

msconnection

2005 #1

Northern California Chapter

Exercise for people with MS



Twenty years ago, Olympic skier Jimmie Heuga revolutionized thinking about exercise and multiple sclerosis (MS). For years after being diagnosed with MS, Jimmie followed conventional wisdom and refrained from exercise in order to avoid an exacerbation. When he saw his physical and mental health decline, Jimmie rebelled and began an exercise program that helped rejuvenate his health and positive mental outlook. In 1984, his success led him to start The Heuga Center to share this discovery with others through its CAN DO programs.

Today it is accepted that exercise is beneficial for people with MS, and it helps decrease secondary complications. While there is no evidence that exercise positively or negatively affects the process of MS, there is evidence of the positive effects of exercise on overall physical and psychological health and well-being.

Before you begin an exercise pro-

gram you should first consult your physician, physical therapist, occupational therapist or exercise physiologist. Together you can identify realistic goals, determine a baseline of your fitness ability, and create an appropriate program that includes the three broad categories of exercise: aerobic, strengthening and stretching.

Aerobic Exercise

Cardiorespiratory exercise, or aerobic exercise, improves the cardiovascular and respiratory systems – the heart, circulation and lungs.

Any physical activity that includes continuous, rhythmic movements of large muscle groups is considered aerobic exercise.

Once you've chosen an exercise that works for you, consult with your doctor, or physical or occupational therapist to determine the frequency, intensity and duration of the activity. If you can, start with three days a week, and work your way up to five days per week.

(continued on page 4...)

© 2005

National Multiple Sclerosis Society
Northern California Chapter

1-800-FIGHT MS or **(510) 268-0572**
info@msconnection.org
www.msconnection.org

Chapter Headquarters
150 Grand Ave
Oakland , CA 94612

Sacramento Office
4225 Northgate Blvd, Suite 4
Sacramento , CA 95834

Central Valley Office
690 E. Bullard St, Suite 103
Fresno , CA 93710

Chairman: **David Korn**

Vice Chairman: **David Hultman**

Programs Chair: **Paul Lauricella**

Secretary: **David Larson**

Treasurer: **Maureen Lucey Mihelich**

Chapter President: **Julie Thomas**

Newsletter Editor: **Dawn Kramer**

The National MS Society is proud to be a source of information about MS. Information provided by the Society is based upon professional advice, published experience, and expert opinion but does not constitute therapeutic recommendations or prescriptions. The Society recommends that all questions and information be discussed with a personal physician.

The National MS Society does not endorse products, services or manufacturers. Such names appear here solely because they are considered valuable as information. The Society assumes no liability for the use or contents of any product or service mentioned.

FROM YOUR CHAPTER

Dear friends,



Although the days are short and the rain and fog are firmly settled, spring is just around the corner. And with spring comes two of my favorite things, the MS Walk and the Top Hat Classic Bike Tour.

These two events will raise over \$1,000,000 for our Chapter: 25% of our total income for 2005. I would like to thank all of our loyal event participants who turn out each spring for the MS Walk and Top Hat Classic and show their support for people who are affected by MS, help create public awareness, and make a financial contribution.

The money raised by the MS Walk and Top Hat Classic enables the Chapter to pursue our mission with great resolve. Funds raised not only go to local programs that educate, support, and advocate, but also to research to find the cause and cure for MS.

Grab your family, friends and coworkers, and participate in the Top Hat Classic on Saturday, April 30, 2005 in Pleasanton, or go to one of these 13 MS Walk sites:

April 2, 2005

Auburn, Merced, Redding, Yuba City

April 9, 2005

Fresno

April 10, 2005

Alameda, Sacramento, San Francisco, Santa Rosa, Ukiah, Walnut Creek

April 16, 2005

Modesto, Rocklin

It's going to be a busy spring, hope you can join us!

