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msconnection

Mid America Chapter

Creating a Movement

Laura Wieden, the daughter of Dan Wieden, has been living with MS since she was 24. Dan's award-winning ad agency, Wieden+Kennedy, is world famous for creating brands for organizations like Nike and ESPN. So when the Society approached Wieden+Kennedy about working together on a new brand for the organization, Dan Wieden saw it as an opportunity to do something important and long-lasting for his daughter. He asked Buz Sawyer, managing director of the New York Office, if he was willing to work pro bono on the project – he said yes. Sawyer's sister also lives with MS and their mother died from MS complications.

A full team of strategic planners and creative staff was engaged to develop the new brand for the Society, resulting in more than \$1 million worth of time and creative talent for the video, print ads, billboards and TV spots that debuted in March during MS Awareness Week. The new brand is authentic—every person featured lives with MS.



Thanks to everyone at Wieden+Kennedy, you'll notice a shift in how the Society looks and talk about itself and the disease. The brand is built around the core concept of movement: **“MS stops people from moving. The National MS Society exists to make sure it doesn't. Join the Movement.”** Because moving is so much of who we all are, we believe that everyone will be able to identify with this universal message and call to action.

Our new logo clearly identifies the Society and celebrates movement and personal expression. The color is a warm orange, which creates urgency, and stands out in a world where so many other colors represent so many other things. Through research, we know orange is optimistic, contemporary and cutting



continued on next page

Mid America Chapter

5442 Martway; Mission, KS 66205

1-800-FIGHT-MS; (913) 432-3926

Eastern Kansas Branch: (785) 272-5292

Ozark Branch: (417) 882-8128

St. Joseph Branch: (816) 233-1129

Chair: Owen Buckley

President: Kay Julian

Editor: Nicole Long

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. National MS Society medical advisors recommend that people with MS talk with their health care professionals about using one of these medications and about strategies and effective treatments to manage symptoms. If you or someone you know has MS, please contact the MS Society today at nationalmssociety.org or 1-800-FIGHT MS to learn about ways to help manage multiple sclerosis and about current research that may one day reveal a cure.

The Mid America Chapter is proud to be a source of information about MS. Our comments are based on professional advice, published experience and expert opinion, but do not represent therapeutic recommendation or prescription. We do not endorse products, services or manufacturers. Such names appear here solely because they are considered valuable information. The Chapter assumes no liability whatsoever for the contents or use of any product or service mentioned. For specific information and advice, consult a qualified physician.

edge. It's also a color that people with MS find highly readable and can become a symbol for MS around the world.

The transformation is part of a long-term process. For a while you'll be seeing both of our looks—old and new—together. But the movement has started, and **we're asking you to join.** To learn how, visit jointhemovement.org or call **1-800-FIGHT-MS** (1-800-344-4867).

Spaces Still Available!



The Melissa Anne Hanger Apartments, located in Topeka, KS, are fully-accessible, independent living opportunities for individuals with a wide range of disabilities, including multiple sclerosis. The apartments are 100% barrier-free and designed with the wheelchair/scooter user in mind. They feature low countertops, roll-in showers, power entry doors and more.

Rent for all the units is federally subsidized and will not exceed 30% of residents' income. If people with MS apply, there is no obligation to move in. You can decline an apartment up to three different times before losing your place on the waiting list.

If you or someone you love would like to live in the Melissa Anne Hanger Apartments, either now or in the future, please give us a call today at 1-800-FIGHT-MS (1-800-344-4867). You may press or say '2' and ask for Erica.

Study Suggests Family Members May Share Some Features of MS, But Not its Severity

A large collaborating group of European researchers known as the “GAMES” (Genetic Analysis of MS in EuropeanS) Collaborative Group evaluated the clinical characteristics of 1,083 families with two or more close relatives with MS. Reporting in the January 30, 2007 issue of *Neurology* (2007;68:376-383), the investigators found that family members often shared some disease characteristics in common, such as similar ages at onset, but that the severity of disease experienced by one member could not reliably predict the severity of close family members.

Drs. Anke Hensiek, Allastair Compston (University of Cambridge, UK) and scores of collaborators in Europe, Turkey, Australia and the United States reported on clinical characteristics of their families collected for the GAMES study, originally established to search for genes that make people of European descent susceptible to developing MS. Of 1,083 families studied, 757 had two siblings with MS, 199 had one affected parent and one child, 72 had three or more affected siblings, and 55 had more complicated structures.

