Celebrating Our 27th Year!

Neuropathy Hope

Hope through caring, support, research, education, and empowerment

A newsletter for members of Western Neuropathy Association (WNA)

WESTERN NEUROPATHY ASSOCIATION

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Genetic Testing Can Help Uncover Familial Amyloid Polyneuropathy (FAP) In People With Neuropathy

Michela Luciano, PhD; *fapnewstoday.com*; August 18, 2025.

Early genetic screening for people with unexplained nerve damage, or neuropathy, may help uncover undiagnosed cases of familial amyloid polyneuropathy (FAP), allowing faster access to treatment. In a study from France, 1% of 400 adults with neuropathy of unknown origin were found to have a FAP-causing mutation, even though they didn't show typical red flag symptoms like a family history of the disease or carpal tunnel syndrome, which affects nerves in the wrist.

"Our data emphasize the need for early detection because patients frequently lack red-flag symptoms," the study's researchers wrote. "Ultimately, early screening allows for prompt management and minimizes long-term complications in individuals with unexplained neuropathy." The study, "Etiologic Diagnosis of Neuropathies Based on First- Line Screening of TTR Gene Mutations," was published in the Journal of the Peripheral Nervous System.

FAP is a form of hereditary transthyretin amyloidosis (ATTRv), a group of conditions marked by the accumulation of toxic clumps of abnormal transthyretin protein in tissues due to mutations in the TRR gene. In FAP, this accumulation occurs mainly in the peripheral nerves, those outside the brain and spinal cord. The resulting neuropathy can cause peripheral symptoms that include numbness, tingling, burning pain, weakness, and problems with balance. Many patients may also have symptoms that affect the autonomic nervous system — which regulates involuntary bodily functions — such as digestive problems, dizziness when standing, and bladder or sexual dysfunction. When toxic transthyretin clumps build up mostly in the heart, the disease is called ATTRv with cardiomyopathy, that is, heart damage.

Diagnosing FAP as early as possible is critical, because the treatments that are available are most effective at slowing disease progression and preventing permanent nerve and organ damage earlier in the disease.

Tiny Tissue Samples Find Early Nerve Damage, May Help In FAP DIAGNOSIS

Margarida Maia, PhD; *fapnewstoday.com*; August 3, 2025.

Using a small sample of tissue from skin - obtained via a skin biopsy - can help diagnose familial amyloid polyneuropathy (FAP) early by looking for the presence of disease-causing toxic amyloid deposits and measuring the number of small nerve fibers in the outermost layer of a person's skin. That's according to a study involving 73 people with hereditary transthyretin amyloidosis (ATTRv) - a group of conditions that includes FAP — and early signs of nerve damage. The researchers were able to diagnose FAP even when standard nerve conduction studies, which measure electrical signals in the nerves, came back as normal. Based on skin-related findings, one-third of patients were started on gene silencers, a class of FAP-approved treatments that include Onpattro (patisiran) and Amvuttra (vutrisiran).

Skin biopsy "allowed a substantial number of patients to commence gene silencing treatment," the researchers noted, even when more than three-quarters of the study's participants had normal or near-normal results on standard nerve tests. Their study, "Skin Biopsy as a Diagnostic Tool for ATTRv Amyloid Neuropathy in the UK," was published as a research report in the *Journal of the Peripheral Nervous System.*

Join in the Scavenger Hunt! Have fun and learn more about WNA and Neuropathy!

– More information on page 6 –

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PERIPHERAL NEUROPATHY SUPPORT GROUPS – SEPTEMBER 2025 SCHEDULE

Environments of education, empowerment, support and caring for people with neuropathy.
Please join a group for yourself and for others. You are always welcome!