Enthusiastically,

Julie E. Thomas, Chapter President

Study confirms disease risk levels for co-twins when one twin has MS

The most comprehensive study of its kind has confirmed the probability faced by the identical twin of a person with multiple sclerosis that they too, will develop the disease. The study, involving 370 Canadian twin pairs in which one or both have MS, showed that in identical twins, the overall risk is about 25%, or one in four, and was highest in female identical twins, at 34%, or about one in three.

This study, spanning two decades, is an important confirmation of both the genetic underpinnings of MS and of the fact that a person must encounter some other, non-hereditary factor to develop the disease. The study was published in the *Proceedings of the National Academy of Sciences* by Drs. C.J. Willer, George C. Ebers and colleagues from the Wellcome Trust Centre for Human Genetics at the University of Oxford (UK), along with

collaborators at Stanford University, the University of British Columbia and the Canadian Collaborative Study Group. (Published the week of September 29, 2003 in the journal's online Early Edition.)

This important, long-term study of a unique population of individuals at risk for developing MS contributes to our growing understanding of this complex disease. As this and previous studies have shown, even in identical twins (who possess the same arrangement of genes), other factors are at play in helping to determine whether any individual will develop MS. Continuing research is helping to uncover the mechanisms underlying multiple sclerosis, how genes contribute to susceptibility, and how to better treat it.

Study tracks long-term prognosis of individuals with relatively mild MS

Mayo Clinic researchers evaluated the probability of disease progression in individuals who had had low levels of disability from MS for at least 10 years. The investigators found that in individuals with low levels of physical disability for an extended period of time, it was likely that their MS would remain stable (and not progress). Sean J. Pittock, MD, MRCPI, Moses Rodriguez, MD, and colleagues reported these results in the August 2004 issue of *Annals of Neurology* (2004;56:303-306).

This study supports, with clinical data, a long-held view that someone with a genuinely mild case of MS over many years is likely to experience little progression and few disabling symptoms in the future. However, when MS is initially diagnosed, it is impossible to determine whether its course will be disabling or benign, and therefore most MS specialists believe that early treatment with one of the available disease-modifying agents is advisable.

(Continued from page 1)

Tips for success with aerobic exercise:

- Rather than absolute amounts of work (i.e. mileage, speed, distance), use exercise duration (time) to measure your success.
- After exercising you should feel as well or better than you did two hours before you started. If you don't, you probably did too much. It is OK to back off.
- Be consistent. It is what you do every day that counts. It is OK to miss a day, but don't make up for it with two days of exercise in one.
- Try not to miss more than two days in a row.
- If you are heat sensitive, plan your aerobic exercise in a cool environment or consider cooling aids.
- Drink plenty of water before, during and after your exercise session.

If you are having trouble getting started, try exercising as part of a group. Studies have shown that adhering to an exercise program is easier when you have a buddy.



Strength training

Muscle strength is needed to perform daily activities, and people with MS often suffer from weakness or lack of strength. Strength training is designed to improve muscle power, bone strength, physical capacity for daily activities, and prevent injury. Additional benefits may be increased endurance, improved posture, balance, and movement.

Different types of resistance can be used to strengthen specific muscles or muscle groups. Common modes of strength training are free weights, weight machines, elastic tubing, water (pool exercises) and manual resistance. The use of gravity as a form of resistance can be also be effective.

The amount of resistance and frequency is determined by your strength assessment and the goals of your program.

Work within your symptoms, particularly fatigue. The recommendation for strength training is 2-3 days per week, but be sure to allow rest in between days to allow for muscle recovery. If you train on successive days, alternate muscles or muscle groups unless otherwise instructed by your physician.

Tips for success with strength training:

- Performing exercises through a full range of motion helps reduce the risk of injury to muscles, tendons and joints.
- It is not necessary to work your muscles to the point of fatigue.
- If doing more than one set of exercises

per muscle or muscle group, allow yourself time for recovery between sets.

- Plan your program so you don't fatigue yourself and become unable to do the things you enjoy.