The researchers found that age of onset of MS was similar within a family, whether comparing siblings or parents. The clinical course of MS (patterns of disease such as relapsing-remitting, secondary progressive and primary progressive MS) was similar among siblings, but not between parents and their children. Severity of disease could not be predicted by the severity experienced by other family members.

In a press release, Professor Compston stated,

“People should not draw personal conclusions for their own MS prognosis and expected disease severity from observing the condition of their relatives with MS.” The authors caution that because most of the families studied are of European descent, it is possible that their findings cannot be universally applied to MS families from other ethnic or racial groups.

Study Refutes MS Blood Test Prediction

Scientists world-wide have been searching for ways to predict if a person will get MS. In 2003, Austrian researchers at the University of Innsbruck thought they had found a way.

The Austrian team claimed to have found levels of two antibodies—anti-MOG and anti-MBP—in blood samples taken from people with CIS that predicted who would later be diagnosed with MS. CIS stands for “clinically isolated syndrome,” meaning a single neurological attack. Not everyone who has such an attack goes on to develop MS.

But a new, much larger study by Swiss and German researchers, using methods similar to the earlier study, found no correlation between anti-MOG and anti-MBP levels in blood samples and a later diagnosis of MS.

The new study was published in the January 25, 2007, *New England Journal of Medicine*.

“While the news this time is not what we wanted to hear,” said Dr. John Richert, vice president for the Society’s Research and Clinical Programs, “we’re still hoping to find ‘biomarkers’ that one day will accurately predict the onset or future course of MS.”

Moving Forward on Nerve Repair

Dr. Peter Calabresi, of Johns Hopkins University School of Medicine, heads a multidisciplinary team focused on the repair of nerves damaged by MS. The goal is restoring function—returning abilities that MS has stolen from legs and arms and hands.

Dr. Calabresi's nerve repair research is funded by the Society's *Promise: 2010* campaign. The following is from an interview with Dr. Calabresi conducted late last year.



Old drugs, new purposes

The concept of nerve loss is not a new one to neurologists. We also know from lab studies that nerve loss is reversible. In fact, there are repair or protective medications out there that were tested for Parkinson's, Lou Gehrig's (ALS), and others. They had limited success, but those diseases are diagnosed in older people who have significant damage. We diagnose MS much earlier, when people are younger and healthier. These drugs may work better for them. There are other drugs approved for other conditions that also merit testing in MS.

If your target drug is already approved for something else, you can go directly to what's called a Phase II-B clinical trial. That saves years and years of safety testing.

Which old drug?

At Johns Hopkins we have a library of some 10,000 drugs and a three-part system for looking at them. First, we identify those with the most promising properties. Then we ask about safety and which ones can be given as pills. Parallel with that we have to figure out how we're going to know if a drug really makes someone better. It would be great if we could just give something and people would get up and dance again. But nerves aren't like that. They take quite a while to grow out and do their thing. At the very least, it would take 6–12 months for nerves to start functioning better or become more normal.

We need to know what's happening sooner. If a drug doesn't work, we want to try another on our top 10 list. We're going to test some of these drugs in people in the next five years. We may even do it in three.

International Group Finds Extensive Myelin Repair Even in Elderly

When myelin—the fatty coating that insulates and protects nerve fibers—is damaged by MS, messages from the brain can misfire or be lost. This, in turn, can affect anything from vision to physical movement.

Scientists believe that when damaged myelin is repaired, function may return and that myelin repair (called “remyelination”) also protects the nerve fibers themselves from damage. A recent study by an international team suggests that a substantial amount of natural remyelination

can occur in most types and stages of MS. It is not confined to younger, healthier people, or to people who do not have progressive disease.

About the study

The researchers examined autopsied brain tissue from 51 people who had lived with MS, including people with relapsing-remitting, secondary-progressive, and primary-progressive disease as well as some whose MS type was unknown. The tissue samples were analyzed for signs of myelin damage and repair using a variety of high-tech microscopic, staining and labeling techniques.



New Myelin in Progressive MS

The researchers were surprised to note that, in about 20% of the samples studied, remyelination was extensive, including in those with progressive forms of MS. The amount of remyelination ranged from sparse to nearly complete repair—and, another surprise, they found more extensive remyelination in people who had died later in life and/or those who had had MS for the longest period of time. No link was found between the extent of repair and the age at onset, gender, or type of MS.