	Strategies for Singles with Neuropathy Support Group **1st Wednesday of the odd months. Next Meeting November 5** Host – Erika McDannell, contact Erika for Zoom link **Houston TX Peripheral Neuropathy Support Group** **1st Saturday of the last month in each quarter. Next Meeting December 6** Memorial Drive United Methodist Church, 12955 Memorial Drive Hosts – Katherine Stenzel, John Phillips and Brian Lockard
In-Person 6 Monday	**Auburn CA Peripheral Neuropathy Support Group** **1st Monday of the month** (no meetings July, August, September) **12 noon - 1:30pm Pacific** Unity of Auburn, 1212 High Street, Auburn, CA Hosts – Pam Hart, *pamhart@pnhelp.org*, and Cass Capel, *capelk-bphd@gmail.com*
Virtual 8 Wednesday	**2nd Wednesday Chemo-Induced Peripheral Neuropathy (CIPN) Support Group** **2pm Pacific / 3pm Mountain / 4pm Central / 5pm Eastern** (90 minutes long) Meeting ID: 830 5538 3243 / Passcode: 396320 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual 11 Saturday	**2nd Saturday Peripheral Neuropathy Support Group** **11am Pacific / noon Mountain / 1pm Central / 2pm Eastern** (2 hours long) Meeting ID: 857 8287 7624 / Passcode: 369333 Host - Katherine Stenzel, contact Katherine for Zoom link
Virtual 14 Tuesday	**2nd Tuesday Peripheral Neuropathy Support Group** **2pm Pacific / 3pm Mountain / 4pm Central / 5pm Eastern** (90 minutes long) Meeting ID: 953 2710 6263 / Passcode: 613899 Host – Jeff Creech, contact Erika for Zoom link (everyone welcome, Colorado focus on healthcare providers)
Virtual 15 Wednesday	**3rd Wednesday Peripheral Neuropathy Support Group** **10am Pacific / 11am Mountain / Noon Central / 1pm Eastern** (2 hours long) Meeting ID: 833 4473 0364 / Passcode: 341654 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual 15 Wednesday	**3rd Wednesday CIDP and Autoimmune Support Group** **3pm Pacific / 4pm Mountain / 5pm Central / 6pm Eastern** (2 hours long) Meeting ID: 943 1735 2429 / Passcode: 579413 Host - John Phillips, contact John for Zoom link
Virtual 22 Wednesday	**4th Wednesday Autonomic Support Group** **9am Pacific / 10am Mountain / 11am Central / Noon Eastern** (1 hour long) Meeting ID: 981 9504 4615 / Passcode: 840294 Hosts – Dan Khan and Katherine Stenzel, contact Katherine for Zoom link (See page 3 for support group description) **NEW**
Virtual 25 Saturday	**4th Saturday Peripheral Neuropathy Open Discussion** **11am Pacific / noon Mountain / 1pm Central / 2pm Eastern** (2 hours long) Meeting ID: 851 7949 9276 / Passcode: 159827 Host - John Phillips, contact Katherine for Zoom link

Contact emails in the sidebar Board of Directors listing.

Support Group information can also be found on ***www.pnhelp.org*** under the Support Group tab.

FROM THE PRESIDENT Glenn Ribotsky, WNA President

Most of us who have experienced neuropathy are all too familiar with the sensory symptoms that accompany it—the tingling, stinging, burning, electrical jolting, and even all too often numbness, or, conversely, sensations of something clinging to skin when there is objectively nothing there.   And, of course, many of us have also experienced motor and muscular symptoms—anything from cramping to fasciculations to foot drop to outright muscular atrophy.   But another set of symptoms that many of us experience are harder to characterize—the autonomic symptoms that result from the involvement of nerves that control the majority of the involuntary functions of our bodies.

Characterized by the term "dysautonomia", these symptoms can range from mild, even sub-clinical, to severe (it is estimated that the majority of people with small-fiber involvement have some degree of autonomic involvement in their presentations).   They can affect numerous bodily functions that happen in the "background", in that we don't pay much attention to them unless things are going awry—from blood pressure to sweat production to digestive motility to elimination to sexual functioning.

Given that these symptoms can be intermittent and mysterious (not to mention possibly caused by conditions other than neuropathy, such as endocrine dysregulation of even dietary factors), it's often hard to get medical professionals, never mind one's compatriots, to take them seriously.   But for those who experience them, they can be as serious as any other neuropathy symptoms, causing considerable disruption to daily living—and people need just as much knowledge of and support for them as they do for other aspects of neuropathy.

To that end, on October 22, WNA will expand its slate of online support groups with a new monthly specialized one dealing with autonomic symptoms. Dan Kahn, whose neuropathy has a considerable autonomic component, has spearheaded this initiative, and will host it along with WNA Board member Katherine Stenzel, with a number of other WNA Board members and support group stalwarts attending as well. The exact time of day is listed in the article below. It is anticipated that the group will meet on the fourth Wednesday of each month going forward.

So, if you experience autonomic symptoms of neuropathy—or you think you might—feel free to come to this newest of our support groups for coping strategies, commiseration, and compassion. (It's all part of WNA's commitment to provide as much support and resources as possible.)

