

the Connection

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Volume 11, Issue 1, January 19, 1998

SAMPLE - PLEASE DO NOT REMOVE. ANAC Community Spirit Revitalizes Association

*The Acoustic Neuroma
Association of Canada
survives today through
its members diligent
efforts and financial
contributions...*

*A BIG HEARTFELT
THANK YOU!*

1997's survival mode was created in order to focus entirely on achieving financial stability in 1998 and beyond. The stability plans are currently at the design and development phase. It is certain that ANAC's future structure and form will look and act quite differently than in former years...it has to! Let's look at where we, the Association, have come from and where we are headed.

In the past, the work of the Association emanated from its national office in Edmonton. It has been the hub upon which both individuals and Chapters depended and there was no need for us to act otherwise. The main source of revenue was obtained from grants provided by the federal government, followed by membership fees, individual contributions and corporate donations. The size of government grants allotted have decreased over the past three years with ANAC's final grant of \$25,000 being received in August 1997.

Such circumstances galvanized the Board of Directors into action and in May, Blitz'97 Fundraising Campaign was launched. After each member across Canada received a letter outlining the serious situation, they were personally telephoned and alerted to the grave financial crisis faced by the Association.

Nearly \$25,000 was raised to date; approximately 80% was contributed by current members. As in the past, this reveals that, after subtracting the government grant monies, the largest portion of donations continues to be received from the membership. Other sources have been approached, such as suppliers, corporations and foundations, without much success.

The services of LAURIE WORKS, represented by Joan Laurie and Erin Birch, were engaged in May 1997 to conduct a fund rais-

ing and planning study. The broad goals for the study were to assist the Association to resolve its short term funding and leadership challenges; and to make recommendations that would build organizational commitment to realistic goals.

Joan Laurie interviewed a cross-section of the membership including Directors, Medical Advisory Board, and members-at-large, "The three most vital program areas that emerged during both the internal analysis and stakeholder interviews were:

- 1) *assembly and provision of accurate, up-to-date, balanced, comprehensive information about treatment options and related outcomes for acoustic neuroma, and the strategies used by patients to deal with some of the consequences of the condition and treatment;*
- 2) *establishment and maintenance of branch networks, to allow patients to come together to share new medically oriented information and patients' personal experiences;*
- 3) *continuation of the Connection newsletter."*

This was further affirmed when, during the Phone Blitz, people responded with similar comments to the question "What do you value most in ANAC?"

A review of ANAC's projects was made to compare the time and energy spent by individuals versus the outcomes achieved. The review revealed that the energy expended to produce the Connection, AN information materials, research support and public education campaigns produced only negligible returns from anyone beyond the known ANAC members.

Thanks to Joan's findings and her suggestions on how to modify the present direction of ANAC, many of these changes have already been implemented, and ANAC's survival is becoming more hopeful.



This edition of The Connection was made possible through the generous support of Graphics Visual Solutions, University of Waterloo, Waterloo, Ontario, Canada.

It also revealed that the current membership is the most significant and dependable income source.

Joan made several recommendations as a result of her investigation.

1. To restructure the organization so that more of the services to its members and the public would be undertaken by volunteers.
2. To streamline administrative procedures so that time worked by staff could be reduced.
3. To ensure cost recovery for services provided:
 - Use 1-800 telephone line for messages only, and invite callers to use the tolled number to speak directly to the staff - implying that the caller would pay for the call.
 - Develop the Chapters to become financially self-sufficient.
 - Generate revenue for the Connection newsletter through sponsorship and/or advertisements. Discontinue complimentary issues of the Connection.
 - Discontinue the category of Life Member to all new applicants. Previous Life Memberships will be maintained.
4. To maximize revenue generation from the membership and to cultivate additional income sources.
5. To develop five Working Committees comprised of members from all levels of ANAC: Administration, Revenue Generation, Chapter Development, Information Resources & Dissemination, Newsletter. (For details see article entitled "ANAC Structure: Revisited & Modified".)

To obtain understanding of and agreement for the changes, conference calls were held with the ANAC's key players, the Local Leaders and the Board of Directors. It was agreed that much of the work must be conducted by volunteers from now on, and staff hours have been decreased.

During those calls the vision and objectives of the five Working Committees were finalized and volunteers for some of the positions were obtained. Volunteers for the remaining spots are welcomed from anyone associated with ANAC's work. As you can see, changes to the Connection have already been implemented to decrease production costs. Thanks also to the help from several volunteers across the country for their editorial and formatting skills.