John Richert, MD, executive vice president of Research and Clinical Programs for the Society,

said more research is needed to find out why some people experienced highly efficient myelin repair while others did not. “The findings of variable rates of remyelination will be taken into consideration as we design future clinical trials of ways to stimulate myelin repair,” he said.

The study, published in the Dec. 2006 issue of *Brain*, was conducted by Drs. Peter Patrikios, Hans Lassmann & others of the Medical University of Vienna and financed by the National Institutes of Health and the European Union, with additional support from the National MS Society’s MS Lesion Project (led by Dr. Claudia Lucchinetti of the Mayo Clinic).

Whether you live in Chillicothe or Cassville, Salina or Sedalia, we can provide Care Management services for you! People with MS, their families and caregivers can find the resources you need in order to live as independently as possible.

Care Management can help with:

- Transportation
- Housing
- Social Security applications
- Insurance problems
- Respite care
- Mental health issues
- Emergency financial assistance
- Durable medical equipment

The Mid America Chapter has social workers on staff to assist people with MS with these services. Call us today at 1-800-FIGHT-MS (1-800-344-4867) and press or say ‘1’ to find out how we can help!



DO U IM?
 Thanks to a new Society relationship with Microsoft, every single time you have an IM conversation using Windows Live™ Messenger, Microsoft will donate a portion of the program's advertising revenue to the National Multiple Sclerosis Society. There is no fee for using Messenger, and it only takes a minute to download and select the Society as your organization when you join.

Visit im.live.com for more details and to sign up. Join the movement.

KNOWLEDGE
Is Power

Knowledge Is Power is a 6-week free, at-home educational program for people who are newly diagnosed. Mail or e-mail formats. To register, call **1-800-FIGHT-MS (1-800-344-4867)**, or visit www.nationalmssociety.org.

This is why we're here.

TAKE ACTION: Join the Multiple Sclerosis Action Network
 Join a movement. Foster change. Be an activist for people with MS. Sign up now to become a member of the MS Action Network! This group of thousands of individuals believe in achieving their inherent needs and rights through legislative and regulatory activism. By raising their voices together in response to tough issues, these MS activists effectively spread awareness and cultivate positive change. You can join them! To sign up, go to www.nationalmssociety.org/advocacy.

Ithink...A Telephone Chat Group for Teens with MS

Do you feel like no one understands what having MS feels like or what you're going through? You are not alone! **Ithink** is a telephone chat group made up of teens (ages 13-18) going through the same things as you. The group will be led by a teen with MS, and moderated by a National MS Society staff person.

We'll talk about things like: who we are, friends and family, how we handle our MS, dating, school and anything that comes into our heads.

When: Second Sunday of each month - April 8, May 13 & June 10
Time: 6:30-8:00 p.m. CST

To register, contact Kim Koch at the National MS Society at 1-866-543-7967 or kimberly.koch@nmss.org.



Eastern Kansas Branch**MS Education Group**

Kansas Rehab Hospital

1504 SW 8th St.; Topeka, KS

2nd Tuesday of each month

Martha Badger, RN, hosts a group that discusses common multiple sclerosis issues and how to deal with them. Dinner is usually provided, so please RSVP with the number attending to badgerma@hotmail.com or call (785) 234-5128.

MS Wellness Clinic

Kansas Rehab Hospital

1504 SW 8th St.; Topeka, KS

Tuesday, May 8; 1:30-3:30 p.m.

Join us for a FREE professional consultation with the MS Wellness Team, which includes a nurse, physical therapist, occupational therapist, speech pathologist, registered nurse and MS Society representative. Space is limited. Please call 1-800-FIGHT-MS (1-800-344-4867) and press or say '1' to reserve your time today.

MS Awareness Day

Rolling Hills Wildlife Center

625 N Hedville; Salina, KS

Saturday, June 30; 10:00 a.m. - noon

Join us for an educational morning and a fun-filled afternoon. Martha Badger, MS Certified RN, will address general multiple sclerosis topics. After your questions have been answered, all participants will receive free admission to the Zoo to enjoy the rest of their day. Breakfast will be served. To register or for more information, call 1-800-FIGHT-MS (1-800-344-4867) and press or say '1.'

