

NEWS UP-DATE

November 2009

Betty Cairns



It is with great sadness that I have to report the death of Betty Cairns, who was our volunteer at the drop-in for nearly ten years.

I first met her when I managed the W.R.V.S. shop in North Tees Hospital, and she had done sterling work there for many years. She taught me the right way to stack bank notes so that it was easy to spot forgeries and easier to count, and I still do it that way. She had worked for many years in Paiges, the ladies clothes shop which was in Stockton High Street for many years.

She had two sons that she was very proud of, and spent lots of time visiting them as time allowed.

She became a seasoned traveller visiting New Zealand, Australia, Hong Kong and did so alone, without any previous experience of air travel, to spend time with her family.

She was also a frequent visitor to Bristol where her other son lived and to Great Yarmouth to be with her sister, who attended the M.S. group Christmas dinners with her.

She could be relied upon to remember your birthday and there was usually a little present. She went on mystery bus trips on Sunday's and brought little gifts from places she visited for various people. If she learnt that you liked something then you were treated to a frequent supply just because she loved giving presents.

Her house was full of music and each room had rows of LP's CD's Tapes and equipment on which to play them. She had a fantastic collection of Jazz records which had been her husbands passion and told a story about Michael Parkinson ringing her to see if she had a certain track that was not in the BBC library which she sent in to him to play on his radio show and it was promptly returned with thanks.

She also loved teddy bears and had many of these in her home too and a lady at her funeral service spoke of this and thought she would like one to go with her and put it on her coffin.

Goodbye Betty we will miss you.

John

Vulnerable patients shunning swine flu vaccine, GPs warn

More than half of patients being offered the swine flu vaccine are turning it down over safety concerns and the perception that the disease is mild, according to a survey.

People were concerned about possible side-effects of the jab, it found.

Family doctors are currently vaccinating people at high risk from swine flu, including pregnant women, health workers and those with asthma, heart disease and diabetes.

The poll of 107 GPs in England, for Pulse magazine, found resistance to the jab was particularly high among pregnant women and, overall, only 46 per cent of patients offered the vaccine have said yes.

One family doctor estimated that as few as one in 20 pregnant women were opting to have the vaccine.

Last week, the Government published online information and leaflets aimed at persuading pregnant women to have the vaccine.

Some reports have also suggested that frontline health workers may be reluctant to be vaccinated as well.

Fears have been raised on the internet about the contents of the vaccine, Pandemrix, made by GlaxoSmithKline, which includes Thiomersal as a preservative and Squalene, a fish oil based additive which boosts the immune system allowing lower doses of the active ingredient to be used.

Doctors have been given a target to vaccinate just over half of people in the priority groups in order not to lose income, but fear they will not be able to hit this.

The number of new swine flu infections is currently hovering around 64,000 a week in England and there have been 124 deaths linked to the disease since the outbreak began in April.

A low uptake of the vaccine could hamper efforts to control the outbreak and increase pressure on the NHS during the winter.

Officials are currently deciding whether the vaccine should be offered to other groups once those with long-term diseases, pregnant women, people living with immuno-compromised patients and the over 65s with other illnesses.

Dr Andy Rose, a GP in Kensington, London, said his practice was encountering "considerable scepticism" from pregnant women.

Dr Sharon Shmueli, a GP in Swindon, said that "fewer than 25 per cent" of pregnant patients at her practice had chosen to be vaccinated.

Dr Toby Davies, a GP in Tidworth, Wiltshire, said his practice had received its initial 500 doses last week, and was already running low.

"We're irritated that small practices received the same number of vials as large practices.

"We are told deliveries will take one to two weeks from that date. We have had to delay our programme."

GPs who immunise more than 50.7 per cent of people in high-risk groups will have the amount of work they are required to do in other areas - such as diabetes or asthma clinics - reduced while still receiving the same amount of cash.

A spokesman for the Department of Health said: "We have not set a target for vaccination - there is no target.

"We recommend that people in the at-risk groups accept the offer of vaccination.

"This is because people in the risk groups are more likely to be severely ill if they catch swine flu, and the vaccine provides the best protection against the disease.

"It is too early to speculate on uptake rates. GPs are working as quickly as they can to reach as many patients as possible with their initial supplies - some of which were still being delivered last week."