Stretching

Stretching is important for people with MS, especially those who experience symptoms of spasticity. Benefits include:

- Prevention of muscle strains.
- Development of body awareness.
- Promotion of circulation.
- Reduction in pain due to muscle or tendon tightness, or muscle spasms and poor posture.
- Decreased muscle tightness.
- Improved posture for sitting and walking.
- Improved mobility.

For people with MS who experience spasticity, stretching may sometimes be sufficient in reducing muscle tension and spasticity. However, stretching in combination with medications is often the most effective means of managing spasticity.

Static stretching is recommended and includes performing the stretch in a relaxed, sustained manner. (Ballistic stretching, which includes bouncing, can cause injury and is not recommended). Hold each stretch in a position where a comfortable, pulling sensation is felt, but not pain, for 20-60 seconds.

Maintain a regular breathing pattern while stretching - do not hold your breath!

Stretching is usually recommended on a daily basis, but it is OK to stretch more frequently if needed.

Tips for success with stretching:

- If taking anti-spasticity medications, take advantage of "peak medication effect" (consult your physician for this information).
- Stretch in a quiet, comfortable setting.

Activities such as yoga, Tai Chi and Feldenkrais, incorporate stretching techniques and may be effective in promoting relaxation, body awareness, and flexibility.

Exercise is the cornerstone of The Heuga Center's educational/wellness programs. The five-day, interactive CAN DO Program also includes workshops, seminars and one-on-one consultations with neurologists, psychologists, nutritionists, occupational, speech and physical therapists, and other MS specialists. Together, these experts help participants and their support partners create an individualized lifestyle program that will work for them.

The Jimmy Heuga Center is bringing its CAN DO Program to northern California this spring! The event will take place May 11-15 at the Lafayette Park Hotel & Spa in Lafayette, California.

For more information, or to apply, visit www.heuga.org, or call 1-888-364-8467.

Reprinted with permission of the Heuga Center. 1-888-364-8467; www.heuga.org

THE HEUGA CENTER

PROMOTING HEALTH. CREATING HOPE

Mindful movement

by Martha Patt

At 26 years old I was diagnosed with multiple sclerosis. I gave myself three years to decide if life with MS was worth living. This in itself gave me a feeling that "I" was in control. Having a background in accounting I had to determine that it's been over 7,000 days since my diagnosis on August 20, 1984. Reflecting on these days it seems like the first 26 years of my life were almost inconsequential compared to the uncertainty and challenge that MS has offered.

When I made the vow that I was in control I pushed to create personal goals and visualizations, things I did not want to live without. Part of my daily regimen became relaxation and stretching, using yoga postures I'd learned in an occasional class prior to my diagnosis. Since modern medicine had little to offer in 1984 I found this daily routine in my own apartment could move me beyond physical discomfort and emotional pain.

Deepak Chopra, MD, has been recognized as a modern-day spiritual guru. With a professional background in Western medicine and personal history living in Hindu society, he supports a grand perspective on uncertainty – something anybody with MS understands. In *The Seven*

"The mental and physical exercises of yoga can lead to a more productive and healthy lifestyle"

Spiritual Laws of Success Dr. Chopra writes that "the search for security is an illusion and an attachment to the known... When you experience uncertainty you step into the exciting field of all possibilities."

Practicing yoga, which is a set of mental and physical exercises, helps me understand this concept. Having been raised in a Western Christian society, initially I did



Martha in the "Seated Twist" pose

not fully appreciate this Eastern approach to living. Not until I learned to slow my racing mind, recognize my internal anxieties and listen closely to the "buzzing" of MS inside me could I understand and realize how the mental and physical exercises of yoga can lead to a more productive and healthy lifestyle.

Asanas are the yoga postures said to reduce fatigue and soothe the nerves while they train and discipline the mind. There are 840,000 asanas developed over

the centuries to exercise every muscle, nerve and gland in the body. What else could someone with MS ask for?

