

Alzheimer's Talks Transcript with Diane Rehm May 16, 2016

Note: This transcript has been edited for content and clarity.

Welcome to [Alzheimer's Talks](#). This is a monthly teleconference series presented by [UsAgainstAlzheimer's](#) where we connect you with leaders who are working to stop Alzheimer's, and today, a person who has experienced a similar illness, in similar circumstances to those of us who have had an experience with Alzheimer's.

My name is [George Vradenburg](#), Chairman and Co-Founder of UsAgainstAlzheimer's, a venture philanthropy, an entrepreneurial and innovative organization, transforming the fight against Alzheimer's.

We are so excited that you could join us today to hear from Diane Rehm. Many of you know her from her aptly named [Diane Rehm Show](#) on NPR, where her two-and-a-half million listeners every day, five days a week, can hear her tackle, with a broad range of really fascinating people, the issues of the day with keen insight, deep curiosity and a world-renowned objectivity. She has recently written and published a book called [On My Own](#)—which I really encourage all of you to read if you have not read it already. It is a deeply personal, profoundly moving, and incredibly honest book about her life before and after her husband's death with Parkinson's disease—and we will speak more about that today, in a few minutes.

On a personal level, Diane Rehm is a wonderful friend to my wife, Trish, and me, and also to UsAgainstAlzheimer's. She stars in celebrity readings of Trish's play, *Surviving Grace*, in now maybe ten cities around the country, from Charlotte, North Carolina, to Indianapolis, Indiana, to Boston, Massachusetts, to San Diego, California, and other cities. So it turns out that Diane Rehm is not only a strong radio personality but an acting star as well.

I am really looking forward to the conversation today—and for the opportunity to be on the other side of an interview with the legendary Diane Rehm.

We have almost 700 people registered today from forty states and the District of Columbia, and we'll share a recap as well as the recording and the transcript of this call with everyone who registered for this call in a week or two. Remember, if you have questions during the call, please press *3 on your phone. By pressing *3 you'll be placed into a question queue. Please have your question ready to share briefly with a member of our staff; or if you are listening to us online you can type your question in the box and we'll get to as many questions as possible after the opening presentation.

Thank you again, Diane, for joining us today and talking about the subject of this call, your book, and your experience with your husband's Parkinson's disease.

Diane Rehm: George, I am delighted to be with you, really looking forward to it.

George Vradenburg: This book, *On My Own*, is a very, very deeply personal and honest account of your marriage including its challenges but importantly, it focuses as well on your husband, John's, death. Could you just speak a moment about why you chose to write this book?

Diane Rehm: Well, it was the night that John was dying, the last night of ten days of both starvation, lack of water, lack of medication. I was sleeping, or trying to, by his side, on two chairs, with our little dog Maxie on my stomach, and you know, as well as I do, I'm sure, that it's very difficult to sleep on two chairs especially when you're lying in a room that is not your own, but rather one where you know you are about to lose your husband. So, I got off the chairs, at about 2 a.m.. I had my iPad with me, and I just began writing. Writing what I was feeling, writing what I was thinking, writing about my rage that this poor man, after having suffered from Parkinson's for eight years, had had to go through such an extended period of suffering to die. He wanted to die, he was ready to die, he asked his doctor to help him die, but the doctor, an honorable man whom we both liked very much, said he could neither legally, morally, or ethically help John to die. The only thing that John could do for himself was to stop eating, stop taking medication, and stop drinking water. And I'm sure you know, as well as I do, you can live for a long time without food but water nourishes the organs and without water, they begin to fail pretty quickly. In John's case, that is what finally happened on the tenth day after he stopped drinking water.

George Vradenburg: Tell us a bit about John's Parkinsonism. When was he diagnosed, how far in advance of his death, and what was his state at the time he died in terms of symptoms, his symptomatology?