Link between diet, immune system

Australian scientists have found a "direct link" between what we eat and how well our immune system operates, a breakthrough that could explain rising rates of autoimmune disease across the western world.

Professor Charles Mackay, working at Sydney's Garvan Institute of Medical Research, identified how fibre in the diet plays a major role in ensuring a person's immune cells function properly. His research, published in the prestigious journal *Nature*, also signals the shift of what had been a fringe concept into the scientific mainstream.

"This potentially explains all the previous data that no one had taken that seriously," Prof Mackay said. "I think it's fair to say the broader immunological research community has never really believed that diet affects immune responses.

"This does provide a direct link for the way immune cells work with the sort of things we eat." Working along with PhD student Kendle Maslowski, Prof Mackay investigated the operation of an immune cell receptor known to bind with "short chain fatty acids" - what fibre is reduced to once processed by bacteria in the gut.

This broken-down fibre was found to "profoundly affect immune cell function", Prof Mackay said, and without it the immune cells appeared more likely to go awry.

Autoimmune disease refers to disorders in which a person's immune system mistakenly attacks part of the body, causing inflammation.

"When (immune cells) go bad they cause inflammatory diseases, so asthma, rheumatoid arthritis, inflammatory bowel disease..." Prof Mackay said. "We think one of the mechanisms for their normal control is short chain fatty acids binding to this receptor.

"And if we were to speculate on the real significance of this, we believe firmly that the best explanation for the increase in inflammatory diseases in western countries... is our changes in diet."

A lack of dietary fibre could also be behind the rise in type 1 diabetes, Prof Mackay said.

The research suggests that having a healthy diet rich in fruits, vegetables, grains, nuts and seeds would reduce a person's risk of autoimmune disease.

It also helped to explain why food supplements that affect the balance of gut bacteria were known to reduce the symptoms of some inflammatory conditions.

Prof Mackay said dietary fibre, or roughage, was otherwise known to reduce the risk of cardiovascular disease and certain cancers plus it ensures you will be regular.

"The role of nutrition... is an exciting new topic in immunology," he said.

Author: NEWS.com.au

Four deaths linked to MS drug Tysabri, say authorities

Elan and Biogen Idec's multiple sclerosis drug Tysabri has been linked to four deaths by the European Medicines Agency.

The European drug regulators confirmed the four deaths, tied to a deadly brain infection progressive multifocal leukoencephalopathy or PML, in a statement yesterday.

The news comes just a week after the agency said it would be reviewing Tysabri, citing 23 cases of PML. That number is far higher than the previously known figure of 13 cases.

A spokeswoman for the US Food and Drug Administration also said there have been 24 confirmed cases since 2006 but said the agency was "still receiving and reviewing follow-up information information on cases of PML".

Tysabri was removed from the market for 18 months, beginning in 2005, because of the link to PML.

The drug was allowed back on the market after patients and physicians pushed for its return. It is a key revenue driver for both firms and produces nearly \$1bn in annual sales.

European regulators also reported another case of potentially deadly brain infection in patients on Tysabri since Friday, taking the worldwide total since 2006 to 24.

Of those, 16 cases have occurred in Europe, compared to eight in the US.

Confused

The imbalance of PML cases in Europe has confused analysts and, despite its investigations, Biogen has been unable to explain the difference.

Some Wall Street analysts have questioned whether some US cases have slipped through the cracks, but Biogen has vehemently denied this, saying the risk-management programme for Tysabri in America is rigorous.

The number of PML cases among Tysabri users is closely watched, as its label suggests an infection risk to one in every 1,000 patients.

Despite the PML risk, Tysabri is still seen as one of the most effective MS treatments on the market. Leerink Swann analyst Joshua Schimmer said in a note:

"For a disease which previously had an extremely high mortality rate, an 83pc rate of survival is outstanding."

Large study suggests there are few risks of complications during pregnancy in women with MS

American researchers have found that there are few risks of complications associated with pregnancy in women with multiple sclerosis (MS).

The Stanford University study looked at a database of 18.8 million hospital baby deliveries among the American general population between 2003 and 2006.

The study looked for an increase in risk of developing complications during the pregnancy and during delivery and found that MS was associated with very few risk factors or complications.

MS Society Research Communications Officer, Dr Susan Kohlhaas, said: "This work builds on previous studies that suggest pregnancy during MS is not strongly associated with serious complications, which will be reassuring to women living with the condition contemplating pregnancy."

