



Sept 26, 2018

Mr Gonzales,

Nearly 1 in 7 individuals over 65 has Alzheimer's disease (AD) or a related dementia, and an additional 2.5 family members or friends of these elderly demented individuals regularly provides over 10 hours a week of informal care for these individuals. Inevitably these family members and friends are unable to safely provide the level of care these individuals need, and they are confronted with the painful and difficult task of finding an appropriate place for their loved one to live outside of the home. While there are nearly 1.5 million beds/apartments for individuals with dementia in the USA currently, they are just a drop in the bucket when one considers the current and predicted need for AD care in the USA. Currently there are at least 5 million people with AD in the USA and in the next 30 years this number is expected to triple to 15 million. As someone who has worked for 20 years in AD Clinical Research, and someone who has a long history of overseeing AD clinical trials, I can tell you that there are currently no medications which modify the development or progression of AD. Furthermore, while we fight daily to change this reality, and progress is being made, we are years away from the development of potential new medications that are capable of preventing or modifying the progression of AD. Taken together, these data highlight the importance of rapidly expanding the number of well run, well designed, and safe locations to care for the tsunami of AD patients headed our way. There is no area of the USA that will escape this AD tsunami, and this includes the DC area.

I have been a consultant on over 10 projects the last 8 years which were focused on designing or implementing AD healthcare services or AD care. I can attest that there is both room and an urgent need for all types of AD care in the USA – from the larger communities to the smaller more intimate settings. This availability of different types of settings, for different AD care needs, are crucial now and will only grow in importance with the rise in AD. It is important to note that based on my experiences that smaller AD communities can play a crucial role for families that desire a smaller campus for the care of their loved one, and the fact that the lower staff to resident ratio can be essential for the successful care of some AD residents.

Typically, operations in an AD community have little to no impact to the day to day life of individuals living in the surrounding neighborhoods. This is due in large part because of the standard operating procedures and safety features put in place to safely care for AD subjects, and because the residents in these campuses will have low interaction with the surrounding community due to the fact they are supervised and do not drive vehicles. In addition, the AD communities in the USA have a long track record of successfully existing in dense urban and neighborhood settings. While there will undoubtedly be a need for some family traveling through the neighborhood to visit with their loved one, and an occasional need for medical service vehicles on site, it should also be considered that it is likely

individuals in the surrounding neighborhoods will likely be utilizing the nearest AD campus. This is based on the observation that the majority of residents in an AD campus come from within a 10 mile radius of the campus. It is quite likely, based on my experiences, that many of those individuals fighting to prevent an AD campus from coming to their area will be thankful it is there for them when they need to ensure the care of their parents, aunts, or uncles who have AD.

Determining how limited resources such as land, and the enforcement of zoning requirements, should best be implemented and utilized is a complex and often difficult process. There are multiple viewpoints and there are multiple priorities which have to be weighed in making the final decision. What is absolutely certain to me is that there is almost no way for an individual to move through life, or for a city to exist, and not be directly impacted by the devastation inflicted by AD. And based on my experiences there is one additional certainty. No one plans on becoming an AD caregiver, and no one who is an AD caregiver or has a loved one with AD wants there to be fewer care options available to them. It is for these reasons I strongly support the continued growth of well-run and safe locations, large and small, to care for those with AD and related dementias.

Sincerely,

A handwritten signature in black ink, appearing to read 'JK', with a long horizontal line extending to the right from the end of the signature.

Jeffrey N. Keller, PhD
CEO Keller-Lamar Health Foundation