

To be a leader in finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.

Self Management: Living Successfully with Chronic Disease

Multiple Sclerosis is a chronic disease – once you are diagnosed with MS, it is yours for a lifetime. People who live successfully with a disease like MS are those who learn the skills of self management.

What is Self Management?

Let's face the facts. If you are living with a chronic disease or disability, you are responsible for your day to day care. This is a lifetime task that involves *continued p2*



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your medical management, your roles in life and your physical/emotional/spiritual/social well-being. Others can provide help and support, but the ultimate responsibility is yours. Without taking charge of these aspects of your life, you may experience loss of control, reduced self-confidence and self-esteem and less than optimal quality of life. There is growing evidence that successful self management not only improves the health status of people with chronic illness, but also improves the utilization of health resources.

There are five core skills required to be a successful self manager:

- **Problem-solving**

This skill involves defining the problem, generating possible solutions (often with the input of friends, family and health care professionals), analyzing and selecting a solution, implementing the chosen solution and evaluating the results.

- **Decision making**

A person living with a chronic illness must make many day-to-day decisions in response to changes in condition. To do this, you must have the necessary knowledge. For example, how do I know if I have exercised enough or too much? How do I know if a symptom is medically serious? Am I safe to drive my car?

- **Resource utilization**

Finding and using appropriate resources is another important skill. Knowing how to use the telephone directory, the internet, the library and community resource guides expands your scope. Knowing how to be persistent and cast a wide net when seeking resources can lead to better outcomes.

- **Forming partnerships**

Developing partnerships with health care professionals, community resource personnel and your personal caregivers

makes you an equal player in managing your MS. It takes you out of the "patient role" and identifies you as the "expert", the day-to-day manager. This collaborative management model is a healthy basis for problem-solving and decision making.

- **Taking action**

This means making an action plan that focuses on a specific change in behaviour to be accomplished in a short time frame, say 1-2 weeks, and carrying it out. For example, I will do my stretching exercises on Monday, Wednesday and Friday this week.

Some examples of self management programs:

Self Managed Home Care

This option enables Manitobans to accept full responsibility for their personal care as self managers. People who choose this option rather than receiving their services through the regular Home Care Program are responsible for coordinating, managing and directing the non-professional services they need to remain living at home and in their community. The Independent Living Resource Centre offers information, orientation/training, a newsletter and a peer support group for self managers. They also offer brokerage service for those who do not want to tackle the administration of their self managed care themselves.

Get Better Together! A program for living better with chronic disease

This is a free 6-week program designed to help you to take control of your health and be better able to manage health issues and make responsible choices. The program is offered in many Manitoba communities. It is coordinated through the Wellness Institute at 632-3927 and is sponsored by Manitoba Health and Healthy Living, participating regional Health

Authorities and local health centres. The MS Society of Canada, Manitoba Division will be a host site for this program in the fall of 2009. For more information, please see the Winnipeg insert of this newsletter.

MS Active Living Day

This event will take place at the Reh-Fit Centre in Winnipeg on October 22, 2009. This exciting new initiative will provide people living with MS in Winnipeg an opportunity to experience a variety of wellness-oriented activities and education sessions in a comfortable, accessible and supportive setting. It is hoped that the experience will encourage participants to incorporate the active living philosophy in their lives and to realize that this is possible. For more information, please see the Winnipeg insert of this newsletter.

Consider taking a more active role in the day-to-day management of your MS. You will likely feel better physically and emotionally as a result of taking charge of your life. The Client Services staff of the MS Society is available to help you with information, support and a variety of programs and services to accompany you on your journey. Call your local chapter or the toll-free number **1-800-268-7582**.

MS

Self Management Improves Self-worth

Shelley Makl was diagnosed with MS in 1986. Since that time, her MS has progressed to the point where she has lost her mobility and is now rendered a quadriplegic. Shelley had been engaged in the Home Care program but found the Self Managed Care program offered much

greater benefits to her overall well-being. When asked what led her to choose Self Managed Care, she responds, "I would say the independence factor. With Home Care, there are a lot of rules the workers have to abide by and it's very regimented. With Self Managed Care, you're a lot freer to do as you want day by day and after working for a long time it also allows you the feeling of being in charge of what you want to do, where you want to go. I found it, for myself, just a lot better of an arrangement."

