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Hi everyone!

We are back on deck after our summer break and looking forward to working alongside you in 2019.

Whatever your circumstances or your feelings towards this time of the year, I hope the holiday season has brought you some pleasure – whether it's the warmer weather, time with family and friends, possibly a change of scenery for a time.... (I also know that these same factors can be challenging for some!)

If you are feeling a little disheartened that another year has rolled around and there hasn't been much improvement in your health, remember – there is always a possibility for better health in 2019! If you're stuck for ideas to help you move forward, see our article on p 3.

And speaking of improved health, we are about to embark on the first of our Towards Wellness programmes for this year. If you'd like to find out more about the programme, contact us.

Elizabeth has raised an important topic for discussion in her article on page 6, a topic that causes much grief for ME/CFS sufferers.

We hope you find a cool, shady place to relax and enjoy this issue.

Tina and the team at CCI Support



Remember to check the
Group Monthly Meetings
Calendar!



CCI Support :
56 Christopher St
Tauranga 3112
Office: (07) 2811 481
Email: info@ccisupport.org.nz
Website: www.ccisupport.org.nz



Should you wish to join our Facebook page,
the easy link is: <https://www.facebook.com/groups/203904249678311/>

Send a friend request...!

Local Items of Interest

Christmas Gift-Wrapping at Bayfair...



L-R: Donna, Oliver(Rudolph), Joanne & Bryan.

We had another enjoyable and successful day at Bayfair on Wednesday 19th December with what is becoming an annual fundraising event for CCI Support.

Our volunteer members were all keen to fight the paper, sellotape and as always, that odd shaped present! The festive mood was in the air and it was a fun-filled few hours that saw us mixing in the community. The donations collected on the day totalled \$387.40, with every little bit helping.

A big THANK YOU to all of our fabulous volunteers. We really enjoy your company and getting out of the office to have a few laughs!

We need you...to pay your subs!



In November 2018, many of you received a reminder that your current year, 2018-19 member subs (from 1 April 2018 to 31 March 2019) remained unpaid.

However, there were a greater number of you who are overdue for both the 2017-18 and 2018-19 member subs years!

To date, we have had a poor response from our membership who have subs **OVERDUE**. The total unpaid subs run into the thousands of dollars, which would be better used supporting and educating members, rather than chasing members to pay their dues!

You are all receiving our bi-monthly newsletter, either by email or post. This alone is an expense, from producing to printing and then finally postage, or staff costs to administer sending it out to 300 plus email addresses.

As an organisation we strive to bring you a support and education service that you can be proud of, appreciate and most of all, VALUE.

If you no longer wish to receive our newsletters or feel our support service is not what you're after, then please let us know. We would rather spend a few minutes removing your details from our database, than time and again requesting subs payments.

What Do You Want From 2019? Are New Year's resolutions realistic when you have ME?

Many of us with ME/CFS are 'achievers', defining our self-worth by what we do and achieve. Therefore, any goals we set are likely to be around increased activity. Activity goals may be useful in stage 2 of ME/CFS (when a little more energy is coming back into the system) or stage 3 (reintegration), but take care, as these kinds of goals can set us up for a crash.

Generally speaking, anything that adds pressure is detrimental.

It's always good to be proactive in the recovery process, but don't force things.

Rather than activity goals, it's often better to have goals around our mindset and our habits. This could mean recommitting to things we know are useful but we may have let them slide over time. These could include paying attention to our nutrition, supplementing with targeted nutrients, pacing activity levels, setting aside time for daily meditation, and generally getting better at listening to our body – goals we can achieve and sustain, no matter what our energy levels.



It takes commitment and discipline to do those things that are tedious and easy to forget. Remember, it's the little things we do 90% of the time that make the difference – not the bigger things we do occasionally. Recovery is built over time and usually consists of many building blocks or strategies. It takes patience and diligence to stick with these. But as we do, we build our sense of capacity and confidence.

But, a word of caution at this point - a key word to remember is BALANCE.

When we focus too intensely and rigidly on making progress in this journey, this itself can create additional pressure and stress, and drain any enjoyment and fun from our life. Thus we can actually hinder our progress! So it's important to pay attention to the state we are in when engaging in our daily healthy maintenance practices. Ask yourself: 'Am I in a healing state?'

