IT IS WELL WITH MY SOUL

FINDING PEACE & JOY IN THE FACE OF ALZHEIMER'S

A MEMOIR BY
HOLLIS MCGEHEE

PRELUDE

THE BEAUTY OF ADVERSITY

"THE 3RD FLOOR"

The day after I finished writing this book, I was at MD Anderson/Ochsner's Cancer Center for my regular Alzheimer's infusion. Amy, the greeter, gave me a big smile as I walked in. As I stepped into the elevator, a distinguished-looking doctor in a crisp white coat asked, "Which floor—2nd or 3rd?"

"The 3rd floor, please," I replied. (This is the floor where everyone goes to get their treatments.)

With his head turned away and eyes downcast, he responded tersely, "That's not a good place to go."

I said, "It is for me," as he hurriedly exited on the second floor.

Isn't that the real reason for my joy in Alzheimer's—not for the disease itself, but for the doorway it has opened in my heart and eyes to experience genuine love happening in real life, in real time?

Some people only see suffering on the 3rd floor.

But I see the beauty of adversity—and the tested love it reveals.

It's not when everything is polished and pretty on the outside, with everyone posing and smiling for the world, that we encounter real life.

It's in the struggle—right there in the battle—lasting beauty is found.

The 3rd Floor

After I checked in and took my seat, I watched a couple pass by. The wife was pushing her husband in a wheelchair. They looked to be in their early seventies. She wore a face of loving determination, and he had a face pulled down by the process—bald, thin, and leaning to one side from the disease—clearly in a fight for his life, but with eyes that seemed to shout, "I'm down, but I'm far from out!"

Soon they were engaged in conversation with a woman seated nearby—a friend from long ago who barely recognized him. Greg, one of the many wonderful nurses, came out with warmth and a caring smile to escort them to treatment.

And in that quiet scene, I saw something many people miss.

I saw love.

Not the kind dressed up for the world with filters and hashtags, but the kind born in fire.

I saw a wife loving her husband with every push of the wheelchair.

A friend reaching across the years to offer connection.

A nurse giving his full heart to patients and caregivers alike.

This is the beauty of adversity:

It uncovers love most of the world doesn't know exists.

If you want to see real love, don't look to *Desperate Housewives* or carefully curated social media posts.

Look into the eyes of a husband caring for his wife as she battles cancer.

Look at the hands of nurses who show up day after day with compassion.

Look at the 3rd floor—where love stops being a word and becomes something you can see, touch, and feel.

Tragically, many people never recognize the beauty of adversity.

They don't know the love revealed in the winepress of real life.

If you want to know true love, come to the 3rd floor—where real love happens.

The 3rd Floor

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DEDICATION

This writing is dedicated to the countless lives that have been stolen, are being stolen, and will be stolen by this dreaded **HOME INVADER WHO STEALS LIVES AND MEMORIES FROM THOSE AFFECTED BY ALZHEIMER'S AND THOSE WHO LOVE AND CARE FOR THEM. May God restore in your hearts what this foul enemy has taken.**

INTRODUCTION

Alzheimer's! Few diagnoses stir up more dread, fear, or confusion. Reflecting on hearing that diagnosis reminds me of hearing the court clerk read the verdict in my first jury trial as an attorney. The sound of her words seemed to echo in the room and pin me to my chair. It felt like the floor had dropped out from under my feet. The stunning effect of the doctor's diagnosis had the same effect the jury verdict had so many years ago. Alzheimer's became personal. I was as stunned as my client in that case almost fifty years ago, who looked at me in shock and asked, "Can we still accept the offer they made?" I wanted to ask, "Doctor, don't you have some other offer other than this dreaded disease?" But here is the truth: in both cases, I was not finished. I was not defeated. I was not dead—I was just diagnosed. Life did not stop. The world did not end. The moment after hearing the verdict—or the diagnosis—life went on as though the words were never spoken. I had to find my footing again in this new reality thrust upon me.

Moving forward with a stiff gait, I began walking out this unknown path. Here is an undeniable truth: what I heard was not a new event; I was simply learning the truth for the first time with my ears and heart what had been at work within me for many years. The seeds of AD (Alzheimer's Disease) had been sown from an early age onward throughout my childhood and adulthood. I noticed the sprouting of those seeds for several years before the doctor's startling pronouncement. Tasks that

I had accomplished on what seemed like autopilot were puzzling to me now. I think, at least in my heart, I looked around to make sure no one was looking when I could no longer do some simple things that previously were automatic. Around 2022, it was clear something was not right. Practically speaking, I no longer knew the steps of these previously well-worn paths. My neurologist, Dr. James Rini—smart, kind, fast-talking, a true New Yorker—suspects the disease was active as far back as 2016.

I begin to lament the things I was no longer seemingly able to do … WAIT! So what? I could also no longer climb trees like I once could, skip a rock four plus times across a pond, or run full speed in a downpour and fall laughing as I slid along the wet grass. So what? There are new things I can do that I never did before. I reject the sound of the reverberation of a bad ending. NO!

In all honestly, what I just said describes where I am now, but at the time, the diagnosis struck deeply, and my response was much different for a season. Since being diagnosed, confirmed by a spinal tap (which I strongly preferred to an autopsy, the gold standard for AD diagnosis), I have discovered a surprising creative side. Painting. Drawing. These were not things I did before. I am discovering new ways to achieve my highest goal of encouraging others in the Christian faith. Some doors in my life have closed, but new doors have opened—doors full of wonder, experiences, and people who bless me every day.

Alzheimer's has even brought me a new boldness—the freedom to speak more openly, kindlier, more courageously with people I do not even know. I would never have

chosen Alzheimer's from the buffet line of life, but in a strange and unexpected way, it has become a blessing I would not trade. Reflecting to a book I wrote quite a few years ago about a struggle with alcoholism and self, *A River to Cross* (a story of life)—I am yet crossing another river. As before, the river is traversed intentionally and carefully. It is well with my soul, no matter what stage the river is in.

CHAPTER 1

THE ROLLER COASTER

I sometimes see myself as a walking contradiction—fearless in many ways yet cowering in others. Tension between courage and fear seems to sum up my journey with Alzheimer's—a journey that began cowering but has led, surprisingly, to a place of peaceful acceptance and even joy.

Another of those "cower in the corner" moments I want to share about has to do with roller coasters. They have never been my thing. Growing up in my small, wonderful country home of Franklin County, Mississippi, the county fair arrived every September. It was magical for us kids. Nothing seemed more exciting. To call it small is a colossal understatement, but for many of us it was a place of wonder—incredible smells, people different from our daily life, and prize booths filled with magical treasures I "had to have."

However, I never wanted to ride the "scary rides," especially the roller coaster. I could handle the Scrambler, sure, but the roller coaster? No way. If you had seen the tiny roller coaster at the Franklin County Fair, you'd laugh to thin k we even called it a roller coaster. But even on that little roller coaster deep in the piney hills of southwest Mississippi, I hated the ups and downs; the loud, clackety-clack sound it made as if the earth itself

might rip apart! Sixty years after the County Fair, the Alzheimer's roller coaster left me undone again, and I despised it. I was convinced the "roller coaster" was going to jump the tracks, leaving me alone and drooling while the world marched on by. Instead of the strong, confident person I imagined myself to be, I was emotionally paralyzed by circumstances engulfing my whole existence.

For example, during my weekly visits to the local state prison, I felt helpless when a friend inside—a brother in ministry whom I had known and worked with for several years—asked me a simple question. The look on his face told me he no longer recognized the person standing in front of him.

Later, I realized many of my feelings about what was happening were twisted by my own misguided outlook. In my weekly visits with the homeless in New Orleans, which had always been calm and steady even in chaotic environments, I began to feel emotionally explosive and undone by things that used to roll off my back. When I was trimming hair for my friends living on the street, their rough banter would jar me, making me feel puzzled or even fearful. Instead of responding with love and wisdom, I felt blank—as if the resources I had always drawn on were gone.

The hardest strain fell on my relationship with Elaine. Things that would have been small bumps in our marriage felt like towering mountains. In my mind, I was constantly seeking an escape—a safe haven from storms I imagined were building between us. Storms of the mind, not the heart. Looking back, I see most of the turmoil existed in my own head. The real events were

simply the normal ups and downs of a committed, loving marital relationship. But through the lens of my changing cognitive and emotional state, everything felt amplified and distorted.

Many of those intense moments are now blurred, hard to recall in detail. But the journey from that initial terror to a place of growing peace is the heart of this chapter—and the most important lesson I can share.