Diane Rehm: I was actually the one who first began to notice curious changes in John after he retired on January 1, 2001. He would wait for me to come home, so that we could go through the neighborhood on long walks together, and I began to hear a shuffle in his footfall, something I had never in my life heard him do. He had this very, very loose easy graceful walk and when I began to hear that shuffle, I turned around and said to him, "What's going on? Why aren't you picking up your feet?" And he just said, "I don't know," and let it go at that. Not long after that, I began to see not just a little tremor, but more than a little, and he was having more difficulty getting food to his mouth, more difficulty cutting his food, and then . . . George, I should go back one tiny step. After he retired, we bought him a little yellow VW bug, which is what he wanted to travel around in to all of his volunteer obligations, being a docent at the Freer and Sackler [Galleries], being a reader for the blind and dyslexic, and being a volunteer at hospice. Well, he had three light automobile accidents within eighteen months, so the insurance company called us and said we're going to cancel his insurance. We were both on the same policy, obviously, and John immediately said, "Well, we'll just find another insurance company," and I said, "I have a feeling you better be tested first." And when the test indicated that John was no longer in complete control of that little yellow bug or any other automobile, it was recommended that he stop driving. Then, this man, who had taught me how to balance a checkbook, one day came to me and said, "You know, I can't balance my checkbook this month. Will you help me?" and in a couple of minutes I had done it. And the next month the same thing happened. He turned over all the finances to me; he said, "I think you'd better do this from now on."

He was diagnosed at Johns Hopkins University Hospital with Parkinson's disease and nobody knows how quickly or how slowly depending on age, depending on how severe the disease is, but for John, it went downhill pretty quickly. Within six years, he was falling and I could not lift him. We both knew that an assisted living facility was going to be the only place to care for him. At the end, George, he could not feed himself, he could not bathe himself, he could not walk from his bed to bathroom. It was then he said to our daughter, who is a doctor; our son, who is an academic; his doctor; and me, he said, "I am ready to die."

George Vradenburg: What were his mental faculties at the time he made that decision?

Diane Rehm: He knew everything that was going on around him. He knew everyone's name, he was very pleasant to everyone who came in, but slowly, slowly, he really did not want to see a

great many people because I frankly think he was embarrassed at how he looked, at how limited his physical abilities were, but he didn't lose anything in the way of his mental capacity. I will tell you that he would forget certainly what day it was, and who wouldn't in a situation like that? He would forget what he was supposed to be doing, at the next moment, and would ask about that several times, but when he and I talked about current events, he knew exactly what was happening in the world until he literally began to lose interest—not ability, but interest.

George Vradenburg: So many of the listeners on this call, I am sure, have experienced what you did with respect to the loss of independence, the loss of keys, the loss of financial acuity. What was his reaction to that? It sounded as if he understood it, and relinquished those functions to you, where we frequently hear that people rage against that and are in denial about their loss of ability. It sounded like John had a great sense of himself and his own capacity and the need for you to take on some of these functions.

Diane Rehm: George, you are so right. When the former naval officer who took him out to test drive came back with John, rather shortly after they had gone out, the instructor took me aside and said, "I almost stopped the test within two minutes because your husband was on the left side of the road when he was going to make a right-hand turn. He did not deal with the car at all well," and he said to me, "How do you think it's going to make him feel when I say to him, 'Mr. Rehm, you should no longer be driving'?" And I said, "I think he'll be okay, disappointed, maybe, but okay." In fact, when the instructor said to him, "Mr. Rehm, I do not think you ought to be driving any further," John's words were, "Actually, I'm relieved. It's no fun for me to drive any more; I'm too anxious." Ditto with the passing on to me of all the financial obligations, our retirement, our IRAs, everything concerning our apartment, our car, everything. He knew that what was going to have to happen was that he would need to teach me everything about that. And in that year, before he went in to assisted living, I asked him every single question I could possibly think of. He taught me—as he had done so well over our many years of marriage—he taught me what I needed to know to do that job and I found myself thinking, "My god, what happens to people, especially women, but sometimes men as well, who don't know a thing about the family's finances and someone dies suddenly?" And a woman, or a man, is left with all the responsibility and none of the understanding or knowledge. John was very generous in that way, and as I say, he taught me everything I needed to know. We did manage to get a first-rate financial advisor as well as a CPA. We had done that a little earlier, but all of us came together for really informative conversations so I was not bereft of understanding when that time came.