Stuck?

If you're feeling stuck, keep crashing, and don't know where to start to change things, it's a good idea to go back to basics. Write a daily journal and record your activities, symptoms, energy levels etc. You may begin to see fluctuations or patterns with your symptoms, and be able to make some links between what you are doing and the symptoms you experience and their severity. Sometimes it's random with no apparent pattern, but often it's not. Ultimately this will help you find stability, which is what the ME body most needs in order to improve.

Often a person keeps crashing because they are 'trying to beat ME/CFS' (ref. the 'achiever') – in other words, they haven't really accepted what is currently happening with their body/their life. It takes a lot of energy to fight against the reality of the situation – energy that could be going towards healing. And no improvement can happen without acceptance.

Acceptance is not resignation; it is not giving up! It is the realisation that we need to live life differently – in a sustainable way so that we're building more energy in a day than we are using.

What stops people healing from ME/CFS/FM?

In the early stages of the illness, it is easy to focus on trying to understand the reason/s you became ill (ref. The Tree, Towards Wellness). We encourage people to identify the factors that may have contributed to the development of their ME/CFS/FM. This helps them create a plan to navigate their way forward. This plan could include components such as: therapies or supplements for body systems that need extra support; counselling for the processing/healing of emotional issues or trauma, etc

You may have become ill several years ago. The circumstances in your life today will not be the same as they were, say, 10 years ago. So the question 'Why did I get sick?' may not be that helpful. It maintains a focus on the past as opposed to your present situation.

The question 'What is stopping me from healing at this point in time?' is focussed on now, and has a totally different focus to 'What caused me to get sick?'

The body has a remarkable capacity to heal. So, when you are examining what could be getting in the way of that, it could be one or several of many factors including:

- Sub-optimal functioning of body systems
- Physical environment

- Emotional environment
- Lack of support
- Lifestyle factors

We will be discussing these and more at our February support meeting on **Wednesday February 13th at 10.30am at Christopher Street.** See you there!

In the meantime, how's this for a New Year's resolution? :

To resolve to ignore the pressure and set aside the expectations of others, and instead, live life on your own terms and at your own pace.

Ten things I have learned from living with ME/CFS for 6 years

Lyndal Thorne shares her discoveries and hopes you find them useful.

Source: The Queensland Communicator- Aug/ Sept 2017

NB: This article has been slightly abridged.

1) The saying 'If you haven't got your health you have nothing' is a myth.

OK. You are physically ill. It's a drag and requires a lot of readjustment. ME/CFS may be the end of life as you were living it, but it's not the end of life. We are much more complex than that! Think about the social, emotional, spiritual, mental, practical, passionate, humourous, intuitive, sensual, relational and creative dimensions to your being. THEY ARE STILL THERE (if a little jangled by the burden of illness).

2) I am a healthier person now than I was before I developed ME/CFS.

True! The restrictions imposed by ME/CFS have enabled me to appreciate and focus on those areas of my life where I can maintain a robust sense of involvement and purpose. Look at the qualities listed in 1) above and ask yourself: 'What can I feasibly do to draw these threads into the world I now inhabit to make it a richer, warmer place?' ME/CFS doesn't have to define you!

3) Stopping is important.

I have learned so much from the challenges involved with, and changes necessitated by,

having a chronic illness. I don't wish ME/CFS on anyone. What I do wish for, however, is the opportunity for everyone, around mid-life, to be able to just STOP, slow down, and re-group. Mental and physical illness is not helped by the pace of modern life. ME/CFS forces us to step back from that world. That world (out there) literally is 'too much' for us for any length of time. The personal gains I have made have only come about because ME/CFS has given me pause to examine matters within myself.

4) People are so generous!

I have been moved and overwhelmed at the generosity that has been shown to me throughout this illness. Family and friends – I thank you from the bottom of my heart. Also work colleagues (now ex), practitioners and other people whom I don't even know who have heard about my diagnosis. This support helps immensely.

5) People can be incomprehensibly mean-spirited and judgemental.