Kansas City Branch**Yoga in Chairs**

North Lindenwood Support Center

315 North Lindenwood Dr.; Olathe, KS

Wednesdays, March 7 - May 2

6:00-7:00 p.m.

Almost anyone can participate in this very gentle form of Yoga that works the joints and muscles to increase flexibility, strength, balance and circulation. It also encourages quiet reflection, proper breathing and better posture. Join facilitator Michelle Warner by calling 1-800-FIGHT-MS (1-800-344-4867). Press '1' to register or find out more.

YMCA MS Wellness Programs

Red Bridge YMCA

11300 Holmes Road; Kansas City, MO

Land Class on Wednesdays 1:00-2:00 p.m.

Aquatics Class on Fridays 1:00-2:00 p.m.

Please call the YMCA for more information. (816) 942-2020.

MS Aquatics at the View

Grandview Community Center

13500 Byars Road; Grandview, MO

Tuesdays & Thursdays 11:00-11:30 a.m.

Call the Grandview Community Center for more info at (816) 763-5524, ext 104.

Ozark Branch**MS Aquatics Classes**

St. John's Sports Center

4331 S Fremont Ave.; Springfield, MO

Tuesdays and Thursdays

8:30-9:30 a.m. and 5:30-6:30 p.m.

Find out how you might benefit from this wellness program. Call 1-800-FIGHT-MS (1-800-344-4867) and press or say '1.'

My children keep accusing me of forgetting things that they have told me. Sometimes I remember these things once they remind me, but other times I don't recall them saying these things at all. I'm starting to wonder if they are telling the truth. How can we deal with this problem?

The first step in coming up with effective solutions is to obtain a thorough assessment of the problem. In a situation like this, it is important not only for you to have an objective cognitive assessment, but also for your family to meet with a social worker, psychologist, or other healthcare professional familiar with MS-related cognitive problems and their potential impact on family relationships.

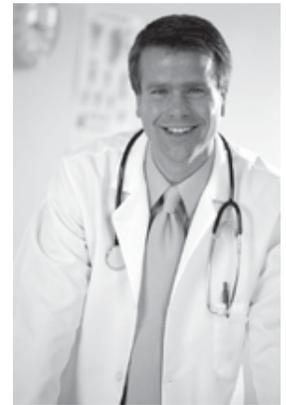
If it turns out that you do have some identifiable cognitive problems, a cognitive rehabilitation specialist can work with you and your family to identify the circumstances under which these problems are most likely to occur and to modify them. For example, if your children are trying to talk with you while the television is on or while there is another conversation going on in the room, the cognitive rehabilitation specialist may suggest that the television be turned off during these discussions or that you and your child seek a quieter, less distracting place to talk. If you are having trouble remembering where your children have said they were going, the cognitive rehabilitation specialist may suggest a family "memo board" in a central location for everyone to record where they have gone and

when they will be back. Often very simple changes can make a world of difference.

In some situations, however, cognitive changes are only a minor factor, and the real difficulty is an underlying family problem that has been present for some time. In such cases, working with a social worker or psychologist to address the underlying family problem is critical.

Recently I've noticed that I have a lot of trouble concentrating or following conversations, particularly when there is something else going on in the room. Is there anything that I can do about this problem?

It is not uncommon with MS to have difficulty ignoring background noise or distractions and, as a result, to have difficulty following social conversations. The ability to pay attention selectively to important information (i.e., what the person is saying to you) while ignoring unimportant information (such as other conversations in the room) is one aspect of information processing, often termed "selective attention." A cognitive rehabilitation specialist can work with you to improve this skill, teach you how to compensate for this problem, or both. For example, restorative strategies might include improving your selective attention



Taken from *Multiple Sclerosis: The Questions You Have, The Answers You Need*. These questions were answered by Nicholas G. LaRocca, Ph.D. and Pamela Miller Sorensen, M.A., C.C.C.-SLP. The text was edited by Rosalind C. Kalb, Ph.D., Director of the National MS Society's Professional Resource Center. This resource may be purchased from demosmedpub.com.

through a series of increasingly challenging exercises in which you have to ignore competing background messages and attend only to what is important. Strategies might include learning ways to alter the environment so that it is easier for you to concentrate.