George Vradenburg: I had the opportunity, as you know, Diane, to know your husband and to have him describe briefly his career. He was a prominent trade lawyer, the first General Counsel to the U.S. trade representative, a prominent lawyer for the rest of his life, and a religious scholar. Tell us a little more about John and his career, a little more about John Rehm.

Diane Rehm: Well, John Rehm went to Harvard; he was a Greek and Latin scholar. Won all kinds of prizes, at graduation, and shocked his mother and father and, I think, a little bit, himself, by choosing law school. He went to Harvard on a full scholarship and then was offered a full law school scholarship to Harvard and to Columbia, but only a partial law school scholarship to Yale, where he truly wanted to go because he felt that Yale Law School had a more human side to it than either Harvard or Columbia. He ultimately, because he wanted to leave Harvard, he didn't want to stand three more years there, he did end up going to Columbia Law School, then went on Wall Street to a law firm, Dewey something and something.

George Vradenburg: Dewey, Ballantine.

Diane Rehm: And was there for one year, and was doing brilliantly, but his heart was in the government and when a senior partner found out John was going to leave the law firm, he brought him in to his office and said, "Young man, I think you're making a big mistake, you have

a wonderful career ahead of you here at the law firm, I urge you to stay,” but John’s heart was in the government. So he went to the State Department and worked in the international trade section. He became the youngest assistant legal advisor for economic affairs that the State Department has ever seen, under Abram Chayes, and then helped to create the office of the special trade representative. I want to correct one thing you said; he became the first general counsel to that office under Governor Christian Herter and was in government for a total of thirteen years and when Richard Nixon came in to government, John Rehm left, and went into private practice, where he spent the rest of his years in the practice of international trade law. He and I met at the Department of State; I was a secretary. He was doing some work for my boss and we began a little bit of a flirtation and bet on the World Series that year. I won the bet, John Rehm took me out to dinner, and that was the beginning of our romance.

George Vradenburg: Now, you mention he made a decision at the end of his life. Here is this brilliant mind; he made a decision to stop getting food and water. Was that a hard decision? Did that take weeks and months of discussion? How did he come to that, and how did you talk about it with him?

Diane Rehm: Well, I think you have to go back in our careers together. I came to the marriage having lost my mother at nineteen, and my father eleven months later. John’s father took his own life when he developed diabetic retinopathy after years of diabetes which finally took his eyesight. And his mother, at age ninety-two, took her own life. She felt she had lived a good life; she had bad back and hips and no longer wanted to endure that pain, so she took her own life. So George, death was something we had talked about throughout our marriage. It was simply part of the conversation and our kids heard it. They knew that neither one of us wanted to dwell in any kind of infirmity. They both understood that even though at the last conversation, before John made his decision, when the doctor said, “I cannot help you,” our daughter, Jenny, who is a physician, was on the phone from Boston, and she said, “But Dad, we can keep you comfortable.” And John Rehm said, very, very firmly, “I do not want comfort. I am ready to die.” So it wasn’t some spur of the moment thing. I knew it was coming sooner or later, George. I knew that this proud man who said, “I have already borne the indignity of not being able to care for myself, and if I continue to live, I know that my state of being will be degraded even further, and I do not wish to go there.”

