

President's Message	2	Managing MS	11
News You Can Use	4	Living with MS	13
Advocacy	6	MS150 Bike Update	14
Research	8	Event Calendar	15

msconnection

The Need for a Special Needs Trust *by Geoff Bernhardt*

People with disabilities sometimes rely on government benefits to pay for basic needs such as health insurance, housing, and long-term care. The value of these benefits can be substantial. Many public benefit programs are means-tested, meaning the beneficiary's assets and income must be below certain levels. Very often, these programs require the person's assets to be less than \$2,000.

For many people, the receipt of an inheritance is an opportunity to improve their lives. But for a disabled person receiving public benefits, the inheritance can actually worsen their life by terminating eligibility for benefits. The disabled person now has to pay health insurance, housing, the cost of personal attendants, and other basic needs from the inherited funds. Within a short time, the inheritance can be exhausted. The disabled person can now reapply for public benefits assistance, but will not have any funds to pay for supplemental needs that could improve her quality of life.

Fortunately, there is a way to leave assets to a disabled person while preserving her eligibility for public benefits. Assets left to a dis-

abled person in the form of a special needs trust do not have to be spent down to \$2,000 in order to maintain public benefits eligibility. The funds in the special needs trust can pay for "extras," or "special needs," that would improve the disabled person's quality of life, such as travel expenses, cell phone, cable television, tickets to the symphony or sporting events, and many other things not provided by public benefit programs. The disabled person retains her government benefits to pay for the basic necessities of life.



Geoff Bernhardt

A special needs trust is created in a will or trust, usually by the parent of the disabled person as part of their estate plan. The parent specifies that any bequest for the disabled child be held in a special needs trust. The parent selects a trustee, who has the responsibility to use the funds for the benefit of the disabled person.

It is also possible to create a special needs trust with assets presently owned by a dis-

(Continued on p3)

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Letter from the President

Dear Friends,

As the chapter's 2006 fiscal year ends, I want to express my deepest thanks to all of you. Thank you to our: community volunteers, group leaders, board members, team captains, sponsors, foundations, corporations and of course the chapter staff who so diligently and continually work to support our mission.

Ultimately with all your support we had our biggest Walk and Bike Events ever, both surpassing our revenue expectations.

We were awarded more grant money than previous years for direct service programs and new pilot projects.

We connected and served more individuals with MS than in previous years and continue to reach out to all parts of Oregon and Clark County Washington.

The chapter's fiscal year ends on September 30th and now we are off to a new fresh start with many exciting new innovative ideas for FY 2007. We are all moving forward and working to help find the cure and end MS forever.

Thanks everyone!

With warmest regards,

A handwritten signature in cursive script that reads "Virginia Silvey".

Virginia Silvey
President, Oregon Chapter

(Continued from p1)

abled person, or with proceeds from the settlement of a personal injury case. However, there are additional restrictions when the disabled person uses his or her own money to set up the trust.

An inheritance left directly to a disabled person can actually worsen his or her quality of life by terminating public benefits. An inheritance left to a special needs trust for the benefit of the disabled person allows public benefits eligibility to be maintained, and establishes a fund to improve his or her quality of life. Contact an experienced elder law or estate planning attorney for more information about setting up a special needs trust. Don't miss this tremendous opportunity to improve quality of life, for a lifetime.

Geoff Bernhardt, J.D. is a graduate of the University of Oregon School of Law, 1992. He has been helping individuals and families address the legal and financial consequences of aging for over 13 years.

Geoff is a shareholder in his firm, the Law Offices of Geoff Bernhardt, specializing in elder law, estate planning, probate, guardianships and conservatorships. He is on the Board of Directors of the Oregon Gerontological Association and on the Community Advisory Committee of Oregon Chapter, NMSS. He is also on the Executive Committee of the Elder Law Section of the Oregon State Bar.

Geoff's firm is in the Johns Landing area of Portland, and he can be reached at 503-548-4000.

Come Join us for the Fall Forum!