Shelley's personal caregiver Teresa Low, one of her employees through Self Managed Care and her constant companion, also found self management worked best for Shelley.

"It has a lot to do with continuity of care as well, because Home Care employees can be taken away at any time and switched over to somebody else; having to retrain the new people that come in and you have no idea how long they're going to be there for," says Teresa.

Teresa has become more than just an employee and caregiver to Shelley; the two seem inseparable not solely because of their professional relationship but because of a personal one. Teresa was supportive in helping Shelley decide to move to Self Managed Care.

Shelley recalls, "Teresa came to me through Home Care initially. I had been thinking about going to Self Managed Care and then Teresa had to leave to go on her school practicum and during that time her mom had a heart attack. Teresa did her practicum but her mom was quite ill and she had to stay home for quite a while. During all that time Teresa and I kept in touch and I asked her if she would be interested in a full-time position if I got
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accepted into Self Managed Care, so that also was quite a boost to my confidence, having my main caregiver in place. After that, it was just a matter of part-time help so it worked out very well. She's been with me eight and a half years."

Shelley says she and Teresa have a bond now and a friendship that would not have happened with Home Care.

Self Managed Care offers much more control for its clients, but with that goes greater responsibilities. This is a strong consideration for those looking to make the move to Self Managed Care, as it was for Shelley. Finding a "staff" is one of the main hurdles for many.

"My main concern, of course, was getting the staff and being able to keep staff on a consistent basis, but once I started, I don't know if I was lucky or if I have an angel on my shoulder, but the staff that I interviewed and hired stayed. It's only been in the last two years that I've had some changes. I'm very fortunate in that way."

Shelley has five additional staff members besides Teresa. Shelley remarks, "With the part-time staff, you need a few more people because there's lots of things happening in their lives. Many of them have other jobs. It gives them lots of flexibility."

After eight and a half years of regular services from her staff, it has only been recently where staff had holidays or illness that has made things a little more stressful for Shelley, but she manages to cope with help from friends and adult children. "I don't often rely on them (the children) because I just don't feel that I want them too involved in it; they have their own very busy lives and I like to keep it this way when they are only called in on an

emergency basis. They are all very capable caregivers and I'm very proud of them for that."

Self Managed Care has several resources that clients can tap into, beginning with the Home Care Case Coordinator.

"I spoke to my Case Coordinator. She referred me to the department that was in charge of self management," says Shelley. "Once you have decided to manage your own care, your first step would be to contact your Case Coordinator. Your Case Coordinator contacts the Self and Family Managed Care department and your application starts there."

"It's like running a small business and that was really good for me because you still feel like you're a capable person," Shelley remarks. "Over the last seven years I've lost the use of my arms and hands so I can no longer key. Now Teresa does all that. She inputs for me but I am able to review everything. I'm very particular about our filings because we do get audited every year." The requirements for getting started are opening a separate bank account, applying for a business number, setting up workers compensation if it applies, and making sure your home insurance has coverage for domestic employees. A business number is required for making payroll submissions to Revenue Canada.

The Independent Living Resource Centre (ILRC) is a very useful source of information and help with setting up and maintaining the Self Managed Care Program.

"We attended monthly Self and Family Managed peer support meetings at the ILRC and we're a big part of that community now," says Teresa. Shelley and Teresa are part of the core group at the

meetings at ILRC. Teresa points out, "It's not just MS; that peer group is for everybody that falls under that self management realm."

Shelley remarks, "It's very good for any kind of information you need. Every person has something to offer."

"There's a lot of networking for employees; it's very good that way," says Teresa. "The ILRC, the peer support meetings, it's very good for new people coming on board. In the core group, some of them have been doing it since the onset of the program. Any questions, whether it's regarding payroll or just personal experience – there's just a wealth of knowledge. Like Shelley says, everyone's got something to offer."