'Benign' label change for Elan/Biogen's Tysabri

Elan Corp and partner Biogen Idec have made changes to the US label on Tysabri to reflect the increased risk of a rare and potentially fatal brain disease when the multiple sclerosis blockbuster is taken over a longer period of time.

The companies said that effective immediately, they are updating the label on Tysabri (natalizumab) following consultation with the US Food and Drug Administration. Specifically it notes that the "risk of developing progressive multifocal leukoencephalopathy increases with longer treatment duration, and for patients treated for 24 to 36 months is generally similar to the rates seen in clinical trials.

There is limited experience beyond three years of treatment".

Ian Hunter, an analyst at Irish broker Goodbody said that from a regulatory point of view, "this is a fairly benign label update for the drug as it does not change the risk rate (one in 1,000), apply a quantitative time-based weighting to the risk of PML or require/suggest that patients should take a drug holiday after a certain period".

The changes comes just a couple of weeks after the European Medicines Agency's Committee for Medicinal Products for Human Use announced that it has begun a review of the benefits and risks of Tysabri in view of reports of 23 cases of progressive multifocal leukoencephalopathy worldwide since the drug was reintroduced in July 2006. Mr Hunter added that "it has still to be seen, however, if the sudden increase in PML cases will drive the EMEA or individual authorities within the European Union to make changes to their prescribing and use requirements for the drug".

He went on to say that the commercial impact of the label change will only be quantified in the next results releases from Elan and Biogen, which are not due until February 2010. As when the first cases of PML appeared last year, "we believe the current ramp up in cases could see Tysabri progress slowed as patients/physicians new to the drug take a more cautious approach to initiating treatment," Mr Hunter concluded.

Author: Pharma Times

Early research into the role of Vitamin D suggest it may ease symptoms of MS

Australian researchers have presented findings at a national scientific conference for medical research in Hobart, Australia that suggests vitamin D may play a role in preventing relapses in people with multiple sclerosis (MS).

The research, which is yet to be published in a peer-reviewed scientific journal, may form the basis of a larger clinical trial that would take several years to complete.

Vitamin D has previously been shown to play a role in preventing MS, but this early work suggests that it may also reduce the number of relapses experienced by people with relapsing remitting MS.

MS Society Research Communications Officer, Dr Susan Kohlhaas, said: "There is a growing body of evidence linking vitamin D to MS and it's interesting that this work looks at the vitamin's potential effect on symptoms.

"These results are very early stage, however, and need to be reviewed and validated by the scientific community before we draw any firm conclusions. "Future studies of vitamin D in MS are vital."

That's how I cope with my MS, says British Mars scientist Colin Pillinger

With his white, mutton chop sideburns and eccentric manner, Professor Colin Pillinger, the professor of planetary sciences at the Open University, is every inch the boffin with an enquiring mind.

'When I was a child, my dad used to say, "There's no such word as can't,"' he says. It is advice he has followed throughout his life and in his career as a world-renowned scientist - he is best known for leading Britain's Beagle 2 mission to Mars in 2003 - and it is the same attitude that helped him cope with a diagnosis of progressive multiple sclerosis five years ago.

Most people diagnosed with MS are aged between 20 and 40. For Prof Pillinger, it started innocuously enough, at around the same time as the Beagle 2 launch.

A previously healthy and fit man, he'd go out for a walk and, for no reason, found himself tripping over the kerb. In addition to his balance problems, he also suffered with unexplained pains. And one day, he had an 'attack' in which his legs went from under him, leaving him unable to get up.

'I know it's unusual to get MS in your 60s,' he says. 'That's probably why it took so long to diagnose me. The doctors tried everything else they could think of first, from carpal tunnel syndrome to a brain tumour. None of the investigations found anything.'

'But, looking back, from my symptoms I think it was obvious I had MS. Isn't hindsight brilliant?' Primary progressive MS affects between ten to 15 per cent of those diagnosed with the condition. Symptoms gradually get worse over time, rather than appearing as sudden attacks or relapses.

In primary progressive MS, the early symptoms are often subtle problems with walking. Those diagnosed with this type of MS are usually in their 40s or 50s - older than average for relapsing remitting MS - but it can be diagnosed earlier or later, as in Prof Pillinger's case.

Equal numbers of men and women have primary progressive MS, unlike in the more common relapsing remitting MS, which affects more women than men.