When: Saturday October 14, 2006 10am - 3pm

Where: The Holiday Inn, Portland Convention Center
1441 NE 2nd Avenue, Portland, Oregon 97232

Dr. Vijayshree Yadav will give an update on current research

Dr. Michael Lemmers will address urological symptoms

Dr. Marie Valleroy will discuss physical rehabilitation

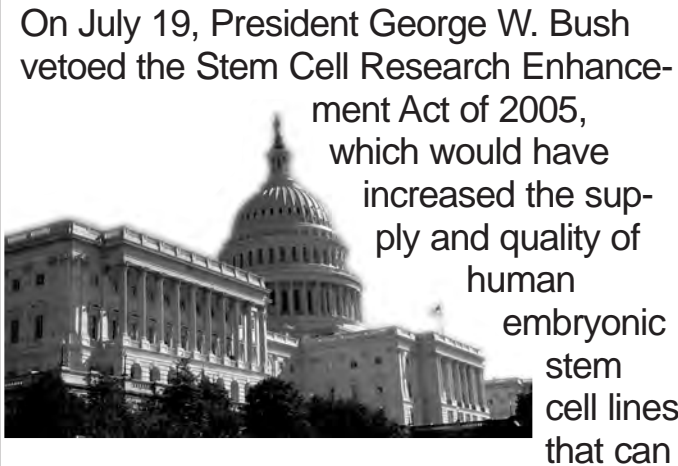
Registration is required and the fee is \$20.

A continental breakfast and lunch are provided.

The Annual Meeting of the Oregon Chapter will take place before the forum from 9-10am and is open to all members free of charge.

Please call Kim at 503-223-9511 or register online at defeatms.com

STEM CELL BILL VETOED



On July 19, President George W. Bush vetoed the Stem Cell Research Enhancement Act of 2005, which would have increased the supply and quality of human embryonic stem cell lines that can be used in federally funded research. Hours later, the U.S. House of Representatives fell 51 votes short of the two-thirds majority needed to override Bush's veto. The vote was 235 for, 193 against.

President Bush's veto came in the face of bi-partisan congressional backing for the bill, and strong public support—including thousands of people with MS who called and e-mailed. Supporters noted that the original federally approved stem cell lines have been whittled down to about 20, all of them contaminated.

Because of the veto, funding from the National Institutes of Health remains restricted to embryonic stem cell lines created before August 9, 2001. The ban goes beyond forbidding federal dollars to be applied to such research. It is illegal for any federally funded equipment to be used for research on newer cell lines.

"We regret the decision to veto the bill," Joyce Nelson, president and CEO of the Society said. "But we appreciate the many congressional leaders who see the promise in expanding this important research area."

DEATH OF SENATE BILL 1955

When Society activists converged on Washington last spring they hoped to stop S. 1955, the Health Insurance Marketplace Modernization and Affordability Act of 2005.

Despite the appeal of words like modernize, affordability, and marketplace, our policy analysts quickly saw the pitfalls for people with MS. The bill would have allowed small businesses to opt for inadequate health coverage and it would have required them to pay higher insurance rates for their employees with chronic health problems. The MS community was deeply concerned about the impact this would have on getting or keeping a job with a small firm.

MS activists visited 80 senators and made their concerns known. So did members of the Society's Action Network, who along with other advocacy groups, flooded Senate offices with calls and emails. On May 11th the Senate failed to invoke cloture on S. 1955 (meaning a motion to bring the bill to a vote). The maneuver means the bill is dead.

An alternative bill, S. 2510, has been introduced that may make insurance more affordable for small business without jeopardizing state health care protections. To keep abreast of federal insurance legislation and more, join the MS Action Network. Go to nationalmssociety.org/ActionNetwork.

Be sure to read the Advocacy article on page 6 to find out ways you can make a difference closer to home, or contact us at the chapter.

TYSABRI AVAILABLE AGAIN

Tysabri (natalizumab)—the latest disease-modifying drug for controlling MS—returned to market this summer following its second approval by the FDA. Biogen Idec and Elan Pharmaceuticals anticipate some delays over the next few weeks while infusion professionals receive special training and new infusion sites are set up.

The drug, given monthly by IV, is only available to patients and physicians who have registered in the TOUCH prescribing program at authorized infusion sites where medical personnel have been trained to minimize the risk of PML. PML (progressive multifocal leukoencephalopathy) is a brain disease that occurred in three people who had been in Tysabri clinical trials. Two of them died.

Under new FDA guidelines, Tysabri is generally recommended for people who are unable to tolerate or have had a poor response to the other approved disease-modifying MS therapies. It is not to be combined with the chronic use of any other immune-modifying agents and it is not recommended for anyone with a weakened immune system.

Complete information, including frequently asked questions, is available on our national Web site at nationalmsociety.org/tysabri.asp, or by calling us, or Biogen Idec (1-800-456-2255).