During my 20-plus years of daily yoga practice I have developed a morning and evening routine which relieves the physical pain and rejuvenates my body and soul, allowing me to live a full and meaningful life. I am thankful that my current schedule allows me almost 2 hours of daily yoga and meditation. Although at times I am limited to a short 10 minute practice, that moment of silence with my breath can address any hint of MS fatigue.

My practice always leaves me with a feeling of complete euphoria and, even better, has no side effects. So I encourage all of you to look inside yourself through yoga. And keep on moving mindfully!

Start your yoga program today...

Videos/DVDs

Yoga 4 MS

By Martha Patt in conjunction with the Betaseron® Champions of CourageSM

DVD to be released in June 2005. Contact Martha about this DVD, teacher training workshops, and the practice of yoga for people with MS by calling (510) 412-0903 or e-mail at yoga4MS@aol.com.

Yoga with Eric Small, Adapted for People with Multiple Sclerosis or Other Disorders

To order, call (310) 479-4456 or e-mail mercy.murcia@cal.nmss.org

Yoga For MS and Related Conditions By Shoosh Crotzer of Mobility Limited

To order visit: www.mobilityltd.com/pathways.htm

People

For information on **Eric Small's** yoga classes, private lessons, consultations, and teacher training programs, visit www.yogams.com or call the Beverly Hills Iyengar Yoga Institute at (310) 275-6850.

Classes

Concord: Saturdays, 2/12 - 4/2; 10:00 - 11:00 AM. Fee: \$60.00. Call Martha at (510) 412-0903.

Berkeley: Mondays, ongoing; 12:30 - 2:30 PM. Fees: \$9/drop-in or \$60/8 lessons - sliding scale/work exchange available. Call Saraswathi at (510) 655-3664.

Cal STAR Yoga in Berkeley - 2 class series:

Spring: Fridays, 1/14 - 5/20; 1:30 - 3:30 PM.
Summer: Fridays, 6/3 - 8/26; 1:30 - 3:30 PM.
Fee: \$40 for members, \$50 for non-members per class series. Call Cal STAR at (510) 643-8031 or Martha at (510) 643-2242.

The Northern California Chapter has compiled a resource guide for yoga enthusiasts. *The Yoga Instructor Directory* features listings for the Bay Area and these counties: Humboldt, Mendocino, Placer, Sacramento, Santa Cruz, Sonoma, and Yuba. To order a free copy, contact us at 1-800-FIGHT MS; info@msconnection.org.

Get the latest on research, chapter programs and much, much more! Sign up today for the Northern California Chapter's e-mail update list. E-mail robin@msconnection.org with the subject "LISTSERVE" to get your e-mail address on the list!

Care management techniques you can use

Did you ever wish you could just pick up the phone and call someone who would take stock of your situation, help you access the right services, counsel you and your family to help resolve some of your differences, then monitor your progress with an eye toward channeling your energy and abilities as effectively as possible?

If your answer is “yes,” you’re not alone. Having the help of a care coordinator (often called a care manager) could make all of our lives easier and less lonesome, and help us be more capable family caregivers.

While most of us may not have access to a care coordinator, we can all learn how to think and act like one, thereby reaping numerous benefits for our loved ones and ourselves.

What Is Care Coordination?

Although every case is different, the care coordination approach usually involves:

- Gathering information from health-care providers;
- An assessment of your care recipient and the home environment;
- Research into available public and/or private services and resources to meet your loved one’s needs; and
- Ongoing communication between all parties to keep information up to date and services appropriate and effective.

Unfortunately, an assessment of your abilities and needs is not necessarily a

standard part of the process, but it should be. A complete view of the situation cannot be gained without one. An objective analysis of your health, emotional state, other commitments, etc., are key elements in determining how much you can and cannot do yourself, and what type of outside support is needed to ensure your loved one’s health and safety.

Become Your Own Care Coordinator.

By learning and applying at least some of the care coordination techniques and ideas that follow, you’ll be in a much better position to develop an organized course of action that will, hopefully, make you feel more confident and in control — a goal well worth working toward.