Being diagnosed with Alzheimer's—one of the most feared conditions in our modern world—is profoundly terrifying. Even for someone like me, who has survived severe burns, alcoholism, cancer, and more than a few other life-threatening experiences, this diagnosis felt like dropping over the ledge of the highest roller-coaster.

Part of the struggle was mental. The fear of what might happen next often overshadowed the actual daily challenges. But it wasn't only in my mind: Alzheimer's affects every part of a person's life, from the simplest daily tasks to the most complex thinking processes. At first, it felt like a scorched-earth event, leaving nothing untouched.

Yet, as time passed, I found a new "normal." I discovered living with Alzheimer's lies somewhere between the runaway roller coaster of our worst fears and the calm arrival at a safe station where the clackety-clack fades into a dull, reassuring hum. I could see that even the worst moments had an expiration date.

If you read my introduction, you know I have assimilated my life into this new reality to the point that I would not

trade my place for any other. I trust God's divine providence and sovereign rule in all of life's 'weather.'

How does one move from the stark terror of an initial diagnosis to a place of acceptance—even appreciation?

That's the rest of the story!

CHAPTER 2

"HELP ME UNDERSTAND WHAT IT ALL MEANS!"

(Please see a group of charts & diagrams at the end of this chapter)

I am undergoing on-the-job training in dementia, cognitive impairment, and AD. Know this: each day is a different experience. Attempts to find or give a blanket description of these sorts of challenges are a fool's errand. I have, am, and will continue to learn a lot about this disease until one day I will not. I try, with good success, not to allow the eventualities to create stress. None of us knows what any given day holds for us. This chapter gives a layperson's view, followed by an understandable but slightly more formal medical explanation of dementia, Alzheimer's, mild cognitive impairment due to Alzheimer's, and more.

Later in this book, I'll explain more about the various types of dementia — what they are, how they differ, and what I've learned about them through both personal and professional experience. That includes years of reading medical and lay literature, handling courtroom disputes over mental health as both a lawyer and a judge. From spending time with people facing cognitive decline on the street, in skilled care facilities, and everywhere in between.

None of us has a "perfect" brain, nor do we have perfectly functioning brains. Our thoughts, words, actions, and reactions are greatly influenced by heredity, environment, life choices, education, life experiences, and illness. At any given point in time, our functioning might be on the high or low side of "normal" brain function, and we move around in that range throughout our lives. Furthermore, what is "normal" varies from person to person. However, there are certain limits that are defined in various recognized and widely accepted medical/psychological/legal writings. When we are functioning outside of those recognized ranges, we are in the *abnormal* range.

Insofar as dementia is concerned, the primary question is whether we remain within a range that allows us to be personally responsible for our daily life activities. If so, by these standards we are considered normal. However, when we are managing our daily activities, but our deficits exceed what would be expected for our age, we begin to move into the area of cognitive impairment. If we can still maintain those activities independently, impairment is classified as *mild*.

When we start struggling with daily activities to the extent we might forget daily medications or begin to lose recognition of certain things or people, yet are still getting along mostly on our own, this crosses over into *moderate* cognitive impairment. And of course, from there it can progress further to *non-functioning* levels and ultimately to death.

Those deficits can have many different underlying causes, and the actual diagnoses can vary (more fully discussed later). My personal diagnosis is attributed to

traumatic brain injuries resulting in concussions on at least four or five occasions. I believe I may have left out at least one or two additional incidents that have since come to mind. In addition, my prolonged and severe abuse of alcohol for many years is another significant causative factor. I also have a major depressive disorder that has extended over many years, which is another dementia-producing circumstance. Lastly, but quite significantly, I have substantial hearing loss. Poor hearing feeds into the dementia paradigm.

Here is what the professionals say: Our *cognitive ability*, or *cognition*, refers to the mental processes involved in acquiring knowledge and understanding. These processes include thinking, knowing, remembering, judging, and problem-solving. Higher-level brain functions also encompass language, imagination, perception, and planning.

When cognition is diminished, these processes no longer work as effectively as they once did. This can show up in many ways, including the following:

- Difficulty remembering recent events
- Trouble solving problems or making decisions
- Challenges in planning or organizing
- Problems with language, spoken or written
- Decreased ability to focus or pay attention.

Some degree of cognitive decline is expected with aging and is considered normal. However, when cognitive decline exceeds what is typical, there may be a deeper problem. These problems can stem from many sources such as the following:

- Neurodegenerative diseases (like Alzheimer's or Parkinson's)
- Vascular issues (such as strokes)
- Traumatic brain injuries
- Psychiatric conditions
- Metabolic disorders
- Substance abuse

Dementia is an umbrella term referring to a range of conditions representing a decline in mental ability significant enough to interfere with daily life. Dementia is not a disease in and of itself, but rather a group of symptoms caused by various conditions. Of all the causes of dementia, Alzheimer's disease is the most common, accounting for 60–80 percent of cases.

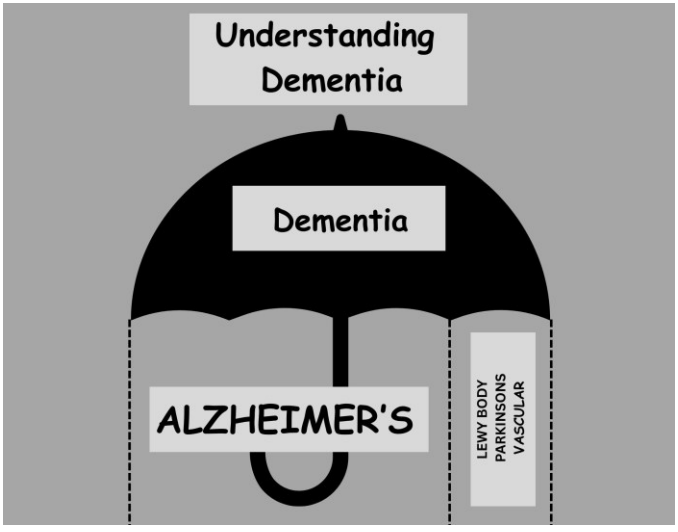
Alzheimer's is a specific disease of the brain, leading to a gradual decline in memory, thinking, and reasoning skills. Named after Dr. Alois Alzheimer, who first described it in 1906, Alzheimer's is a progressive brain disorder that slowly destroys memory and thinking skills, eventually robbing a person of the ability to perform even the simplest tasks. A diagnosis of Alzheimer's means a person is experiencing significant cognitive decline that disrupts daily life.

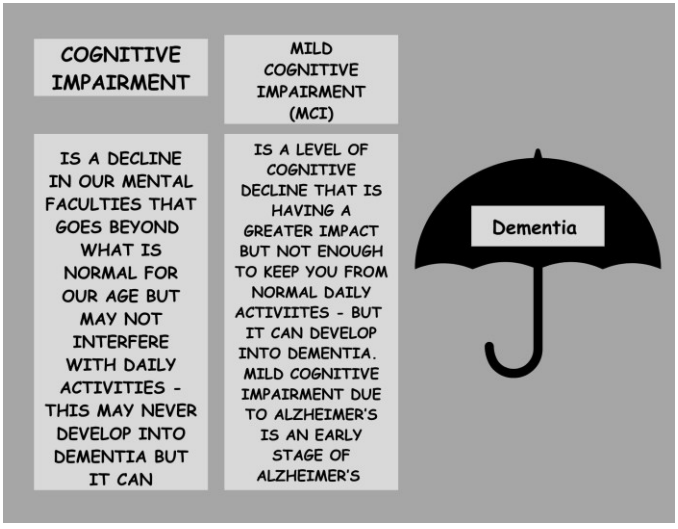
Scientists believe this decline is caused by Alzheimer's disease processes in the brain, including the buildup of beta-amyloid plaques and tau tangles. Alzheimer's progresses through several recognizable stages:

- **Mild cognitive impairment (MCI) due to Alzheimer's disease:** This is a transitional stage

between normal cognitive aging and dementia. People with MCI have more memory or thinking problems than expected for their age, but these problems do not yet significantly interfere with daily life.

- **Mild Alzheimer's disease:** In this early stage of Alzheimer's dementia, individuals can still function fairly independently, but they may notice memory lapses, like forgetting familiar words or losing track of everyday objects. Planning and organizational challenges often begin to appear.
- **Moderate Alzheimer's disease:** In this stage, damage spreads to areas of the brain that control language, reasoning, sensory processing, and conscious thought. Memory loss and confusion become more severe, and recognizing family and friends may become difficult.
- **Severe Alzheimer's disease:** In the final stage, individuals lose the ability to respond to their environment, carry on conversations, or control movement. This stage is ultimately terminal.