Those with primary progressive MS may experience many of the same symptoms as those with relapsing remitting MS, such as fatigue, muscle stiffness and sensory changes, which might be painful, cause numbness or pins and needles, for example.

Like Prof Pillinger, around 80 per cent develop problems with their walking. This is probably because primary progressive MS tends to involve the spinal cord.

Prof Pillinger lives with his wife Judith on a farm in Cambridgeshire. They have two grown-up children, Joe and Shusanah, and he is pragmatic about the illness.

'Maybe, if the doctors had been smarter, it would have been different,' he says. 'If I was diagnosed earlier, there might have been something I could have taken to prevent my condition progressing. But there is no point thinking about what-ifs.'

With grandparents who lived into their 90s and a mother who reached 96, he had always assumed he too would live a long, healthy life. But he claims he wasn't frightened by the diagnosis, or the fact that his condition was progressive.

'I don't alarm easily. But I did wonder, why me? I'm a scientist, I don't like things that I don't understand and I wanted explanations. However, I don't analyse what might happen. I expect I'll get worse but I'm not expending any energy on thinking about what might happen to me.'

'You have to be optimistic to plan space missions and you have to be strong and stand up for yourself. I don't like to hear the word No. My attitude is, if it happens, I will cope with it.'

It is the same philosophy that makes him view the doomed Beagle 2 mission more as 'unfinished business' than a failure.

The aim of the expedition was to search for signs of life on Mars, so that experiments that he had performed on Martian meteorites, which had fallen to Earth, could be repeated. It was hoped the spacecraft - which was lost before reaching Mars - would also search for water, analyse rocks and study the planet's environment. Prof Pillinger hoped to prove that we are not alone in the universe.

He says: 'It would be arrogant for us to believe that evolution only happened on Earth. Showing that life developed on more than one planet in the solar system would probably mean that it had started elsewhere. There could be myriad stars, each with planets that teemed with life.'

Few top scientists can, like him, claim to have performed on Top Of The Pops. A friend of both Blur's Alex James and the actor Keith Allen, he was drafted in to play a drum on Vindaloo, the Fat Les England football anthem in 1998.

Five years on from his MS diagnosis, Prof Pillinger now uses crutches and cannot walk further than 100 yards.

His mobility is slowly but steadily deteriorating. He travels around his farm on a scooter but he refuses to use a wheelchair. He takes various medications to control his symptoms and painkillers for nerve pain - there is, as yet, no treatment to stop the progression of his type of MS.

It has not dulled his intellect or prevented him from doing his scientific work but it has limited him.

'A big part of science is sharing knowledge. And my lack of mobility affects my ability to travel to places. I also hate having to get other people to do things for me. I'm no longer able to garden or to do manual work on the farm.'

Prof Pillinger has always been open about his MS diagnosis; it was, in fact, broadcast on the BBC's Six O'Clock News. 'It's not my fault I got it, so why should I conceal it? It's not a lifestyle problem, such as obesity,' he says.

At first, however, he didn't believe it was his role to champion the MS cause. Recently, though, his attitude has changed.

'We need more positive PR, specifically about research, and we need to raise awareness of the condition in all its forms.

'I heard Terry Pratchett campaigning for research into Alzheimer's and I thought if he's doing it, I should do it too.'

Prof Pillinger is frustrated by what he sees as a lack of progress, particularly in the development of drugs for those, like him, with progressive forms of the disease.

He regards stem cell research as the key to future treatments as he believes it will enable the repair and regeneration of nerve cells that become damaged or destroyed by MS. But he has no ambitions to conduct his own research. He is not a biological scientist and has little knowledge of neurology.

So is it feasible that the cure for MS lies on Mars? 'Not directly,' he says. 'But it is possible that the research we do there will lead to other developments, which could eventually help people with MS.'

'One of the reasons the Wellcome Trust part-funded the mission to Mars in 2003 was because the instruments we developed for it also had applications in medical science. And we're now working with the Trust on a device that will be taken into the field in Africa for rapid diagnosis of TB. A trial starts later this year.'

As long as he is able to work, he has no plans to retire. 'Scientists don't retire easily. Their brains keep on addressing questions well into their 80s.'

He won't even entertain the possibility that his MS might one day affect his cognitive abilities.