The majority of the ANAC Revenue Budget is based on the past years' record of consistent member fees and generous donations. While paring the anticipated expenses to the bare minimum this cannot totally offset the ANAC Expense Budget.

The main areas of expenses are: conference call meetings of Directors, Local Leaders and Working Committee Coordinators; administration; newsletter; bookkeeping & finance; information dissemination & support. All include the categories of wages, telephone/fax/internet, postage/courier & freight, and printing. The 1998 Budget is being assembled now. Anyone wishing to receive a summary of it please call the ANAC National Office.

Revenue Generation activities will be researched and considered, such as casinos

& other gaming activities, targeted direct-mail campaigns, sponsorship of and advertising in *The Connection*, sponsorship of projects and events, etc.

The challenges faced by ANAC include the low incidence of AN and that it is relatively unknown by the general population, membership that is scattered throughout Canada, and limited funds.

Our strengths include members' dedication to the Association, their support to each other, their willingness to respond to calls for help and their willingness to adjust to change.

Now is the time for us to work together to build on our strengths. This is your Association. Please consider how you can help it work. Every contribution makes a difference, whether you're volunteering on a national working committee, helping to fundraise, making a special donation, or serving as an information-sharing resource person.

How will you help ANAC march into the year 2000 and beyond?

New Initiatives Launched

1997 is a year of transition and change. Our top priority is to ensure ANAC's existence. In May, following the termination of the federal government's sustaining grants, we launched a Blitz Campaign. This fund raiser alerted all ANAC's members and contributors to the urgency of our situation.

The contributors list, published in this issue, indicates the prompt and enthusiastic support received from hundreds of people and institutions associated with ANAC. Nearly \$25,000 was collected. Comments and notes, accompanying the donations, prove that projects such as the newsletter, information materials, and personal contact are highly valued.

The Board of Directors thank all contributors for the community spirit extended in ANAC's time of need. With this kind of financial support, and the hard work of the Association's Board of Directors, Provincial Chapters, and new Working Committees, we know the future financial security of the organization is possible.

The ANAC Board of Directors and Local Leaders are the decision-makers for some changes already underway.

The structure is 'global-local'. Locally, ANAC volunteers work to secure strong community chapters. Each group will formalize their structure by electing a President, Secretary and Treasurer. The purposes of the Local Chapter are: dissemination of information and support to new members facing acoustic neuroma surgery; fund raising activities to support local functions and the National Association; and, promote awareness of acoustic neuroma locally. If you are interested in helping locally, please call the leader in your locale. Names and addresses are listed on the back page of this issue. Or, you may call the National Office for a contact person.

Globally, at the national level, five Working Committees were formed, a combination of local leaders, members-at-large, plus the National Board of Directors. These committees work together to ensure all projects, events, and information materials carry out

the mandate of the Association (i.e., "To provide support and information for patients, physicians and health care personnel, to promote and support research on the causes and treatment of acoustic neuroma and to educate the public and the medical community, thus promoting early diagnosis and successful treatment.")

Each committee requires the participation of approximately four to six people. Vacancies exist. If you have a special interest or ability in one of the areas, please call Peggy Bray at (604)708-0266 for more information. The five Working Committees are: Administration Committee: Peggy Bray - Vancouver (Coordinator), Leslie Sutherland - Winnipeg. This Committee will ensure: the cost-effectiveness of ANAC; that the mandate of ANAC is followed; the coordination of the other working committees. Revenue Generation Committee: Tom Riglar - Vancouver, Peggy Bray - Vancouver, Joan Laurie - Edmonton (Resource Person). This Committee, in conjunction with Local Chapters, will ensure: the raising of sufficient funds each year to cover operating costs of ANAC nationally and locally. Information Resource & Dissemination Committee: Brenda Ross - Toronto (Coordinator), Neil Davis - Montreal, Jackie Diels - Wisconsin, Barry Singerman - Toronto, Shirley Entis - Florida. This Committee will: increase and expand the accessibility of current and relevant information about acoustic neuroma for the general public through an internet website; develop and expand positive and productive relationships between the medical community and ANAC. [Note: Research into the cost and content has begun. A homepage is anticipated early in 1998. A homepage on the internet is an information tool with immediate access. We hope it will encourage people to contact the National Association and the Local Chapters for more information.] Newsletter Committee: Linda Gray - Edmonton, Trenny Canning - Kitchener/Waterloo, Dona Massel - Kitchener/Waterloo (Editor), Ruth Tiedemann - Vancouver (Editor). This Committee will: publish bi-annual issues of the Connection in a new, less costly format; recover the costs incurred with each publication. The Connection will contain articles and information pertinent to ANAC membership, news from Local Chapters, and letters from members.