MILESTONES IN MS CARE: 20, 9, AND 6 YEARS OF SERVICE

MS professional organizations are flourishing—with success that brings benefits to everyone contending with this disease.

20 YEARS: The Consortium of MS Centers, or CMSC, pioneered the concept that people with MS need medical care plus rehabilitation, psychological, and social supports by a team of specialists. Today, CMSC connects 4,000 MS professionals in the U.S., Canada, and Europe. Go to www.ms-care.com for an alphabetical list of the U.S. comprehensive MS care centers that are CMSC members.

9 YEARS: International Organization of MS Nurses, or IOMSN, was formed to share the knowledge nurses need to best care for people with MS. It encourages nurse-led research and offers certification examinations. In just 9 years, IOMSN has certified 11,000 MS nurses in 29 countries. If you see a nurse name tag with “MSCN” on it, you have met an MS specialist. Visit www.iomsn.org.

6 YEARS: Latin Americas' Committee for Treatment and Research in Multiple Sclerosis, or LACTRIMS, includes 500 professionals in 17 North, Central, and South American countries. Once considered rare among people of Hispanic backgrounds, MS is now reported at rates matching the U.S. in areas where MRI is readily available. LACTRIMS helps establish clinical care centers, stimulates research, and promotes the best MS treatment. Go to www.lactrims.org for more information.

The Armchair Activist—Keep it to the letter

Most people don't plan to be activists. But there are times when problems or issues shake our lives. We don't have to join a rally to make our opinions known. We can make a rallying cry from the comfort of home: Write a letter!

Some general guidelines for letters

- Include your name and complete address. Legislators pay attention to constituents.
- First paragraph—state your purpose for writing. Name the legislation or issue.
- Next paragraph—state what you want your legislator to do, such as vote for or against a bill.
- Say why the issue is important to you. Give it a “hook”—tell your personal reasons in a few sentences. If you use some prewritten text from a form letter or petition, alter it a bit by adding personal comments.
- Last paragraph—thank the legislator for considering your letter and, if possible, for past efforts on issues important to you. Try posing a question so their office will follow-up with you. Say that you look forward to a reply.
- Keep it to one issue and make it short—don't go beyond one page.
- Stick to the facts. You are educating your reader. Never use the “BAT”—don't **beg**; don't **assume** knowledge you aren't sure of; and never **threaten**.

- Proofread before you send.
- Find contact information for legislators at capwiz.com/nmss/dbq/officials. Or call your chapter.

Mail vs. e-mail

Every letter has impact. But be aware that due to security issues, postal



mail to
legislators

may be delayed. The quickest way to send a letter is by e-mail or fax if you can. Otherwise, mail your letter. Legislators will receive it.

Other things to do

- Ask friends and family to write a letter. And ask them to join the **MS Action Network**. Responding to timely issues is easy. Go to nationalmssociety.org/ActionNetwork. The more people who respond, the greater the impact on legislators.
- Write a letter to the editor. It's a widely read part of the newspaper.
- If you listen to talk radio, call in when an issue important to you is brought up.
- Make a phone call to your legislator, especially if time is a critical factor.
- **Vote on election day!** If you need transportation, call your political party.

Advocacy in Oregon and Clark County, WA



Here are just a few ways you can make a difference for people with MS

✓ Become a member of the Government Relations and Advocacy Committee (GRC). The GRC obtains information about current activity in priority policy areas. The GRC then uses this information to select and prioritize the most important issue(s) for the year and plan the best advocacy approach.

At the local level, advocacy efforts are often directed toward issues involving both the public and the private sectors, and tend to be focused on accessibility matters, health care coverage, and long-term care.

✓ Join the MS Action Network. A small number of committed advocates like you can help tackle important issues by working with public officials to help set or revise public policy.



You will get email's informing you of legislation at the state, county or city levels of government that will effect the quality of life for people with disabilities. it can sometimes only take a few well-written letters or phone calls from area constituents to get the full and undivided attention of a public official.

✓ There are many other ways to make changes in your community. Some of these involve the utilization of community resources. For example, in Portland is the office of the Northwest, Americans with Disabilities Act, Information Technology Center. They are experts in all Titles of the Americans with Disabilities Act (ADA) and will provide you with both written and spoken information about the ADA.