He is currently working with Nasa on plans to put men back on the Moon within the next decade. And, of course, there is still the desire that drives him: to discover whether there is life on Mars.

'Space is where my heart lies,' he says. 'I don't want to go into space myself - although as someone with MS, being weightless would be a good thing, as it would stop my symptoms being a problem. What I want is to find answers to all the unanswered questions that lie out there.'

Is sex for the disabled the last taboo?

The sexual feelings of disabled people have long been ignored. Now the medical profession is debating the issue.

Dominic Webb, 45, fell from a multi-storey building 15 years ago, leaving him tetraplegic. He has no feeling or movement below his shoulders.

A year ago he was introduced to Sue Newsome, a tantric sex worker. By concentrating on the senses that Dominic does have, she has developed a sensual head massage. She uses her hands, breasts and hair, eye contact, incense sticks and music to give Dominic the nearest thing to a sexual experience that he can have.

"The touching, the embracing and the cuddles are things I don't get from other people," says Dominic. "I crave that. I have loving friends but English people don't touch much."

Jimmy O'Hare, 41, was born deaf and lost his sight as a child. Two years ago he was introduced to "Solitaire", a striptease artist. She performs for him by spelling words with symbols on his hand, draping her hair over his face, blowing on him and dropping items of clothing into his lap. Jimmy communicates through a friend, who interprets using a form of sign language called Deafblind Manual.

"My life is better now that I have found Solitaire. She is really good at what she does and gentle," he says. "I had never experienced a lady doing a dance for me before and it made me feel nice. I like to touch people, especially their hands, arms and face, but I know that some people don't like to be touched by a stranger. Sometimes I get hurt by that. I can't see, that's why I want to touch."

Tomorrow, Dominic and Jimmy will allow their intimate physical encounters with Sue and Solitaire respectively to be seen in front of a roomful of medics, academics, healthcare professionals, charity officials and other disabled people.

The demonstration will take place as part of a conference entitled "Disability: sex, relationships and pleasure", which is being hosted by the Royal Society of Medicine in Central London. It aims to educate carers about the sexual needs of patients and to introduce disabled people to available support networks. It is backed by the Sexual Health and Disability Alliance (SHADA) and the Tender Loving Care Trust (TLC), which help to put disabled people in touch with appropriate sexual and therapeutic services, and offer confidential support and advice on sexual matters.

Tuppy Owens, the founder of the TLC, campaigns for the sexual needs of disabled people to be recognised by care workers. "Sex is right at the bottom of the list when it comes to their care requirements," she says. "But they have a right to enjoy all elements of life just like everyone else. It is also important that they have access to sex workers because they don't have the same opportunities as the average person to explore their bodies.

"I see a lot of women with cerebral palsy. Sex is painful for them because they can't open their legs fully and they get spasms. But if they learn how to relax and experiment with different positions, they can overcome that. Having an excited boyfriend is not the best way to learn."

The TLC has helped hundreds of people with disabilities ranging from loss of limb to wasting diseases to learning difficulties. It has 55 sex workers registered on its site, all of whom have been vetted by the trust's staff. The patients pay for the services themselves, although many sex workers offer a concession to disabled clients who genuinely cannot afford what they offer. "I speak to many frustrated men with Parkinson's disease," Owens continues. "In many cases the drugs they take cause hypersexuality [raised libido], so these are men in a continued state of arousal with no means or physical ability to relieve themselves. It is torturous for them."

The Sexual Offences Act allows care workers to help disabled patients to book sex workers over the telephone, provided they do not become involved in the negotiation of fees. But there have been many reported cases of authorities stepping in to stop the practice.

"The problem is that many health professionals think it is illegal," says Owens. "The TLC has had calls from carers who say that they have even considered giving in their notice out of

frustration that they are unable to help patients seeking a sexual service that could make them happier."

Many high-profile names have backed the TLC's cause, including Lord Faulkner of Worcester, Baroness Miller of Chilthorne Domer and the philosopher and author AC Grayling, but no one has gone so far as to suggest that sex workers should be paid for by the NHS.

Belinda Brooks-Gordon is a psychologist and a Liberal Democrat county councillor in Cambridge. She has campaigned for the human rights of sex workers and, as an occasional wheelchair user, is familiar with some difficulties faced by the disabled. She does not think that hiring sex workers for the disabled under the NHS would be out of the question.

