witnesses here today have taken similar actions, and I am hopeful the UN will heed this call and not miss this important opportunity to address this grave threat. Beyond the UN Summit, we must pursue ways to place Alzheimer's on the agendas of the G8 and G20 groups of nations, the WHO, the OECD and other global institutions charged with health and fiscal issues of global dimension.

3) **Convene an international conference of the countries that have or are in the process of developing National Alzheimer's Plans.** In addition to existing multi-lateral mechanisms – such as the Asia-Pacific Economic Cooperation (APEC) and the North Atlantic Dialogue – an innovative tri-sector gathering of international experts in Alzheimer's from government, NGO's and the private sector, would inform the development of the U.S. plan and enable us to contribute to the larger global effort. To be impactful, such a gathering must be outcomes oriented and produce a comprehensive set of recommended global actions in all major categories including:

- Biomedical research and discovery;
- Diagnostics and early detection;
- Best practices in clinical care;
- Evidence-based preventative measures;
- Access to affordable and quality long-term healthcare support services;
- and
- Caregiver support.

This effort must also explore other international collaborations that have successfully addressed global health challenges, notably the Global Fund – and determine if similar public-private mechanisms could be developed and deployed in the global battle against Alzheimer's disease and related dementias.

Mr. Chairman, it is time for meaningful national and global strategies and actions to stop Alzheimer's disease before it devastates our domestic and international economies and hundreds of millions of families. Alzheimer's disease is already forcing our nation and world to spend hundreds of billions of dollars, money we simply don't have. Of the estimated \$183 billion spent last year to care for more than 5 million Americans with the disease, about 70 percent – nearly \$130 billion – is public money through Medicare, Medicaid and other programs.

The question is not will we spend money on Alzheimer's but rather how will we spend it. Do we want to invest in cutting-edge research to discover and develop effective Alzheimer's treatments and therapies and innovative technologies and services to allow greater care at home? Or, do we want to spend our money on lengthy nursing home stays and lengthy hospitalizations, the equivalent of the iron lung and leg brace industries of a half-century ago?

The challenge ahead will not be easy, but America has never shied away from the tough challenges. I submit to you that with the right plan and leadership, commitment of resources, and global cooperation, we can stop Alzheimer's by 2020.

Thank you, again, for calling this hearing. I would be pleased to answer any questions you may have.