Understanding Dementia
Dementia
ALZHEIMER'S
LEWY BODY
PARKINSONS
VASCULAR


COGNITIVE IMPAIRMENT
IS A DECLINE IN OUR MENTAL FACULTIES THAT GOES BEYOND WHAT IS NORMAL FOR OUR AGE BUT MAY NOT INTERFERE WITH DAILY ACTIVITIES - THIS MAY NEVER DEVELOP INTO DEMENTIA BUT IT CAN
MILD COGNITIVE IMPAIRMENT (MCI)
IS A LEVEL OF COGNITIVE DECLINE THAT IS HAVING A GREATER IMPACT BUT NOT ENOUGH TO KEEP YOU FROM NORMAL DAILY ACTIVIITES - BUT IT CAN DEVELOP INTO DEMENTIA. MILD COGNITIVE IMPAIRMENT DUE TO ALZHEIMER'S IS AN EARLY STAGE OF ALZHEIMER'S
Dementia

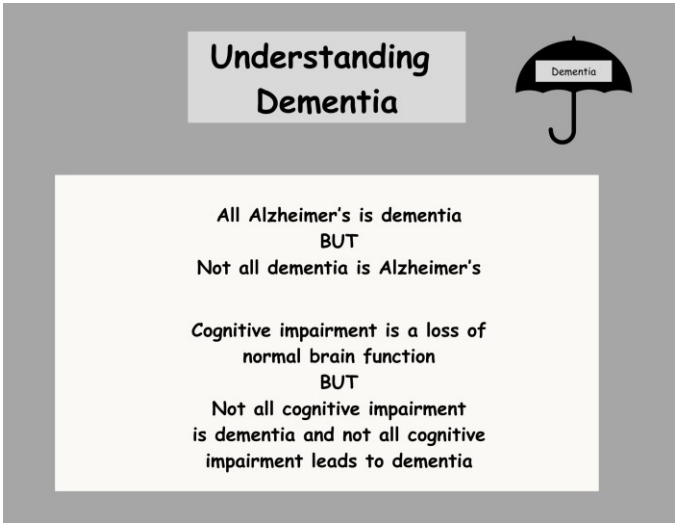

Understanding Dementia
Dementia
All Alzheimer's is dementia
BUT
Not all dementia is Alzheimer's
Cognitive impairment is a loss of normal brain function
BUT
Not all cognitive impairment is dementia and not all cognitive impairment leads to dementia

CHART 1

COGNITIVE IMPAIRMENT

Cognitive impairment is a broader term encompassing any decline in cognitive abilities, while *dementia* is a specific syndrome characterized by severe cognitive decline interfering with daily life. *Mild cognitive impairment* (MCI) is a transitional stage between normal aging and dementia, where cognitive decline is noticeable but doesn't severely impact daily functioning. Not everyone with MCI develops dementia, but those with MCI are at a higher risk.

Key Differences and Relationships:

1. Cognitive impairment: A general term referring to any decline in cognitive abilities, such as memory, thinking, and language.
2. Mild cognitive impairment (MCI): A specific stage where cognitive decline is more pronounced than normal aging but not severe enough to interfere with daily activities.
3. Dementia: Severe cognitive decline that significantly impacts daily functioning, including memory, thinking, language, and behavior.
4. MCI as a Risk Factor: Individuals with MCI are at a higher risk of developing dementia, though not all will progress to dementia.
5. Normal aging vs. MCI vs. Dementia: Normal age-related changes in cognition are different from MCI,

which is more significant, and dementia, which is a severe and debilitating condition.

In simpler terms: Think of cognitive impairment as any decline in thinking skills, MCI as a noticeable but manageable decline, and dementia as a severe decline that impairs a person's ability to function independently.

Examples:

1. **Normal Aging:** Occasional forgetfulness, such as misplacing keys.
2. **MCI:** More frequent memory lapses, like forgetting conversations or appointments, but still able to manage most daily tasks.
3. **Dementia:** Severe memory loss, confusion, difficulty communicating, and inability to perform basic daily tasks like dressing or eating.

Important Considerations:

1. **Early detection is crucial:**

If you or someone you know is experiencing cognitive changes, it's important to consult a doctor for evaluation and diagnosis.

2. **Not all cognitive changes are dementia:**

Some cognitive impairments can be caused by other treatable conditions, such as medication side effects, infections, or depression.

3. **MCI can be a risk factor:**

While not all MCI progresses to dementia, it's important to monitor any cognitive changes and discuss them with a healthcare professional.

CHART 2

DEMENTIA

(A syndrome, not a disease)

Dementia is a general term for a decline in mental ability, most notably memory and thinking skills, severe enough to interfere with daily life. It's not a specific disease, but rather a collection of symptoms caused by various underlying conditions affecting the brain. While memory loss is a common symptom, it's not the only one, and dementia can also affect language, problem-solving, and other cognitive functions.

Here's a more detailed breakdown:

1. **Cognitive Decline:**

Dementia involves a significant decline in cognitive abilities, including memory, language, problem-solving and judgment.

2. **Interference with Daily Life:**

The decline in cognitive abilities is severe enough to disrupt a person's ability to perform everyday tasks, such as managing finances, preparing meals, or engaging in social activities.

3. **Not a Normal Part of Aging:**

While dementia is more common in older adults, it is not a normal part of the aging process.

4. **Many Underlying Causes:**

Dementia can be caused by various diseases and conditions, with Alzheimer's disease being the most common. Other causes include vascular dementia, Lewy body dementia, and frontotemporal dementia.

5. **Progressive Nature:**

Many types of dementia are progressive, meaning the symptoms worsen over time as nerve cells in the brain are damaged.

6. **Not a Single Disease:**

It's crucial to remember dementia is not a single disease but a syndrome caused by different underlying conditions.

CHART 3

ALZHEIMER'S DISEASE

Alzheimer's disease is a progressive neurodegenerative disorder primarily affecting memory, thinking, and behavior. It's the most common form of dementia, a broader term for cognitive decline that interferes with daily life. Alzheimer's is characterized by the abnormal buildup of proteins in the brain, leading to the death of brain cells and brain shrinkage.

Here's a more detailed explanation:

What happens in Alzheimer's?

1. **Protein buildup:**

Alzheimer's involves the accumulation of amyloid plaques and neurofibrillary tangles in the brain. These abnormal protein formations disrupt the normal functioning of brain cells and eventually lead to their death.

2. **Cognitive decline:**

As brain cells die, cognitive abilities such as memory, thinking, and language skills decline.

3. **Impact on daily life:**

These cognitive impairments make it increasingly difficult for individuals to perform everyday tasks, impacting their ability to remember recent events, manage finances, complete familiar tasks, or make sound judgments.

Key characteristics of Alzheimer's:

1. **Progressive nature:**

Alzheimer's is a progressive disease, meaning the symptoms gradually worsen over time.

2. **Stages of progression:**

While Alzheimer's affects individuals differently, it's often described in stages, from mild (early) to severe (late), with varying degrees of cognitive and functional decline.

3. **Not a normal part of aging:**

While age is the biggest risk factor, Alzheimer's is not a normal part of aging and is not inevitable.

4. **No cure, but management options exist:**

Currently, there is no cure for Alzheimer's, but treatments and therapies can help manage symptoms and improve the quality of life for individuals living with the disease.

Common symptoms:

1. **Memory loss:** Difficulty remembering recent events, conversations, or names.
2. **Difficulty with language:** Trouble finding the right words or following conversations.
3. **Impaired judgment and decision-making:** Difficulty making choices or solving problems.
4. **Changes in mood and personality:** Increased anxiety, depression, or irritability.
5. **Disorientation:** Confusion about time, place, or surroundings.

Important distinctions:

1. **Alzheimer's vs. Dementia:**

Alzheimer's is the most common type of dementia, but dementia is a broader term for cognitive decline.

2. **Alzheimer's vs. normal aging:**

While memory loss can be a part of normal aging, Alzheimer's involves a more significant and progressive decline in cognitive abilities.

CHAPTER 3

WHAT ARE THE SIGNS OF DEMENTIA?

Here is the sad reality of how most of us approach this intimidating issue: we closely watch for any sign we might be faltering. When we notice a stray thought, a memory lapse, or some other "oddity," we worry. But, almost reflexively, we reassure ourselves—and tend to believe our own reassurance —that this is normal aging. Most of the time, that is probably true.

