

A Letter From the Chapter President

Dear Friends,

This is an extremely difficult letter to write! As I sit here I have so many emotions - joy, frustration, celebration, sadness, enthusiasm and weariness, you get the picture.

It was just over 21 years ago (21 years is half my life) my dad, Charlie, passed away from this insidious disease. I now have my own Charlie who is just over 6 years old. He often asks about his grandfather and whether or not he did this or that since he was named after him. Charlie just achieved his Black Belt in Tae Kwon Do and is quite a little athlete. I know my dad is proud, but he should be here. He should also be here to see his granddaughter Jennie play the piano, sing, dance and just plain be the most fun little girl to be with. Needless to say, I would have loved for him to meet my incredible wife Dana. I miss him; he should be here.

We have so much to be proud of as an organization that exists solely to help those that are experiencing ALS and to support research to find a cause, meaningful therapies, and hopefully even a cure. I would like to highlight just a few of last year's accomplishments:

- We partnered the start of a clinic for those with ALS at the KU Medical Center that within less than a year of opening became a certified ALSA Center. A HUGE benefit for our patients and families - thank you to Dr. Richard Barohn and team!!
- We committed over \$160,000 to cutting edge research.
- We opened a branch office in Omaha to support all patients in Nebraska.
- Through our incredible patient services staff we provided support to over 380 patients and families in Kansas, the western half of Missouri and Nebraska.
- We provided the loan of durable medical equipment, from walkers to computers, to more than 200 patients, at no cost.
- More than 8,000 individuals, corporations and foundations financially supported us to the tune of \$1.3 million dollars. Total revenues were down about \$20,000 from last year. Some would say we are lucky in these tough economic times to have not been down more, but we do not think in those terms. We are constantly looking for ways to raise more.
- Our national organization recognized our achievements and honored us as Chapter of the Year at its conference in May.

continued on page 2

“
I am truly blessed
by knowing and
working with each
and every one of you.
”



Reserve your spot in the
25th Anniversary Yearbook

See pages 7 & 8 for details.

Kelly Air Force Base Study Results

November 13, 2002

The United States Air Force (U.S.) (AF) announced that the results of a study published today in the Journal of Occupational and Environmental Medicine show that there are not an increased number of deaths from ALS in the civilian workers at Kelly Air Force Base (AFB) in San Antonio, Texas.

During the study period of 1981 through 2000, the number of deaths from ALS was 13. Using both U.S. and Texas death rates for ALS as comparison references, the investigators conclude that the 13 ALS deaths are not in excess of the number of deaths that were expected. Conducted by an independent research company, this mortality study was prompted by concerns from Kelly AFB workers and community residents about possible health threats from toxic chemicals or radiation from local environmental contamination or work at Kelly AFB. (A mortality study measures the number of deaths in a population as compared with one or more selected control populations to determine if there is an excess mortality in the population in question.)

The ALS Association's South Texas Chapter has identified additional people with ALS who were workers at Kelly AFB. There is a separate study underway to investigate characteristics and commonalities of these people with results expected in 2003. This second study includes ALS patients only and it is designed to provide descriptive information, not to answer questions of increased incidence of the disease. (Incidence is the number of new cases per year.) Unfortunately, ALS is not always properly indicated on death certificates so some ALS deaths may not have been included in the mortality study.

The U.S. Air Force Materiel Command Surgeon originally commissioned the study to address worker and community concerns about possible health threats from toxic chemicals or radiation encountered as part of their work at Kelly AFB or from local environmental contamination. Several organizations, including the Air Force Institute for Environment, Safety and Occupational Health Risk Analysis (AFIERA) at Brooks AFB; the San Antonio Metropolitan Health District (SAMHD); the Texas Department of Health; the Agency for Toxic Substances and Disease Registry (ATSDR); and The Amyotrophic Lateral Sclerosis Association (ALSA), joined forces to investigate. These scientific consultants monitored a contracted research study investigating the causes of death among almost 32,000 civilians who worked for one year or more at Kelly AFB between 1981 and 2000.

The ALS Association established a group of expert advisors to provide consultation and suggestions to both the AF and ALSA on the appropriateness and validity of the study. The ALSA advisors are recognized nationally as leaders in ALS and/or epidemiology and include Carmel Armon, MD, MHS; Merit Cudkowicz, MD and Jean Brender, PhD. Dr. Armon comments, "The advisory panel recognized that the mortality study design would permit answering the question, is there an excess of mortality from ALS in people who had worked at Kelly AFB. In simpler terms, this was the only study design that could distinguish between "a lot of people" and "more people than expected." It is the latter question that needs to be answered, from the scientific and public health point of view, in order to decide if one should look for possible underlying causes in association with working at Kelly AFB.