"When you go to Self Managed Care, there is always learning. It's a constant learning process and it's something you wouldn't have under Home Care. It keeps your mind working."

Some might find establishing a "business" to get started with self management a bit daunting, but Shelley wasn't intimidated.

"I found it very easy," she says. "The Self and Family Managed program within the Winnipeg Regional Health Authority gives you instructions to follow."

"They give you a package and tell you what you need," adds Teresa. "They give you a blank timesheet and other forms you might need." Both ILRC and the WRHA help you establish what you need to get started.

Shelley points out, "I found with my

background as a secretary, it was relatively easy for me." Even if she didn't have that background, Shelley says it is still an easy process. The peer support group at ILRC helps and has people that will come out to your home to help. The annual audit also helps to show how well things are running and if any corrections need to be done. The audit acts like a learning tool.

"I find that we're still learning all the time," Shelley says. "When you go to Self Managed Care, there is always learning. It's a constant learning process and it's something you wouldn't have under Home Care. It keeps your mind working. It's a definite benefit. For me that's a really good part of it, especially since my MS has progressed a lot, but I'm still capable of thinking and learning. I can't move anything, but I can speak my mind. And that's a good thing."

"I had to quit work in 1996 and it was a pretty devastating thing for me to have to do," Shelley recounts. "Of course, then I went under Home Care and I found all the rules being very difficult. I went from being a person that was very independent, to all of a sudden having to depend on people for way too much. I had girls coming and going and it was just like the door just kept opening and closing – like a revolving door. When someone says, 'This is the time of day you have to go to the washroom because that's when I'll be here,' your body doesn't always work like that. I had three grown children and a husband. I just found it was all too much for me. I did get very depressed. I was like that for I'm sure about a year. I had lots of thinking time. I started thinking, 'Am I going to stay like this or am I going to snap out of it and start doing something with my life.' Teresa came to me not long after as one of my Home Care girls left and we just hit it off. About that time I

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heard about Self Managed Care and Teresa and I started searching on the internet. I pondered it for quite a while because I was really unsure of myself as to whether I would have the ability or be even capable at that stage of my life to undertake that path. I just really did a lot of soul searching. Then I called my Case Coordinator. They knew I needed consistency in my life and she was quite a help."

Teresa was an integral part of Shelley's decision to move to Self Managed Care, though she would have eventually chosen that route regardless. Many people are very anxious about making the move to Self Managed Care. But as Shelley demonstrates, it's a very feasible option and brings many new positive changes to one's well-being.

"They need to know that you can always count on Home Care for the first year of your self management," says Teresa. "If you run into problems, you call Home Care and they will back you up for one year. Shelley never had to do that."


Shelley continues, "There's a lot of support out there for people coming on board. They come to these meetings at ILRC and realize there are support systems available to help you through any challenging steps."

Some members of the MS Society feel that they wouldn't utilize Home Care workers enough to warrant switching to Self Managed Care. Shelley and Teresa note that while many people have that concern, they point out the benefits of still being able to control one's time with workers and that there are many capable staff available to them that are willing to work short and flexible schedules.

Shelley asserts that Self Managed Care has bettered her lifestyle and overall well-being. It has empowered her.

"I definitely feel more independent," she says. "I feel worthwhile because of what I can achieve. I don't feel like I'm just a handicapped person that lost their life. I mean, I still always deal with frustration and I'm not happy being like this, but this is what God has given me and it's up to me to do the best I can. I fight every day with not getting down in the dumps and depressed. I always tell Teresa and my other girls, I think it's very important, to let them know how much you appreciate them because without them, I wouldn't be alive. Home Care is great for some people and it work's wonderfully, but it just wasn't great for me. But it was still there when I needed it and so I don't want to take anything away from Home Care at all because we're very fortunate to have that program. Self Managed Care has been very, very good for me. I hope I can keep it up for many years. It's worked out very well and Teresa is a big part of that. She's like my sister and I'm part of Teresa's family now. I do know other self managers that are like myself that become integrated with families and it's a good way to be. I've come from a job that I loved and expected to be there for many years to becoming disabled and losing more and more through the years. I feel I've come long way and that is definitely an awful lot of experience. Aside from being totally disabled, which is a real challenge, it's still been pretty good. I feel that Self Managed Care has given me that."