However, if we could learn to monitor our concerns without anxiousness, we would be far better served. Fear that prevents us from seeking medical advice is exactly the wrong approach. I have made plenty of mistakes in my life, but this was not one of them—well, mostly not. I did pursue medical attention, but when the diagnosis of Alzheimer's came, I wanted to reject the advice I received. Thankfully, my dear wife gently persuaded me to reconsider, and I chose to pursue the treatment regimen with lecanemab, which I will discuss later in this book. I'm grateful I made that choice.

Sadly, many people are too afraid to ask the question, "Do I have a problem?" And even if they do, they may not know whom or what to ask. Let's break this down in a way that is easier to understand. Here is one simple, layperson-friendly way to think: As people age, some

forgetfulness is normal—for example, misplacing keys or occasionally forgetting someone's name.

However, if you are concerned about more serious cognitive problems, here are some signs that go beyond normal, age-related changes:

Memory and Thinking

- Forgetting recent events or information frequently (for example, asking the same questions repeatedly or relying more than usual on memory aids)
- Difficulty planning or solving problems (such as managing bills or following a multi-step recipe)
- Trouble completing familiar tasks (like using a phone or driving to familiar places)
- Confusion with time or place (losing track of dates or seasons, or becoming disoriented in familiar locations)
- Difficulty with words in speaking or writing (struggling to join conversations or find the right words)
- Misplacing things and being unable to retrace steps (putting items in odd places and not being able to find them later)
- Decreased or poor judgment (making uncharacteristic choices or showing less awareness of risks)

Other Potential Changes

- Shifts in mood or personality (becoming easily upset, anxious, or socially withdrawn)
- Trouble concentrating (losing focus more easily and taking longer to complete tasks)

CHAPTER 4

I AM SEEING SOME OF THESE SIGNS. WHAT'S NEXT?

How can someone know if they have dementia—or Alzheimer's? This may be the most important health question you ever ask yourself: "Could these symptoms mean Alzheimer's?" Early intervention is critical. Unfortunately, people are often so afraid of Alzheimer's they bury their head in the sand instead of taking a clear-eyed look. And it isn't just the person worried about their own mind—family and friends can be just as fearful. Here's what not to do:

- Obsess or catastrophize over every minor lapse
- Let fear paralyze you
- Wait until you are in crisis

Instead, watch for consistent patterns. If you—or someone you trust—notice the following:

- Repeated forgetfulness;
- Misplacing ordinary items nearly every day;
- Trouble handling tasks you have long managed without effort;
- And/or losing track of conversations;

it is time to have a conversation with someone you love. Ask, "Help me watch for patterns," and get a second set of eyes. If those problems persist, talk to your primary care physician.

There are simple screening tests that can calm your fears—or point you to the next steps if there is real concern. One of the most basic is the Mini-Cog. It takes three minutes and includes the following:

1. A three-word recall (for example: tree, street, apple)
2. A clock-drawing test (draw a clock with all the numbers, place the hands at a time the doctor gives you, such as 3:15 or 4:10). After drawing the clock, you are asked to recall the three words again.

- If you remember all three, it usually means no significant impairment.
- If you remember fewer than three, the clock drawing helps the doctor interpret what might be going on.

Although you could try this at home, I strongly recommend letting a trained medical professional administer it. This issue is too important for a do-it-yourself test. My own primary care doctor had one of his nurse assistants administer this test to me. I don't remember exactly how I performed, but it was enough for him to say we needed to look deeper. The result suggested possible cognitive changes, which led to further evaluation.

Let me remind you: everyone forgets things sometimes. That is normal. When forgetfulness begins to interfere with daily life—asking the same questions repeatedly, getting lost in familiar places, struggling to follow

conversations, or being unable to finish tasks you have done for years—it is time to get professional help.

Here are some wise questions to ask your doctor or care team:

1. What other tests can confirm or rule out dementia?
2. Could medications or other health conditions be affecting my memory?
3. If it is dementia, what type might it be?
4. What treatments or support options do I have?
5. Should I see a neurologist or geriatric specialist?
6. What lifestyle habits might help preserve my memory?
7. How often should I come back for retesting?
8. Are there local support groups or resources you recommend?
9. How can I plan ahead legally and financially?
10. What warning signs should I watch for as the disease progresses?

Don't bury your head in the sand. Also don't stress over every little slip of memory—but don't ignore serious patterns either. Your answers don't have to define the rest of your life. If there is a problem, getting help early makes all the difference. There are things you can do, and things your loved ones can do, but no one can help if everyone pretends nothing is wrong. It may be a "Houston, we have a problem" moment—or it may be a temporary glitch. Either way, finding and embracing true answers is the absolute key to working your way through the challenge with grace and a measure of success.

CHAPTER 5

WHAT WERE MY SIGNS?

Caskets for infants—a conflicted project. I was helping a group in New Orleans build caskets for babies who died during delivery or shortly after. The families in these circumstances are young, hurting, and usually not financially healthy, and they needed help.

This is what Donald Sampey told me when I met him at Acadiana Cypress in Ponchatoula. Elaine always says she can never leave me alone for a minute. I always "get in trouble." I was looking for cypress for some adult casket I was building, and Donald was struggling with a long piece of cypress, and I jumped in to help. Soon we were talking, hugging, and praying, when Elaine returned and realized she had left me alone for a minute, and here I was praying with and hugging a stranger.

Of course, after we talked, Donald invited me in for the infant casket project. I was enjoying helping with this project, and wonderful ladies up in Mississippi were contributing as well by converting old wedding dresses into burial gowns, caps, and casket liners. As I said, it was emotionally conflicting for us all, but we knew we were helping the young families and honoring God by doing so.

I was in my shop working on one of these tiny caskets when I was confronted with confusion—my own. I could not see how to do things previously done without hesitation. In my mind's eye, the end result was clear, but I was not able to see the steps to achieve the right end. There were other caskets already made I could look at, so I knew what was required, but I was not able to formulate the plan to build it out. Simply put, I could not 'connect the dots'.

The process of getting from cypress lumber to finished box was now beyond my grasp. Thinking back on it, this wasn't a sudden occurrence. Experiencing hesitation and ultimately confusion had been going on for quite some time. Here, in this moment, however, was when the sobering internal confrontation occurred and I realized something isn't right here!

Not connected in my mind were similar problems in a different realm. Daily text messages and social media posts with prayers and other words of encouragement were a long-standing daily activity for me. These were done so frequently I could produce these with no help but the Holy Spirit to guide my prayers.

The various programs/apps on my computer/phone were as familiar as the proverbial back of my hand. Without thinking about the overlap, I had encountered challenges here as well. Activities that had been rote for so long were now bewildering to me. I was left staring and pondering the path to follow for the old, known ways.

I began noticing these gaps I could not explain, and my first reaction was, "Well, everyone forgets things now

and then. Just brush it off." And for a while, that's exactly what I did. At first, I told no one. Partly because I was embarrassed and partly because I could not explain what was happening. I chalked it up to aging—after all, I was sixty-nine at the time.

For a while, I hid it from myself and others. But during a routine doctor's visit, I casually mentioned it felt like I was "missing a few steps" in my thinking. I asked if he had any idea what might cause that. He didn't have a quick answer, but his assistant came in and administered the Mini-Cog (the same test I described in chapter 4).

I don't remember every detail, but I know it included remembering a few words, drawing a clock, and then recalling the words again. After the test, my doctor told me there were indications of a cognitive problem, and he recommended I follow up with a neurologist. I don't recall exactly where he sent me first, but eventually I ended up with Dr. James Rini, a neurologist at the Brain Health Center at Ochsner's main campus in New Orleans.

Dr. Rini and his team performed a thorough set of tests. In the end, they concluded I had mild cognitive impairment, matching what my primary care doctor had suspected. Dr. Rini explained the options to better understand the cause. He recommended a spinal tap, because it is the only test that can decisively confirm Alzheimer's by looking for key markers in the cerebrospinal fluid. Given my history of multiple traumatic brain injuries from childhood and years of alcohol abuse, Dr. Rini strongly suspected Alzheimer's was involved.

He informed me that four out of five dementia cases are caused by Alzheimer's. He also explained that while a PET scan was another option, it had limitations. Autopsy is the absolute best way to confirm AD, but I elected to bypass autopsy for the time being. I went with the spinal tap, followed by extensive lab work. When everything came back, the final diagnosis was mild cognitive impairment due to early-stage Alzheimer's disease.

I am grateful I didn't let pride stop me from searching for answers, because acknowledging those problems was a turning point that has substantially and wonderfully changed my life. The success in the treatment to date is not at all the reason I am so high on my decision (with Elaine's nudging) to go with the Lecanemab, AKA as Leqembi, treatment (you know like Alvin Karpis AKA "Creepy Karpis"). The great joy in pursuing this line of defense against AD is that I made a choice and it felt right. Taking a positive self-help step in this daunting dementia field is quite empowering for me.

