Dear Chapter Friends:

I am very pleased to share some exciting news with you: during the past few months, the Boards of Trustees of the Northern California and Silicon Valley Chapters made the decision to combine our two chapters in order to better serve people living with MS and the MS community. What this means is that as of September 30, 2006, the two chapters will join forces as the official Northern California Chapter of the National MS Society which will now also include Santa Clara, Santa Cruz, San Benito, and Monterey counties.

Joanne Neuman will continue to lead the chapter. Since Joanne joined our team last year we have seen significant strides in our donor cultivation and community presence and we thank her for phenomenal leadership, energy and commitment to our mission.

The decision to combine chapters makes good business sense. By consolidating administrative functions, we are able to leverage more local resources, expand our fund raising network and maximize our extraordinarily strong research and clinical resources as we now have both UCSF and Stanford in our “backyard” and affiliated with our chapter!

By joining our chapters we can create an even stronger team to advance our mission – to end the devastating effects of multiple sclerosis. Together, we can exponentially raise more funds to both provide vital local programs as well as support cutting-edge MS research.

If you have any questions, please do not hesitate to contact the chapter at 510-268-0572. Also, please visit our website: www.nationalmssociety.org/can for the latest chapter news.
CHAPTER NEWS

The MS Walks are a great opportunity to remind our clients how important they are to family, friends, co-workers and the National MS Society. With 13 walks on 7 different dates throughout Northern California we had a great turnout of participants, volunteers and staff. Special thanks to everyone who participated in our MS Walks.

At press time together we have raised over $800,000 which represents over 25% of our budget. Additional thanks to all of the riders who participated in our Top Hat Classic as well as those who rode in our “First Cruisin to the Coast MS 150”. As you can see we have had many successful fundraising events year to date and we look forward to the busy calendar ahead. We also have a great programs calendar so the bottom line is “stay involved” and we look forward to having you participate. Special thanks to our staff for successfully pulling all of this off.

I would like to highlight one of our recent successful Client programs “The Genetic Connection”. Dr. Jorge Oksenberg and Dr. Bruce Cree, both from UCSF’s Department of Neurology, presented a program consisting of a half-hour video about genetics and MS. Jorge and Bruce then provided their thoughts regarding the topic followed by questions and answers. These informative continued on following page

David Hultman

Message from the Chairman of the Board

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 recommendation or prescription. The Society recommends that all questions and information be discussed with a personal physician.

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

2006, Issue 3 - Published Quarterly
Cuban Society of Orlando Hosts “Let Us Dance So Others May Walk” Fundraiser to Benefit Northern California NMSS Chapter

On Sunday, April 2nd, the Cuban Society of Orlando hosted a fabulous fundraiser, all in the name of the MS Walk in Sacramento on April 23rd! You’re probably wondering what the connection could possibly be between Cubans in Orlando, Florida and northern California. Well, my name is Sylvia Longmire, I’m the team captain for Sylvia’s Longmilers in the Sacramento MS Walk, and my parents, Ted and Cary Curbelo, are members of the Cuban Society. They wanted to find a way to support me and my team, and organized the fundraiser with the support of the Society and many others.

The best news is that the party raised over $4300 for the MS Walk and the northern California chapter of the National MS Society! Almost 200 people attended, and everyone donated $10 to get in the door. We received 25% of the proceeds from food sales and 40% from beverage sales, almost $4300.

Our Dinner of Champions is quickly approaching. At this gala event we look forward to honoring Rich Moran with the prestigious Hope Award. Amelia Davis who has impressed so many in the MS Community with her positive attitude and never ending energy will receive the Achievement Award. We hope you will join us September 20th.

Thanks to all of you who continue to go above and beyond to help others affected by MS.

Together we can make a difference.

David Hultman
Chairman, Board of Trustees, 2005-2006

Sylvia M. Longmire (r) with her mother
as well as 100% of the proceeds from a raffle my parents put together. More than 20 local businesses donated items for the raffle, including gift certificates, dinners for two, perfume, sunglasses, and jewelry.