MS.



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Cruisin' for a Cause Day**
Buy a Teen Burger®
and \$1 will go to help **end MS!**

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Living with MS

Advocacy in the Medical System

Advocating for yourself within the medical system means being aware of how the system works, how it is structured, and knowing some of the problems you may encounter. Some of those problems include waiting lists, referral rules, and changes to the healthcare system. It is important to develop a well-functioning healthcare team to address all aspects of your health.



What if I need a form filled out?

Most government programs require forms that need to be completed by a physician. However, some forms can also be completed by professionals such as nurses, physiotherapists, or psychologists (i.e., parking permit application; Handi-Transit application; disability tax credit). Choosing between your neurologist and your GP/family doctor to complete a form or write a letter will depend on several factors such as:

- How well do they know you and the impact of your symptoms on your life?
- How knowledgeable are they about MS and its impact on a person's life and functioning in general, progression of the disease, and other relevant information?

- How long have they known you? Have they been able to follow your progression and life with MS long enough to be able to speak about changes observed in your functioning?
- Who do you trust most to represent your case?
- Can you get the necessary appointments within the required timeframe?

The opinion of neurologists is often considered more valuable due to their specialization. However, if you only saw your neurologist twice in the last several years but have had a good relationship with your GP and feel supported in your claim by your GP, this may be the better option. If you are seeing your doctor to discuss an application for provincial/territorial or federal disability benefits or disability insurance, it's a good idea to let him/her see you in your "average to worst" condition because it will be a more accurate reflection of how MS affects you. For example, if fatigue is a problem for you especially in the afternoons, make an appointment to see your doctor in the afternoon, not in the morning when you are more alert and coping well.

What questions should I ask my doctor?

If you get nervous when you see a doctor or if your memory and concentration have been affected by MS, it may be difficult for you to remember what you want to ask your doctor. The following are some questions that may help you.

- What is my specific condition?
- Why do I need a test or to see another doctor or healthcare professional?
- What are my treatment options?
- How might the treatment affect me?
- What will happen once I begin treatment?
- How will we follow up?

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- What should I do if my condition worsens between now and the next time I see you?
- Who should I call if there are treatment complications?
- Where can I get more information?

This article with a few minor modifications is an excerpt from a publication of the B.C. and Yukon Division of the MS Society of Canada. You can access this brochure Advocacy for People with MS at www.mssociety.ca/bc/PDF/advocacy.pdf.



Research News

Remyelination capacity of the MS brain decreases with disease chronicity

Medical Update Memo

June 23, 2009

Summary

Canadian researcher Dr. Jack Antel and colleagues report on work in remyelination and recovery. MS is an inflammatory-demyelinating disease of the central nervous system. It is known that demyelinated areas can recover the myelin by an internal repair mechanism of the damaged neural tissue by a process called remyelination. However, little is known about the characteristics of this protective process. The authors of this study aimed to investigate the frequency of remyelination in people with MS with different disease durations and the areas where this protective phenomenon was more prominent. They concluded that remyelination is more prominent in earlier stages of the disease and also that the

location of the lesion may influence the extent of the remyelination. *Neurology*. 2009 Jun 2;72(22):1914-21

Details

The authors objective was to analyze and compare the extent of remyelination in lesions between patients with multiple sclerosis (MS) who have a short (early MS lesions) and a long (chronic MS lesions) disease duration and to determine the influence of anatomic localization on the extent of remyelination. In early MS lesions, remyelination has been described as a relatively frequent event, in contrast to chronic MS lesions, where remyelination is absent or limited to the lesion border in the majority of lesions. However, no studies have been published that have quantified and compared the extent of remyelination in early and chronic MS lesions.



52 biopsies from 51 patients were examined for remyelination (early MS) and in 174 lesions from 36 autopsy cases (chronic MS) by immunohistochemistry for myelin proteins, and findings were correlated with anatomic localization, sex, age, and disease duration.