Oh, and one other thing—be on the lookout in this issue for details about our Scavenger Hunt next month. You'll be testing your knowledge of the WNA website through a three-part 'Hunt' of specific information and wording. Prizes will be awarded for first, second and third place so read on for the specifics!

Glenn
glenntaj@yahoo.com

NEW SUPPORT GROUP FOCUSED ON SIGNIFICANT AUTONOMIC SYMPTOMS

Our newest neuropathy support group will be focused on those that have a combination of autonomic dysfunction including:

- GI or genitourinary tracts (esophageal, stomach, bowel, and/or bladder) dysfunction
- Cardiovascular system symptoms such as vertigo, dizziness, orthostatic intolerance, palpitations, blood pressure and pulses disorders
- Temperature and/or sweating problems

Along with this, there would be pain and those typical symptoms of tingling, prickling, burning and numbness. Pain could be fibromyalgia related, or pain could also be headache/migraine related.

The third part of the combination of autonomic dysfunction would be problems with fatigue, malaise, sleep disturbances, and intermittent cognitive impairment. Sometimes complaints are expressed as feeling like having the flu.

If you have these symptoms, please join us on the 4th Wednesday of the month at 9am Pacific / 10am Mountain / 11am Central / Noon Eastern with host Dan Kahn, who personally is suffering with this combination of autonomic dysfunction. Contact Katherine Stenzel at *klstenzel@hotmail.com* for the link to the Zoom meeting.

HEALTH CARE CHALLENGES WEBSITES
(updated)

SHIPs
State Health Insurance Assistance Programs
www.shiphelp.org
(877) 839-2675

Help for navigating the complexities of Medicare. Search the website for your specific state program.

Medicare Rights Center
www.medicarerights.org
(800) 333-4114

Non-profit that works to ensure access to affordable health care for older adults and people with disabilities.

Medicare
www.medicare.org
(800) MEDICARE
(800) 633-4227

Get started with Medicare, options, news.

Benefits and Insurance for People with Disabilities
www.usa.gov/disability-benefits-insurance
(844) USAGOV1
(844) 872-4681

For those with a disability, learn how government programs and services can help in your daily life.

MEDICAL GASLIGHTING: SIGNS TO WATCH FOR *Clevelandclinic.org*, June 9, 2025

You've probably heard of gaslighting — but what happens when it's coming from your doctor? Understanding medical gaslighting may help improve your experience with the healthcare industry.

What is medical gaslighting?

Medical gaslighting is when a healthcare provider's behavior makes you feel unheard, unimportant or unwelcome. You may even question if your symptoms are real.

This can cause misdiagnoses, delay vital care and break the trust between you and your provider. The result? You may be less likely to seek healthcare in the future.

Signs of medical gaslighting

Your provider may be gaslighting you if they:

- Diagnose you without a thorough examination
- Dismiss or downplay the importance of your symptoms
- Refuse to address certain topics or concerns
- Make assumptions about you
- Tell you your symptoms are "all in your head"
- Ignore requests for tests or referrals (without explaining why they may not be a good fit)
- Shame or blame you for your condition
- Make rude or condescending comments about you
- Talk over or ignore you
- Try to talk you out of getting a second opinion

Why medical gaslighting happens

Most healthcare providers want to give you the best care, but time constraints, burnout, misunderstandings and more can affect your experience. While medical gaslighting can happen to anyone, it happens most often to women and people who already face barriers in the healthcare system. Providers may be influenced by unconscious bias or lack the training to recognize culturally nuanced symptoms. Factors that influence medical gaslighting include:

- **Tight provider schedules:** The average appointment with a primary care provider in the U.S. is just 18 minutes long. Rushing means less back-and-forth between doctor and patient, which can result in mistakes and misunderstandings.
- **Diagnostic training:** Providers are trained to rule out common health conditions before considering more unusual ones. That can slow down the process of diagnosing rare and orphan diseases.
- **Limited resources:** In the U.S., your insurance often determines the tests and procedures you can get. That can hamper providers' efforts to investigate your symptoms.
- **Misunderstanding emotions:** Sometimes, caregivers might read anxiety, tears or frustration as a sign of a mental health issue when it's really just a natural reaction to a tough situation.
- **Physician burnout:** The American Medical Association says lacking empathy and thinking poorly of patients is a hallmark of provider burnout. Rates peaked at 62.8% in 2021, at the height of the COVID-19 pandemic. The rate's now below 50%, but not by much.
- **Evolving understanding:** Even the best doctors aren't experts on everything. And many conditions — like long COVID or fibromyalgia — aren't well understood.
- **Personality mismatches:** Not every provider's style clicks with every patient. Some physicians may tell jokes that you don't find funny. Others may be dry in a way you find unwelcoming. It's important to find a provider that matches your communication style.