Another huge contributor to the fundraiser was the Latin American Motorcycle Association (L.A.M.A.). My brother, TJ Curbelo, is a member of the Orlando chapter, and organized a ride to the event of more than 60 bikers from the Tampa, Orlando, and Port St. Lucie. They organized a 50/50 raffle (50% of ticket sales go to the NMSS and 50% go to the winner), which raised $400—largely in part because the winner of the raffle donated her winnings to the NMSS! Between the raffle proceeds and their attendance donations, L.A.M.A. was able to present me (and thus the Longmilers) with a check for $890 for the NMSS.

Overall, the event was a huge success. Dozens of people made personal donations above and beyond the $10 for attending, and brought us to an incredible total. A huge thanks really needs to go out to my parents, my brother, the rest of my family members that attended, L.A.M.A., and the Cuban Society of Orlando. You’ve made a huge difference, and brought us one step closer to a cure!
RESEARCH

Genetics Research in MS and the Promise of Personalized Medicine

By Christine Tong and Jorge Oksenberg, UCSF Department of Neurology

The recent completion and follow-ups of the Human Genome Project invites reflection on how to build on recent gains and confront immediate challenges in the field of neurological diseases, particularly multiple sclerosis (MS). Although 99.8% of the human genome is constant throughout the population, each person’s copy is unique and differs slightly from any other copy in the population. Most of this variation is inconsequential, but some variants influence individual characteristics such as physical appearance and susceptibility or resistance to disease. In some instances, the variation brings as a consequence an important malfunction in a gene leading to a severe disease.

During the past three decades, neuroscientists have focused their research on monogenic diseases, which are caused by a single gene defect. This is not surprising when we consider that approximately one-third of the 10,000 recognizable monogenic disease traits show dramatic expression in the nervous system. The identification of several disease genes, including those responsible for Huntington’s, Duchenne muscular distrophy and neurofibromatosis, profoundly influenced clinical practice, refashioned the process of determining prognoses and differential diagnoses and ultimately helped pre-symptomatic and prenatal diagnosis became a reality. Among the issues raised by developments in genetics research, is the potential for genetic screening and testing, offering patients in the non-distant future the choice to obtain information not only about their individual risk of developing a disease, but also whether or not they will be good candidates for a specific drug or therapy.

Efficacy studies have revealed the range of favorable responses to medication to be between 20% and 80%. Although age, lifestyle, and state-of-health may influence a person’s response to treatment, understanding the role of the individual’s genetic makeup in the response to medication is considered to be the key to developing drugs with greater efficacy and safety. Pharmacogenomics is the study of how an individual’s genetic profile affects the body’s response to drugs. For example, someone may carry a specific DNA variant responsible for reducing the levels of an enzyme that is required to metabolize a drug from its inactive to its active form. This individual will not have a sufficient amount of enzyme available to metabolize efficiently the drug, leading to a sub-optimal response to this particular therapy. Pharmacogenomics holds the promise that drugs might one day be tailor-made for individuals and adapted to each person’s own genome. Instead of the current standard trial-and-error method of matching patients with drugs, doctors will be able to analyze their patient’s genetic profile and prescribe the best available drug therapy from the beginning. This area of research is a very new one, though it is based on well-established knowledge from pharmacology about the differential responses of individuals to the same drug. Not only will this take the guesswork out of finding the right drug for

continued on following page
Genetics Research in MS and the Promise of Personalized Medicine
— continued from previous page

...each individual, it will speed recovery time and increase safety as the likelihood of adverse reactions is diminished.

Without a doubt, the most significant advance in MS therapeutics has been the approval of interferons. Interferon-beta has been shown to decrease clinical relapses, reduce brain MRI activity, and possibly slow progression of disability; however, the effect of this treatment is only partial and a substantial amount of patients do not respond well or have experienced side effects. Hence, in the absence of predictive clinical, neuroradiological and/or immunological markers of response, and given that 15-20% of patients have relatively benign forms of the disease, the question remains posed to neurologists, of who and when to treat, when side-effects, inconvenience, and drug costs are clearly significant determining factors. If the response to interferon is controlled by genetic factors, identification of genetic variants could provide important means of determining who can benefit the most from drug administration (See box). Ultimately, the goal is to personalize neurological care to maximize each patient’s standard of care and quality of life.