Significantly more lesions were remyelinated in early than in chronic MS (80.7% vs 60%). In chronic MS, subcortical lesions showed more extensive remyelination than periventricular lesions.

The majority of cerebellar lesions were completely demyelinated.

In summary, authors suggest that the data demonstrates that remyelination is a frequent event in early multiple sclerosis lesions. Furthermore, the anatomic localization of a lesion might influence the extent of remyelination.

National Research and Programs



Government and Community Relations

Federal News

On May 7, Darell Hominuk, MS Society Director of Client Services, and Jennifer Moszynski, Vice Chair of the MS Society Board of Directors, met with Members of Parliament, Mr. Jack Layton and Ms. Judy Wasylycia-Leis in Ottawa to discuss a number of legislative changes that would support those with MS in their efforts to remain part of the workforce and to continue to participate in their communities. We are pleased to report that Ms. Wasylycia-Leis recently introduced the following motion in Parliament to address several of the financial security issues that we had discussed:

M-412 - That, in the opinion of the House, the government should support the efforts of people affected by Multiple Sclerosis and other chronic diseases and disabilities to remain part of the workforce and part of their communities by immediately implementing the following changes to current federal programs:

(a) Make Employment Insurance more flexible by redefining the benefit to allow

for part-time work;

(b) Adjust the qualifying requirements of the Canada Pension Plan – Disability provisions to accommodate the variable and, in some cases, degenerative characteristics of chronic diseases;

(c) Make the Disability Tax Credit fully refundable for persons with disabilities; and

(d) Add spouses and spousal equivalents to those eligible to qualify for the Caregiver Tax Credit.

Manitoba Division looks forward to continuing to work with Ms. Wasylycia-Leis and other Members of Parliament toward shaping a more inclusive and accessible Canada.

National News

The endMS Research and Training Network has achieved a significant milestone. Five endMS Regional Research and Training Centres (RRTCs) have been selected to drive the work of the Network.

The RRTCs are virtual entities located across numerous institutions each representing a defined geographical area. They will serve as the operational centres of the endMS Research and Training Network.

Applicants for RRTCs were encouraged to build a network of both faculty collaborators and trainees representing various disciplines and institutions. In addition, they were asked to proffer ideas for recruitment, enhancing collaborations, increasing the capacity to conduct MS research and enhancing knowledge exchange.

The five selected RRTC applications were of exceptional quality with regard to the
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innovative ideas proposed and the latitude of institutions, clinics, disciplines and individuals included. In total, the five centres represent over one hundred faculty collaborators and almost three hundred trainees.

Manitoba Division is pleased to announce that Manitoba, in collaboration with Ontario, was selected as an endMS Regional Research and Training Centre. Moreover, Dr. Ruth Ann Marrie of the MS Clinic will be a Co-Director of the initiative.

Funding for the RRTCs was provided directly by the MS Society of Canada through its endMS fundraising campaign. Visit www.endMS.ca for more details.

Local News

As you may recall from the last newsletter, a highly productive meeting was held with the Manitoba Minister of Health to discuss particular issues of concern to Manitobans living with MS and their caregivers.

Following our meeting with Ms. Theresa Oswald, a follow-up meeting was initiated by Department of Health executives to further discuss the issues.

On April 8, MS Society staff representatives, Wendy O'Malley, Darell Hominuk and Ellen Karr met with Barb Wasilewski – Executive Director of Primary Health Care and Healthy Living, Mark Robertson – Director of Healthy Living, Roberta Vyse – Health Care Consultant and Jean Cox – Executive Director of Regional Support. Discussed were the following issues: programs to support caregivers, access to treatment from outside city centres, and access to age-appropriate long-term care facilities.

The one hour meeting with the

Department Executives was very encouraging and paves the way for continued collaborative efforts with the Manitoba Government toward making meaningful and enduring improvements in the lives of Manitobans living with disabilities.

Much of discussion focused on the issues outlined in the national position papers. To view these papers, please visit www.mssociety.ca. Click on Advocacy, then Resources and Links, and select 2008.