In the past, it was normal for physicians to overrule their patients' wishes and even withhold medical information. Today, patients have a right to be informed and make their own medical decisions. But some caregivers still believe they know best.

What to do about it

Gaslighting is never your fault but knowing your rights and options can help you protect yourself. You have power, too. Here are some ways to improve the odds of your visit going well and address gaslighting if it happens.

Before the appointment

Doing a little homework and jotting down questions before your appointment can help you feel more prepared. And don't just research symptoms and treatments. Research your provider, too. Patient reviews and provider bios can help you know what to expect. In addition to informing yourself, do what you can to better inform your provider. Symptom journals, medication lists, old medical records — collect them all and share them with your care team.

One of the best ways to prepare for a visit with your provider is to invite a buddy. It helps to have somebody else there to hear what the doctor is saying and pick up any pieces you may have missed.

– Continued on page 5

CAPSAICIN PATCH SHOWN TO REGENERATE AND RESTORE SENSORY NERVE FIBERS

Mallick-Searle, T., & Adler, J. A. (2024). Update On Treating Painful Diabetic Peripheral Neuropathy: A Review Of Current Us Guidelines With A Focus On The Most Recently Approved Management Options. *Journal of Pain Research, 17*, 1005–1028. *https://doi.org/10.2147/JPR.S442595*

The loss of Epidermal Nerve Fiber density over time in patients with Diabetic Peripheral Neuropathy (DPN) is a natural consequence of disease progression. Preliminary evidence suggests that the capsaicin 8% topical system may modify peripheral neuropathic pain, as it has been shown to regenerate and restore sensory nerve fibers.

In a Random Clinical Trial (RCT) assessing the mechanism of pain relief of the capsaicin 8% topical system:

- Skin biopsies at 3 months in patients with painful DPN showed a **significant increase in the density of Epidermal Nerve Fibers (ENFs)** in those treated with the capsaicin 8% topical system plus Standard Of Care (SoC) but not in those receiving SoC alone.
- Importantly, the increase in ENF density did not correlate with an increase in pain, suggesting that **nerve fibers were restored in a healthier state** compared with baseline.

In similar exploratory studies, patients with peripheral neuropathic pain, painful chemotherapy-induced peripheral neuropathy (CIPN); or non-freezing cold injury were treated with a single application of the capsaicin 8% topical system.

- Heat-evoked neurogenic vasodilatation showed improvement in half of the patients with peripheral neuropathic pain 4 weeks after application, indicating that nerve fibers had regenerated.
- Intra- and sub-ENF regeneration and restoration were also shown when skin biopsies were performed 3 months post-application in patients with painful CIPN or non-freezing cold injury.

These studies suggest that the benefits of high-concentration capsaicin may extend beyond pain relief for patients with painful DPN.

MEDICAL GASLIGHTING: SIGNS TO WATCH FOR

- Continued from page 4

During the appointment

Here are a few tips to help your visit go smoothly:

- **Set expectations:** At the start of your appointment, let your provider know about any questions or concerns you have. They should make them a priority.
- **Ask clarifying questions:** Sometimes, the problem isn't gaslighting. Medical jargon, for example, is a major source of misunderstanding. So, ask follow-up questions and recap the main points of the visit. That ensures you're on the same page.
- **Take notes:** If you can, take notes during your visit. That way, you have a record of your conversation in your own words.
- **Advocate for yourself:** Helping you is your provider's job. If they don't discuss a treatment option with you, ask why. If you need a translator, request one. If they ask you to sign a consent form, read it first. And if you're uncomfortable, say so.

After your appointment

Well, that didn't go well! If you aren't satisfied with the care you received in a healthcare setting, there are a few different things you can do about it.