Finally, important ethical issues still remain to be considered when embarking in large-scale attempts to characterize the genetics of human disease and response to drugs. Such issues include, but are not limited to, the potential for gaining information that could harm the study participants or their close relatives, stigmatization of ethnic groups, and the risk of providing an incentive for pharmaceutical companies to focus drug development on the “easy to treat” or “easy to predict” individuals. It is our responsibility to remain aware and address these ethical concerns, while pursuing a greater understanding of the origins of neurological diseases. Although, the final impact of genetic research and profiling on the practice of neurology is unclear, enthusiasm for this type of research is justified by the potential returns in concrete health care benefits.

Translating genetic diversity into designed therapeutics

Pharmacogenomics is the study of how the individual’s genes affect the body’s response to drugs. Based on this rationale, Drs. Baranzini and Oksenberg at UCSF initiated a research program with the immediate goal of identifying genes working alone or as part of complex networks influencing the response of MS patients to therapy. In collaboration with Spanish and Canadian scientists, they discovered a few combinations of gene-triplets with high predictive value of the efficacy of interferon beta. Interestingly, most of these genes are associated with mechanisms that control the survival or death of white blood cells. These types of studies are likely to serve as a substantial aid to the physician, taking the paradigm of personalized medicine one step further.

These early results, although extremely promising, require replication and confirmation. This study is currently open for enrollment. If interested, please contact our study coordinators at: 1-(866) 674-3637 or email us at msdb@ucsf.edu. For a complete description of the pharmacogenomics study and many other additional MS genetics research projects conducted at UCSF, please log on to http://www.ucsf.edu/msdb...
A Gift for the Future: Tissue Donation

Researchers study MS with cutting-edge technologies. But it takes more than technology to do the job. Sometimes researchers also need tissue from people who lived with the disease. Tissue donations support such research as the Society’s MS Lesion Project, an initiative of Promise 2010, which led to the discovery that there are four types of lesions, each of which can now be identified by MRI. Understanding lesion patterns and identifying the immune factors involved with tissue destruction can provide information about why the disease affects people differently and could lead to developing individualized treatment.

The decision to donate should be shared with family and doctors because all arrangements must be made in advance. Tissue is taken within a few hours of death. Minimal paperwork is involved and there is no cost to the donor or family. Strict privacy practices assure that tissue and medical records are not identified by name. Donation will not prevent normal funeral arrangements.

There is no substitute for this gift from individuals and families committed to MS research. Simply contact the Rocky Mountain MS Center Tissue Bank, 303-788-4030, ext. 105, www.mscenter.org, or the MS Human Neurospecimen Bank at UCLA, 310-268-3536, www.loni.ucla.edu/uclabrainbank. Both are supported by the Society. Information and links to these sites can be found at nationalmssociety.org/tissuedonate.

Mickey and Minnie Have Different Myelin

More and more, research shows males and females are really different.

Take myelin. A new study shows that myelin-making cells have different life-spans in male and female mice. Myelin, the insulation around nerve fibers, is damaged in people with MS. Cells that make myelin are called oligodendrocytes.

When researchers compared the number of oligodendrocytes in the brain and spinal cord of male and female mice, they found male mice had 20–40% more oligodendrocytes than females. Moreover, the male oligodendrocytes contained twice as many genetic instructions for making important myelin proteins.

Looking further, they found female mice produced greater numbers of new oligodendrocytes than males—but they had a shorter lifespan. Females also had higher levels of a protein associated with myelin damage.

To see if there was a hormonal connection, researchers removed a male sex
National Surveillance of MS

Knowing how many people are diagnosed with MS each year (“incidence”) and how many have MS at present (“prevalence”) is important information for health-care policy, advocacy, and planning.