When everyone had left, my daughter was off the phone, the doctor had left, our son had left, I went home and slept or tried to sleep that night and went back early the next morning, with a photograph album I had made for him of his childhood. He was born in Paris; his father was sports editor for the *Paris Herald Tribune*; his mother had been a fashion model in Paris. So they lived there, a very isolated little spot, and I took him the photograph album I had made from his earliest moments of existence through his graduation from Friends Seminary in New York before he went to Harvard. I got on his bed and I said, “My God, you look so well! Your color is back, you just look wonderful.” And he said, “It’s because I haven’t had anything to eat, I have had no medication, and I have had no water.” He said, “I have begun my journey.” And I can remember putting my arms around him and saying, “Sweetheart, are you sure? Is this really what you want?” and he said, “Absolutely.” And he was fine for about the next two and a half days, and then slipped into a deep sleep and died ten days after he had begun.

George Vradenburg: And you said you started your book that night, and you mentioned a feeling of rage. Tell me what that feeling was like. Why rage?

Diane Rehm: Oh, George, the idea that this poor man had to go through ten days, ten days, of waiting to die even though he was only barely conscious, if at all. Why couldn’t he have been given medication, as Brittany Maynard was given medication in Oregon? And then we could all have been with him to say goodbye, to kiss him, to love him, to tell him how much we all loved him, so that he wouldn’t be going alone. And of course, he did go alone. I mean, I wrote that in a rage because I don’t feel he had his choice. And for me, and for John, choice was, is,

everything.

What I'm saying is, if God and Jesus Christ, if that is your Savior and you believe that you do not want to interfere with God's will and you wish to wait for God to take you, I support you every step of the way. If you want palliative care, if you want radiation, chemotherapy, every possible kind of treatment there is, I support you one hundred percent. And if you wish to end your life at the time of your choosing, I support you one hundred percent. I believe in choice. And choice at the end of life is equally as important to me as any other choice in my life, perhaps the most important choice.

George Vradenburg: You say in your book that by John's death, he's actually given you a final gift, the impetus to carry on your life in a new and vital way. Describe your feeling about that; tell us about your work since his death.

Diane Rehm: Well, you know, I went to a dinner; it was a dinner to speak about Parkinson's disease. John had died just three weeks before. And I spoke about his death and how angry the way he had to die made me feel. A *Washington Post* reporter was there, and he asked to talk to me afterwards and came in to my office and we spoke for several hours, and out of that came a [Washington Post newspaper article which labeled me an advocate for the right to die](#). Now, the word *advocate* was what got people and got some of the folks at NPR riled up, because they said as a journalist, I was crossing an ethical line by taking a position for an organization that was lobbying various state legislatures for bills permitting the right to die. In fact, what I was doing was going to dinners sponsored by the organization [Compassion and Choices](#), which does promote the idea of the right to die. It was the organization that helped to get through the Oregon state legislature, Vermont, California, to pass legislation for the right to die. And because I had appeared at these dinners, where members of Compassion and Choices were present and had paid to be present simply to hear me talk about my experience—because that's all I did, I wasn't there urging anything, I was there to talk about my husband—in that way, I was labeled an advocate and called on the carpet. So, I was asked not to do any more of those dinners until after I step away from the microphone, which of course I had already planned to do at the end of this year.

John Rehm has given me that cause. I will, to the best of my ability, and wherever I am invited, speak out on what I believe is the fundamental human choice, which is when do I decide to end my life, whether it's physical pain, whether it's extraordinarily fatal illness, whether I'm within a few months of dying, or George, you know, the issue of Alzheimer's has come up so much in this discussion; there was an article in *The New York Times* a few months back about a woman who knew she had the early stages of Alzheimer's. She and her husband both knew it. She had inherited the gene from her mother and her aunt. She knew it was coming, and she knew she had begun. And she and her husband talked at length and prepared for her to take her own life when the two of them, together, decided that she was going downhill and would not, could not, make her own decision and they wanted, she wanted, to end her life before that time came.

George Vradenburg: We have a comment here from Michael Ellenbogen who is a person who has been diagnosed with Alzheimer's. Actually he thinks he first experienced the symptoms in his late thirties; it's now fifteen years later and he says, this online, "what scares me the most is the need to starve for ten to fourteen days just to die but that alternative is better than going down the path I'm on," which confirms the story that you just told about that couple.