Moreover, we recognized that it was important to answer the question of possible excess mortality from ALS in the broader context of excess mortality in general, and of excess mortality from other causes. For that reason, the advisory panel focused on assuring itself and ALSA that the mortality study was designed in the best possible way and implemented by an independent research organization. We are confident that the results reflect the reality of the data analyzed.

We are also aware of the limitations of a mortality study, when it is conducted at a time that the majority of the population in question is still alive, and have not reached the ages where the risk of ALS is maximal. Further, if patients with ALS in the area are living longer as a result of better-than-average supportive treatment, a comparison of local mortality to national figures may understate the rate of disease occurrence, over the short term. In contrast, greater attention to ALS among the Kelly AFB cohort may result in increased likelihood that they receive a diagnosis of ALS and that it appear on their death certificates than the national and local controls; this might create the appearance of excess, where none was present. Consequently, we recommend revisiting the question of excess mortality from all causes and from specific causes in this cohort in 5 years' time. The extent of revisiting depends on how many additional people in the cohort have passed away, as may be determined in a preliminary fashion. We expect that the actual decision will depend on the number of additional deaths and on the political climate, which together will determine the issue of funding of a full-scale follow-up study using methodology similar to that of the present study. Even if a full-scale study is not warranted in 5 years' time, we advise that one be performed in ten years' time."

"The openness and cooperative nature of this effort together with the indispensable support and commitment of ALSA's South Texas Chapter and our science advisors," says Dr. Lucie Bruijn, Science Director and Vice President of The ALS Association, "ensured the completion of the most appropriate study to determine whether there were increased numbers of ALS cases at Kelly AFB. This collaborative process with expert advisors sets a precedent for future epidemiological studies."

Continued on page 4

The Kelly AFB mortality study is a model of collaboration among the many stakeholders, done in an exemplary fashion. The ALS Association recognizes and thanks Lt Col Kenneth L. Cox, the Air Force and all other agencies involved in the study for the open manner in which ALSA's consultation and recommendations were invited.

QUESTIONS AND RESPONSES

1. Who did the study & how much did it cost?
Applied Epidemiology, Inc. in Amherst, MA conducted the Mortality Study and the cost was \$400,000.
2. How many deaths in the "Mortality Study" were attributed to ALS?
There were 13 deaths observed in the motor neuron disease (335.2) category. Eleven of the observed were male and two were female. Three of the males were considered 'blue collar' and eight males and both females were considered 'white collar' workers.
3. Of the 140 individuals who were identified to the Air Force through the ALS Association South Texas Chapter, how many died during period of the "Mortality Study?"
There were a total of 17 deaths during the period of January 1981 and October 2001 who were civil servants at Kelly AFB identified to the Air Force. Fifteen of the 17 deaths were male and two were female.
4. What is the number of matches between the 13 deaths observed in the "Mortality Study" & the 17 identified & passed on to the Air Force?
The Air Force has the data utilized by Applied Epidemiology, Inc. and can identify the 13 deaths observed in the "Mortality Study."
The Air Force plans to make this comparison, but to date this comparison has not been completed.
5. I heard that as many as 140 former Kelly AFB workers died from ALS. Why does this study only show 13 workers as having died from ALS? Is there an explanation for the difference between the number of deaths observed in the "Mortality Study" & the number of deaths of those individuals identified & passed to the Air Force?
 - a. The most likely explanation for the difference between the number of deaths reported to The ALS Association South Texas Chapter and those identified in the study is that the death certificates did not include ALS. Including the additional people from the ALSA Chapter list in the study would bias the study, unless the same effort went into identifying additional ALS deaths in the two reference groups - the United States and Texas. It is assumed that the rate of frequency of failure to include ALS on the death certificates of the Kelly AFB workers is the same for the U.S. and Texas groups.
 - b. A second possible explanation is that some patients identified by the chapter did not meet the criteria for being included in the study cohort.
 - c. Many of the former Kelly AFB workers with ALS finished working at the base prior to 1981, the starting point for this study.
 - d. Finally, some of the former Kelly AFB workers with ALS are still alive, so they would not have been counted in this study.
6. Will there be any follow-up studies looking at former Kelly AFB workers or people living in the community?
AFIERA and the Public Center for Environmental Health will jointly review the situation in five years and see if there are enough new deaths to warrant a follow-up look then or whether it would be better to wait until ten years have elapsed.
7. If I just found out about the study, can I still get involved?
No, the mortality study is completed and it included only people who died from ALS in the study period 1981- October 2001.
8. If I was stationed at another military base, is there anyone I can contact with whom I can share my personal information? Is this the only study being conducted related to military service & a diagnosis of ALS?
The ALS Association is not aware of any other ALS study ongoing at any other military base at this time. There is a case series study of ALS in process at Kelly AFB and there is a Gulf War study of people with ALS who served in the military between August 2, 1990 and July 31, 1991.
9. Has a relationship between exposure to Agent Orange and ALS been shown?
The ALS Association is not aware of any proven relationship between Agent Orange and ALS.
10. What else is being done to find out about environmental causes for ALS?
Efforts are underway to initiate more studies looking at environmental exposures and the possible roles they may play in ALS. The complexity of the number of possible exposures against a background of an individual's own genetic susceptibility make these studies extremely difficult. In an effort to understand the status of the field and initiate new efforts, The ALS Association held a workshop in May of this year on Environmental Toxicants and Genetic Susceptibility (click here for further details on this workshop). This workshop lead to a brain storming session with The National Institute of Environmental Sciences (NIEHS) opening up possibilities for their support in this field of research.
11. Where can I get more information about ALS?
The ALS Association South Texas Chapter and the National Office of The ALS Association have a wealth of information and services available. <http://www.alsa-south-tx.org/> and <http://www.alsa.org> are good places to start.
12. Where can I find the entire study report?
Many medical school and other university libraries receive the Journal of Occupational and Environmental Medicine (JOEM). The article is found in the November 2002 issue (volume 44, number 11). Reprints of the article are available from AFIERA/RSRH (Epidemiology Services Branch), 2513 Kennedy Circle, Brooks AFB, TX, 78235-5116.