ME/CFS is a greatly misunderstood medical condition, even by many medical professionals. So maybe we expect too much of lay people to have empathy for our situation. Yes, it hurts when you sense people quietly judging you, or arrogantly proclaiming that they know what is really wrong with you. For someone who has always enjoyed good health, it is difficult to understand what it is like to have 'nothing in the tank', or that simple daily activities can leave you feeling too ill to talk or eat. Unless they live with you they may not see how debilitating this

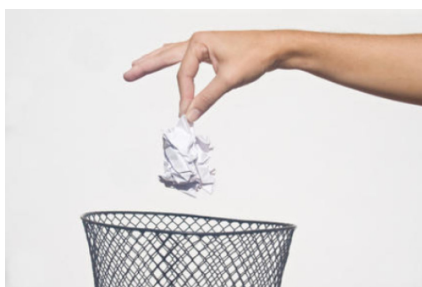
illness is. You have better uses for your precious energy, however, than to argue points of truth with these people!

6) Access all available support services.

You are unwell, most probably have had to say goodbye to your income stream, and medical costs are mounting (as well as others). Find out what your entitlements are, e.g. Work & Income Disability Allowance. Also, there are often concessions and discounts for Community Service Card holders. Yes, it is tedious, demoralising and exhausting dealing with bureaucracy, and habitually asking if any discount applies. Unfortunately, long-term illness and poverty often go hand in hand, so swallow your pride and learn how to seek out the help you need.

7) Not all doctors are created equal.

It may take some time to find a doctor or practitioner who works for you – and I mean works. You are paying them for their clinical expertise, so make sure they are applying it. When you are making an appointment, try to talk to the person you will be seeing – not always easy! Interview them. You need to be in the hands of someone who a) knows what ME/CFS is, b) is sympathetic to those who have it, and c) is abreast of current ME/CFS treatments. During a consultation look for evidence that they are problem-solving. Do they pause, think, consider and respond authentically? If they do, this means they are actually *listening to you* (not too much to ask, surely?)



8) Discover what keeps you well.

The trick to maintaining some quality of life through the mire of ME/CFS is learning what you can and cannot do, and sticking to that. This will require discipline on your part, and being assertive with others. Over-doing it usually results in payback. The physical implications of this are obvious, but the psychological effects can also be devastating. So avoid it. Set your limits and explain them to those with whom you share your life.

Most of you will know the time of day when your energy is workable. Use that time (with rests before and after) to do *just one thing* from all the things you imagined you would do today. There, you have achieved something!

'Edit out' your stressors: difficult people; your own lousy habits; disruptive external stimuli.

If these things are toxic and making you unwell, do what you can to limit your exposure. Or be brave and just get rid of them. Newsflash – decisiveness and being unwell are not mutually exclusive!

9) There is no 'Back to who I was then'.

This one was a great epiphany. Those first few years of my illness were such a confused flurry of working hard to find out what on earth was wrong, and zeroing in on available treatments – all in an effort to get back to who and how I was 'then'.

We are all changing and learning and growing, regardless of our circumstances. Having a chronic illness will change you irrevocably. You're facing challenges you would never have imagined had ME/CFS not had its way with you. You're learning all the time and gaining clarity about the priorities of life and how to be kind to yourself.

These are goodies you can incorporate into who you are as 'a person with ME/CFS' and as you become well.

10) Enjoyment, usefulness and fulfilment don't have to stop.

You are not a lesser person because you are unwell. Once you recognise what you have, and learn what is manageable, you can be just as indulgent as those fit, fabulous and furiously fast people who may look pityingly upon you as you lay on the couch.

ME/CFS is a huge hiccup in one's life, and it catapults you to a place where you must take stock of who you are and how you will best deal with this huge hiccup.

This learning is not valueless! In fact it can be surprisingly good for you. My focus is now on applying these new learnings to my circumstances – and guess what? The more I do this, the more I notice improvements in my health.

Hurrah – I'm celebrating!

Eastern Bay Report February 2019

Welcome to 2019! I can hardly believe that we have reached such high numbers, it felt like only a few months ago it was 2010!

So far, the summer has been very hot in the Bay with temperatures reaching the early 30's. This has made it tough for those members who are affected by the heat. I have been taking every opportunity to cool off in the ocean, lake or river.

I thought I would start the year off by tackling a tough issue for some of us - being childless by circumstance, rather than by choice. A new book on the subject has been released by New Zealand researcher and counsellor Dr Lois Tonkin (interview on National Radio in October -see the link below).