If you find that a certain business in your town is not making their services accessible to you, then they might be in violation of Title III, which requires that "places of public accommodation" remove barriers to access, provide alternative services if barriers cannot be removed, and make goods and services available to disabled individuals in an integrated setting. The NW ADA/IT Center can provide you or the business with information on the law and suggestions on how to remedy the problem.

The Oregon Chapter of the National MS Society can have great impact on federal and local issues with the participation of our members and their family and friends.

If you would like to get involved in Chapter advocacy efforts, call Emily at 503-223-9511 or emily@defeatms.com.

"STORY MEMORY TECHNIQUE" MAY IMPROVE MEMORY



Many studies have shown that learning something new is a key problem for many people with MS. A small, Society-funded study last year suggested that using a memory exercise called "story memory technique" significantly improved this ability in people with moderate to severe MS cognitive impairment.

Nancy Chiaravalloti, PhD, and colleagues at Kessler Medical Rehabilitation Research and Education Corporation in West Orange, New Jersey, published

their results in the February 2005 issue of **Multiple Sclerosis**.

Story memory technique involves creating mental pictures and a context, or story, to help commit something to memory. The technique was so successful in last year's study—88% of participants showed significant improvement—that Dr. Chiaravalloti's team is now testing it in a clinical trial that will involve 200 people with MS-related learning and memory deficits.

The researchers expect to complete the trial in late 2009 and are currently seeking volunteers. For information, see www.clinicaltrials.gov/ct/show/NCT00166283.

Drug Trials: What do the names mean?

There are many MS therapies currently being studied in clinical trials. You've read about some of them, and you'll be reading about many more in the future, as new drugs and treatment approaches are developed.

The current FDA-approved therapies for MS were studied for decades before being released to market, and studies didn't end with approval. Here's a look at the process that every drug goes through, from laboratory to local pharmacy.

"Early studies"; "basic research"

Before a drug can be tested in humans, scientists must have a solid rationale as to why it would be helpful. They must also be reasonably certain that the drug won't cause more harm than good. Preliminary research under either name

usually involves years of experiments in animals and cells mandated by FDA regulations. MS drugs are often tested in lab animals with an MS-like disease called EAE (experimental allergic encephalo-myelitis). Only humans get MS, so researchers must use a "model" disease at this stage.

If the results are encouraging, they will be submitted to the FDA with a request for permission to begin testing in people.

"Clinical trials," aka testing in people

Clinical trials are normally done in three phases. They are defined by the FDA and each successive phase involves a larger number of people.



Drug Trials: What do the names mean? (continued)

Phase I: Is it safe?

- Usually lasts several months
- Involves a small number of healthy volunteers or people with MS
- Determines how a drug is absorbed and metabolized by the human body, including any side effects
- “Open-label,” meaning that everyone knows what the volunteers are taking.

Phase II: How well does it work to treat the disease?

- Lasts from several months to several years
- Involves larger numbers of participants with the disease
- Most are “randomized,” meaning one randomly chosen group receives the active drug, while a second “control” group gets either another treatment or an inactive look alike, or “placebo”
- Can be “double-blind,” meaning neither the researchers nor participants know who is taking what until the trial’s completion

Phase III: Does it work over time for many people?

- Referred to as “pivotal” trials because, if successful, the next step is an application for FDA approval
- Lasts until all endpoints are met (often around two years)
- Involves several hundred to several thousand participants
- Often conducted by multiple teams at different sites around the country—or the world
- Provides more extensive understanding of the drug’s effectiveness and the range of possible side effects
- Typically randomized and double-blind, for the most persuasive data

Late Phase III/Phase IV: How does it perform out in the world?

Just because the FDA has approved a new drug, the research isn’t over. Most of the FDA-approved MS therapies—Copaxone, Betaseron, Rebif, and Avonex—are still in “post-marketing” studies. Tysabri, which was approved for rerelease in June (see NEWS on page 3), will be closely studied for the next five years in some 5,000 people as part of an agreement between Tysabri’s sponsors, Biogen Idec and Elan Pharmaceuticals, Inc., and the FDA.

Generally, those studies fall into one of three categories:

- Comparisons with other available drugs
- Studies of long-term safety and effectiveness and impact on the quality of people’s lives
- Cost-effectiveness relative to other therapies

Clinical Trials in MS

The National MS Society’s 2006 listing of clinical trials in MS includes 141 studies in MS research, with everything from small, early-phase studies to later-stage trials involving hundreds and even thousands of people.