Communication is a cycle of “give and take” between speaker and listener. Some people are embarrassed when they cannot keep up with a conversation, so they nod and pretend they are following it. Others simply find excuses to avoid social situations in which they will be confronted with this problem. However, it is your responsibility and right as a listener to let others know what you need to participate successfully in a conversation. There are two ways to regulate input in this type of situation—quieting the background noise or moving away from it. For most people, it will take some practice to feel comfortable making requests such as “I’d appreciate it if you could lower the volume of the TV so that we can continue our conversation” or “Let’s go to a quieter room so that we can talk without being interrupted.”

Other types of communication breakdowns can also occur. If you find that too much information is coming too quickly, or is “over your head,” you might say: “Please repeat that—a little slower this time,” “Tell me a little at a time,” “Let’s take a break and come back to this later,” “Please explain that in different words or give me an example.” Often, when friends or family members understand the difficulties you may be experiencing, they automatically begin to modify their speech. In the long run, it is far better to learn strategies for regulating input than to allow a breakdown in communication.

MS and the Mind

Using Personal Digital Assistants and Post-it Notes as your Ounce of Prevention

“What you’re trying to do is replace memory with organization.” —Dr. Nicholas LaRocca

■ Keep a daily diary or notebook. Write down all appointments, reminders, and lists of things to do in one place. When you make or receive a phone call, note the date, time, whom you spoke with, and a short reminder about what was said. Get in the habit of referring to this diary routinely, perhaps at the same time each morning and again in the evening for tomorrow’s schedule.

■ Post a large family calendar in a prominent place—maybe the refrigerator door—where everyone in the household writes down their activities and schedules. Think of this calendar as “communications central” and refer to it daily. Check things off as they are completed.

■ Use a wristwatch with a beeper, and set it to remind you of events. People who must take medication at certain intervals find this especially useful.

■ Electronic gadgets like personal digital assistants are effective for lists, agendas, important phone numbers and addresses. Or try other organizational gizmos such as a Day Runner, Filofax, or laptop computer—whatever works for you. Post-it Notes are useful, but they can get unstuck. Moreover, the habit may get out of hand. “I stick them up everywhere, but I may forget to throw them away once I’ve completed whatever I’ve written on them,” said

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Sylvia White. “If I don’t toss them, I wonder later, ‘Did I do that already?’”

- Keep important things in a designated place. Keep your daily diary on your night table or next to the phone, your keys in a particular drawer or on a hook near the door. Consistency and routine make it easier to remember where things are.
- Design a master grocery list, with all the items you normally need, and make multiple copies. Before going out to shop, review the list and check off the items you’ve run out of.

Try to stay calm when memory fails. “It’s normal to tense up or feel frustrated if you are forgetting or losing something, but when you do, you switch out of the problem-solving mode and into the angst mode,” Dr. LaRocca noted. “So take a few moments to calm down. Do slow breathing or other relaxation exercise. Your memory will usually clear.”

Stretching for People with MS: Hands & Wrists

Exercise 1

Step 1: Bend fingers toward palm (make a fist).



Step 1

Step 2: Straighten fingers.



Step 2

Exercise 2

Step 1: Bend thumb at all joints.



Step 1

Step 2: Straighten thumb.



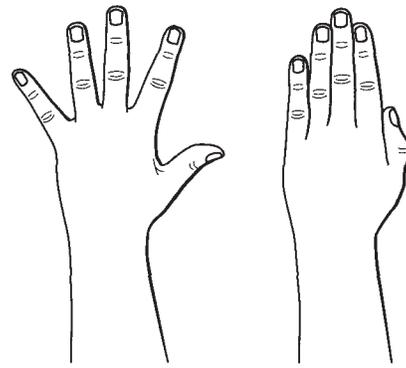
Step 2

More information about stretching can be found at www.nationalmssociety.org. For a list, click the bar on our home page called “Living with MS”; then click “Library and Literature.” If you have no access to the Internet, just call 1-800-FIGHT-MS (1-800-344-4867) and ask for a copy of the latest Publications List.

Exercise 3

Step 1: Move fingers apart (spread fingers).

Step 2: Move fingers together.



Step 1

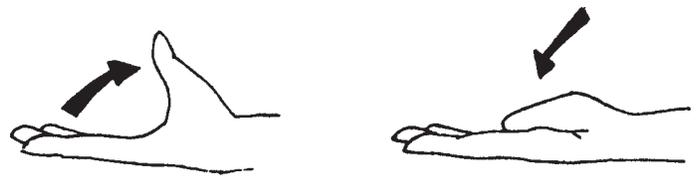
Step 2

Exercise 4

Step 1: With palm up, move thumb up and away from palm.