Diane Rehm: And I understand his comments totally. I hope he will be able to find a sympathetic doctor with whom he will confide his fears, his desires; I think having that doctor with whom you've had a long relationship and who understands and appreciates your fears, can be of help. Boy, if I were in that position, that's what I would do.

George Vradenburg: The challenge for the Alzheimer's community, as I am confident they would support the efforts of Compassion and Choices, to allow a person the choice to die, but the constraints and circumstances under which that law would permit assisted efforts is when you get the certification or determination from two doctors that you will be dying in the next six months, they can prescribe a barbiturate, but they can't administer it. Unfortunately in the Alzheimer's situation, you don't know when you're going to die. Doctors can't predict it that well, and if you're within six months of death, the prospects that you could physically or mentally make a decision to terminate your life is simply no longer there. So we are caught in a dilemma that, with this very, very slow progressing disease, the approaches that have been taken in California and Oregon simply don't work. Now, there are some states, like Montana, which from a libertarian point of view, would permit suicide and assisted suicide and so that approach, which does not have those time limits or procedural constraints, is probably more appropriate to our situation. But we do have a different situation. Your husband had an extraordinary mind and most of those faculties were there at the time he made his decision. Unfortunately those who've experienced this Alzheimer's disease know that that capacity simply isn't there within six months of death.

Diane Rehm: That's why I think these laws will eventually be broadened to take into account those who do suffer from Alzheimer's. But, it is a family working together that can—and only then, when they are working together—can accomplish this so that one with Alzheimer's does not have to endure that final chapter. You and I have both seen individuals who are suffering in this way. You and I both know that neither of us would want to suffer in this way. So that when those first signs of Alzheimer's begins, I think some very frank discussions have to take place within the family and ultimately, to bring in the family doctor to find ways to help that family and that person. I don't think any of us wants to live out our years not knowing what we're saying, what we're doing, what we're thinking, what those around us are doing. Why? Why? I mean, if need be, George, I will make a reservation to go to Switzerland, where no such requirements are put into place. I realize that there are those who think that that thought is abominable. But so is living with Alzheimer's. It's a suffering that I don't think many of us want to have to endure, so you know, I go back again and again to [Jerry Brown's closing paragraph of his signing statement](#), signing the California bill into law, when he said, "I don't know now what I would want at the end of life; the only thing I do know is that I would not wish to have someone else make that decision for me." I think that sums it up beautifully for all of us.

George Vradenburg: So we have an interesting little discussion here online. Jared Hughes sends in a note, reminding me all the more reason that one should have completed the Compassion and Choices dementia provision that tells your loved ones to not feed and hydrate you once you can no longer remember that you are hungry or thirsty. And then Michael Ellenbogen responds, but we're putting the family at risk legally and that's not fair to ask them to do that if they break the law. I think the mechanisms here to both allow you when you are mentally competent to put down as clearly as you can what your desires would be, and then to provide the maximum legal protection for your family should they exercise those choices and honor your will through durable powers of attorney or otherwise, is something that we still have to work through and increasingly these mechanisms will be tested, tested both in terms of what people want to do and tested in terms of the law.

We do have a call here, that's been pending for a few minutes, from Ben Albensi. Ben, would you like to ask your question of Diane Rehm?

Caller: Hi, this is Dr. Albensi. I'm calling in from Manitoba in Canada. I'm an American but I'm a professor of pharmacology here. I'm the Manitoba Dementia Research Chair and I wanted to convey my congratulations to Diane for her new book, and I'm sure it was very hard to write, and I've enjoyed listening to your commentary over the last half hour or so. So of course I wanted to just mention that Canada, of course, in 2015 passed a new law allowing assisted

suicide and the Carter v Canada case which is now a game-changer when it comes to the right to die with dignity. So I just wanted to pass that on to the audience. One doesn't have to go to Switzerland. Now, I'm not necessarily advocating that position, but that law has changed in Canada.