"Given that sex therapy is available on the NHS for men with penile dysfunction, for example, we could make a good case for saying that it should be provided," she says. "At the very least the health service should explore all options available to help a patient in anguish. What about the young war veteran who has fought for his country and now has no legs, difficulty in finding a partner and can't afford a prostitute? Or what about a man with Duchenne muscular dystrophy who is desperately saving for the first non-medical touch in his life?"

Andrew Rosetta is the author of *Whatever She Wants: True Confessions of a Male Escort*. In it he refers to several clients with disabilities. He says that most people have a skewed image of disabled people's sexuality: "One of the things I learnt was that disabled people have the same desires as everyone else. They don't necessarily fancy people with the same disabilities as them. Women want a toned male torso and men want a hot, skinny blonde, just like the rest of us.

"Working with disabled clients made me feel as if I had done an honest day's work. I think I put them in touch with a part of humanity they hadn't been in touch with. But many of them struggled to see me regularly because either they couldn't afford it or they had to rely on a care worker to get them to wherever they needed to get to."

For disabled people, the notion of a sexual encounter is not necessarily what others would understand by the term. Dominic, for instance, has sensation only in his head, neck and the tops of his shoulders. Sue, who grants him a price concession, says that is where her resourcefulness as a tantric sex worker comes in.

"It is often assumed that if someone can't feel their sex organs they must have no sex drive," she says. "But they still have yearnings like everyone else. I hope I can help people like Dominic to find a means to express themselves sexually and a way to receive pleasure in parts of their body where they can feel. Yes, it is about sexual pleasure - but the only way I can facilitate that is through sensual pleasure."

It is possible for men with spinal cord injuries to have an erection and to have full intercourse. Both men and women who have no feeling in the lower body can contribute to conception and the women can bear children. But full intercourse comes with a health risk. Even though someone with a spinal cord injury may not feel the sensation physically, their nerve-endings will send a message to the brain that there is extreme stimulation or pain in an area of the body where the nerves are damaged, which can result in a dangerous medical condition known as autonomic dysreflexia. This manifests itself in hot flushes, raised blood pressure and headaches, and can be life-threatening.

The issues being raised at the London conference tomorrow do not just concern physical need. The TLC and SHADA also want to highlight the lack of opportunity for some disabled people to find a loving and affectionate relationship or to experience the fun of dating and flirting.

Dominic first gained a sense of that when he joined Outsiders, a social support network for people with disabilities: "I came across people of 30 or 40 years of age who had never kissed," he says. "They were embarrassed about it. Sex and love are the last things people think about when they check that we are OK. We are reticent when it comes to sex in this country."

Claims that health professionals ignore the sexual needs of disabled people arguably reflect a general taboo about sex and imperfection. In March this year there was much media debate after Lucy Baxter told a BBC television programme that she wanted to help her 21-year-old son Otto, who has Down's syndrome, to lose his virginity. She said she would support him if he chose to visit a prostitute.

The fact that this made headlines suggests a perception of sex as something that only "perfect" people can enjoy.

This month Channel 4 begins its comedy series Cast-Offs, featuring six disabled actors. Each episode will be from the viewpoint of a different character and the series will attempt to tackle the taboos connected with disability, including sex.

The sex lives of disabled people have rarely been explored by the mainstream media, which many would see as a consequence of society's preoccupation with perfect body image. When sex is associated with the elderly or overweight, with those who are physically scarred or who have, for instance, a speech impediment, many of us squirm in embarrassment. It seems that we would prefer to think of such people as asexual.

Professor A. C. Grayling argues that we should train ourselves to think differently. "Evolutionary reasons make us alarmed or repulsed by someone who looks out of the ordinary," he says, "but when we reflect on this maturely, we realise there is no reason to be repelled."

None of us likes to envisage a sexual encounter with someone who is not to our physical taste, which is why most of us choose to keep sex private. But for many disabled people that is not an option: they are obliged to rely on carers not just for physical help but for discreet assistance in securing them a private life.

"I am daunted by the thought of letting so many people see something so intimate," admits Dominic. "But I want to help other people in my position to become aware that they do have a chance to have a sensual experience."

Sex is sex, whatever body you are in

"I grew up feeling that I was disgusting and grotesque," says Alison Lapper.

"There were people who told me that no one would ever fancy me because I was different; that I would never, ever have a child.