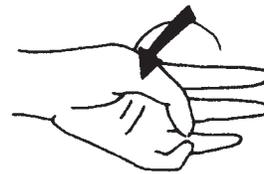
Step 2: Return thumb to position along side of first finger.

Step 3: Move thumb out and around to touch little finger.



Step 1

Step 2



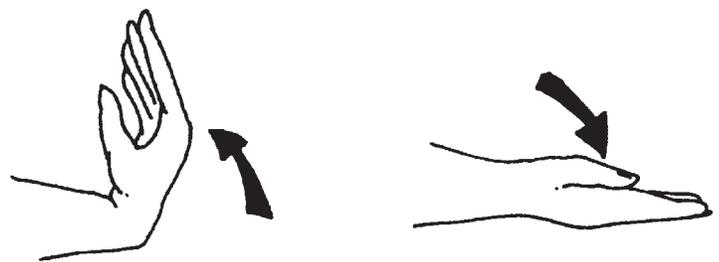
Step 3

Exercise 5

Step 1: Bend wrist so that palm is toward forearm.

Step 2: Straighten from bent position to neutral position.

Step 3: Move hand so that back of hand is moved toward forearm.

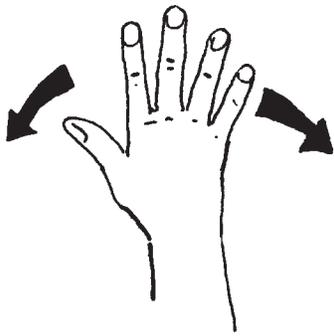


Step 1

Step 2



Step 3

Exercise 6

With hand flat, keeping arm still, move hand first to the left, then to the right.



Step 1



Step 2

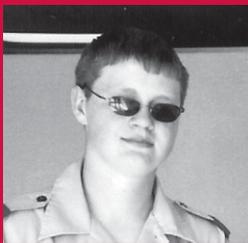
Exercise 7

Step 1: Start with arm and wrist in a comfortable position, fingers pointing to the ceiling.

Step 2: Bend the fingers at the large knuckles, making a tabletop. Then straighten. Try to keep the wrist relaxed.

Suggestion: To improve finger coordination, try playing board games, building models or doing crafts.

Volunteer Spotlight



Nathan Moreland, a Topeka West High School student, recently completed his Eagle Scout project. His mom has MS, so Nathan was inspired to aid our organization. His creative idea was to design and make dozens of “walker bags,” or bags sewn together from old jeans that could be hung on the front of a walker. That way, people who use an assistive device to walk can still carry items with them. This project was not only inventive, but it also made a huge impact on our clients who received the bags this month. Thanks for your hard work, Nathan!

Diagnosed with MS in 2005, **Kristine Zerr** was determined to do something big. She recruited 27 members of her family and friends from 4 states to be part of the 2006 MS Walk. She put her personal efforts into raising \$6,028 and that was just a portion of the \$10,149 that Kris’ Kruisers were able to accumulate. Kris is the embodiment of the concept of being BOLD to do something about MS NOW!



Getting the benefits of insurance

Health, disability and life insurance ensure our long-term economic security. How do people with MS fare in the insurance world? To find out, the Society funded a telephone survey that asked 983 working-age people with MS (ages 21 to 64) about their insurance coverage.

Mixed picture

The good news is that most have health insurance. People who work or have a working spouse have the most benefits. The not-surprising news is that a majority struggle to meet expenses, even when they have health insurance. In addition, services such as rehab, home care, mobility aids, and complementary and alternative therapies are limited or not covered.

Survey details:

- Almost all (96.3%) had some health insurance, a much higher rate than the general population. About 40% have Medicare or other public health insurance.
- Almost 75% had private health insurance. This includes people who have Medicare plus private supplemental insurance. Over 40% had this insurance through a partner.
- Despite having health insurance, 70% reported financial difficulties paying for health care. About 30% of this group spent less on food, heat, and other necessities in order to meet their health-care needs.
- In the previous year, 20% did not fill a prescription, skipped medication, or split doses because of cost concerns; 30% postponed health care.
- One-third of the group received Social Security Disability Insurance (SSDI) benefits

Go to nationalmssociety.org/Planning for information on getting and keeping health insurance. Click on **Health Insurance and Medicare** for FAQs on health insurance, help with SSDI applications, to order the book **Health Insurance Resources—Options for People with Chronic Disease or Disability** and more. A link to **Medicare Interactive** provides an online tool for Medicare information. To join the MS activists, go to nationalmssociety.org/ActionNetwork or call us at 1-800-344-4867.

and almost 9% received Supplemental Security Income (SSI). About 30% in each of these two groups had their initial applications denied.