Chapter Development Committee: Evalyn Hrybko - Sayward, Doug Flood - London. This Committee will: oversee the structural and financial development of Local Chapters; oversee Local Chapters financial contributions to the operation of ANAC National; assist ANAC to communicate information and educational materials.

Other changes to the ANAC structure to enhance fiscal responsibility include: membership fees for 1998 will increase to \$32.00 (the increase will contribute to the financial support of ANAC and to the publication of the Connection); the category of 'Life Member', for future applicants, is discontinued; staffing of the National Office is decreased to three shorter days per week; the 1-800-561-ANAC (2622) number is available only to receive messages (all other business is conducted on 1-403-428-3384).

1998, especially the first six months, will be exciting and challenging. Involvement, encouragement and patience are the keys to the implementation and success of the anticipated changes. The Special Mark of ANAC's Membership since inception has been support and involvement. We look forward to the development of that attitude into the year 2000.



President's Corner

Greetings to you all. I want to thank Shirley Entis, our former President of ANAC, and the Board of Directors for their confidence in my abilities to step into this position.

Shirley stepped down on August 1, 1997 as she had received a wonderful opportunity to work and live in Florida. Who could say "no"? On behalf of the Board of Directors and the ANAC membership I extend sincere thanks and appreciation for her time and dedication during her term.

1997 has seen changes on the Board; Shirley as Past President, Virginia Garossino now as Director Emeritus, and Jon Kantor who has resigned as Vice President. We extend thanks and appreciation for their commitment to ANAC and wish them all the best in their new positions.

Although I am not new to ANAC, seeing it from the view as President shows a very different landscape. The upcoming months will be a challenge and a test to all of us. Can we prove that we can overcome the hurdle that has been thrown in our direction? The pioneering, community spirit of the membership has already been felt as we raised nearly \$25,000 to help us through the Financial Crisis of 1997. Will this determination and belief continue so that we can make these good ideas into a working reality?

I am relying on the Association's past record to be successful in making the necessary changes. The Association will be different, but it will maintain our professionalism of the past and the most important aspect, that of support for others.

I look forward to talking with many of you in the next few months and learning your vision of ANAC's new look and how you wish to contribute.

Peggy Bray

Attitude is Everything

By Francine Baltazar-Schwartz

Jerry was the kind of guy you love to hate. He was always in a good mood and always had something positive to say. When someone would ask him how he was doing, he would reply, "If I were any better, I would be twins!"

He was a unique manager because he had several waiters who had followed him around from restaurant to restaurant. The reason the waiters followed Jerry was because of his attitude. He was a natural motivator. If an employee was having a bad day, Jerry was there telling the employee how to look on the positive side of the situation.

Seeing this style really made me curious, so one day I went up to Jerry and asked him, "I don't get it! You can't be a positive person all of the time. How do you do it?" Jerry replied, "Each morning I wake up and say to myself, Jerry, you have two choices today. You can choose to be in a good mood or you can choose to be in a bad mood. I choose to be in a good mood. Each time something bad happens, I can choose to be a victim or I can choose to learn from it. I choose to learn from it. Every time someone comes to me complaining, I can choose to accept their complaining or I can point out the positive side of life. I choose the positive side of life."

"Yeah, right, it's not that easy," I protested.

"Yes it is," Jerry said. "Life is all about choices. When you cut away all the junk, every situation is a choice. You choose how you react to situations. You choose how people will affect your mood. You choose to be in a good mood or bad mood. The bottom line: It's your choice how you live life."

I reflected on what Jerry said. Soon thereafter, I left the restaurant industry to start my own business. We lost touch, but often thought about him when I made a choice about life instead of reacting to it.

Several years later, I heard that Jerry did something you are never supposed to do in a restaurant business: he left the back door open one morning and was held up at gunpoint by three armed robbers. While trying to open the safe, his hand, shaking from nervousness, slipped off the combination. The robbers panicked and shot him. Luckily Jerry was found relatively quickly and rushed to the local trauma center.