Federal agencies and state health departments have not generally tracked chronic neurological diseases such as MS, focusing instead on infectious diseases such as TB. Steps are now being taken to change this. In March, researchers from the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) held a workshop to discuss national surveillance of MS and ALS (amyotrophic lateral sclerosis, or Lou Gehrig’s disease).

Plans are in the pipeline to develop pilot studies to track MS and ALS in a few geographic areas. The CDC is using MS and ALS to test the feasibility of ongoing surveillance for a number of chronic diseases, in part because substantial work, much of it supported by the Society, has already been done.

The CDC/ATSDR has funded small studies in a few areas of the U.S. where possible MS clusters have been reported. However, it’s difficult to determine whether a true cluster exists without solid numbers for the normal incidence and prevalence of MS in a given region. A surveillance system would establish those numbers. If clusters can be verified, they may provide clues to environmental and genetic risk factors which might contribute to triggering the disease.

Obtaining an up-to-date count of people with MS in the U.S. is one of the issues being considered by the Society’s new Task Force on the Epidemiology of MS. (Epidemiology is the study of who gets a disease, its geographic distribution, and events that may contribute to a person’s risk of getting it.)

The Task Force will be collaborating closely with the CDC/ATSDR in their efforts to develop a national surveillance system for MS. The Task Force will also consider the feasibility of MS studies on environmental risk factors, migration patterns, and racial/ethnic distribution. Better numbers about MS will help the Society in developing research initiatives, service programs, and advocacy priorities.

Mickey and Minnie Have Different Myelin
— continued from previous page

Gender Differences in MS and is reported in the February 2006 issue of *The Journal of Neuroscience*. It may shed a little more light on why women are twice as likely to develop MS as men. Exploring the role of gender has already led to clinical trials studying sex hormones in people with MS.
Building the Face of MS

FaceofMS.org features stories and portraits of people affected by MS. Anyone and everyone affected by the disease is invited to take part.

Since the launch of this online community on March 13, hundreds have participated. Each person’s unique experience facing the disease adds to an emerging image of what it means to live with MS.

The individual narratives—about symptoms, diagnosis, relationships, work, school, and more—create a single force to educate the public to support everyone in facing up to MS.

FaceofMS.org wants you! Add your story to the Face and help build a true portrayal of MS in our communities. Written, video, and photo submissions are welcome.

The site explains how to participate. Visit www.FaceofMS.org often for new stories and insights to explore.

Next Medicare Part D Enrollment: Nov 15 - Dec 31

If you are currently covered by Medicare but missed the May 15 deadline to enroll in a Medicare Part D prescription drug plan, your next opportunity to enroll will be during the open enrollment period Nov 15–Dec 31.

Once enrolled in a Part D plan during the open enrollment period, coverage begins January 1, 2007.

People on both Medicaid and Medicare (so-called “dual eligibles”) who were not automatically enrolled in a Part D plan will be able to enroll between May 15 and Nov 15.

If you were eligible to enroll before May 15 and did not enroll, your premium cost will go up at least 1% per month for every month after May 2006 that you have delayed enrolling in a Part D plan. For a $30 monthly premium, a 10-month delay adds 10% to become $33. It adds up.

People who become eligible for Medicare after May 2006 can enroll in a Medicare Rx plan without penalty if they enroll when they first become eligible. In addition, anyone who wants to switch to a different Rx plan may do so between November 15 and December 31 of each year. The new plan would take effect January 1 of the following year.

The Society has a one-stop list of resources at nationalmssociety.org/medicare. There are links to your State Health Insurance Assistance Program and to Medicare’s Web site where you can Compare Medicare Prescription Drug Plans.

For help with problems, call us at 1-800-FIGHT-MS (1-800-344-4867).
The results of more than 200 MS-related clinical trials and studies were presented at the American Academy of Neurology’s 58th Annual Meeting in San Diego this past April. Among the highlights:

Researchers reported on the results from a phase 2 clinical trial of an oral MS drug, FTY720, or Fingolimod. Relapse rates and inflammation as detected by MRI were significantly reduced in participants taking the drug, which blocks T cells and B cells from the central nervous system where they can cause MS-related damage.