- Up to 15% paid for home care services out of their own pocket. Of this group, 20% said paying for these services was very difficult.

Working for improvements

In December, MS activists pushed Medicare to revise a restrictive evaluation and reimbursement policy for wheelchairs and power scooters. A major push to address the high rate of SSDI/SSI denials is in progress. Society staff and volunteers are working with Social Security offices nationwide to improve understanding of MS problems. And a new video for employers shows that accommodating employees with disabilities can be good for business. More initiatives are in the works.

"I AM THE FACE ..."



Health-care worker **Kerrie Fields** of Georgia writes: "I was in an unhappy marriage, I had just had major surgery, and we were barely getting by

financially. ... The stress, emotionally and physically, were getting to me." Suddenly she was laid low by an attack of neurological symptoms. After a long series of exams she learned the problem was MS. Her marriage ended. But then, she writes, she found "a great new position in my organization." She has gone on to become politically connected and involved: "Aside from the occasional pity party, my spirits remain high. I strive to keep my stress at a reasonable level, take my medications, and live my life."

As **Ian Moskowitz**, a Nevadan writes: "I have never given up. ... I am not a disease. I just have one."



Fields and Moskowitz are just two of more than 800 people who have told their story on **FaceofMS.org**, an online community created by people living with MS, launched by the National MS Society. It is a place where people can share their experiences and read the stories of others. It is also a space where those who may know little about MS can gain understanding from those closest to the disease.

"I'm here to say my life with MS sucks," Michael Magalotti writes. Magalotti, 32, lives in New Jersey, and offers a no-holds-barred

glimpse of MS: "I'm not going to sugar-coat it for you. ... Every new exacerbation will bring new feelings of despair, frustration, and all the rest. If you keep it bottled up inside, you'll explode. ... We should be allowed to scream from the highest mountain 'MS sucks!'"

Visitors to **FaceofMS.org** add their stories, post their thoughts, and connect with others through their stories. Visitors can browse alphabetically by first or last name, by location, or by theme: Facing MS with Attitude; Facing MS with Purpose; Facing MS with Knowledge; and Facing MS Together.



"I had an epiphany today," writes North Carolina real estate broker and model **Charisse Workman**. "What does the face of MS look like?"

Workman's poem, "I Am the Face," excerpted below, captures some of the contradictions and complexities:

I am the pretty face
 I am the hated face
 I am the desired face
 I am the designated face
 I am the lucky face
 I am the cursed face
 I am the face that I have to face
 I am just a face
 I am one of many faces ...

Please visit **faceofms.org** and support this ongoing movement by and for those who know MS best.

FUNDRAISING & GIVING

MS Walk Steps Closer to a Cure

In April 2007, the Mid America Chapter will host thousands of participants in our 19th annual **MS Walk**. Members of 20 communities throughout eastern Kansas and western Missouri will join together and raise more than **\$600,000** to move us closer to a world free of MS. Many thanks to our participants, their donors, our volunteers and sponsors listed below:



The Mid America Chapter of the National MS Society is a Member of



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Getting There: Staying Mobile with Multiple Sclerosis



How does multiple sclerosis affect mobility? And how can you keep moving forward? Find out those answers and more in **Getting There: Staying Mobile with Multiple Sclerosis**, a special educational packet and video cassette. This resource, a part of the North American Education Program, includes information on assistive devices, managing fatigue and spasticity, mobility behind the wheel and universal design.

The Clues of Epidemiology



A second packet and video cassette from the NAEP covers **The Clues of Epidemiology**. Experts in the field of disease patterns explain how variations on geography, demographics, genetics, infectious agents and more contribute to our understanding of multiple sclerosis.

To request a copy of these informative books & videos, please call the Information and Resource Center at 1-800-FIGHT-MS (1-800-344-4867) and press or say '1.'



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