Before we talk treatment, let me back up and share the struggles I had on the way to accepting the treatments. Hold on as we go from "zero to ninety" in a flash.

CHAPTER 6

MY BROKEN SPEEDOMETER (ZERO TO NINETY IN A FLASH)

Not long after Dr. Rini gave me the diagnosis of Alzheimer's, I had what you might call a full meltdown. I told Elaine I wanted her to hire a contractor to turn my man cave into a lockdown unit, complete with a sliding observation window so she could pass food through if necessary—to keep me safely locked away. I was dead serious. When she brushed it off, I was angry. (We recently had a good laugh about it, but back then it felt painfully real.)

I remember telling one of my good friends who leads the prison ministry that, based on what I'd read, I might have two years left. I believed it. Let's say everything in my mind became exaggerated in an larger than life way. A short time later, I had another idea: maybe we should sell our house and move into a development with a memory care unit. Ironically, it was the same place where Elaine and I spend every Friday, ministering to residents—sharing Scripture, singing, praying, and loving on people (translated – where we go to receive abundant blessings once a week).

Elaine didn't agree with that plan either. In my mind, she didn't love me, didn't care, didn't believe me. My thinking became a runaway train. Then I took it even

further. I decided maybe the best thing would be to buy a cheap, barely-running RV and move out to the desert Southwest—away from people, living out my days quietly, not bothering anyone, and not being a burden.

During that season, I also began experiencing serious emotional turmoil while serving the homeless and working in prison ministry—commitments that had long been anchors in my life. It felt like every part of my world was falling apart, and I was sure it was all tied to this raging dementia taking hold of me. Looking back now, I see there were real emotional issues at play, but also a heavy dose of knee-jerk overreaction.

Every new challenge felt like proof I was slipping faster and faster toward a place of no return. It felt real—deeply real—and no one seemed to understand. When I tried to talk about it, I got nowhere. Even online, I could not find voices from the patient's point of view. There were plenty of caregivers, but few, if any, patients describing what it felt like. Even among caregivers, there was a wall I could not climb over.

It took a long time for borderline hysteria to level out. Things began to change when I saw God's hand moving in all of it. Pulling back from street ministry opened doors for others I had worked with to step forward with their own gifts and vision for that ministry. Their vision was bigger than I had ever imagined. Today, that ministry has grown beyond New Orleans to other Louisiana cities and even across the United States. This is one of several reasons I say I would not trade my circumstances for any other.

Likewise, when I stepped away from prison ministry, it, too, was blessed with new helpers and much greater spiritual growth. They have continued to see amazing fruit since I chose to leave. What I saw as painful loss, God saw as opportunity. My stepping back allowed new possibilities to blossom.

My biggest hesitation, pursuing treatment with Lecanemab has now become one of my greatest joys. I will discuss this in greater detail in a later chapter. It's amazing how sometimes the door we least want to enter can become the one thing we would never want to miss.

Elaine, of course, has been my rock. She is quick to remind me I have only two speeds: stopped or wide open. My initial reaction to this diagnosis was wide open—and it was not pretty: zero to ninety. But God used Elaine's steadiness and compassion to help guide me through those panicked moments. She gently nudged me in directions I didn't want to go—and those turned out to be exactly the right places for me to be. We have a joke in our marriage that Elaine is always right (it's no longer a joke, she just is)!

Our love is stronger today than ever. I cannot give Elaine enough credit. She has been a faithful helpmate, a true friend, and a sister in Christ. Repeatedly, she has shown a wisdom that leaves me marveling. I often tell her she is always right—and that is pretty close to the truth. I thank God daily for the gift of Elaine's presence in my life.

CHAPTER 7

YOU HAVE AD—SO WHAT'S NEXT?

Finding yourself wearing the tag "Alzheimer's"—the tag no one ever wants—can leave you wondering what to do and how to do it. Here's one crucial lesson I've learned: do something. The old song "Que Sera, Sera" ("whatever will be, will be") is a wonderful tune, but it is a terrible strategy for dealing with dementia, cognitive decline, or any similar challenge.

When I first heard my options—and there were not many—I slipped into a "Que Sera, Sera" attitude, a "whatever happens, happens" state of mind. I was struggling. I wondered, how many days or weeks or months before I don't even know my friends? We must reject this reaction — as Barney Fife says "Nip it – nip it in the bud"! Make a firm decision to find out your best course and commit to it.

The primary option presented to me was a new drug called Lecanemab (aka Leqembi), which I will describe in more detail later. At first, it did not seem appealing. The side effect list was longer than my arm, and the trial data suggested that after eighteen months of treatment, you might slow the disease by not much more than the eighteen months you took the infusions. It sounded like a poor trade-off for the cost, the risks, and the inconvenience. Basically, their hoped-for goal was:

Maybe we can tap the brakes, maybe we can buy you eighteen extra months of recognizing your loved ones. It was a hard pill to swallow.

I plan to devote an entire chapter to my experience with the drug, but let me say here: I had none of the side effects, and the results have been beyond encouraging. Now, I'm sixteen months into the treatment, and because of the good progress, it has been suggested my insurance company might even approve extending the treatment beyond what was originally allowed. Looking back on the doomsday roller coaster I rode when I first got the diagnosis, I see how easy it is to let fear push you into "whatever happens, happens" thinking. That would have been a poor choice, probably a death sentence for me.

Taking action—even if the results are uncertain—is far better than passively surrendering. Yes at first, I lived with a que sera, sera mindset—"what will be, will be." But now I choose to live by another phrase: *Lo haré, lo haré*—"I will do it, I will make it happen." Translated, it means, "I will make it happen by taking the sure hope approach, trusting God, and taking full advantage of this great treatment option he laid before me."

CHAPTER 8

WHAT DOES ALZHEIMER'S DO TO THE BRAIN?

First, let me say plainly: I cannot tell you exactly how Alzheimer's will affect your brain. Every person is different. You can read countless articles about what others have experienced, and while you might share some of those symptoms, you almost certainly won't have all of them—and you'll likely face other challenges no one mentions.

A couple of things have surprised me. One is how much Alzheimer's has drained my energy. I had been doing well with exercise, but not long into this journey, I found myself struggling just to walk to the end of the driveway. The emotional impacts, which I mentioned earlier, are a mix of what comes secondary to Alzheimer's and what's simply a normal human response to a life-changing diagnosis. Some feelings are uniquely mine, tied to my personal experiences and makeup. There is no one-size-fits-all.

It's worth noting I haven't lost all my skills, but my memory has taken a real hit—especially short-term memory. Sometimes I'll pick something up and instantly forget why I'm holding it. Or I'll glance at a number, and by the time I look where I need to use it, it's gone. I can

set reminders and write notes to myself—and still forget. Generally, if something isn't right in front of me, I'm unlikely to remember it.

Another strange thing that still surprises me is not fully understanding the space around my own body. That might sound odd, but sometimes I can't tell exactly where my foot is, especially when I'm lying down. It feels disconnected. My two feet might be touching in bed, and I wonder whose foot is touching mine. I lose track of where my hands are and sometimes have to look at them and 'give them a nudge.' On the other hand, I've developed an amazing ability to catch falling objects. This happens often—maybe because I drop things more now—and I'm astonished at how quickly I can catch even small items.

Using a screwdriver—manual or power—has become almost impossible. I can't get the tip into the right groove, and when I do, it won't stay there long enough to drive it home. My balance, which wasn't great before, has worsened. I lose my balance multiple times a day. I lose things constantly, searching "forever" only to find them right in front of me. Simple tasks—like plugging something into an outlet—have become a challenge. What once took a quick movement now takes several tries.

Mentally and emotionally, I notice something familiar from my long-time struggles with depression. Depression would sometimes roll in like a storm on the horizon, giving me time to prepare. But Alzheimer's impacts come differently. They sneak up and hit suddenly. When they arrive, I've learned to say, "Aha, I know you," and remind myself of the truth: I don't have to surrender to

fear. Even though I don't usually see them coming, I am able to make an adjustment and tell them where they can go! Let me share an example. Now I find myself thinking that I am in a hostile environment but this self-reasoning and self-talk has enabled me to call those feelings out and put them away.

Crowds have become harder to handle, too. I avoid situations where I might be confronted with pointed questions I can't answer. And one final thing: choices. When faced with too many options—even simple ones like where to eat, what to eat, or what time to leave—my mind can and often does just freeze up. If choices pile up or get complicated, I shut down, like a deer in the headlights. It leaves me feeling anxious and confused.