For those of us who experience ME/CFS/FM during our peak reproductive years, this means we may have been too unwell to consider starting a family. I was 28 when I was diagnosed and unable to contemplate becoming a mother for many years. My health was too poor to physically cope with a pregnancy, and it seemed an impossible task to find a partner as well.

This has meant that now, when I am in a much better state of health, I am too old at 42 to become a first-time mum. This reality is really difficult to come to terms with, and it's an ongoing grief process for me.

Dr Tonkin says there are many reasons why women lose the chance to become a mother: they cannot find the right partner; want to be financially stable; their partner may already have children; or, as in our case, illness. Many think in their mid-thirties "I wonder if this is how it's going to be for me" and they begin grieving.

"But that's offset by the possibility it still might happen ... then as they get older and it doesn't happen, a lot of the women describe feeling a really intense sense of grief around that, having a very difficult, or dark, time for some time after that" says Dr Tonkin.

This situation also effects men who live with ME/CFS/FM as they may also put off having children until they are well again, but when this does not

happen they feel the same grief.

It's very important to acknowledge this grief, and understand that the drive to have children is a biological need and well as social identity.

I had always assumed that I would become a mother, then grandma, so to lose these very natural and human rights and come to terms with this has been a long process. It has not been made easier by people making assumptions about this involuntary choice, and finding myself excluded from another social group.



Talking about these experiences, writing about them, and sharing my sadness around this has helped me immensely. I found a friend who had been through the same experience, and together we still talk openly about this complex issue. Please make use of the free counsellor for those members in the Tauranga region and do make contact with our field officers if you are struggling to manage these emotions.

I have found that being an active aunt gives me the emotional closeness to my nieces and nephews but when I need to rest I can send the little pocket rockets back to their exhausted parents and maintain the quiet life I need to stay well.

Best wishes for 2019

Elizabeth McGougan - Field Officer Eastern Bay

elizabeth@ccisupport.org.nz

Links: <https://www.radionz.co.nz/national/programmes/ninetoon/audio/2018665170/motherhood-missed-women-childless-by-circumstance-tell-their-own-stories-in-new-book>

Stagnant Hypoxia – Where CFS & Hypoadrenergic POTS Meet?

While many people with POTS meet the criteria for ME/CFS, the same is not true for ME/CFS and POTS. Something different from POTS is going on in many ME/CFS patients. Symptomatically though, the 2 diseases look quite similar, with problems standing, high rates of fatigue, and gut and cognitive issues common in both. Could this be because both diseases share a crucial element? Stagnant hypoxia occurs when the blood is moving too slowly to deliver enough oxygen to the tissues, and it appears to be happening in both diseases.

Source: <https://www.healthrising.org/blog/2018/08/19/stagnant-hypoxia-where-chronic-fatigue-syndrome-and-hyperadrenergic-pots-meet/>

By Cort Johnson, August 19th, 2018

Note: This article has been slightly abridged.

Despite the current lack of consensus as to the underlying biological basis of ME/CFS, there is considerable evidence to highlight an abnormality of the autonomic nervous system as a unifying pathological factor.

A fascinating case of research confluence took place a couple of years ago which suggested that hyperadrenergic POTS and ME/CFS patients may not be as far apart as they seem.

The two diseases share similarities. Problems with blood pooling and/or the brain have sent norepinephrine levels soaring in hyperadrenergic POTS patients. Norepinephrine levels have not been well studied in ME/CFS but one larger study found increased levels.

A large Australian study found POTS present in 11% of ME/CFS patients. These POTS-positive patients tended to be younger than the non-POTS patients. Newton's UK study produced similar findings, with POTS found in 13% of ME/CFS patients.