Housing

The MS Society of Canada, Manitoba Division was a founding member of the Housing for Assisted Living (HAL) Committee from its inception until completion of the project a couple of years ago. The outcome of the work was a 12 suite assisted living project that now operates at 340 Princess St. under the umbrella of TenTen Sinclair Housing Inc. in partnership with Manitoba Family Services and Housing, Manitoba Housing Renewal Corp., the Manitoba Housing Authority and the WRHA.



A number of former committee members representing the MS Society, the Huntington Society, the Manitoba Brain Injury Association, the Muscular Dystrophy Association and the Parkinson Society feel

that there are outstanding housing needs for the clients that our organizations serve. In general, these are younger adults between the ages of eighteen and sixty-five years who have a range of physical and cognitive issues making independent living no longer possible. We have formed a new group to develop a proposal for a housing model that would provide a high level of both physical and cognitive care in an age-appropriate environment.

To share your ideas regarding complex housing needs, please call **Ellen Karr** at **988-0917, 1-800-268-7582** or e-mail at **ellen.karr@mssociety.ca**.

Brandon Affordable Housing Corporation (BAHC)

BAHC is a non-profit corporation formed to develop a sustainable housing plan that will provide affordable, attainable rental and ownership opportunities for residents of Brandon. In keeping with Provincial Government initiatives, the BAHC will be focusing on new and redeveloped facilities for those with disabilities. Current and potential residents will be included in the review of existing facilities and the planning and design of new facilities.

Those interested in participating in the planning process or who would like to be placed on a waiting list should contact **Don Butler** at **725-2767**.

MS.

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 and \$1 will go to help **end MS!**

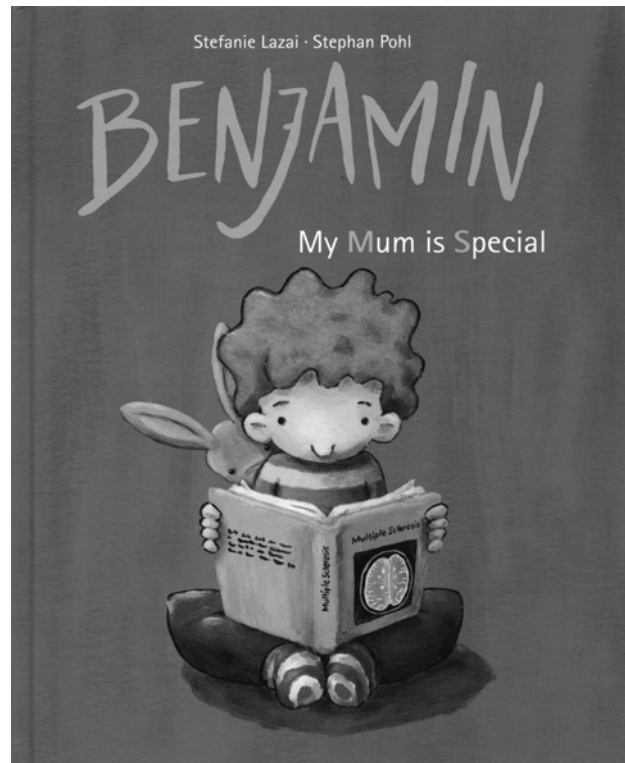
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Book Reviews

Benjamin: My Mom is Special

by Stefanie Lazai

illustrated by Stephan Pohl



"Benjamin provides a view of multiple sclerosis through the eyes of a child struggling to understand his mother's mysterious and sometimes frightening illness. This is a beautiful tale of coping, compassion, and caring that should be shared between all parents with MS and their children."

Brenda L. Banwell, MD, FAAP, FRCPC
 Director, Pediatric Multiple Sclerosis Clinic
 The Hospital for Sick Children, Toronto

This book is suitable for children ages 8-10 years old. For a free copy, contact **Susan Hologroski** at **988-0901**, toll free outside Winnipeg at **1-800-268-7582** or by e-mail at **susan.hologroski@mssociety.ca**.

MS.