Educate yourself on the nature of the disease or disability with which you’re dealing.

Reliable information is available from the health agency that deals with your loved one’s condition and the National Institutes of Health. When using the Internet, stick with well known medical sites.



Understanding what is happening to your care recipient will provide you with the core knowledge you need to go forward. It will also make you a better advocate when talking with health-care professionals.

Write down your observations of the present situation including:

- Your loved one's ability to function independently, both physically and mentally.
- The availability of family and/or friends to form a support network to share the care.
- The physical environment: Is it accessible or can it be adapted at reasonable cost?
- Your other responsibilities — at work, at home, and in the community.
- Your own health and physical abilities.
- Your financial resources, available insurance, and existence of healthcare or end-of-life documents.

This assessment will help you come to a realistic view of the situation. It will let you know the questions to which you need answers. It can be a handy baseline for charting your caregiving journey and reminding you just how much you've learned along the way.



Hold a family conference. At least everyone in the immediate family should be told what's going on. A meeting can set the stage for divvying up responsibilities so that there are fewer misunderstandings down the road when lots of help may be needed. A member of the clergy, a professional care coordinator, or even a trusted friend can serve as an impartial moderator. A family meeting is a good way to let everyone know they can play a role, even if they are a thousand miles away. It can help you, the primary family

caregiver, from bearing the brunt of all the work all of the time.

Keep good records of emergency numbers, doctors, daily medications, special diets, back-up people, and other pertinent information relating to your loved one's care. Update as necessary. This record will be invaluable if some-

thing happens to you, or if you need to make a trip to the ER. If you can maintain a computer-based record, that will make updating all that much easier.

Join a support group, or find another caregiver with whom to converse. In addition to emotional support, you'll likely pick up practical tips as well. Professionals network with each other all the time to get emotional support and find answers to problems or situations they face. Why shouldn't family caregivers?

(continued on page 10...)

(continued from page 9)

Start advance planning for difficult decisions that may lie ahead. It's never too early to discuss wills, advance directives, and powers of attorney, but there comes a time when it is too late.

It is also vital that you and your loved one think through what to do if you should be incapacitated, or worse, die first. It can happen.

Develop a care team to help out during emergencies, or over time if your situation is very difficult. It is likely you'll be able to find one or two people to call on in an emergency or to help with small chores. Be willing to tell others what you need and to accept their help.

Establish a family regimen. When things are difficult to begin with, keeping a straight forward daily routine can be a stabilizer, especially for people who find change upsetting and confusing.

Approach some of your hardest caregiving duties like a professional. It's extraordinarily difficult to separate your family role from your caregiving role, to lock your emotions up in a box while you focus on practical chores and decisions. But it is not impossible to gain some distance some of the time. It requires an almost single-minded approach to getting the job at hand done as efficiently and effectively as possible. It takes practice, but is definitely worth the effort.

Reprinted with permission of the National Family Caregivers Association, Kensington, MD, the nation's leading organization for all family caregivers. 1 800-896-3650; www.thefamilycaregiver.org

Check out the following National Multiple Sclerosis Society Brochures:

- *A Guide for Caregivers*
- *Hiring Help at Home-The Basic Facts*
- *At Home with MS: Adapting Your Environment*

To obtain resources available through the National MS Society, dial 1-800-FIGHT MS.

Make Your Voice Heard! Join the MS Action Network

Join the National MS Society's advocacy efforts to maximize your impact on public policy issues affecting individuals with multiple sclerosis. MS Action Network members receive via email all legislative alerts and federal and state updates. Sign up today at www.nationalmssociety.org — you can make a difference!

THIS IS WHY...

The National MS Society offers HOPE. This is why we would like for every person who has been diagnosed with multiple sclerosis to register with the chapter. Learn the latest research highlights, join a self-help group or volunteer to help your local office. Help us achieve our mission to end the devastating effects of multiple sclerosis. Call us at 1-800-FIGHT MS to register today!