A study funded by the National MS Society’s Initiative on Gender Differences in MS showed that applying AndroGel (a testosterone gel) to the skin of 10 men with relapsing-remitting MS for one year improved cognitive function and slowed brain tissue loss.

An early study showed that a combination of BHT-3009, an immune system modifier, and Lipitor, a cholesterol-lowering drug, was safe and may provide protection from immune attack in MS.

The results of the BENEFIT study showed that, of 487 people at high risk of developing MS, the half given an inactive placebo was 50% more likely to develop definite MS than those given Betaseron (interferon beta-1b). Participants in this trial had CIS, or clinically isolated syndrome, meaning they had each had a single demyelinating event, but had not been diagnosed with MS.

Professor William A. Sibley, MD, of the University of Arizona, Tucson, received the 2006 John Dystel Prize for Multiple Sclerosis Research, given jointly by the National MS Society and the AAN. Dr. Sibley’s research showed how infections can influence the occurrence of MS relapses.

Do you receive SSDI (Social Security Disability Income)? The amount of money that can be earned during a “Trial Work Period” has been increased to $620/month. Allowable earned income or “Substantial Gainful Activity” income has also been raised—to $860/month for people Social Security considers disabled but not blind and $1450/month for people Social Security deems blind.

To make this work for you
Staying within these limits ensures that SSDI income and medical benefits are not affected. But first, contact the nearest Social Security Benefits Planning Assistance and Outreach program. Despite the awkward initials, people find that

SSBPAO staff specialists are trained to help and have expert advice on all the ins and outs of Social Security’s work incentive programs. SSBPAO is housed in community-based organizations, not in Social Security offices. For a state-by-state listing, visit www.socialsecurity.gov/work/ServiceProviders/BPAODirectory.html or call our office if you don’t have access to the Internet.

COLA all around
Both SSDI and SSI (Supplementary Security Income) beneficiaries received a 4.1% COLA or cost of living adjustment starting January 2006. Call 800-772-1213 or your local Social Security office if you have questions.

SSBPAO staff specialists are trained to help and have expert advice on all the ins and outs of Social Security’s work incentive programs. SSBPAO is housed in community-based organizations, not in Social Security offices. For a state-by-state listing, visit www.socialsecurity.gov/work/ServiceProviders/BPAODirectory.html or call our office if you don’t have access to the Internet.

An early study showed that a combination of BHT-3009, an immune system modifier, and Lipitor, a cholesterol-lowering drug, was safe and may provide protection from immune attack in MS.

The results of the BENEFIT study showed that, of 487 people at high risk of developing MS, the half given an inactive placebo was 50% more likely to develop definite MS than those given Betaseron (interferon beta-1b). Participants in this trial had CIS, or clinically isolated syndrome, meaning they had each had a single demyelinating event, but had not been diagnosed with MS.

Professor William A. Sibley, MD, of the University of Arizona, Tucson, received the 2006 John Dystel Prize for Multiple Sclerosis Research, given jointly by the National MS Society and the AAN. Dr. Sibley’s research showed how infections can influence the occurrence of MS relapses.
Hit the Road, Jack
by Dana Bard

Last year, my significant other, Pat, and I headed off on a two-week road trip. I had wanted to spend the whole time camping under the stars, but Pat proposed a more MS-friendly plan that involved dividing our time among a suburban motel with a pool, a bed & breakfast in a small town, and two campgrounds—all of them accessible. Camping the whole time would have been a bit much for me, and the plan we made wound up providing us exciting variety.

Based on the success of last year’s trip, we put together a list of things to remember for this year’s outing.

Driving tips
• Take turns driving. If you have lots of energy in the morning, let your partner take the wheel in the afternoon.
• Keep travel time to a minimum. Choose numerous destinations, no more than six hours apart, and plan to stay more than a day whenever possible.
• Check the weather. If it’s going to be hot, make sure your vehicle has adequate AC. Early summer road trips are usually cooler than July or August.
• Keep a cooler with ice and a towel in the backseat. Wrap the towel around your shoulders if you get overheated. Lots of bottled water is also a good idea or one of the cooling products.
• The rest stop is your friend. Don’t be shy! Pull over when you see a restroom sign, even at the slightest “urging.”