After 18 hours of surgery and weeks of intensive care, Jerry was released from the hospital with fragments of the bullets still in his body. I saw Jerry about six months after the accident. When I asked him how he was, he replied, "If I were any better, I'd be twins. Wanna see my scars?"

I declined to see his wounds, but did ask him what had gone through his mind as the robbery took place. "The first thing that went through my mind was that I should have locked the back door," Jerry replied. "Then, as I lay on the floor, I remembered that I had two choices: I could choose to live, or I could choose to die. I chose to live.

"Weren't you scared? Did you lose consciousness?" I asked.

Jerry continued, "The paramedics were great. They kept telling me I was going to be fine. But when they wheeled me into the emergency room and saw the expressions on the faces of the doctors and nurses, I got really scared. In their eyes, I read, 'He's a dead man.' I knew I needed to take action."

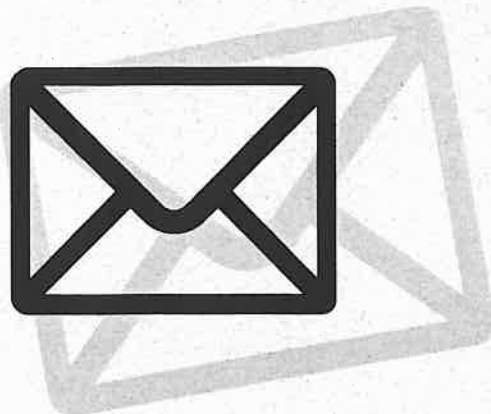
"What did you do?" I asked.

"Well, there was a big, burly nurse shouting questions at me," said Jerry. "She asked if I was allergic to anything. 'Yes,' I replied.

The doctors and nurses stopped working as they waited for my reply... I took a deep breath and yelled, 'Bullets!' Over their laughter, I told them, 'I am choosing to live. Operate on me as if I am alive, not dead.'

Jerry lived thanks to the skill of his doctors, but also because of his amazing attitude. I learned from him that every day we have the choice to live fully. Attitude, after all, is everything.

MAILBAG *Mailbag letters express personal opinions and experiences only. ANAC does not endorse any product, treatment, physician, procedure, or institution. When a brand name occasionally appears it is for purposes of education. Always consult your physician before using any over-the-counter product.*



Dear ANAC:

Through the last ten years I have greatly benefitted from the ANAC and today, along with the renewal of my membership I would like to express this appreciation in writing. In 1986 I was diagnosed with a meningioma and required two surgeries (1986 and 1988) for the removal of the tumor. However, due to the location of this tumor (brainstem), complete excision is impossible. In 1993, I agreed to radiation treatment in order to arrest the growth and happily as I

write this, there is no further growth.

During these last years, I have had to call ANAC on several occasions. As many of us have experienced the response is very caring, understanding, sympathetic and always very practical and expedient. I would like to mention in particular, Tom Riglar - before his move from Montreal, and more recently Shirley Entis. The prompt attention to my concerns with appropriate, updated information and products was very much appreciated.

For several years, I have been receiving the Connection newsletter. I always found the information very helpful and was able to use many of the 'tips' from the staff and others writing in about their expertise or experiences following surgery and its often debilitating secondary effects.

Presently I am enjoying good health, keeping physically fit, and enjoying life.

Your association deserves only to be congratulated for the caring comforting and the very practical help you bring to so many of us.

Thank you. Thank you. Thank you.

Suzanne Boisvert

4626 Royal Ave

Montreal, QC H4A 2M8

(514)489-9102

Dear ANAC,

Please accept a donation on behalf of the birth of our first child, Daniel Charles Dubblestein, named after Dr. Charles Tator of Toronto Hospital. After all, he wouldn't be here if it weren't for Dr. Tator saving my life!

Anna & Daren Dubblestein

19 Grand Ave

Grimsby, ON L3M 2R6

Dear ANAC,

Given the rarity of my illness, ANAC was a voice in the dark. Your newsletter helped me tremendously, both practically with tips, etc., and emotionally. Thank you!

Laurie Thompson

16 Shudell Ave

Toronto ON M4J 1C6

Dear ANAC,

Thank you very much for the loan of the ANAC video. I had surgery on June 3/97 and I came through with 'flying colors'. There were no complications. My taste has been altered somewhat but that will return to normal in 6 months.