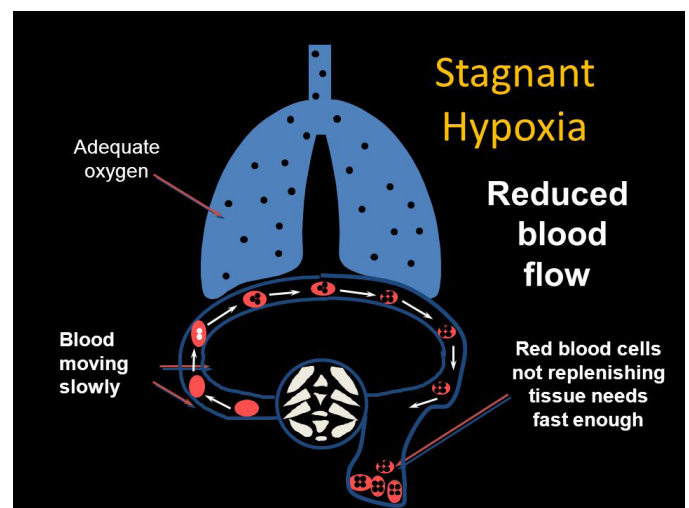
And far more people with POTS appear to meet the criteria for ME/CFS than vice versa. Biaggioni's 2012 study found that 64% of POTS patients met the criteria for ME/CFS, while only 10-15% of ME/CFS patients met the criteria for POTS. This discrepancy makes sense given the more rigorous biological criteria for POTS and less rigorous, symptom-based criteria for ME/CFS.

Stagnant Hypoxia

Upon being tilted up, the POTS patients had an immediate 30% reduction in cerebral blood flow. Struggling to make up the deficiency, their hearts exploded into action – almost doubling from a normal 78 bpm to 130 bpm. That compensation appeared to have at least partially worked as their cardiac output (pumped blood volume) remained stable.

Yet 30% less blood was reaching their brains. As noted above, at the same time their hearts were pounding away, chemoreceptors – picking up signs of reduced blood pressure – triggered their breathing pattern to change, resulting in hyperventilation.

The hyperventilation sent their CO₂ levels lower, which in turn caused the blood vessels in their brains to constrict. This reduced blood flow and oxygen delivery to the brain, resulting in ischemic or 'stagnant' hypoxia.



Stagnant hypoxia occurs when the blood oxygen content is normal but the blood is flowing too slowly to deliver normal amounts of oxygen. Remarkably, researchers were able to resolve these hyperadrenergic POTS patients' mounting problems simply by giving them CO₂. CO₂ normalized the blood flow to their brain and stopped their tachycardia (rapid heartbeat).

A Chronic Fatigue Syndrome (ME/CFS) Connection?

Dr Newton's 2013 ME/CFS research was able to link the constricted brain blood flows – not to a primary brain problem or blood pooling – but to increased acidity in the blood (decreased pH) caused by energy production problems in the

muscles.

Researcher Vermeulen concluded that the reduced aerobic metabolism found in ME/CFS was probably caused by problems with oxygen delivery and its result, stagnant hypoxia. Similarly, Natelson concluded that low blood flows were responsible for the 20% drop in aerobic capacity found in those with ME/CFS.

Both suggest that energy production problems in ME/CFS are more likely to be caused by delivery issues, e.g. blood vessel problems, than due to problems with producing energy at the cellular level.

Different Paths – Similar Results?

Newton's study suggested that ME/CFS and hyperadrenergic POTS patients may take different paths which end up in the same result – constricted blood vessels which reduce blood flows to the brain. In hyperadrenergic POTS, blood pooling problems in the lower body are a main cause, while in ME/CFS, problems with energy production and reduced blood flows to the muscles may be. Both result in hyperventilation, reduced CO₂ levels and reduced blood delivery to the brain.

Damage to the nerves lining the blood vessels in the lower body plays a role in POTS. Newton's study and others suggest problems with the small blood vessels may be impeding oxygen delivery to the muscles in ME/CFS.

Unfortunately, we don't know much about energy production in POTS. It's possible similar energy production problems exist in POTS – just not to the same extent. Moderate exercise, in general, appears to be better tolerated in POTS and fibromyalgia.

Exercise is a dicier proposition in ME/CFS, possibly because energy production problems in the periphery (the muscles) are a more fundamental issue. While energy production problems may be more severe in ME/CFS, problems with cardiovascular control (racing heart upon standing) play a more significant role in POTS. Severe fatigue is very common in POTS and FM as well as in ME/CFS, and post-exertional malaise is also present in all 3 diseases.



All these diseases probably share autonomic nervous system problems, issues with orthostatic intolerance, reduced blood volume, autoimmunity issues, and probably problems with energy production. Large studies which probe these diseases in tandem would be fascinating and might end up creating a new set of disease entities.