Diane Rehm: I am very aware, and applaud Canada for having made that change. However, it is my understanding that the law applies only to Canadian citizens. Is that not correct?

Caller: Well, that's a good question. I'm not sure. I'm not a Canadian citizen, I'm a permanent resident here and I don't know for sure. I'm not sure why it would be restricted just to Canadian citizens but that's a good point and that's something that would have to be checked out.

Diane Rehm: I'm pretty sure that that is the case and as it is, with California, Oregon, Montana, Vermont, there has to be some kind of residency. When Canada passed the law, there was a whole discussion as to whether there would be a stampede to Canada from the United States and it was very clearly stated that this option was open only to those citizens of Canada. Believe me, I have not put Canada out of my mind.

Caller: I just have to add that not only do I study dementia but my mother has dementia so I do have a feeling for some of these issues from a personal perspective and my mother, many times said, in the past, that if she had to live this way that she would just rather die and this of course was before she became affected with dementia. In her case she went downhill very quickly once she was diagnosed with congestive heart failure and in fact right after coming out of the hospital with both those diagnoses, she was not able to carry on a coherent conversation any more. She's still living but she'll be ninety-three in September and she doesn't recognize me any more so, there are so many issues surrounding this. Diane, I do want to thank you for your talk show and everything you've contributed with your new book and good luck with that new book.

Diane Rehm: Thank you so very much, and I'm so sorry to hear about your mother. Good luck to you.

George Vradenburg: We have a question here from Sue Pagan online. She's calling from Scotland; that's interesting, we have two international callers. She says, "Calling from Scotland, where I now work for Alzheimer's Scotland. My former partner is in a nursing home in Florida and we love Diane's show. I'd like to ask Diane, what is the one thing that would have helped you, that you didn't have during this course of your experience with John Rehm?"

Diane Rehm: If John had not gone into assisted living, I think his relinquishment of life could have been made easier. I think that doctors would have helped; hospice would have helped. There was hospice in the assisted living facility, but it was hospice that was not truly useful. I think had he stayed at home, he would have had an easier way out, not with anything I would have done, but with the help of our own physicians.

George Vradenburg: So, I have an interesting question here from Jared Hughes online. "As a former seminarian and man of faith, how did John square his faith with his ultimate desire to control and intend the timing of his death? Do you think the two philosophies are mutually exclusive?"

Diane Rehm: Not at all. I think, you know, John had had a rather dramatic conversion experience in New York at the Church of the Doubting Thomas in 1979. He was baptized when he was forty-nine years old. He believed in the spirit of the Lord and believed very strongly that he saw God's gifts everywhere. He was not a seminarian, indeed, what he did was to gain a Master's in Theological Studies, in no way on a path toward the ministry. His partners in law were all afraid that that's where he was headed, but he did not have any intention of doing so.

He believed that he was on a journey to the next life. Now, what that means is up to your own, my own, interpretation, but I believe as he did, that there is something beyond, something that we are not cognizant of, that there will be a place where we meet again. I truly believe that I talk to John every single day and he talks back to me. Now, whether that's through the Lord or whether it is simply a spiritual belief, I don't know. But I do know that he felt he was ready for the next journey.

George Vradenburg: Diane, there's a woman named Diane Hoover from California who has asked this question: Who gave you, the care warrior, so to speak, the emotional support to continue on this journey for so long with John? How did you get emotional support yourself to sustain this effort?