Make sure your destination is accessible
“Accessible” is a word that seems to mean as many things to as many people as “multiple sclerosis.” Know where you’re going, and call ahead. Ask specific questions:
• Are the trails dirt, rock, or paved?
• How wide is the door into the bathroom and stalls?
• How high is the bed?
• Are there ramps for raised areas, or just steps?

Take a vacation from your vacation
There’s nothing worse than going back to work the day after you’ve returned home from a long trip. I usually plan to get home on a Thursday night or early Friday morning, giving myself a full three-day weekend before going back to the grind.

Last year, Dana Bard wrote about virtual camping. Go to nationalmssociety.org/IMSJune05-SeaToSea.asp for the article, which includes links to accessible travel resources on the Web.

Dana also recommends Candy Harrington’s Barrier-Free Travel: A Nuts And Bolts Guide For Wheelers And Slow Walkers and There is Room at the Inn: Inns and B&Bs for Wheelers and Slow Walkers. (Both published by Demos Medical Publishing; 800-532-8663; demosmedpub.com.)

The mission of the National Multiple Sclerosis Society is to end the devastating effects of MS.

Visit our Web site at: www.msconnection.org
You've just been diagnosed. And you've already heard someone say: “Change your diet!” Perhaps that someone is you. You want to be as healthy as you can—and your diet is something you can control.

The Google search engine offers 6.5 million hits on “diet and multiple sclerosis”—many predicting doom if a person with MS fails to eliminate all dairy products, all animal fat, all meat, sugar in any form, gluten, “allergens”—the list goes on.

Ouch.

Who has the skinny?
The National MS Society respectfully suggests that—based on all evidence available to date—there is no scientific reason to suspect that burgers and fries cause MS or make MS worse. There are data suggesting that smoking and low vitamin D levels may affect susceptibility to MS.

And there is scientific reason to suspect that saturated fats (burgers and more) increase the risk of other serious ills. In fact, a high fiber, low-fat diet is recommended by a host of medical advisors, including ours, for everyone.

Eating well means enjoying “five a day”—five servings of fruits or vegetables, limiting (not eliminating) certain foods, and balancing calories and physical activity.

Is that all there is?
Not quite. There are substantial data that people with relapsing forms of MS benefit from faithfully taking one of the approved disease modifying drugs.

There are some data suggesting that people with MS benefit from a diet low in animal fat and higher in PUFAs (polyunsaturated fatty acids) specifically Omega-6 (found in sesame, sunflower, safflower, and evening primrose oils) and Omega-3 (found in ocean fish and flax-seed oils.)

According to Dr. Allen Bowling of the Rocky Mountain MS Center, who directs a Web site on complementary therapy in MS*, making changes in the types of fats eaten—in combination with a disease-modifying drug if indicated—may be worth considering for those who want a dietary approach. But taking PUFA supplements should be discussed with a healthcare professional, especially if you use anticoagulant medication, have diabetes, or may need surgery. The data showing PUFA benefit in MS are “suggestive but limited,” he says.

Healthy eating isn’t boring but change is the pits
Changing eating habits is hard. It takes time, imagination, and support. But it can be done. For starters, type “low fat fun” on your search engine: over 21 million sites. Bon appetit!

*For more information on diet and other alternatives, see www.MS-CAM.org or Dr. Bowling’s book, Alternative Medicine and Multiple Sclerosis, Demos, 2001.
In MS, all these words refer to exactly the same thing. Exacerbation, relapse, attack, episode, or flare-up all mean a period of sudden worsening, with symptoms that last 24 to 48 hours or more. The length of time that symptoms last is very important. If neurologic symptoms have increased because a person experienced overheating, fever, or stress, the symptoms will resolve soon after the person cools off or calms down.

Exacerbations are characteristic of three of the four clinical courses in MS—relapsing-remitting, secondary-progressive, and progressive-relapsing.