None of this is easy, but I'm learning to adapt. I can't put a drill bit in a hole the way I once could—but with two hands and patience, I get it done. I might have to try the wall socket three times, but I get it done. There is no universal roadmap for this disease. Every person's path will look different. But here's what I know: you can learn to recognize these difficulties, talk about them, and give yourself grace to move forward—even if forward looks different than it used to.

No matter the impacts, I am always able to remind myself of positive truths that make any challenges seem mostly insignificant. My wife loves me. God is with me. It is well with my soul — no matter what.

CHAPTER 9

LECANEMAB

While I was traveling the path of testing and diagnosis, a brand new treatment for Alzheimer's was traveling along with me. Lecanemab, an anti-amyloid Alzheimer's treatment, received traditional full FDA approval on July 6, 2023, after initially receiving accelerated approval in January 2023. With full approval in July 2023, Medicare (CMS) officially announced coverage for Lecanemab under certain conditions—primarily requiring patients to be enrolled in a registry to track outcomes. It effectively became reimbursable by Medicare from that point forward. The Lecanemab approval path was occurring almost simultaneously with the time Dr. Rini began to tell me about the new drug.

Lecanemab targets the "clutter" in the brain—the amyloid plaques and tau tangles —that slow down and disrupt normal brain function. The hope is that by attacking this buildup, the disease process can be slowed, or maybe even partially reversed for a season. In my own case, it seems to have done exactly that: my cognitive function has improved, and I feel like the process has been stopped in its tracks. Dr. Rini states if I was tested today it would not have led him to diagnose me with Alzheimer's. That doesn't mean I don't have it but it has cleared up enough 'junk' in my brain to

warrant a different classification. The next step will be watching how it develops (or not) going forward.

My treatment schedule is an infusion every two weeks, always on a Wednesday. I go to the M.D. Anderson/St. Tammany Ochsner Cancer Center, which is less than five minutes from home. Going there, meeting and getting to know the people—patients and caregivers—is a huge blessing in itself. At first, the process seemed daunting. But now nothing could be further from the truth.

When you go to the cancer center, you meet so many others facing struggles far worse than your own, and yet the mood and spirit there is often remarkably upbeat—including among the nurses and staff. I have found them to be knowledgeable, committed, kind, loving, and patient. I purpose to show these blessings back to them — that's my bi-weekly goal, to out love them.

When they ask me where I want to be stuck for the IV, I tell them, "Whatever works best for you." They appreciate that. Mostly they nail it the first time, but if they must stick me several times before it takes, I do not complain. We are all doing our best, and it is a place of love and caring from the parking lot to the third floor and back.

We are loving our neighbors as ourselves. Some of those neighbors are patients, some are staff, some are volunteers. That place has become one of my favorite places to be—because of the people. It offers opportunities to interact at such personal, meaningful moments in the lives of others—and my own.

For me, the treatment usually takes two to three hours, although it has gotten faster since they stopped giving me certain pre-treatment drugs once it was clear I had no allergic reactions. The treatment rooms are clean, inviting, and super well-maintained.

There is a fellowship that occurs between all involved, from the parking lot and Amy the greeter, to the people sitting and waiting for transportation, the elevators, and the kind ladies who check us in. The nurses and other medical personnel go out of their way to help each of us and one another. The other day I got on the elevator and went up to the third floor (you will read more about that floor later). When the door opened my friend Mr. Joseph (he lives in the care facility where we go on Fridays to minister) was being wheeled in to go down. I don't get out I ride down with him and we have a wonderful visit. We had bells and whistles going off for holding the elevator. When I got back up to the third floor people said you just went down and I answered with a big smile "And now I am back."

Love takes place on the third floor. There is a natural fellowship that happens among people—even a smile, a handshake, or sometimes a hug. I never pry into why others are there, but I do try to meet them on the shared ground that we are all human, and we are all in this together for a season.

Those conversations, those smiles, those moments—are blessings to me beyond measure. One of my favorite blessings to enjoy is to look for those whose heads are hanging low and try to help give them a reason to smile, if only for a little while. Thank you, God, for giving me these opportunities that so enrich my life; the opportunity

to meet people I would otherwise never know, a chance to try to be an encouragement to others as so many have encouraged me. Yes, thank you God for allowing these paths of life to open so beautifully.

CHAPTER 10

MENTAL HEALTH: THE LAST TO THE TROUGH

Mental health has long been the last to the trough of the health care system—and that needs to change. Since ancient times, mental illness has carried a stigma and provoked misunderstanding.

If someone gets cancer, people say things like, "Oh, she's started treatments. We're praying for her." If it is a heart problem, they say, "He had a heart attack, but he's recovering, thank God." But if it is a mental illness? The talk shifts: "He's not right anymore." Or worse: "He's gone crazy."

That is not just a layperson's problem. The entire health care industry, along with our court systems and lawmakers, often see mental health as an afterthought. Resources are scarce, waitlists are long, and emergencies are usually what get attention—while early, proactive care gets ignored.

When I was growing up in southwest Mississippi, people would refer to the state mental hospital as "Whitfield." If someone acted strangely, they would say, "He needs to go to Whitfield." That phrase became a synonym for *crazy* and carried a heavy load of shame. Even today, attitudes have not changed as much as you might hope.

In my legal career—first as a lawyer, later as a judge—I saw how difficult it was to deal with mental health cases. The options for helping people were painfully limited, and the resources meager. Usually, a person in crisis ended up sitting in jail for long periods of time waiting for treatment that was nearly impossible to access. That alone should tell us a lot about how our society views mental health. It is a sad commentary.

Yet, I have to say: the mental health care workers I have known are some of the most dedicated, compassionate people I have ever met. They do heroic work, but they are stretched far too thin, lacking the resources and support patients and families need. Mental illness, like any other illness, affects not only the person who is suffering, but everyone connected to them—their family, their friends, their coworkers, their community.

When a system fails to help, the fallout spreads far beyond the one person diagnosed. If there is one message I wish could travel far and wide, it is this: mental illness deserves the same respect and resources as any other health problem. It is time to bring it up from the Middle Ages, from the bottom of the trough to the top of our shared priorities.

CHAPTER 11

THE "DIRTY WORK" OF ALZHEIMER'S

The human brain is a breathtaking masterpiece of God's handiwork—a living structure of indescribable complexity. Billions of neurons fire in a delicate dance, forming our memories, thoughts, and sense of self. The beauty of this system is beyond words. But the destructive work of Alzheimer's is every bit as terrible as the brain's design is beautiful.

Alzheimer's is like a vicious burglar breaking into a priceless museum and tearing apart its most treasured works. I sometimes picture it like this: water seeps into a crack between two boards. Mold and mildew take hold. Rot begins. Slowly, the structural integrity of the wood is destroyed. From the outside, the board might still look strong—but inside, it's falling apart. That's how Alzheimer's behaves in the brain.

Small clumps of abnormal proteins called *amyloid plaques* build up between nerve cells. Inside those cells, twisted strands of another protein—*tau*—form tangles. These are not normal signs of aging; they are the fingerprints of disease. Slowly and steadily, these processes eat away at the faculties that make a person who they are. A person is never defined by their physical shell alone, but by the accumulation of their

thoughts, will, and emotions—all of which come under attack.

I see this reality every Friday afternoon when my wife and I visit friends at a local skilled care facility. Sometimes, they seem perfectly fine. Moments later, it's as if the spark has left them—and you realize they've slipped away in an instant. It doesn't make them any less precious or any less loved, but their essence has been stolen by this ruthless thief.

Alzheimer's doesn't always rush in. Its dirty work can be painfully slow. We often pray for a merciful end for friends who have lost the ability to enjoy life but are still held hostage by this slow destruction. Of course, those decisions are not ours to make. And yet, even amid the decline, there are bright moments—comebacks, when someone rallies for an hour, a day, or even longer. Those rebirths bring great joy, though they rarely last. Maybe the greatest pain for loved ones and caregivers is the helplessness—the heartache of watching someone slowly drift away.

There may be periods of seeming stability, even a flicker of recognition in their eyes. But inevitably, the disease reasserts itself. We must let go of the idea that memory is the only casualty. Alzheimer's attacks everything, because nearly everything about who we are flows through the brain. When the brain is touched, all of life is touched.

But here is what I believe most deeply: the core of a person—their spirit—cannot be measured by any scan, microscope, or modern test. I've seen that spirit shine out strong, especially when faith is stirred—when

truths buried deep within are remembered, truths so profound even Alzheimer's cannot reach them. That is the greatest blessing—never to forget.