Researchers to watch out for are Boston pulmonologist Davis Systrom and neurologist Anne Oaklander. Watch this space ...

Moving house? If so please advise your new contact details



....so we can keep in touch

Gluten-free Vegan Blueberry Cookies

Ingredients:

- 30 g coconut oil (or almond butter)
- 2 1/2 tbsp maple syrup (or sub any other sweetener)
- 1/2 tsp ground cinnamon
- 1 tsp vanilla extract
- Pinch of salt
- 60 g ground almonds (or walnuts)
- 150 g rolled oats (gluten-free if necessary)
- 50 g fresh or frozen blueberries
- 160 ml unsweetened almond milk (or any other plant-based milk)



Method:

1. Preheat oven to 180 degrees Celsius (350 degrees Fahrenheit)
2. Place the coconut oil in a large bowl and melt over a saucepan of boiling water or in the microwave (skip this step if using any other oil or butter)
3. Once melted, add all the other ingredients to the same bowl
4. Mix well, adding a tiny splash more milk if it's looking too dry
5. Take a heaped tablespoon of the mixture and use your hands to form it into little patties
6. Lay it out onto a baking tray lined with greased baking paper
7. Repeat until the rest of the batter is used up - you should be able to make 12 cookies
8. Bake in the oven for around 15 minutes until golden brown

SUBSTITUTIONS YOU CAN MAKE TO THIS RECIPE:

- you can use any type of plant-based milk: almond milk, rice milk, soy milk, cashew milk, oat milk etc
- you can use any type of liquid sweetener: maple syrup, agave syrup, brown rice syrup etc
To make the cookies free from added sugar, omit the maple syrup
- you can use any type of oil: coconut oil, olive oil or vegetable oil for an oil-free version, the coconut oil can be substituted with almond butter, peanut butter, cashew butter or sunflower seed butter
- if you're not into cinnamon it can be omitted
- the ground almonds can be substituted with ground walnuts
- for a nut-free version, use ground sunflower seeds instead of ground almonds
- you can use either fresh or frozen blueberries
- the blueberries can be substituted with raspberries, blackberries or cherries.

www.rhiansrecipes.com

Library

Please feel free to come in and browse through our library collection at our Christopher St offices.

Check that Tina or Joanne are in before you come. If you are on the internet you can access the titles from our website www.ccisupport.org.nz

Can We Email Your Newsletter?

Costs are always a major consideration to us. If you are currently receiving your MESSenger by normal post, and you have email available to you (ideally broadband), we ask that you consider receiving it in future by email. This will help us to keep our mailing costs as low as possible. So, if you are prepared to change, please email the office at info@ccisupport.org.nz with your details.

Mt Maunganui, Katikati/Waihi, Te Puke and Rotorua meetings

If you are planning to attend the above support group meetings, remember to check with Tina before each meeting as the venues change from time to time.

Acknowledgement

We gratefully acknowledge our many sources that have kindly allowed us to use their articles. They include:

Action for ME, UK
ME Association, UK

ME/CFS Group (Canterbury)
DR Ros Vallings

MEISS (Dunedin)
ANZMES

Nelson Bays ME/CFS & FM Support Group

Appreciation to our Funders

Complex Chronic Illness Support wishes to note our grateful appreciation to the following organisations for their financial support enabling us to provide our services:



DISCLAIMER: The views and opinions expressed in this newsletter do not necessarily represent the views of Complex Chronic Illness Support. They are not intended to replace the advice of qualified health professionals.

Group Meetings Calendar

Mount Coffee Group meets the 1st Mon of the month **1.30pm** contact Tina 027 625 4449
 CCI Support meetings held 2nd Wed of the month **10:30am** contact Tina 027 625 4449
 Eastern Bay Group meets 2nd Wed of the month **1:30pm** contact Elizabeth 021 838 217
 Tauranga Coffee Group meets 3rd Wed of the month **10:30am** contact Tina 027 625 4449
 Young Members meetings held 3rd Thurs of the month **12pm** contact Kira 021 027 18127
 Rotorua meetings held monthly on a Friday @ **11am or 1pm** contact Tina 027 625 4449