The fourth course is called primary-progressive. These people will have the same good-day, bad-day phenomena that many people with MS and, indeed, many healthy individuals experience. But they don’t have a sudden worsening of symptoms, lasting longer than 48 hours. Instead they say that over several years or maybe even decades something has gradually worsened. For example a mild foot drop increased to the point where now the foot is slapping on the ground with every step.

Silent attacks and clinical attacks
Many MS attacks are silent or “subclinical”; that is to say, they are only seen on MRI of the brain or spinal cord. These people appear to be stable and don’t notice any unusual symptoms, but when we take an MRI we can see that they have more lesions present.

Both clinical and silent attacks can be reduced and/or shortened by taking one of the disease-modifying medications.

If You or Someone You Know Has MS
Studies show that early and ongoing treatment with an FDA-approved therapy can reduce future disease activity and improve quality of life for many people with multiple sclerosis. Talk to your health care professional or contact the National MS Society at www.nationalmssociety.org or 1-800-FIGHT-MS to learn about ways to manage multiple sclerosis and about current research that may one day reveal a cure.
Self-Help Groups for Our Community

The National MS Society sponsors the following self-help groups in Northern California for people with MS and their loved ones. The groups meet regularly for emotional support and educational purposes. For information on a specific group, call the contact person listed below. To learn about the Society’s many other emotional support programs, call the Chapter at 1-800-FIGHT MS or visit msconnection.org.

Alameda County
- Alameda: third Saturday, 11:00 am; call Sharon 510-521-6260 or Ray 510-522-5210
- Alameda—Newly Diagnosed: call for days and times; call Kim 510-865-2685
- Berkeley: call for days and times; call Toni 510-653-4534
- East Bay Lesbians: third Saturday, 10:00 am; call Jane at 510-444-5257
- Fremont: for days and times call Kim 510-793-0765
- Oakland: second Tuesday, 6:30 pm; call Barbara 510-482-0266
- Oakland—African-Americans: third Saturday, 12:00 pm; call Jane 510-865-3698 or Cynthia 510-636-9040
- Oakland—Friends & Family: second Saturday, 10:30 am; call Suzanne 510-581-3239
- Oakland—Latinos: call Elsa 510-777-1414
- Oakland—Multiple Strengths: third Monday, 6:30 pm; call Rick 510-521-2436
- Pleasanton: quarterly, 10:00 am; call Mary Beth 925-829-0832

Contra Costa County
- Brentwood: second Wednesday, 1:00 pm; call Tom 925-516-9647
- Concord: second Saturday, 1:00 pm; call John 925-372-0859 or Shirley 925-685-0961
- Danville: fourth Saturday, 10:00 am; call Bea 925-447-4115
- El Cerrito: for day and time, call Sylvia 510-559-9319
- Richmond: for day and time, call Vanda 510-559-1898

Del Norte County
- Crescent City: periodically; call Kay 707-464-2640

El Dorado County
- Placerville: second Saturday, 1:00 pm; call Fred & Stacey 530-644-1188

Fresno County
- Fresno Night: first Monday, 7:00 pm; call Karen 559-431-4570 or Carole 559-435-3480
- Fresno Day: third Thursday, 9:30 am; call Doris 559-299-2072 or Frank 559-291-7088
- Fresno Caregivers for Persons with MS: first Tuesday, 5:30 pm; call David 559-229-3631

Humboldt County
- Eureka: first Saturday, 10:00 am; call Ann Louise 707-839-0177 or Kim 707-445-9803

Marin County
- Corte Madera: third Tuesday, 7:00 pm; call Verita 415-927-7068 or Anita 415-892-5548

Merced County
- Merced—MS Challengers: first Saturday, 10:00 am; call Kathy or Susan 209-384-6533

Napa County
- Napa: first Sunday of every other month, 1:00 pm; call Colin at 707-944-2262 or Penny 707-265-9680

Nevada County
- Grass Valley: last Friday, 2:00 pm; call Phyllis 530-292-9310 or Dan 530-272-7636

Placer County
- Auburn: second Thursday, 6:30 pm; call Ruth 530-888-8388

Sacramento County
- Elk Grove: second Friday, 10:00 am; call Dorothy 916-684-6849 or Willie 916-684-1677