The tumor was 1.8cm and the surgeons used the translabrynthine method to remove it. I was hospitalized three days including the day of the surgery. I did not have severe headaches nor dizziness however my balance was a problem but it's getting better. I'm feeling fine however I tire easily. My appetite is incredible. I'm always hungry which is to be expected after this type of surgery. I expect to be back to work by the end of July.

I'm quite willing to talk to anyone who has to undergo surgery or who just wants to talk about their experience.

Sandra Drake

790 Smyth Rd.

Ottawa ON K1G 1P3

(613)737-9383

Dear ANAC,

I am very fortunate in that I came through the surgery with minimal side effects. I think ANAC is a very worthy organization. I enjoy receiving the Connection and most of the letters make me realize how lucky and fortunate I am to have only headaches as a result of the surgery. No matter how severe the headache I know there are a lot of people out there who were not as lucky as I was.

I would be pleased to offer my name and address for anyone who wishes to contact me to discuss their AN, or a shoulder to cry on, even just an encouraging word from a former patient. My surgery was July 5, 1993.

I would also like to add that my doctor, Dr. Nedzelski at Sunnybrook Health Science Centre in Toronto was able to save what hearing I had left before the surgery. I have retained the 25% that I had. I can only commend him and his staff. I guess to someone who hasn't been there 25% isn't much but to me it is a lot.

Yes, my life has changed considerably since the AN surgery but I feel so thankful that there are doctors like mine and I have learned to roll with the punches and to someone who isn't aware of my surgery they would be hard pressed to know that I had ever had such serious surgery.

Yes, there is life and quality life after AN surgery and I feel so wonderful that I am here to testify to that. Hey, a day or two with a bad headache is great compared to no days at all.

Coreen Clarke

R.R.2

Meaford, ON N4L 1W6

(519)538-5160

Dear ANAC,

First let me say that I found the information ANAC sent me was very useful as a first step in enhancing my understanding of AN and I thank you for that. Many of the stories presented in the Connection have been most helpful, but I found Mike del Grande's to be most relevant for me. I also found a great deal of valuable information on the Internet.

My AN was diagnosed by CT scan five years ago. At that time the Toronto doctor I was referred to wanted to operate immediately. However, after a few key questions he did admit that because of the tumor's relatively small size, there really was no urgency and that we could monitor the tumor's progress. I had an MRI about 2-3 years after the initial scan and based on the fact the tumor appeared to have grown two millimeters in that time the doctor scheduled the operation. However, upon further research, I found out that comparing CT scan results with MRI

results could easily produce errors of a few millimeters. As I subsequently found out an MRI is better for diagnosing and measuring AN, I wondered why I had been given a CT scan, which has some inherent health risks associated with it, in the first place.

Feeling dissatisfied with the process that had me headed for an operation, I decided to seek that famous 'second opinion'. The second Toronto specialist I visited informed me it was very difficult to detect two millimeters growth between the results of an CT scan and an MRI and suggested we should monitor the tumor further. He advised me that it was highly likely it was growing, but he was not convinced the radiology results had proven this so far. My latest MRI results, taken one year after the previous MRI, showed there was absolutely no change in the tumor, and there was no need for any medical intervention at this time. Of course, we will continue to monitor the tumor, but it is quite possible it has stabilized. I know I am very lucky to be in the position I am today and I am truly thankful to all the sources of information available to me that have guided my decisions. Getting back to Mr. del Grande's point, had I needed medical intervention or should I in the future, I would opt for the Gamma Knife alternative versus the surgical procedure. I believe he expresses the reasons for this choice very well.

As a final thought, through ANAC or the Internet, I have never come across any information about the possibility of other avenues of treatment for AN such as various herbs, shark cartilage, soya to name a few. Nor have I read of anyone's experience with mental imagery and other forms of spiritual healing. I myself have been taking soya consistently over the past two years and about a year ago have turned to taking specific herbs. I have also engaged in many hours of envisioning the tumor's demise through mental imagery. Have any of these contributed to the stabilization of my tumor? I don't know for sure, but I think other alternatives should be explored by those who would feel positive about the potential for successful outcomes. I am pleased to give my permission to publish my name and address to others as I really would like to help where possible.