Free DVD

It's Your Choice: Exercises for Fitness & Well-being for Individuals with Multiple Sclerosis (2007)

by Toronto Rehab

If you are looking for a DVD that offers a short flexible workout, give us a call and we will mail one to you at no charge! Exercises on this DVD have been specifically selected for people living with MS and demonstrates three different workout levels to suit individual needs. The program opens with the main exercise program, followed by hoops and floor/bed exercises. Supply is limited, so call **Susan Hologroski** at **988-0901** or toll-free at **1-800-268-7582**.



the event and making plans for next summer. Thank you to everyone who attended!



Fundraising Events

20 Years of Biking to the Viking



It's been two decades of Biking to the Viking! Dust off your biking shorts, oil up your rusty gears and get a jump on training because the 2009 Biking to the Viking is going to be a ride to remember.

On August 29 and 30, join the 20th Anniversary of the Biking to the Viking, Stonewall to Gimli MS Bike Tour. Currently, double the number of riders are registered for 2009. Already registered? Spread the word about the 20th Anniversary Biking to the Viking and help us recruit more participants. Not registered? Go to **www.ms biketours.com**. Need help registering online? Call **943-9595** and we will talk you through it.

We are thrilled to unveil innovative and exciting additions to the 20th Anniversary Biking to the Viking. From replacing our old cotton participant t-shirts with high performance Tech-shirts, to the Inaugural Team MS Village, onsite camping at the centre of festivities - tent city, a professionally catered Celebration dinner and Sunday breakfast, and much, much more.

Party in the Park



On Sunday, June 14, members of the MS Society enjoyed games, hot dogs and wonderful entertainment at the new "Party in the Park" event. About 115 members attended this event and as one member said they found it "very relaxing and a lot of fun." Client Services Staff are reviewing



The MS Society, Manitoba Division is looking forward to delivering a 20th Anniversary Biking to the Viking worth celebrating. Show your support for the hundreds of riders raising thousands of dollars for the MS Society by cheering them on as they cross the finish line after their two day, 165 km trek through the Interlake. Cyclists will be finishing Sunday, August 30 between 11:30 am and 3:30 pm at the Stonewall Veteran's Memorial Sports Complex.



is an easy way to add fun and excitement to your tournament all for a worthy cause. All that is needed is a par three hole to be designated as a Hit a Ball for MS hole and we provide friendly volunteers to run the campaign so you have one less hole to plan!

Participating golfers have a chance to instantly win some terrific prizes at the hole including Taylor Made golf balls and a trip for two to sunny Phoenix, Arizona! All participants will be entered in a season's end raffle for a set of Taylor Made irons and golf bag or a trip for two anywhere in North America via West Jet (excluding Hawaii, Alaska and Mexico).

To register now, phone **(204) 943-9595** in Winnipeg, call toll free **1-800-268-7582** throughout Manitoba or e-mail **Cary Tardi** at **cary.tardi@mssociety.ca**.



Golf Tournaments a Hit for MS Society Fundraising



Planning a Golf Tournament? Swing into action and offer your tournament participants something special!

The MS Society is teeing off to 13 successful years of their popular fundraising program Hit a Ball for MS. This

Congratulations Manitoba MS Walkers!



The MS Society, Manitoba Division would like to congratulate everyone on a

fantastic MS Walk season. All ten 2009 Manitoba Lotteries MS Walks were fun-filled, successful events. Plans are already underway to prepare for the 2010 walk season. Register today for next year's MS Walk by visiting **www.mswalks.ca**.

See you in 2010, when we take one step closer to ending MS!



MS Read-A-Thon Motivates Young Readers



MS Society Development Coordinator Cary Tardi reads to an eager young audience.

The MS Read-A-Thon is an exciting three week reading campaign designed to motivate children to read and raise awareness of multiple sclerosis. The program is fun, easy to organize, and promotes reading skills that will last a lifetime. After the designated reading period, each student will receive rewards based on their reading and fundraising amounts!

For more information about this educational program, please contact **Cary Tardi**, Development Coordinator of the MS Society, Manitoba Division at **943-9595** or **1-800-268-7582**, or e-mail him at cary.tardi@mssociety.ca.