Toll-Free Number: 1-800 FIGHT MS (1-800-344-4867)
Self Help Groups for Our Community

— continued from previous page

Roseville—North Sacramento Minimal Symptoms Group: Brett or Kelly at 916-773-6799 Call for days and times
Sacramento—Moving on with MS: second Saturday, 10:00 am; call Sylvia 916-349-1324
South Sacramento: second Wednesday, 2:00 pm; call Edie 916-688-2674
Sacramento—Natomas: Call for days and times; call Hugo 916-402-2757

San Francisco County
San Francisco Forum: second Thursday, 7:00 pm; call Dolores 415-467-6186
SF Potluck Luncheon: periodically; call Karen 415-584-6115
SF Sunset District: second Saturday, 1:00 pm; call Tatiana 415-665-1178

San Joaquin County
Stockton: second Thursday, 6:30 pm; call Brenda 209-957-9444
Stockton: second Saturday, 10:00 am; call Betty 209-368-6026

San Mateo County
San Mateo: second Tuesday, 7:00 pm; call Robin 650-355-8878

Shasta County
Hope 4 MS: first Saturday, 10:00 am; call Beth 530-246-8404 or Patricia 530-222-7277

Solano County
Vacaville: second Saturday, 10:00 am; call Debrah 707-447-9603 (before 7:00 pm) or Karen 707-447-2873
Vallejo: second Tuesday, 6:30 pm; call Marian 707-745-9333 or Kathy 707-588-8495

Sonoma County
Santa Rosa: fourth Saturday, 1:00 pm; call Debbie at 707-569-9976
Sonoma Women’s Group: periodically on Saturdays, 1:30 pm; call Susan 707-939-8132

Stanislaus County
Modesto: third Saturday, 10:00 am; call Pati 209-524-8329
Turlock: fourth Saturday, 10:00 am; call Bill 209-664-1427 or Frances 209-667-2184

Tehama County
Red Bluff: first Tuesday, 6:00 pm; call Teresa 530-529-4412 or Jodine 530-528-8767

Tulare County
Visalia: second Saturday, 10:00 am; call Mark 559-636-1099 or Dennis 559-635-2609

To Make a Memorial or Tribute Gift:

If you would like to honor someone, please send your check or money order to:

National Multiple Sclerosis Society
150 Grand Avenue
Oakland, CA 94612

To make your donation via credit or debit card, please use our website www.msconnection.org.

We will notify the honoree or family members you designate.

Please remember the National MS Society, Northern California Chapter in your will.
Calmly Doing Your Will

Getting around to writing or updating a will is one of those things that always seems to wind up at the bottom of our “to-do” lists. We know it’s important, but we keep putting it off for a more convenient time. There really isn’t any urgency.

Sometimes, however, we get a nudge that makes us act. The nudge can come from the sudden death of a friend. The awareness of our own mortality may propel us into action. And when we are aware of the problems created for the family of a friend who didn’t have a will, the nudge isn’t always so gentle.

A far happier sense of urgency about preparing a will is vacation planning. A long-awaited vacation easily becomes the motivation to get all kinds of things in order. We know nothing bad will happen on vacation, but still the nudge is there to buy trip insurance and to take the time to write or update a will.

Even unexpected news from a physician can cause us to take the first steps toward making those long-delayed estate-planning decisions.

Urgency is good and bad

Following through on a mental nudge is a good thing, but acting on nudges has its downside too. Poor or faulty decisions are a common result when we are hurried.

Your friends in the Planned Giving department at the National MS Society urge you to set aside a block of time and find the mental tranquility that will yield sound estate-planning decisions. For answers to many of your estate planning questions visit the National Multiple Sclerosis Society on the Web. Go to nationalmssociety.org. Click on “Get Involved,” then on “Guide to Giving.” Or call the national Planned Giving department at 1-800-923-7727.

This Is Why...

Our mission is to end the devastating effects of MS. This is why we’re dedicated. Ask how you can join the fight against MS.