Lorne Tomlinson

2 Sixpenny Court

Thornhill, ON M3T 4E5

(905)889-6432

Wanted : Penpals

Mrs. Dulcie Merle Cooper
P.O.Box 58
Biloela, Queensland 4715
Australia

Phone: 079-922254

Age: 49yr

AN surgery: Jan/96

Occupations: school bus driver, cattle breeding (small property)

Interests/Hobbies: volunteer tourism, dancing

Married with son, daughter, grandson, son-in-law.



Mrs. Brenda M. Blunt
10 Perseus Street
St. Helens, Tasmania 7216
Australia

Phone: 0363-761-825

Age: 50

AN surgery: Apr9/97

Occupations: formerly Admin/Marketing seafood industry; currently partnership with husband in service station

Interests/Hobbies: local government, animals, tennis, travel, sewing, knitting

Happenings!

As of December 31, 1997

Kitchener/Waterloo Chapter

The Kitchener/Waterloo Chapter met on November 12, 1997 at the University of Waterloo. The meeting was extremely productive; we elected the President, Trenny Canning, Vice-President, Doug Specht, Treasurer, Allan Jones and Secretary, Dona Massel. We also agreed to meet three times a year, the second Thursday in February, June and November. In discussing what issues were important to us, the members agreed to arrange for someone from the Canadian Hearing Association to attend our June meeting, to provide us with information on speech-reading and sign-language courses. We also agreed to have a rummage/garage sale at my home in the Spring, with the money raised going to support the national office. Given that we were feeling so productive, one of our members volunteered to set up a telephone tree within our local mailing list. Each member will be given five or six names of individuals to call to personally invite them to our meetings. Another member agreed to compile a listing of the local ENTs, neurosurgeons, ophthalmologists and optometrists to invite them to our meetings. The K/W Chapter reconfirmed its main purpose, and the reason we got involved with the Association...to provide support and information for individuals recently diagnosed with an AN or for those recovering from surgery or gammaknife.

Trenny Canning
48 Ripplewood Crescent
Kitchener, ON N2M 4R8
519-579-4855
tcanning@nh4.adm.uwaterloo.ca

Campbell River - Vancouver Island, Chapter

On October 17th, five people gathered (four AN, one spouse). We have been meeting twice yearly, spring and fall, for about three years now. This time several members were not able to be with us. So, we plan to meet again on December 12th, hoping for about 12 people or more.

Evalyn Hrybko

Toronto Chapter

A warm thank you to all those individuals who supported the ANAC during the recent fundraising campaign. Stay tuned for information about an upcoming meeting! Happy New Year!

Barry Singerman

Victoria - Vancouver Island, Chapter

On October 25th, 10 people gathered (7 AN, 2 spouses, and Susan Rankin, therapist). Harry Kraeker chaired the meeting. They agreed to meet twice yearly, April and October. The group heard a report about changes at the national level and supported keeping the 1-800 number. They also felt that the internet is the way of the future for communication and educational information regarding AN.

Evalyn Hrybko

The NF2 Crew

Some time ago, a group of people met on the internet and established a private forum where NF2 issues could be discussed freely. The group which evolved from this is called The NF2 Crew and currently has about 70 members from as far away as South Africa! The NF2 Crew members are, with few exceptions, NF2patients and/or immediate family. This has added to the cohesiveness of the NF2 Crew. Issues discussed range from general 'chit-chat' to personal NF2 experiences to discussion of the latest microsurgery/radiosurgery techniques.

To join The NF2 Crew you need access to internet e-mail. Each member posts their messages to the Crew 'listserv' address and the listserv distributes messages to each member. My own experiences on The NF2 Crew have been very positive and quite a learning experience. I encourage anyone with NF2 and internet e-mail access to explore The NF2 Crew. For more information, please contact Jordan Harlow at: JDHarlow@aol.com

Last but not least, the NF2 Crew has developed its own internet page. This site can be accessed by anyone and is ultra-cool! The site contains a wealth of information and is

inter-linked with other related internet sites. You will also find pictures of many NF2 Crew members.

Frank Fusca
ffusca@onramp.ca

The NF2 Crew internet site is:
<http://www.webcrossings.com/nf2crew/>

Chapter Development Committee

On a personal note, on November 6th, I had phase three of reconstructive facial surgery in Vancouver, B.C. performed by Dr. Nancy Van Laeken. I am pleased with the results. Shortly after arriving home, and just prior to the mail strike, I received a note from the national office informing me that the Victoria Chapter had sent in a donation in acknowledgement of my recent surgery. Thank you, Victoria Chapter!