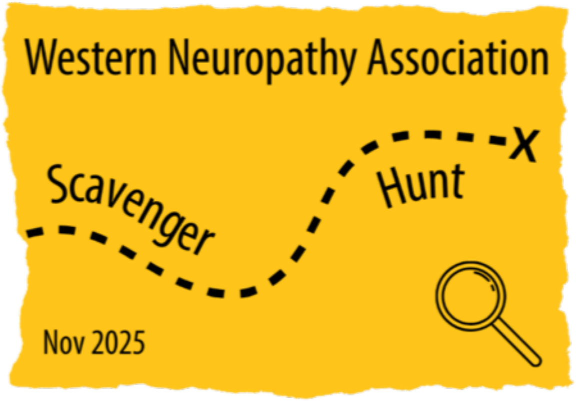
If you think your provider is gaslighting you, **get a second opinion**. Consulting with another provider will either reassure you that your doctor is on track or validate your concerns. Getting a second opinion is very common in healthcare — especially for a major diagnosis, or a condition with lots of treatment options.

Another option is **contacting the ombudsman.** An ombudsman is like a professional mediator who works at a hospital. If you're unsatisfied with the care you receive at a hospital, it's their job to help you. If you make a complaint, they'll address it with the doctor and try to resolve the situation. If there isn't an ombudsman at your medical facility, speak with the manager of the practice or a patient services representative.

If you don't trust your provider to give you quality care or treat you with respect, it's time to **find a new one**. That's a power that we, as patients, often forget we have. Remember, you're the most important person in the room in any appointment.

JOIN THE SCAVENGER HUNT! Katherine Stenzel, Editor

From November 3 to November 22, 2025, the Western Neuropathy Association (WNA) is hosting an exciting Scavenger Hunt designed to test your knowledge of the WNA website. Everyone is invited to participate and learn more about neuropathy and the valuable resources available online.



Explore The WNA Website

Are you familiar with the Neuropathy section? It includes helpful subsections on Nerves, Causes, Symptoms, Treatments, and Coping. In the Resources section, you'll find various media to help you learn about peripheral neuropathy, such as our YouTube Channel featuring past recorded webinars and issues of our newsletter, Neuropathy Hope. Plus, did you know you can purchase WNA merchandise like t-shirts, sweatshirts, caps, mugs, and more, all with witty sayings that reflect how we feel about neuropathy?

How The Scavenger Hunt Works

The Scavenger Hunt will challenge you to find specific information and wording on the WNA website *(www.pnhelp.org).* The event is divided into three parts, and you must answer all questions in each part correctly to advance to the next stage.

PARTICIPATION DETAILS

- Everything takes place online.
- For Part 1, participants will receive an email with instructions to begin. The email contains a link to a form with four questions. After answering, submit the form using the provided link.
- The initial email will be sent each Monday at noon Pacific during the three-week event. Forms must be submitted by Wednesday, midnight Pacific time.
- Participants who successfully complete Part 1 will receive an email notifying them if they may proceed to Part 2 or if they should wait for another opportunity.
- Winners of each part will receive an email with the next set of questions the following Monday.
- You must complete all three parts to be eligible for a prize.

Final Part And Winner Announcement

For Part 3, qualifying participants will receive the Scavenger Hunt link at noon Pacific time. The first three to submit correct answers will be declared winners.

Winners will be announced at the 4th Saturday Support Group on November 22 at 11:00 AM Pacific time.

Prizes

- First Prize: Choice of Zip Up Hoodie or Sweatshirt
- Second Prize: T-shirt
- Third Prize: Mug or Notebook

Important Dates

Part	Start Date & Time (Pacific)	Submission Deadline (Pacific)
Part 1	Monday, November 3, noon	Wednesday, November 5, midnight
Part 2	Monday, November 10, noon	Wednesday, November 12, midnight
Part 3	Monday, November 17, noon	As soon as possible!

We hope you enjoy searching for answers and learning more about neuropathy and WNA as you participate in the Scavenger Hunt!

PREVENTING FALLS

Barbara Moore, Occupational Therapist and Support Group attendee

Numbness and pain put the neuropathy population at high risk for falls. As a neuropathy sufferer as well as an occupational therapist, I have some specific practices to recommend to help prevent falls. These are recommendations for everyday life. There are many exercises for strengthening the body, especially the lower body as well as any activity like Tai Chi which emphasizes crossing the midline of the body. What I believe is as important as physical activities is the awareness that is required every day inside and outside of our homes to focus on our daily activities which contribute to falls. We need to mentally engage our physical activities and be on high alert for obstacles. It requires full concentration, but it will lead to good habits as you navigate your daily life with all of its obstacles, uneven surfaces, distractions, weather, lighting, and varying health conditions.