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Team MS Fundraising Far and Wide

In only her second year of MS Walking, Team Captain Heather Slaney ranked number four for individual fundraisers with a total of \$5133.25 and her small four member team "Together for Heather" ranked in the top ten at \$8614.50. An amazing feat considering her social network and over eighty percent of her pledges are coming from the Maritimes. How does she do it? Using the online fundraising system.



Team Together for Heather at the 2009 Manitoba Lotteries MS Walk. Heather is holding the sign.

In 2003 Heather came to Winnipeg from Gander, Newfoundland to train as an air traffic controller. She secured a position here and has lived in Winnipeg ever since. She has no family in Winnipeg and the majority of her closest friends are still in the Maritimes. In January of 2008, Heather was diagnosed with relapsing-remitting MS. She participated in the Walk last year and asked co-workers for a few pledges, but didn't tell anyone her personal reason for getting involved.

This year was different. This year Heather used the MS Walk to announce to the world she has MS, and by pledging her you could join the fight to end MS.

"I used the Walk to explain to people that I have multiple sclerosis, and to promote awareness to all those unaware. It was a bit of a coming out party," she jokes.

"The first thing I did was post my picture and personal story in the online fundraising system. It was really quick and simple to use. I then sent my team members a request to join me online. We all created personal web pages which we used to request donations."

Heather then wrote an e-mail and sent it from her personal e-mail account to over 50 people with a link to her web page.

"This way I knew it would not be received as spam and get filtered straight to their junk mail," she explains.

"I think people like the idea that their contributions are going directly towards helping me reach my goal, rather than going into a 'black void' of charity donations. People told me they would log-on every few days to check on my progress. Friends and family were rooting for me to reach my goal of \$5000, which made things more personal."

Heather also posted the link on her Facebook account and constantly reminded people to donate to her in her Facebook status. She even created an event for the Winnipeg Walk on her Facebook and

invited everyone she knew.

"I realize that my supporters from the East coast can't attend the Walk here in Winnipeg, but my Facebook friends are joining this online group merely to show their support. Even when they would hear about a MS Walk in their own city, they knew to save their donations for me and have it come to the Winnipeg Walk."

A friend of Heather's is studying occupational therapy at Queen's University in Kingston Ontario. In May, she held a bake sale for MS that made \$560.00. She then kept the cash and made an online donation of \$560.00 on her credit card towards "Together for Heather."

"She wanted the Airmiles so she could fly to Winnipeg the weekend of the Walk," says Heather.

Heather found that people are offering more money when they donate online. "Instead of giving spare change, they tend to donate at least \$20 because they can automatically print themselves a tax receipt. If they're anything like me, I'm sure they love the points on their credit card as well," she laughs.

Heather also feels it's less awkward to ask people for donations online than in person. "I emailed my acupuncturist and he was more than happy to donate \$50.00."

What about people who don't feel confident giving their credit card number online? "I realize some people still feel uneasy about this method of donating, so I would always include my mailing address, and state that cash or cheques could be sent to my house."

"For me, online communication is just a way of life. It's how I keep in touch with my family and friends and it's how I'm ending MS."

Manitoba Division Client Services Staff

Client Services is made up of staff and volunteers providing a wealth of knowledge, experience and commitment. Staff members provide services directly and assist volunteers in helping people with MS to help themselves. You can reach them via the MS Society's toll-free line:

1-800-268-7582 or directly at the numbers below:

Darell Hominuk, Director of Client Services
(204) 988-0907

Nadine Konyk, Rural Client Services Coordinator, South Central Chapter - Morden/Portage, South East Chapter - Steinbach
(204) 471-0402

Susan Hologroski, Manager of Information & Support Programming
(204) 988-0901

Cindy Stumme, Client Services Manager, Westman Chapter
(204) 571-5671

Robin Searle, Client Services Manager, Parkland Chapter
(204) 622-2940

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(204) 988-0905

Ellen Karr, Client Services Coordinator, Winnipeg
(204) 988-0917



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