CHAPTER 12

DO NOT SING "QUE SERA, SERA"

If there is one point I could tattoo on every page of this book, it is this: do not surrender to "Que Sera, Sera." Alzheimer's, along with other dementias, feels like the sword of Damocles—a disaster waiting to fall. It can tempt you to retreat, resign, and stop living. But I am urging you: do not do that. Trust God, who can bring good even out of the worst of times. Nothing shows this truth more clearly to me than the hymn "It Is Well with My Soul." Horatio Spafford wrote it after losing his four daughters in a shipwreck, following the loss of his son and much of his property in the Great Chicago Fire. As he sailed past the spot where his daughters drowned, he penned these words:

When peace like a river attendeth my way,

When sorrows like sea billows roll,

Whatever my lot, Thou hast taught me to say,

It is well, it is well with my soul.

Spafford did not let the sword of disaster extinguish his hope in God's promises.

In the same way, the temptation with a diagnosis of dementia is to give up, to head straight for your grave while you are still breathing. But you do not have to live that way. The sword may hang there, but it cannot

cancel what God has planned. Keep living. Keep pressing on. Keep being all you can, for as long as you can, with all you have to give. One of my favorite movie quotes says it perfectly:

"I guess it comes down to a simple choice. Get busy living or get busy dying" (Andy Dufresne, *The Shawshank Redemption*).

With God's direction, and Elaine's wonderful encouragement, I have chosen to get busy living. My reality could change tomorrow, like anyone's could. But I am not sitting around waiting for that day. I am pursuing the best treatment I know of, building new memories, creating new joys, remembering God is not done with me yet. I can say with Horatio Spafford, and with countless others across the centuries, "It is well, it is well with my soul."

CHAPTER 13

DID DEMENTIA GIVE BIRTH TO NEW CREATIVE JUICES?

When I was diagnosed with mild cognitive impairment—which progressed diagnostically to MCI due to Alzheimer's—I realized my woodworking days were probably over. That was a hard blow. But that did not mean I had to give up on being creative. Around March of 2023, I discovered painting. I have completed around 150 canvases, ranging from six-inch squares to pieces as large as six feet by four feet.

I work in acrylic, watercolor, and acrylic pour—every style I can get my hands on. Art has become a daily part of my life, and it has been an incredible gift. I have sold or given away well over 100 canvases, but at some point, I decided I would give them away. Why? Because I see this creative ability as a gift from God that He handed me in this season, and I want to share it with others.

Art is therapy for me, no doubt. It fills the low spots that come, and those low spots tend to leave as quickly as they arrive. Art helps me gain perspective. Here is something new I can do, that I never dreamed I could do before, that is valuable—and I can share it with others. It feels like art is building inside me.

Maybe new neural pathways. Maybe spiritual pathways. But it feels healing, restorative, forward-moving. It feels hopeful. Learning to draw and paint has also become a wonderful teacher. Art you learn by doing, by trying, by failing and trying again. I see it almost like an athlete learning to throw a ball—you keep doing it until it becomes part of you. When I pick up a brush, choose a color, and put it on the canvas, I feel delivered from fear. I feel energized for new frontiers. If I could encourage anyone reading this: find something safe and productive to do. You may think you can't do it. Start anyway. The day I started painting, I didn't believe I could either—but I tried, and it happened.

CHAPTER 14

THE REALITIES OF DEMENTIA: ONE SIZE DOES NOT FIT ALL

There are plenty of well-meaning lists on how to treat a person with dementia. Often they go like this: "Treat them like they are the same person." Someone else might respond: "If I get dementia, I don't want to be treated like a child. Talk to me like the adult I am." That is a beautiful wish, but sometimes it is wishful thinking. You can only talk to someone like an adult if they are acting like an adult.

Another person might say: "Treat me with respect. I might have soiled my diaper, but I still have feelings." That is true—but again, not always realistic. I have seen many examples of this in my own experience. For instance, one caregiver said: "This list is sweet and well-meaning, but it doesn't fit our situation. I talk to my uncle like he's a child because that is how he responds best. If he gets hurt, I coddle him. I use silly noises, and he laughs. Talking to him as an adult is simply not possible."

Everyone's situation is different. I can speak from several perspectives. First, I have early dementia myself. I am still functioning quite well, but there are real deficits that show up. I don't want special treatment,

but I do hope people will show patience when I struggle. I am still me, and I want to be treated as me—but if I slip up, I hope you will extend me grace and understanding, just as you would if I had a broken leg and needed help walking.

Beyond my personal experience, I have been around mental health issues for decades as a judge and an attorney. I have seen people in courtrooms who needed creative accommodations—everything from a mattress to lie on, to a support person to help communicate. I have seen a federal judge show extraordinary patience for a person who could not sit still or respond "normally," because doing otherwise would have made things worse.

My wife and I go weekly to a memory care facility, visiting people whose memories and abilities are largely compromised. Our ministry is built around loving them exactly where they are, in the truth of Jesus Christ. We adapt, week by week, person by person.

For seven years, I worked among the homeless population of New Orleans, teaching, feeding, cutting hair, sharing Jesus, stopping fights, and facing down weapons. The homeless community has an extremely high rate of mental health challenges. If you wanted to reach them, you had to be flexible. No one-size-fits-all approach. What works with one person may not work with another—and what works one day may not work the next.

So my message is this: those helpful lists on how to treat people with dementia are great, but only if they fit. If a

person is gentle and calm, treat them with the same dignity as any other person. But be prepared: things can change in an instant. You must stay flexible, ready for anything. And to my dear Elaine—"SweetE"—please read this chapter more than once. As much as I want to stay at home, I never want to become a danger or a burden to you. Only the caregiver can measure that burden, and I trust you to do so wisely.

CHAPTER 15

NO ONE WHISPERS

There is a strange, almost amusing reality about Alzheimer's and mental health in general: people no longer whisper about it the way they once did. In fact, they tend to talk openly, sometimes with an honesty that can be jarring, though rarely mean-spirited. Years ago, the mention of a mental illness diagnosis, or something as frightening as dementia, would cause people to hush their voices. They would speak in code or not speak at all. Families would hide it, doctors would tread carefully, and neighbors would avoid the topic altogether.

But today, people are more direct. When they hear "Alzheimer's," they ask questions, offer advice, sometimes even share stories you never asked for. Often these stories are meant to help, and they usually come from a good place—but it can feel overwhelming, and sometimes painfully off-base. In my experience, this openness is mostly positive. It signals people are less ashamed, less terrified, and more willing to face the realities of mental decline. That is a healthy step forward.

Yet there is still a lot of awkwardness around the topic. I have found people, even when they speak openly, sometimes do not know how to process what you are

telling them. There is no easy way to absorb the words "Alzheimer's disease" coming from someone you know and care about. And so, they do what people often do: they talk—to fill the space, to comfort themselves, to comfort you. That is not always bad. But it can sometimes leave you feeling more alone than ever if no one listens.

One of the greatest blessings for me has been learning to separate helpful conversation from unhelpful chatter. Some folks want to know how you are doing; others only want to satisfy their curiosity. That is part of human nature.

No one whispers anymore—but not everyone knows how to speak carefully, with gentleness, or with wisdom. If you are on this journey—as a patient or as a caregiver—prepare for clumsy, unexpected, or even painful comments. Prepare to educate. Prepare to correct. Prepare to extend grace, because people usually mean well. But also protect your heart.

Not every opinion deserves to sink in. Hold on to what is true, and let the rest float away. As I have walked this road, I have learned it is better for people to talk awkwardly than to say nothing at all. In silence, stigma grows. In conversation, even imperfect conversation, we can find community, connection, and hope.

CHAPTER 16

THE JOYS OF ALZHEIMER'S

If someone had told me I would one day write about the joys of Alzheimer's, I would have called them out of their mind. But here I am—because, believe it or not, I have seen God bring real joy in the middle of what most people think is a place of total darkness. One of those unexpected joys has been seeing the ministries I used to pour myself into flourish far beyond anything I imagined—once I got out of the way.

The street ministry among the homeless, the prison work, the local outreach efforts—God has raised up new leaders with new gifts, new energy, and new vision. When I stepped back, the Lord stepped forward in mighty ways, blessing those ministries to grow and multiply, filling me with deep gladness.

Another unexpected joy has been discovering a greater freedom to love people wherever I meet them. I used to be so driven, focused on programs and schedules. Now I have time—and the willingness—to simply be with people: to listen, encourage, pray, laugh, and share Jesus in ways that feel natural and full of grace.