Understanding Federal Disability benefits

Social Security Protection If You Become Disabled

Disability is a subject you may read about in the newspaper, but not think of as something that might happen to you. The chances of becoming disabled are probably greater than you realize.

Studies show that a 20-year-old worker has a 3-in-10 chance of becoming disabled before reaching retirement age.

While we spend a great deal of time working to succeed in our jobs and careers, few of us think about ensuring that we have a safety net to fall back on should we become disabled. This is an area where Social Security can provide valuable help to you.



Benefits For People With Disabilities

The Social Security and Supplemental Security Income disability programs are the largest of several Federal programs that provide assistance to people with disabilities. While these two programs are different in many ways, both are administered by the Social Security Administration and only individuals who have a disability and meet medical criteria may qualify for benefits under either program.

Social Security Disability Insurance (SSDI) pays benefits to you and certain members of your family if you are “insured” meaning that you worked

long enough and paid Social Security taxes. The amount of money available every month from SSDI is dependent on the number of quarters that you have paid into the Social Security system through FICAS contributions.

Benefits do not depend on your financial status or the amount of assets you own, just your work history.

Supplemental Security Income (SSI) pays benefits based on financial need. SSI is a

Federal income supplement program funded by general tax and revenues (not Social Security taxes). It is designed to help aged, blind, and disabled people, who have little or no income. SSI provides cash to meet basic needs for food, clothing, and shelter.

Use the “Benefits Eligibility Screening Tool” on the Social Security Administration website (www.ssa.gov) to find out which programs may be able to pay you benefits.

Applying For Social Security Disability Benefits

When you apply for either program, the Social Security Administration will collect medical and other information from you and make a decision about whether or not you meet Social Security’s definition of disability, which is different than other programs. Social Security pays only for total disability.

(continued on page 12...)

(continued from page 11)

No benefits are payable for partial disability or for short-term disability.

Disability under Social Security is based on your inability to work. You are considered disabled under Social Security rules if you cannot do work that you did before and if the Social Security Administration decides that you cannot adjust to other work because of your medical condition(s). Your disability must also last or be expected to last for at least one year, or to result in death.

This is a strict definition of disability. Social Security program rules assume that working families have access to other resources to provide support during periods of short-term disabilities, including workers' compensation, insurance, savings and investments.

You should apply as soon as you become disabled. If you apply for:

- Social Security, disability benefits will not begin until the sixth full month of disability. The Social Security disability waiting period begins with the first full month after the date SSA decides your disability began.
- Supplemental Security Income (SSI) pays SSI disability benefits for the first full month after the date you filed your claim, or if later, the date you become eligible for SSI.

Apply for Disability benefits online at: www.ssa.gov, or you can call the toll-free number, 1-800-772-1213. A representative can make an appointment for your application to be taken over the telephone or at any Social Security office near you.

People who are deaf or hard of hearing may call the toll-free "TTY" number, 1-800-325-0778, between 7 a.m. and 7 p.m. ET, Monday through Friday.

Tips On Applying For Disability Benefits

There are some points to remember when you are applying for disability benefits. Good medical records of all of your symptoms are extremely important. Talk to your physician before applying to make certain he or she supports your decision.

When giving details of your disability, you want to describe how the symptoms have affected you and your daily functioning more than you want to describe the symptoms themselves. For example, don't just say you are fatigued, but be very specific and explain how you are affected by fatigue.

For instance, if you are usually so exhausted by noon that you don't even have the strength to fix yourself lunch, then those are the details you should describe. The more specific answers the better.

Up to sixty percent of initial SSDI requests are denied, but remember, persistence is the key to getting benefits and you have sixty days to appeal and file a request for consideration. If you are denied again, you have another sixty days to request an administrative hearing. Your chances of being accepted increase with each stage of the process.