February 2019	March 2019	April 2019
Monday February 4th 1.30 – 3.00pm Mount coffee group at Bayswater Retirement Village, 60 Maranui Street, Mount Maunganui	To be advised	To be advised
Wednesday February 13th Support meeting at 56 Christopher Street, 10.30am – 12.00pm Topic: Setting your intention for 2019	Wednesday March 13th Support meeting at 56 Christopher Street 10.30am – 12.00pm Topic to be advised Ph Tina: 027 625 4449	Wednesday April 10th Support meeting at 56 Christopher Street 10.30am – 12.00pm Topic to be advised Ph Tina 027 625 4449
Wednesday February 13th Eastern Bay group - 1.30pm Topic: Types of tiredness Little Orchard Activity Room, Whakatane Library Ph Elizabeth: 021 838 217	Wednesday March 13th Eastern Bay group - 1.30pm Topic: Pacing Little Orchard Activity Room, Whakatane Library Ph Elizabeth: 021 838 217	Wednesday April 10th Eastern Bay group - 1.30pm Topic: Stress Management Little Orchard Activity Room, Whakatane Library Ph Elizabeth: 021 838 217
Wednesday February 20th Coffee morning 10:30am at Mitre 10 Mega Café, 1066 Cameron Rd, Gate Pa	Wednesday March 20th Coffee morning 10:30am at Mitre 10 Mega Café, 1066 Cameron Rd, Gate Pa	Wednesday April 17th Coffee morning 10:30am at Mitre 10 Mega Café, 1066 Cameron Rd, Gate Pa
Thursday February 21st Young Members' meeting 56 Christopher Street at 12.00pm onwards Ph Kira: 021 027 18127	Thursday March 21st Young Members' meeting 56 Christopher Street at 12.00pm onwards Ph Kira: 021 027 18127	Thursday April 18th Young Members' meeting 56 Christopher Street at 12.00pm onwards Ph Kira: 021 027 18127
Friday February 8th Rotorua coffee morning 11.00am, Shadehouse Café, Palmers Garden Centre Ph Tina: 027 625 4449	To be advised	To be advised

PLEASE NOTE

Some of our members are sensitive to chemicals. Please refrain from using perfumes/strong deodorants before the meetings. Thank you for your understanding.

**Formed
1981**

MEssenger is kindly funded by WBoP Disability
Support Trust & EBoP Disability Community Trust

**Incorporated
1986**

Board of Management

President (acting) Jacqui Bassett
Vice-President (acting) Matt Appleton
Treasurer Keith Appleton
Board Members Barbara Whitton
Steve Napier

Staff

Senior Field Officer Tina Richards
WBoP Field Officer Kira Follas
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Newsletter Jan Morrison

10% Discount Stores

Brookfield Pharmacy – Tauranga
Health Haven – Tauranga
Health Shop & Clinic - Greerton
Bethlehem Health Shop – Tauranga
Nature Zone – Whakatane

Present Membership Card at these stores as
proof of your Complex Chronic Illness Support
membership

Want to call in or write to us?

We are at
56 Christopher St, Tauranga 3112
Admin: Joanne ph (07) 2811 481
Email: info@ccisupport.org.nz
Website: www.ccisupport.org.nz

SUBSCRIPTIONS and DONATIONS

We charge a \$20.00 annual membership subscription and gratefully receive donations towards our operating costs. We are registered with IRD as being for charitable purposes so donations are tax deductible. Any donation is greatly appreciated.

Subscriptions and donations can be direct credited to our bank account if that is convenient. Our bank account is: Kiwibank A/c No: 38 9014 0140507 00
Please enter your 'name' and 'ME Sub' and/or 'donation' in the reference and email us if you would like a receipt.
OR..... deposits can be made in person to Kiwibank if you go in with our account number.

BEQUESTS

Including a bequest to Complex Chronic Illness Support in your will is also an option you may consider. ACORN Foundation can assist you to arrange a bequest to CCI Support. Donations can be made to our endowment fund with ACORN ph 07 579 9839, internet banking on the Acorn website : www.acornfoundation.org.nz or cheque made out to Acorn Foundation, PO Box 13604, Tauranga 3141



.....
Cut here if sending by post

Yes, I would like to make a donation / pay my subscription to Complex Chronic Illness Support.

Please find enclosed my donation of \$.....

Please find enclosed my annual subscription of \$20.00

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