Home If you have grab bars, non-slip surfaces, handrails on both sides of stairways, good lighting day and night, there are still distractions; the phone, the door, weather. The bathroom and kitchen are the most hazardous place for falls as surfaces are hard and can be slippery when wet. In the shower, install two grab bars and a bench if there is room. If you are unstable in any way always have someone supervise . A shower chair and handheld shower head can also be helpful. Lay out clothes ahead of time and sit down to get undressed and dressed. Wear shoes that are sturdy with rounded tips so you are not catching the shoe which can cause a trip and possible fall. When walking up and down stairs, be careful when carrying something. Garage stairs should also have railings on both sides . ALWAYS hold on to railings whether you think you need to or not and if you start to fall, LET GO of what you are holding and grab the railing. Stairs are also a dangerous place.

Stay Steady And Remain Independent By Preventing Falls – Moore Therapy

Outdoors Hard surfaces such as concrete and asphalt are hazardous. Sidewalks are often uneven. ALWAYS try to step over the cracks and look ahead at all times. Park in the same space if you go anywhere on a regular basis. This will make walking from the car familiar BUT it still requires your vigilance to observe your environment. Grass can be dangerous with holes, etc. and it is not recommended if there is another path to walk. Thresholds of door openings can be dangerous as they are often uneven.

Exercise The most important part of your body as it relates to risk of falls is your core/lower body. The best lower body exercises incorporate squats and lunges. Can you get up from a seated position without holding on and can you shift your weight easily while standing without holding on? Can you get up from the floor without holding on? Standing on one foot is primarily a measure of balance but doing it as an exercise usually doesn't improve balance, because most impaired and older people can't do it without holding on and it can lead to a fall. In your daily life holding on is the best way to be safe. While outdoors, if you don't yet need a device like a cane, a walking stick (hiking type) is very helpful and will improve your balance and safety. In other countries many seniors use a walking stick.

Expecting your environment to change will make your daily experiences safer. Your own physical condition can change as well. Practice vigilance and make safety number one in your life. As you engage your environment rather than just pass through it, you won't guarantee no falls, but you will reduce your chances of being surprised by something you did not notice. Use devices like a cane or a walking stick if needed. And avoid unfamiliar surfaces at night when lighting is not adequate.

In closing, be proactive. Wear a medical alert device. **BUT IF YOU FALL, CALL 911.** Don't try to get up. You could cause a fracture or a bleed. This is not the time to save face. Let the professionals get you to the Emergency Room for examination and treatment.

Barbara Moore has a BS Occupational Therapy from Ohio State University and a MS Public Health from UCLA. She is a retired adjunct faculty member with Orange County California Community College District and currently an educator on Fall Prevention, presenting to Senior Communities, individuals, groups at risk and home health staff and families caring for the aged or disabled. As the owner of "Moore Therapy", she has been providing contracting and consulting Occupational Therapy Services for over 40 years. Check out her website at *www.mooretherapyfallprevention.com* or click here to connect directly to the website.

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Call WNA using our toll free phone number:
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www.pnhelp.org

October 22nd • New Support Group:

• *SIGNIFICANT AUTONOMIC SYMPTOMS* •

See page 3 for more information

IN THIS ISSUE

Dear Readers,

I'm really excited about the **Scavenger Hunt** for November. **Page 6** describes how it will be organized with three parts of the Hunt over three weeks. The Hunt will test your knowledge of our website by looking for specific wording and information. Prizes for first, second and third place with be specific choices of our WNA branded merchandise. Everyone will receive Part 1 of the Hunt on November 3rd. Happy Sleuthing!

A recent clinical trial of the 8% capsaicin patch demonstrated that besides reliving pain in Diabetic Peripheral Neuropathy, there is also evidence of an **significant increase in nerve fibers** with this therapy **(Page 5)**. The nerve fibers are believed to be **restored in a healthier state** as the nerve fiber density increase was not correlated to an increase in pain.

And **Page 4** gives good advice on what to do if you feel like your healthcare provide is gaslighting you. Specific steps to take before, during and after an appointment can improve the odds of your visit going well and address **medical gaslighting** if it happens.

May these give you Hope.
..Katherine
klstenzel@hotmail.com

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Our mission is to provide support, information and referral to people with neuropathy and to those who care about them, to inform and connect with the health care community, and to support research.

Dues - $30 a year
All contributions and dues are tax-deductible.
Tax ID # 68-0476041

We are supported by dues-paying members, contributions by members and friends, and occasionally, small grants and fundraisers.

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