“Clinical Trials in MS” can be read on our Web site at nationalmssociety.org/clinicaltrials, where it is available in two versions: a basic chart of agents under study, and an extended version with detailed scientific information and results. There is also a list, by state, of the clinical trials recruiting volunteers.

No Web access? Call us at **1-800-FIGHT-MS** and request a copy.

Study Opportunities at Oregon Health & Science University

Omega-3 for Depression

Principal Investigator: Lynne Shinto, ND

The MS Center of Oregon at Oregon Health & Science University is looking for people with a confirmed diagnosis of relapsing remitting MS who are suffering from depression.

The purpose of the study is to determine if taking omega-3 fatty acids helps with symptoms of depression in people with MS. In addition we will determine if omega-3 fatty acids decrease blood levels of substances that are associated with MS and depression.

You may be eligible to participate in the study if you meet the all of the following criteria:

- 18-65 years old
- Have a diagnosis of relapsing remitting MS
- On a stable dose of Copaxone, Betaseron or Avonex
- On a stable dose of anti-depressant medication
- Have not had an MS relapse or received corticosteroid treatment 1 month prior to enrollment
- Have not eaten more than one 6 oz serving of fish per week 1 month prior to enrollment
- Have not taken fish oil or omega-3 fatty acid supplementation 1 month prior to enrollment
- Not pregnant
- Have no other significant health conditions (like coronary heart disease, uncontrolled diabetes mellitus, liver dis-

ease, severe psychiatric disorders)

- Not participating in any other studies

This is a three-month pilot study in which 60 participants will be randomly assigned to receive either fish oil capsules (which have high amounts of omega-3 fatty acids) or placebo oil capsules.

The study requires 8 visits to MS Center at OHSU. The research study will pay for all costs associated with the participation in this study. You will be responsible for any expenses that have to do with other aspects of your participation such as childcare and transportation.

If you meet the eligibility requirements described above and are interested in participating in this study please call (503) 494-7963 or visit www.ohsu.edu/ms/drugtrials.html.



Ginseng for MS Fatigue

The MS Center of Oregon at OHSU is recruiting subjects to enroll in a trial to study the effect of American Ginseng extract on MS-related fatigue.

Please contact the Research Line at (503) 494-7241 for more information. eIRB#1357

Have you been diagnosed with “Progressive MS”?

by Sharon Brown

Maybe some words from a veteran like me will help. Let me skip to the “end of the story” first. About 15 percent of us are progressive from the start, as I was. Within two years of my diagnosis, I was using a scooter almost full-time, although I could and I can still walk. The scooter didn’t stop me from playing with my daughter, or helping to care for my mother. I have also dated, worked, and socialized.

The past 11 years have had highs, lows, tears, laughter, and change. For me, MS has not been a smooth, sight-seeing kind of train ride, but it hasn’t been an endlessly dark tunnel, either ...

Back when I was a full-time health writer I was often asked if I liked the idea of managed health care. My answer was, “Sure, as long as I do the managing.” I believe no one knows my body the way I do and no one can be my medical advocate better than me.

That doesn’t mean I do everything alone! Far from it. Having support is vital. Finding support sometimes takes a bit of work. I found I needed more than a good doctor and good friends. I’ve had a counselor of one type or another ever since I thought my bizarre symptoms meant I was going crazy. Unlike family members, I don’t have to worry that a counselor won’t be able to handle it. It’s a professional relationship ...

I wish I had learned sooner to keep track of my health as it changed. So, here’s a suggestion: Keep a journal in a bedside drawer and whenever something changes start a new page with the date

at the top. Draw a stick figure and use circles or arrows to indicate changes. Take your journal with you to your next appointment. Write down your questions, too, as you think of them.

Adapted from “**So You Have Progressive MS**” by Sharon Brown. Read it at nationalmssociety.org/Brochures-Progressive.asp or call us for a copy.

Progressive MS Resources on the Web

The National MS Society has devoted a comprehensive Web page to progressive MS at nationalmssociety.org/ProgressiveMS with links to more than two dozen articles on prognosis, symptom management, treatments, current research, life planning, and resources.

If you cannot access the Web, call us and ask for our progressive MS materials.

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.