Comments on the Kelly Air Force Base Study Results

Dr. Carmel Armon's Comments presented at the press conference on November 13, 2002

"Dr. Guerra, Lt. Col. Cox, ladies and gentlemen of the press --
Thank you for the opportunity to make these comments on behalf of ALSA, The ALS Association.

We view the Kelly Air Force Base mortality study as a model of collaboration among many stakeholders, done in an exemplary fashion. ALSA recognizes and thanks Lt. Col. Kenneth Cox, the Air Force, the San Antonio Metropolitan Health District, the Texas Department of Health, and all other individuals and agencies involved in the study for the open manner in which ALSA's consultation and recommendations were invited and welcomed.

I would like to recognize also the indispensable support and commitment of the patients and the families of ALSA's South Texas Chapter, and in particular Mary and Ken Klenke, and the input of Drs. Merit Cudkowicz, and Jean Brender, who served together with me on the advisory panel established by ALSA. We consider this type of collaboration as a benchmark for the conduct of future epidemiological investigations.

Before discussing the study itself, I would like to direct some personal comments, as a neurologist who takes care of patients with ALS, to any persons with ALS who might be seeing or hearing this, and particularly those living in and around San Antonio, to their families, and to all those who care for them and care about them.

As you well know, ALS is a difficult disease to have, or to see a loved one go through. As it saps patients' strength and paralyzes their muscles, it deprives them of their independence and ultimately takes their lives. It takes a heavy toll of caregivers, family and involved friends. As they cope courageously with the progression of ALS, individuals whom we would consider "regular folks" become shining, if oft unsung, heroes.

Adding to our distress is the enigmatic nature of ALS. For the most part, we do not know what causes it. Even in the 5-10% of individuals who have inherited a gene for the disease - we do not know how the gene triggers disease onset, even in the small minority of patients in whom the gene itself has been identified. For the 90-95% majority of patients who have "sporadic" ALS - the mystery is complete, baffling and frustrating. We tend to look around us - any clues in our environment? In particular, we look for places of excess occurrence of disease, or "clusters." Perhaps, we hope, where we find excess disease it will be possible to find one of its causes.

For those of us who are students of the epidemiology of ALS - a stark reality is all too evident: even the largest, most robust and most unambiguous clusters, the ones in the western Pacific, have yet to give up their etiologic secrets, more than fifty years after they were identified. Further, in many other cases where an apparent excess has been reported, closer investigation showed either that there was no excess, or that the excess might have occurred due to chance alone, without providing etiologic leads. Yet the hope to identify a true excess lives on, even if tempered by sombering experience.