"Imagine what it's like when you hit your teens and start feeling horny and having sexual desires but have no one to talk to. I didn't have a boyfriend until I was 18 because I didn't dare.

"People have always thought that disabled people are public property, that they don't have feelings and you can say what you like. When I was 22, I was flying to South Africa on my own and the man sitting next to me, after taking about six hours to pluck up the courage, said to me: "Can you, er ... you know ... have sex?" I said: "Of course I can. Why, are you offering?" I was shocked. I would never go round inquiring if someone could have sex because they were gay, or from an ethnic minority, or from a different country. I find it unbelievable that people don't understand how it works. Sex is sex, whatever body you're in.

"When I was pregnant I went to see a friend at the pharmacy in Sussex where she worked. We were chatting away when two mature ladies said to her, right in front of me: "Do you think people like that should be allowed to have children?" People like that!

"There was a lot of negative publicity when Marc Quinn's sculpture of me went up on the plinth in Trafalgar Square. People said: "What has she ever done?" They think that disability is ugly and no one wants to look at it. But my story did come out and I met people who said that it changed their minds completely.

"In a lot of my artwork I'm naked. Just because I'm different doesn't mean that I'm grotesque. More and more people with disabilities are photographing themselves - it's everyone else we need to convince."

Disclaimer

The articles in this Bulletin are meant for the sole purpose of information only and do not necessarily reflect the views of the committee.

YOUR JOKES

Little man sat in a pub with his pint.
Hells Angel walks in slams his helmet on the table.
Picks up the little mans pint drinks it down in one.
Hells Angel says - Got anything to say?
Little Man - Not really
Hells Angel - What are you a wimp?
Little Man - No I've had a lot of problems in my life, My Wife run off with my best mate, I lost my Company going bankrupt.
I have even tried to take my live several times, jumped in front of a train but it stopped in time, tried with the exhaust from the car but it would not start.
Hells Angel - Have you tried poison?
Little Man - I was just about to but you drank it.

A cowboy and his bride found a nice hotel for their wedding night. The man approached the Front Desk and asked for a room.
'This heerza special 'casion,' he said, 'our honeymoon.
We need a nice room with a good strong bed.'
The clerk winked. 'You want the Bridal?'
The cowboy reflected on this for a moment and then replied, 'Nope, reckon not. Guess I'll jist hold on to her ears til she gits used to it.'

Deeply profound thoughts by two men:

Two men are out just fishing quietly and drinking beer.
Almost silently, so as not to scare the fish, Bob says,
'I think I'm gonna divorce my wife. She hasn't spoken to me in over 2 months.'
Rod continues slowly sipping his beer then thoughtfully says,
'You better think it over, Bob. Women like that are hard to find.'

My missus has just gone into hospital with 2 black eyes and a broken jaw!
It seems we were on different wavelengths when she said she wanted decking on the patio

Paddy was in the delivery room when the midwife handed him a black baby"
Is this yours?" she asked "probably" said Paddy "she burns everything else"

Honestly some folk will take offence at anything, I met a bloke with no legs this morning while at the bus stop, All I asked was "how are you getting on?"

Joke Of The Year 2009

Two women were sitting together.....quietly!

MEMBERS COMPETITION

A £5 prize will be given to the member whose entry has the most correct answers. Even if you can't answer all the questions, send in those you have answered – you could still win!

USING ONE OF THE INITIAL LETTERS FROM EACH ANSWER WILL GIVE YOU THE NAME OF A LOCAL TOWN OR VILLAGE

- 1/ Cluedo Player
- 2/ One of the bones in your arm
- 3 Plant associated with Gracie Fields
- 4/ Australian State
- 5/ Fishing area east of Dogger
- 6/ May birthstone
- 7 Proper name for a tidal wave
- 8/ Longest river in South Africa
- 9 Utility on a Monopoly Board
- 10/ One of the planets

Name:

Address:

Send Completed Forms To:
Mr D Henderson
74 Windermere Road
Stockton-on-Tees
Cleveland TS18 4LY

All entries to be received by the next social. The winner will be drawn from entries received with the highest number of correct answers.

Answers to last quiz:

1/ Erie 2/ Saturn 3/ Taurus 4/ Opal 5/ Neon 6/ Pawn 7/ Oxo 8/ Truro 9/ Taxi Drivers 10/ Orange