Self Help Groups Around Oregon

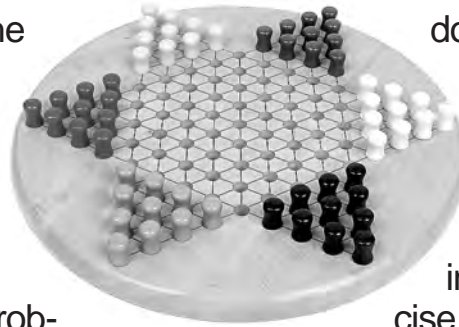
Contact the Chapter office at 1-800-344-4867 or (503) 223-9511 for a referral to the Self-Help Group Leader in your area. If you live in an area without a Self Help Group, have you thought about starting one yourself? We'll help!

Meeting times and locations do change and some groups do not meet during the summer months. Please call ahead to the Oregon Chapter office for confirmation.

Albany 2nd Fri at 11am	Gresham 1st & 3rd Wed 11am	Portland Under 35 Location & times vary
Astoria 3rd Wed at Noon	Hermiston 3rd Wed 7pm	Roseburg 3rd Tue 6pm
Baker City 2nd Tue 6pm	Klamath Falls 2nd Thu 2pm	Salem/Keizer 1st Tue 1pm, 3rd Thur 7pm 2nd Sat 11:30am
Bend 4th Fri 10am	La Grande 4th Wed 6pm	Salem Spiritual 3rd Sat 10am
Brookings 1st Mon 10am	Lebanon Last Sat 10am	Scappose/Columbia County 1st Mon 1pm
Clackamas County 3rd Fri 10am Portland	McMinnville/Yamhill County 4th Mon 6pm	Springfield 4th Tue 7pm
Clark County, North 3rd Tue 10am Vancouver, WA	Medford 2nd Wed 2pm	Washington County 3rd Wed 10am Beaverton, OR
Coos Bay/N. Bend 4th Thur 6:30pm	Ontario/Fruitland 2nd Tue 12 noon	Woodburn 1st Fri 10am
Corvallis 2nd Wed 7pm	Portland, Caregivers 2nd Thur 7:00pm	Vancouver, WA 1st Thu 7pm
Eugene 2nd Wed at noon	Portland, Lesbian/Gays 3rd Wed 6:30pm	

Mind Games: Make the best of your cognition

The doorbell rings. The baby cries. The dog barks. You freeze. There's too much coming at you at once and you've lost—in this moment—that executive function: what to do next. Cognitive problems can sneak up on people with MS. There are many things that help: keep a notebook and pen on hand for your to-do list; use an electronic organizer or digital recorder; post a family calendar on the refrigerator. But what else?



dominant) hand. Button a shirt with your eyes closed, sitting down,” Bednarik added. “And remember physical exercise helps too. The brain benefits from the increased oxygen that exercise brings.”

Keep the brain on its toes

“Anything that keeps your mind engaged and that’s fun is beneficial,” said Patricia Bednarik, a speech language pathologist at the University of Pittsburgh MS Center, which sees over 2,000 people with MS. “Puzzles and games of all kinds are wonderful for the brain and really help exercise concentration, organizing, planning, and memory skills,” Bednarik said.

While waiting . . .

Challenge yourself whenever you have to wait. Count backwards by 2, 3, or 5. Name states that start with “M.” Carry puzzle books or crafts.

Speaking of interactive

Solitaire is good but playing games with others is better. If there’s a club for your hobby or favorite game, join it. “Interacting with other people has cognitive benefits,” Bednarik said.

Get physical

“Work the other side of your brain. Brush your teeth or hair with your other (non-

Brain Games

On the Web

www.gotofreegames.com

Offers games for sale—picture matching, card games, jigsaws, and more—and samples to play for free.

www.cut-the-knot.org

Has math games galore involving probability, illusions, fractals (if you play you’ll find out what they are).

www.puzzledpot.com

Has everything from traditional board games to animated cartoons. Some require good hand-eye coordination or may be hard to see, but sound effects and lively graphics make them fun.

www.terrystickels.com

Offers excellent brain stimulators from syndicated columnist Terry Stickels.

In the Books

Puzzle and game books are quieter and easier to carry. Moreover books can be used with magnifiers if MS is fuzzing one’s vision.

To discover what’s personally appealing, sample crosswords, Sudoku, word search, acrostics, mazes, and more. Puzzle books can be found everywhere from dollar stores to bookstores. **Amazon.com** has a huge selection.

On August 5 & 6 a record setting number of riders and volunteers joined the 2006 MS 150 Bike Tour presented by Health Net to mark the 22nd anniversary of the MS 150 Bike Tour in Oregon. Riders enjoyed two days of near perfect weather while riding through the wine country of Washington and Yamhill Counties on day 1 and the woodlands of Columbia and Washington Counties on day 2.