So...all Chapters across Canada, take note...what a wonderful idea, not only when someone's just been in the hospital, but also it's a fantastic idea as a Christmas gift to give to the person "who already has everything!" A donation in someone's name to the ANAC is also a nice way to acknowledge a special birthday, anniversary or birth, or to honor the memory of someone who recently passed away.

Evalyn Hrybko

Edmonton, Chapter

The 1997 gatherings...April: Edmonton Chapter met for an interesting and informative evening. We were honored to have Dr. Robert Broad, Neurosurgeon, University of Alberta Hospital and Chairman of the ANAC Medical Advisory Board, as guest speaker. An excellent discussion took place following his talk where such topics as Gamma Knife, Linac, and computer-assisted microsurgery were raised. Election of officers followed. Congratulations to the new Chapter Executive: Verna Thoman, President; Anna Krauthahn, Secretary; and Dave Keeling, Treasurer.

Verna shared two articles she had come across: one was a footnote from the New Zealand Chapter newsletter which stated that many years after surgery, on a very hectic day, one of their members answered the telephone with her 'out-of-order' ear! Has that ever happened to you? The other was an article by Steven James entitled: "Totally Subjective, Non-Scientific Guide to Illness

and Health: How to Get Sick; How to Get Sicker (if you are already sick) and How to Stay Well or Get Better if You're Not So Well to Begin With'.

June: A small group of people gathered for an enjoyable summer picnic held at a lake near Edmonton.

December: The Christmas party was held at Verna & Bill Thoman's home. The pool table was tested and pronounced great...by one team! Refreshments, goodies and company were, as always, top quality.

Verna Thoman

Winnipeg Chapter

ANAC members in the Winnipeg vicinity are invited to join others at the meetings of the Benign Tumor Support Group at the St. Boniface General Hospital. All meetings are held Tuesday evenings at 7pm. The schedule for 1998 is as follows: January 13; February 24; April 7; May 19. For more information please contact Leslie Sutherland at 204-888-3438.

I would like to remind you that donations to ANAC can be given through the United Way's "Give To - Give Through" feature whereby a person can specify his/her donation to be sent to a particular registered 'Canadian' charity. As an employee of Investors Group I have joined the company's "Matching Gift" program in order to maximize my donation to ANAC. I encourage everyone to inquire with your employer regarding a similar program they can access. If you require more information, please call me at the above number, or the ANAC national office 403-428-3384.

Leslie Sutherland

AN & Late Deafened Adults Group, Halifax

Barry Morshead reporting for Ed Morrissey.

Ed has recently had surgery for recurrence of AN and is doing fine. He is in good spirits, and has had many visitors. We wish him a speedy recovery and hope to see him back at the next meeting.

The presentation by Mark Kent at the last meeting was well attended. Unfortunately there was a problem with the laptop computer, and the notes were not saved properly. We are hoping to obtain his list of 12 points on how to better cope with stress to be circulated at a later date.

Remember the meetings are the 3rd Tuesday of each month, unless otherwise notified.

Please call Ed Morrissey or Anna Parkinson if you have questions.

ANAC "Web" Work in Progress

One important vision of the Acoustic Neuroma Association of Canada is to increase and expand the accessibility of current and relevant information about acoustic neuroma for the general public. Therefore a committee has been formed of Board members and other volunteers to create an Internet website for ANAC. Volunteers are busy working on making this website user friendly and most importantly trying to link to other websites for health information relevant to acoustic neuroma. In the future, members will have the option of receiving their newsletter by connecting to this website if they so wish. We will keep you posted of our progress.

Brenda Ross, Coordinator
Information Resource & Dissemination Committee

Special Thanks to Our Contributors

March 1, 1997 to November 1, 1997

A BIG THANK YOU to all those listed below for sharing in this helpful way. Contributions are tax deductible and are promptly acknowledged with an appropriate card or letter. Gift amounts are not disclosed.

Life Members

Dr. Stefan Pulst
Barbara Wolff
Helen Aydin
Dona Massel
Allen Neufeldt
Paolo Di Salvatore
Jewish General Hospital,
Otolaryngology

**As of January 1, 1998
this category is discontinued
as a part of the overall
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