It was in this spirit that ALSA became involved in the Kelly AFB investigation. It is in this spirit that I share in the disappointment of the many individuals who hoped to see their observation of "many individuals with ALS" translated into a finding of "excess occurrence of ALS." Even though many hopes have not been met, I would like to state, personally and on behalf of ALSA, that all our expectations with regards to the conduct of the mortality study have been met fully. This brings me to some specific comments regarding the mortality study itself:

The importance of the mortality study design is that this is the study design that permits answering the question, is there an excess of mortality from ALS in people who worked at Kelly AFB. This was the only study design that can distinguish between "a lot of people" and "more people than expected." It is the latter question that needs to be answered, from the scientific and public health point of view, in order to decide if one should look for possible underlying causes for mortality in general or for mortality from ALS in association with working at Kelly AFB.

We recognize that it is important to answer the question of possible excess mortality from ALS in the broader context of excess mortality in general, and of excess mortality from other specific causes. We are confident that the results reflect the reality of the data analyzed. We are also aware of the limitations of a mortality study, when it is conducted at a time that the majority of the population in question is still alive. With regards to ALS -- most have not reached the ages where the risk of ALS is maximal.

Further, if patients with ALS in this area are living longer as a result of better-than-average supportive treatment, a comparison of local mortality to national figures may understate the rate of disease occurrence, over the short term. In contrast, greater attention to ALS among the Kelly AFB cohort may result in increased likelihood that they receive a diagnosis of ALS and that it appear on their death certificates than would happen in the national and local controls to which they are being compared; this might create the appearance of excess, where none is present.

Consequently, we recommend revisiting the question of excess mortality from all causes and from specific causes in this cohort in 5 years' time. The extent of revisiting depends on how many additional people in the cohort have passed away, as may be determined in a preliminary fashion. Even if a full-scale study is not warranted in 5 years' time, we advise that one be performed in ten years' time. Thank you for allowing these comments. To our patients and families: thank you for your confidence and for your trust."

Written by Carmel Armon, MD, MHS
Loma Linda University, Loma Linda, California

Further comments from ALSA, as well as some Q&A, may be found on ALSA's web site: www.alsa.org.

A Night of Hope Goes Broadway

Entertainment * Gourmet Food * Auction * Raffles
Friday, April 4, 2003 New Sheraton Hotel Overland Park, KS

This is the 14th year for *A Night of Hope* and we are excited about the year to come! We've put a new twist on an old favorite: This year, *A Night of Hope Goes Broadway!*

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If you are interested in volunteering for the event, call Emily Marsh at 913.648.2062 ext. 221.



Scientific Workshop Report

Inflammation in Neurodegenerative Diseases: A Focus on ALS
A symposium sponsored by The ALS Association

This workshop, held during the 32nd Annual Meeting of the Society for Neuroscience in Orlando, Florida, brought together a diverse group of scientists with expertise in ALS, neurodegeneration and inflammation. Organizers were Serge Przedborski, MD, PhD, Columbia University, and Lucie Bruijn, PhD, Science Director and VP, The ALS Association. The 70+ attendees and nine presenters represented institutions in ten countries including the U.S.

There is growing interest in the role of inflammation in neurodegenerative diseases. Briefly, inflammation is a defense mechanism—a reaction/response to an insult—found in multicellular organisms. Most of us are familiar with swelling that accompanies a sprained ankle or fever associated with the flu or a cold. These symptoms are evidence that our defense mechanism is at work. These examples, however, should not imply that this is a simple mechanism. On the contrary, the inflammation mechanism is quite complex, involving a number of components.

Several investigators have shown evidence for the possible role of inflammatory responses in amyotrophic lateral sclerosis. Whether inflammatory mechanisms are one of the primary causes of ALS or secondary to other pathological mechanisms is unclear. One thing that is certain: inflammatory mechanisms are highly interactive.

Inflammation can be triggered by invading microbes such as viruses or bacteria, injurious chemicals, or physical injury. The trigger may come from within the organism such as a disease affecting the immune system or nervous system.