George Hincapie
and Infocus CEO
Kyle Ranson

Joining the MS 150 Bike Tour for a second consecutive year was Honorary Chair and Team Discovery Channel rider

George Hincapie. Hincapie kicked off the ride Saturday morning before joining nearly 900 riders and riding the 86-mile route. After signing autographs and greeting fans in the Health Net Rider Village Hincapie was one of the featured speakers during the Saturday evening program. Special thanks to InFocus Corporation for making George Hincapie's participation possible.

Special recognition also to Health Net for joining the MS 150 as presenting sponsor and to Stoel Rives LLP for their important sponsorship. We also would like to thank Health Net,

InFocus, and Stoel Rives for sponsoring a team of riders in this year's event.

We also would like to thank the following sponsors and supporters for their part in making this year's event such a success: KINK-FM 102, REI, Lakeside Bicycles, Bike N' Hike, Olson's Bicycles, New Belgium Brewing, Percasso Coffee & Bottled Water Service, Oak Knoll Winery, Anne Amie Vineyards, David Hill Vineyard & Winery, Metro West Ambulance, Gleukos Performance Beverage, Clif Bar, and Think AV.

Special thanks also to the hundreds of volunteers who contributed to make this year's MS 150 Bike Tour the biggest ever. Only with an army of volunteers are we able to support this event and we appreciate your time and talents.

Thanks to everyone, it looks like we are well on track to reach this year's record-setting fundraising goal of raising \$600,000 to end the devastating effects of MS!



© 2006 Photo by Melanie McCloskey, NW Event Photography

Health Net's team of riders

Information on all events available at defeatms.com or by calling 800-344-4867

For more information on the following programs contact Kim Southworth 503-223-9511 or kim@defeatms.com

1st Tuesdays 6:30-8:30pm
Legacy Good Samaritan Education Center

October 3, 2006
OHSU Clinical Trials,
w/ Lilia Alvarez RA from OHSU

November 7, 2006
Applying for SSDI/SSI
with Carolyn Magura

September 30, 11:00-2:00
Research & Treatment for MS
Salem Conference Center

October 13, 11:00 - 3:00
Self Help Group Leader Training
Holiday Inn, Portland Convention Center

October 14, 9:00 - 3:00
Annual Meeting & Fall Forum
Holiday Inn - Portland Convention Center

October 15
Yoga Instructor Training

October 26 6:00-8:00pm
Meet & Greet Community Meeting
Beaverton, Oregon

November 11 8:30am
Mental Health Professional Training
Legacy Good Samaritan Education Center Auditorium

November 14 1:00-3:00
Meet & Greet Community Meeting
Seaside, Oregon

December 5
Holiday Social
Location TBA

For more information on the following events contact Lauren Worley 503-223-9511 or lauren@defeatms.com

September 15, 11:00-1:00
Women's Wellness Luncheon
Firstenberg Community Center, Vancouver, WA

September 19, 11:30-2:00
Unassuming Heroes Luncheon & Client Program
Willamette University, Salem

September 26, 6:30-8:30
MS 150 Bike Tour Post Ride Party
On Deck Sports Bar and Grill

Last Wednesdays Volunteer Night!
at the Oregon Chapter Office
Please RSVP ahead

September 27, 5:30 - 8:00

October 25, 5:30 - 8:00

November 29, 5:30 - 8:00

December 27 (cancelled for the holidays)

October 16, 6:00-9:00pm
Dinner of Champions
Honoring Tim & Mary Boyle
Governor Hotel, Portland

EXPERTS ONLINE

The Rocky Mountain MS Center has an online Forum where anyone with a computer can get answers to questions from MS professionals as well as tap into the collective wisdom of experts—people who live with MS.

To participate, register at **www.mscenter.org/forum**. The Forum is moderated by the professional staff of the Center who will do their best to answer all questions.

Solicitations over the phone

We have received reports that individuals have been solicited by the National MS Society by telephone. In special cases, individuals may be contacted by our national office, but as a rule, the society does not participate in telemarketing. We do not know who these people are, but they do not represent the us.

If you receive a call from someone stating they are from the National MS Society and are requesting money, please refer them to the Oregon Chapter (800-344-4867).



NATIONAL
MULTIPLE SCLEROSIS
SOCIETY

OREGON CHAPTER

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