MS Walk team goes union

In May 1987, Janine Vanier was diagnosed with MS. Afraid of losing her job, she hid her symptoms (vision problems, numbness and loss of dexterity) from coworkers at the International Brotherhood of Teamsters, Local 853 in San Leandro, California. But in time, she began to use the support and resources of the Northern California Chapter to keep her life on track.

"Getting involved made me realize I'm not alone and I can do something to help others," Janine said. She started fund raising at work, telling people that she "knew a person with MS."

In 1999, after 12 long years of secrecy, Janine was tired of hiding. Even though she feared the worst, she broke the news to her boss. "The first words out of his mouth were, 'You don't have to worry at all; your job is guaranteed.' The next thing he said was, 'How can the Teamsters help?'" The Teamsters, across the US and Canada, have been instrumental to her fundraising success.

Janine shared with her coworkers what life with MS is like and how fund raising can help. "When people saw how MS affected me personally, they lavished support," she said. "My office formed a team for the MS Walk, the *TeamMSters*. My family and friends also joined in by walking and volunteering.

The TeamMSters, now 30 members strong, have been the top fundraising team in Northern California for the last three years, raising over \$175,000.



Janine (standing, third from left) and a handful of her "TeamMSters" team members

Janine keeps her team organized by sending out save-the-date magnets, holding a rally meeting prior to the Walk, and providing a detailed itinerary for the day of the Walk. She distributes copies of other team members' successful request letters. She also sends letters tailored to appeal to different categories of potential sponsors, and she keeps a giant poster on her office door emblazoned with the team's most recent fund-raising achievements.

These days, Janine also volunteers at every event her chapter organizes. "Opening up about my MS and getting involved in volunteering and fundraising has changed my life," she said.

On November 11, 2004, at the Society's annual National Conference in Denver, Colorado, Janine was inducted into the Society's Volunteer Hall of Fame. "It is one of the most exciting, humbling, and unexpected experiences I've ever had; I do what I do for the Society because I love it. It is my life's passion," said Janine.

To find the MS Walk near you, call 1-800-FIGHT MS, or visit msconnection.org.

Self-help groups in your community

The National MS Society sponsors numerous self-help groups for people with MS and their loved ones. For information on a specific group, call the contact person listed below. To learn about the Society's many other emotional support programs, call 1-800-FIGHT MS or visit msconnection.org.

209 area code

Mariposa: meets periodically; call Michael 966-5698

Merced—MS Challengers: first Saturday, 10:00 AM; call Susan or Kathy 384-6533

Modesto: third Saturday, 10:00 AM; call Dr. Ezane Crumb 463-1317 or Pati 524-8329

San Andreas: third Tuesday, 10:00 AM; call Pat 736-4777

Stockton: second Thursday, 6:30 PM; call Brenda 957-9444

Stockton: second Saturday, 10:00 AM; call Dr. Ezane Crumb 463-1317 or Fran 477-4067

Turlock: fourth Saturday, 10:00 AM; call Bill 664-1427 or Frances 667-2184

415 area code

Corte Madera: third Tuesday, 7:00 PM; call Verita 927-7068

SF Forum: second Thursday, 7:00 PM; call Shirley 346-2404 or Dolores 467-6186

SF Potluck Luncheon: periodically; call Karen 584-6115

SF Sunset District: second Saturday, 1:00 PM; call Tania 665-1178

510 area code

Alameda: third Saturday, 11:00 AM; call Sharon 521-6260

Alameda—Newly Diagnosed: second Saturday, 11:00 AM; call Kim 865-2685

East Bay Lesbians: third Saturday, 10:00 AM; call Theresa 741-8126

Fremont: second Saturday, 12:00 PM; call Kim 793-0765

Oakland: second Tuesday, 6:30 PM; call Barbara 482-0266

Oakland—African-Americans: third Saturday, 12:00 PM; call Cynthia 636-9040 or Jane 865-3698