I have met medical workers at the MD Anderson/ Ochsner /St. Tammany Cancer Center who have inspired me with their compassion. I have seen patients loving other patients, families loving on each other, nurses and

staff giving far beyond what their paychecks could ever reward.

God has given me opportunities—and courage—to share the hope of Christ with them, to remind them they are seen and loved by God. My own family, my church family, my wife—I have seen God's hand in all of them, strengthening, supporting, forgiving, holding.

I know there are even deeper works happening I cannot see, because God's faithfulness goes far beyond what I can measure. And in my own life, God has done a work I never expected: allowing me to teach, encourage, and reach people around the world—far beyond what I could have done in my own strength. Alzheimer's might have weakened my memory, but it has strengthened my testimony.

God has expanded my influence, through technology and simple conversations, giving me a spiritual energy that is not my own. There is no way to explain except to say: God is good. Even in the hardest places. I have climbed this mountain without a human guide, but I have not climbed alone. Christ has been with me every step, turning even this disease into a place where light breaks through and joy and peace replace fear and anxiety and I sing with the hymn for the ages, "It is well, it is well with my soul."

CHAPTER 17

SAFELY HOME WITH JESUS

If I had known ahead of time the roller coaster this disease would take me on—the terrifying drops, the twisting turns, the gut-wrenching moments—I might have jumped off the train before it even left the station. But God is faithful. He has been with me through every danger, every toil, every snare. In moments when I thought I could not take one more dip, when fear screamed in my ears and darkness seemed absolute, He was there.

He has taken my brokenness—spiritual, physical, and emotional—and made something beautiful out of it. He has used every valley to teach me more about His goodness, His steadfast love, His power to restore and redeem. There have been times on this journey when I thought it was the end, no way forward. But each time, God proved me wrong. Each time, He brought me through, and He brought me through stronger in Him than I ever was before.

I cannot tell you Alzheimer's has been easy. It has not. But I can tell you, beyond all shadow of doubt, God has held me, carried me, and kept me. My heart is filled with joy—not because the disease is gone, but because God has shown Himself faithful in the middle of it. If I could leave you with one truth, it would be this: no matter

how bad the ride seems, no matter how scary the turns, no matter how deep the valleys—God will see you safely home with Jesus.

This disease might take away a person's abilities, even their memories, but it cannot take away their place in Christ. My mind may grow dim. My body may grow weak. But my eternity is secure, and so is yours, if you belong to Jesus. And that is the greatest comfort of all. Jesus says to me and you, 'I am the way and the truth and the life. No one comes to the Father except through me.' We come to God through Jesus by grace alone—a gift from God—through faith alone, in Jesus alone.

CHAPTER 18

ALL THINGS WORK TOGETHER FOR GOOD

And we know that for those who love God, all things work together for good, for those who are called according to his purpose.

—Romans 8:28

When you hear a diagnosis like Alzheimer's, it can feel like nothing good could possibly come from it. It can feel like your story is over. But God's Word says something radically different. He promises not that every moment will feel good, not that you'll never cry or grieve, but that all things will work together for good for those who love Him and are called according to His purpose.

That is a breathtaking promise. It doesn't deny the hardship. Jesus Himself said plainly, "In this world you will have trouble." He didn't sugarcoat it. But He also said, "Take heart! I have overcome the world." Even Jesus wept at the tomb of Lazarus, knowing He was to raise him from the dead. That tells me it's okay to grieve, to mourn what's been lost—even when we know God holds the final victory.

For those facing devastating diseases, the promise of Romans 8:28 is a lifeline. God is at work, weaving together threads we cannot see or understand, shaping

them into an eternal good we could never have imagined. It's not denying the pain. It's trusting the One who holds you through it.

God is good. In Him there is no darkness. He is all-knowing, all-loving, and completely faithful. He can be trusted—not just with the outcome, but with the process. Even when the road is rough, even when the nights feel endless, He is present in every moment, holding you through every hard day. That's why we can still rejoice, even when the tears fall.

I know in my heart that no matter what happens with this disease—no matter how far it progresses—God remains the same. He has promised to finish the work He began in me. That's why I can say, with confidence: It is well with my soul.

CONCLUSION

This journey is not over any more than your journey is over—but my anxiety in the journey and where the steps will lead me is long gone, never to return. I rest in the joy and challenges of each day, and I thank God for the unique blessings and opportunities I have been given.

The only conclusion that ultimately matters is my answer to this question: Who do I say Jesus is? If Jesus is my Savior—by grace alone, through faith alone, in Christ alone—there are no uncertainties, no anxieties, and no conclusion. There is only eternal peace and joy in the presence of God.

That's not a conclusion; that's a beginning.

What's your story?

APPENDIX

ABOUT THE AUTHOR

A life marked by many mistakes, failures, and personal tragedy—almost exclusively personally induced—yet a life characterized by great joy, peace, and soul wellness and great hope for tomorrow.

Hollis McGehee was born December 3, 1953, in Natchez, Mississippi, and raised in Franklin County as the third of four children of Mayes and Dorothy Simmons McGehee. He graduated from Franklin County High School in Meadville in 1971 and earned his undergraduate degree from the University of Mississippi in 1975 and his law degree in 1977.

He began his legal career at **McGehee, McGehee & Torrey**, practicing alongside his father and James A. Torrey Jr. for nearly two decades. He was later elected Chancery Court Judge for Mississippi's 4th Chancery Court District—serving Amite, Franklin, Pike, and Walthall counties—before retiring in May 2005. After a brief return to private practice, Judge McGehee served again as a Senior Status judge until his final retirement in December 2016.

He and his wife, **Elaine Goatley McGehee**, reside in Covington, Louisiana. Together they are the parents of

six children and eight grandchildren. Hollis is the author of nine previous nonfiction books:

Judicial Beatitudes

A River to Cross (A Story of Life)

Follow Him in All Things

Follow Him in Thought and Word

Jesus Said When You Pray

When You Meditate (Time Alone with the Master)

When You Give

Where Do I Go from Here?

Aiming for Jesus

A PERSONAL STATEMENT

Thank you for taking the time to read this book—a reflection on one of today's most challenging health issues: dementia, cognitive impairment, and Alzheimer's disease.

Here is my story:

From childhood, I found myself in harm's way—six head injuries with loss of consciousness by the time I became an adult, followed by more from auto accidents and falls. As fate would have it, a series of a house fire, a severe ATV accident, and a life-threatening arterial bleed in a three-month period in 1987 triggered life-changing decisions—and I found my way to recovery. That accident ushered in almost two decades of sobriety.

Yet around 2005, I relapsed, plunging into three years of intense alcohol abuse. On **August 7, 2008**, the cycle ended—and by God's continuing grace, I now have seventeen years of sobriety.

Depression has also been a lifelong companion. I didn't recognize it until recently when I read notes made years ago and remembered I once called depression "the black dog" that was always after me. I don't recall that, but lack of recall around certain life events is not out of the ordinary for me. Again, as I note in the book, I am a walking contradiction in various ways because I have large blank spots in my memory, but people know me as

a person with an amazing memory. Maybe it is selective, but not intentionally so.

When early signs of cognitive decline appeared, I took advantage of a regular checkup and sought out advice from my treating physician. Through a long series of medical tests, I was diagnosed with **mild cognitive impairment due to Alzheimer's disease**. That diagnosis became a turning point—not just for my health, but for my purpose.

In writing this book, my goal was to record this journey while I still could—and to offer it as a beacon to anyone facing similar battles. You'll find parts of me in these pages—vulnerable, humbled, yet unashamed.

In one chapter, I say I'm *thankful* to have Alzheimer's. That may seem contradictory. I am not glad—I'm grateful. Grateful for how God has used this challenge to shift the focus from me to others. Sidelined from various ministry roles, I've witnessed growth in those ministries I don't believe would have occurred had I not been "benched." I've also been granted increased depths of peace, joy, and purpose I may never have experienced apart from Alzheimer's.

Yes, challenges remain. Yes, dark days may come. But fear does not rule me. I've done all I can and I continue to—and now, I wake each day with purpose: to live fully, encourage others, share my faith in Jesus Christ, and walk in peace.

I do this through social media, writing, Bible studies, and seeking to help, encourage, and stand with others who are impacted by Alzheimer's, depression, addiction, or simply the human condition. If you're facing any of

these, know this: you are not alone. I'm here—and I'd be honored to encourage you in any way I can.

My life has held valleys of darkness—but also great light. I am thankful to God—for all the years lived, this day, and whatever comes next. Lord willing, I'll continue walking forward—day by day—seeking to be a light, a friend, and a companion to others along the way.

—Hollis McGehee