Researchers Tony Wyss-Coray and Lennart Mucke suggest in their article in the August 1, 2002, issue of *Neuron* that inflammation may be a double-edged sword in neurodegenerative diseases. Dr. Mucke, a presenter at the Symposium, pointed out that while their focus was Alzheimer's disease, their findings are relevant to a number of neurodegenerative diseases including ALS. In these diseases, inflammation might result from a number of causes: abnormal protein accumulation, molecules released from or associated with injured cells, or even imbalances between pro- and anti-inflammatory processes. Inflammatory factors have multiple roles. Inflammatory responses also recruit immune mechanisms. Microglia and astrocytes, cells that support the neurons, are the main effector cells of inborn immune response in the central nervous system (CNS).

Three common outcomes in inflammation, according to the *Neuron* article, are 1) the offending agent or process is inactivated or the injury repaired; 2) the host loses the battle and dies or is left with irreparable damage; or 3) neither side wins, leaving the door open for development of a chronic inflammatory condition.

The Symposium agenda explored these aspects of inflammation and its role in ALS looking at the source(s) or triggers, the pathways involved and what that could tell us about potential therapies. Two of the presenters, Drs. Przedborski and Julien, are recipients of The Sheila Essey Award for ALS Research in 2002 and 2000 respectively.

Opening Remarks

Lucie Bruijn, PhD, The ALS Association

"Inflammation: The Good, the Bad, and the Ugly!" Serge Przedborski, MD, PhD, Columbia University

CELEBRATE!

Please cut, fold and return with message and photograph in enclosed envelope by February 14, 2003.

In honor of
Deborah Gregg.
An amazing daughter!

Clinical Bulletin - From ALSA's National Office

Use of Stem Cells in Patients with ALS - A Pilot Project

Initial Findings and Concerns Raised

At the 13th International Symposium on ALS/MND held November 17-19, in Melbourne, Australia, L. Mazzini, MD, and colleagues from Italy reported initial results (6-month) from a pilot clinical trial using stem cells.

The study presentation raised a number of questions and criticisms of the study design and methods from the researchers and clinicians present. Serious concerns from the scientists in the audience include:

1. There was no scientific basis offered as rationale to conduct the study.
2. It is doubtful that the 1.5 milliliters of stem cells were actually injected, as this volume is very large for the space of the spinal cord.
3. There is not clear evidence that the small change in proximal muscle strength reported can be attributed to an effect of the stem cells. It is not certain that the stem cells actually were delivered into the spinal cord. Other variables, such as the trauma of the injection, could account for the muscle function changes.

As reported by Mazzini, the aims of this 12-month study - still in process - are to:

1. Verify the safety and tolerability of injecting autologous mesenchymal stem cells into the spinal cord
2. Examine the effects of the injection of stem cells, and
3. Evaluate the impact of the stem cell injection on quality of life

In this trial of a small number of people with ALS, bone marrow was collected from each patient (autologous) and the mesenchymal stem cells were extracted and later injected into the patient's spinal column. Scientists in the audience raised doubt about whether the stem cells could have actually been injected into the spinal cord as described, given the large volume reported.

No major adverse events were reported in the first six months of the study. There were minor reports of pain as well as sensory, bladder, bowel and motor problems.

The study authors indicate that at both the 3-month and 6-month intervals after the stem cell injections, there was a slight improvement in muscle strength that was greater in the proximal muscles than in the distal muscles. Small improvement in neck flexor muscle strength was noted as well. There were a number of questions from attending scientists about whether there was adequate evidence that the muscle changes could be attributed to the stem cells and not from other factors such as the trauma of the procedure itself.

The investigators will continue the study and report the 12-month end of study findings in a future report. The authors indicate that the stem cell injection was safe and well tolerated, but they cautioned that further studies should be conducted to understand what role the stem cells may be playing. Many clinicians in the audience voiced concerns about safety of injection into the spinal cord and the feasibility and accuracy of this technique. It was noted that the changes in muscle strength could have been a temporary effect of the trauma of the injection or local tissue damage.

The authors stated that it was not clear why there was a difference in the muscle strength in the proximal muscles versus distal muscles. The potential use of stem cells as future carriers for drugs and other therapies was noted. The possibility that the stem cells are acting as neurotrophic/growth factor agents was discussed. Future trials may include newly diagnosed patients and people with a focal form of ALS.

In summarizing the Symposium's clinical presentations, Ed Byrne, MD, noted that as the field begins to start considering Phase I clinical trials of stem cells, investigators have to assure that the biological basis and scientific rationale for the potential treatment is sound. He urged that stem cells be tested in the ALS animal models to learn more about the actions and effects the stem cells are actually having.