Oakland—Friends & Family: second Saturday, 10:30 AM; call Suzanne 581-3239

Oakland—Latinos: fourth Saturday, 10:00 AM; call Elsa 777-1414

Oakland—Multiple Strengths: third Monday, 6:30 PM; call Rick 521-2436

Richmond: second Tuesday, 5:00 PM; call Vanda 232-7176

530 area code

Auburn: second Thursday, 6:30 PM; call Ruth 888-8388

Davis: call for times and days, call Kathi 297-1514

Grass Valley: last Friday, 12:00 PM; call Susan 432-0311

Placerville: first Saturday, 1:00 PM; call Fred & Stacey 644-1188

Red Bluff: second Tuesday, 6:00 PM; call Teresa 529-4412

Redding: fourth Wednesday, 4:00 PM; call Lisa 246-2840

Shasta County—Hope 4 MS: first Saturday, 10:00 AM; call Beth 244-0122 or Patricia 941-0011



Elsa Rivera is the facilitator for the Latino self-help group in Oakland. She is also a Support and Information Volunteer in the Oakland Office. Thanks for all you do, Elsa!

559 area code

Fresno: first Monday, 7:00 PM; call Karen 431-4570 or Carole 435-3480

Fresno: third Thursday, 9:30 AM; call Doris 299-2072 or Frank 291-7088

Visalia: second Saturday, 10:00 AM; call Mark 636-1099 or Dennis 635-2609

650 area code

San Mateo: second Tuesday, 7:00 PM; call Robin 355-8878

707 area code

Crescent City: periodically; call Kay 464-2640

Eureka: first Saturday, 10:00 AM; call Ann Louise 839-0177

Napa: first Sunday of every other month, 1:00 PM; call Neil 226-5888

Santa Rosa: fourth Saturday, 1:00 PM; call Carol 837-8046

Sonoma—Women's Group: periodically on Saturdays, 1:30 PM; call Susan 939-8132

Vacaville: second Saturday, 10:00 AM; call Dacia 678-6131 or Debrah 447-9603 (before 7:00 PM)

Vallejo: second Tuesday, 6:30 PM; call Marian 745-9333 or Pam 745-3704

916 area code

Elk Grove: second Friday, 10:00 AM; call Dorothy 684-6849 or Willie 684-1677

Sacramento—Moving on with MS:

second Saturday, 10:00 AM; call Barbara 332-8557 or Sylvia 349-1324

South Sacramento: second Wednesday, 2:00 PM; call Edie 688-2674

South Sacramento—People of Color:

first Saturday, 10:00 AM; call Kathy 424-0264

925 area code

Brentwood: second Wednesday, 1:00 PM; call Tom 516-9647

Concord: second Saturday, 1:00 PM; call John 372-0859 or Shirley 685-0961

Danville: fourth Saturday, 10:00 AM; call Bea 447-4115

Pleasanton: quarterly, 10:00 AM; call Mary Beth 829-0832

Bring your friends and family and join the Northern California Chapter for an evening of fun with the **Sacramento Rivercats!**

Wednesday, April 13, 2005

To register call 1-800-FIGHT MS or visit msconnection.org

Give the "Gift of Hope"

Give the "Gift of Hope" to someone special in your life by giving them the *MS Band of Hope*.

The National MS Society has joined forces with Westfield Shopping Towns to bring you the new *MS Band of Hope*.

The *MS Band of Hope* costs just \$1 and can be purchased now through March 30, 2005, at the Westfield Shopping Towns in Fairfield, Roseville, Sacramento and San Francisco. With every \$1 wristband bought, you will receive an MS Ribbon of Hope cutout to sign and place on a Wall of Hope in the Westfield Shopping Town you visit.

To learn more about the *MS Band of Hope* and the Westfield Shopping Towns "Gift of Hope" promotion please call 1-800-FIGHT MS.



Northern California
Chapter

National Multiple Sclerosis Society
Northern California Chapter
Chapter Headquarters
150 Grand Avenue
Oakland, CA 94612

Forwarding Service Requested

FREE MATTER

for the blind
& physically
handicapped