Diane Rehm: I think from friends, like you and Trish, from my own dear friends the Busbys, David and Mary Beth, many friends. In fact, I was in Buenos Aires taking NPR listeners on a cruise when I happened to call in to his room one evening and Mary Beth answered and said that John was non-responsive. And I nearly went nuts. I said, "What do you mean, he's non-responsive?" And she said, "Well, we've been here for an hour and he hasn't moved, he's hardly breathing," and I said, "Mary Beth, feel his head. Is he warm?" and indeed he was. So I immediately called his doctor, from Buenos Aires, and said, "He apparently has a fever. What can you do?" Well, there is that thing called the old man's blessing, which is pneumonia. And the doctor could have let John go at that very moment, but because I was in Buenos Aires, the doctor himself, the same doctor who could not help him die, went out that night to a pharmacy and got an injectable form of penicillin, brought it back to the assisted living facility and literally brought John back to life. So I got the next plane out, came home, and by the time I got to his room he was one hundred percent better. But three weeks later, he again had pneumonia and said he no longer wished to be treated with antibiotics.

It's a long journey, George, and I'm so glad I have so many good friends who supported me. And our children, along the way, our son who lives in Gettysburg was down at least once a week to be with me, with John. Our daughter has a much more difficult schedule as a physician at the Lahey Clinic; she could not get away as often but call she did and you know, that's the kind of support you need. I must not forget my little dog Maxie who sits right next to me here in the office who is an absolute joy to have by my side.

George Vradenburg: I know that dog.

Diane Rehm: I know you do!

George Vradenburg: So, just a final note here, you've announced your retirement from NPR later this year, which really saddens a lot of us around the country who are used to hearing your voice, your interviews, your perspectives, but it sounds like you're going to have a full plate of activities. I know that you're going to be speaking out about this conversation that we all need to have about end of life, and to have thought through that well before the circumstances overwhelm our capacity to make intelligent decisions so we certainly know and respect that and honor that, so important for those with Alzheimer's, so many of us, we know how important it is to have that conversation well before imminent death. We thank you for doing that, and of course, you're sort of on our UsAgainstAlzheimer's team now and we will continue with your great talent to be doing celebrity readings of Trish's play around the country during the course of the year for which we thank you so very much.

Diane Rehm: And I thank you, because it's been an absolutely wonderful experience for me, and for, I believe, everyone who has seen Trish's play has been so moved by it. And realizing it's simply a reading of that first act which holds out the promise, the sadness, the disappointment, the reality of what is Alzheimer's and you bet, I'm going to work as hard as I can

to urge people to have the discussion to make their choices known. That's the important thing.

George Vradenburg: Thank you, Diane.

Diane Rehm: Thank you, George.

George Vradenburg: I want to encourage everyone to read Diane's book, *On My Own*, it's a really powerful read in all of the meanings of that term, so please pick it up. I know there were some questions we couldn't get to today.

Just as a reminder to everyone: our next Alzheimer's Talks call is on Monday, June 13, at 4 p.m. Eastern with Dr. Eric Reiman. He's the CEO of Banner Alzheimer's Research in Phoenix, Arizona. He's engaged now in two very, very important trials. One is on a family in Columbia who have the familial mutation form of the disease where he is introducing a medicine that is hoped to prevent the symptoms from occurring and he is introducing that into this special population that knows it's going to get Alzheimer's in their forties and he is administering the medicine to those individuals about five years before the expected onset of symptoms, in the hope that the medicine will prevent the symptoms from occurring and permit us to manage the disease. He has just started a second trial of individuals who have the APOE-4 variant gene which, if you have one from each parent, gives you a very high likelihood—not certainty, but very high likelihood—and so he's going to be talking about that trial as well. So that should be an interesting call. If you would like to be registered for the call, [sign up here](#).

If you have not joined UsAgainstAlzheimer's, please go to www.UsAgainstAlzheimers.org and sign up. We will send everyone registered for this call a recap; we'll also send you invitations to future calls, and important updates and ways that you can get involved.

Thank you to everyone on the phone or online for participating today. In about a week we will have a copy of the recording and a transcript for you on our website for you to share with your friends. As always, please stay on the line if you would like to leave us a message with a question or comment. We are particularly interested in what you would like to discuss on future calls. Thank you for joining us today, thanks to Diane Rehm for joining us today, and everyone, have a good