Dr. Byrne commented that while there is very little evidence that stem cells can replace motor neurons, it might be possible that stem cells can have an indirect rescuing impact on the motor nerves by altering the environment around the neurons. He encouraged scientists to increase the research focus on how to stimulate stem cells that exist within each person's body (endogenous) to signal the motor nerves damaged by ALS.

Among the issues to consider before stem cell treatment is ready for ALS clinical trials, Dr. Byrne urged the attendees to address:

- Selection of the location of the body for transplantation and/or stimulation of the patient's own existing stem cells
- Technical approach challenges for injection or transplantation
- Need for clinical protocols
- Timing - earlier in the disease is probably better
- Quantification of results with objective tests
- Immunosuppression to prevent rejection response
- Need for follow-up care and treatment
- Long term follow-up or registry of patients who have received stem cells

Noting that at this time there is little evidence in humans that stem cells provide a benefit in ALS, Dr. Byrne advised that the field should move cautiously.

For an article on the state of work in ALS on stem cells, visit ALSA's web site at http://www.alsa.org/research/stem_cells.cfm

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The Chapter is proud to provide this newsletter and other services at no cost.
Please consider a voluntary subscription fee in the amount of \$24. Thank you.

In Memoriam

We send our sympathy and continued support
to the families and friends of those who have
recently died after battling ALS:

Donald Allen

Floyd Jesse Dever

Gwendolyn Chenoweth

Helen King

Donna Cummins

Idell Kjeldgaard

Memorials

Thanks to the following families for
designating our Chapter for donations:

Donald Allen

Gwendolyn Chenoweth

Donna Cummins

Floyd Jesse Dever



The Kansas City Caregiver Support Group enjoys lunch and fellowship.



On Saturday, November 13 members of the Chapter's Board of Directors participated in the annual strategic planning.

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Chapter Website
www.alsa-midwest.org
National Website
www.alsa.org

January Birthdays

Julie Luthy	January 4	Leroy Deines	January 20
Linda Miller	January 4	Gerald Manford	January 23
Goldie Thurnau	January 5	Jerry Sorenson	January 23
Cathy Davis	January 6	Michael Morris	January 24
Don Post	January 9	Donaldeen Carl	January 24
William Haines	January 9	Bessie Crafton	January 25
Doretha Jordan	January 14	Eddie Forbes	January 27
James Mason	January 17	Arthur Transue	January 28
John Wood	January 18	Doyle Black	January 29
Ivan Brame	January 19	Patrick Griffin	January 29
Melvin Hammeke	January 20		

THE DIALOG

Keith Worthington Chapter
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Prairie Village, KS 66206

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J A N U A R Y 2 0 0 3	7	Tues	Kansas City Night Support Group 7 p.m. Second Presbyterian Church 55 th & Oak	21	Tues	Springfield Support Group 7 p.m. Springfield ALS Office 1447 E. South Enterprise
	8	Wed	Hutchinson Support Group 2 p.m. Grace Episcopal Church 20 th & Main	25	Sat	Wichita Caregivers Support Group 12 - 3 p.m. Grace Presbyterian Church 5002 E Douglas
	9	Thur	Omaha Support Group 7 p.m. St. Pius X Parish Center 6905 Blondo Street	27	Mon	Topeka Support Group 7 p.m. Topeka Assoc. for Retarded Citizens 2701 SW Randolph - main entrance
	9	Thu	Wichita Support Group 7 p.m. Grace Presbyterian Church 5002 East Douglas			Columbia Support Group TBA
	10	Fri	Kansas City Caregiver Support Group 12:30 p.m. ALS Office, 8340 Mission Road, Suite B-4 MUST R.S.V.P.			Lincoln Support Group TBA
	15	Wed	Kansas City Day Support Group 2 p.m. Village Presbyterian Church 66 th & Mission Road			"What is ALS" Orientation Series by appointment. Please call (913) 648-2062, Ext. 202 or 212

THE CHAPTER SERVES KANSAS, NEBRASKA, AND WESTERN/CENTRAL MISSOURI

With Offices in the Following Cities, Contact the Office Nearest You!

Kansas City Linnea Brandt & Nancy Lindquist (800) 878-2062	Nebraska Sonya Glenn (866) 762-6361	Springfield Sarah Tucker (888) 386-1200	Wichita Jean Haley (800) 553-9056
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