



## **Embracing Carers Series**

### **Relationships and Planning for a Future with MS**

#### **Episode 6**

Rachel Lahti: Hello and welcome to the Can Do MS Podcast. My name is Rachel Lottie and I am the programs coordinator for Can Do Multiple Sclerosis. We are excited for today's podcast, which is the final episode in our three-part Embracing Carers series, focusing on those supporting a loved one with MS. Today, we have three guests joining us: psychologist Meghan Beier, and couple Mark and Lynne Forrette. Mark and Lynne are going to discuss how their relationship was impacted by Mark's MS diagnosis and how it affected their future planning. They will also share some real-life stories about how they adjusted for a future with MS and where they turn to for support. Once again, I would like to introduce Meghan Beier to kick off our discussion.

Meghan Beier: Thanks, Rachel. I have really enjoyed being a part of this podcast series specifically for support partners. I have also really enjoyed hearing stories that may help others in similar situations. As Rachel said, today's discussion is going to focus on how MS can impact future planning. Research, as well as I think experience and intuition, tells us that finances are one of the biggest areas of conflict among couples. MS brings with it unexpected medical costs that could take a couple by surprise in the short and long term. In addition to finances, it is helpful to talk to family and support networks about maximizing health insurance options, thinking about potential changes in employment, planning for children, making sure family members understand wishes about your current and future medical care. And I think by thinking ahead, persons with MS and their support partners can begin to plan for unforeseen circumstances as well as things that they want for the future: goals, hopes, and dreams.

Meghan: So, to read more about future planning or if you have additional questions about financial planning, there are some really great resources on the National MS Society website. Two brochures specifically called 'Talking About Life Planning and Financial Planning for a Life with MS'. To give a more personal experience and some information about their experiences and planning, we have Lynne and Mark with us to talk about how MS has impacted them. Welcome, Lynne and Mark.

Mark Forrette: Thank you.

Lynne Forrette: Thank you.

Mark: Thank you, Meghan.

Meghan: First I am going to ask you both where you met and I would also like to hear a little bit about where you both are from and let us start with Lynne, since we are focusing on support partners.

Lynne: Okay, so I immigrated from England. I was born in Oxford and raised in London and when I was eleven years old, my dad died, and my mom's family was in Ohio. My sister, my mom, and I immigrated to Ohio and I spent about ten years there including going to nursing school and as soon as I graduated, I

packed up the car and moved to California. So, I have been out here ever since and had a really great career as a nurse for about fifty years.

Mark: I was born in North Carolina. My dad was a career army officer. We moved about every three years and that was the last time we had moved anywhere. My dad was forty at that point and he wanted to retire, and decided he was going to move the entire family, all eight of us, nine including my mom, to California from North Carolina. And he was going to open a business. It did not work out. That was in 1968 and so I have been in California since then.

Lynne: I have been here since 67'.

Meghan: Long time, so how did you both meet?

Lynne: We were both divorced and working at a local hospital and one of our friends put together a river rafting trip. And we knew each other professionally at work. We say hello, but that was about it and when we went on the river rafting trip, we just sat around a campfire and started talking. He was really funny and just a really nice guy, and we ended up spending a lot of time together over that three-day rafting trip and dancing together like mad in one of the saloons up in Groveland right before you get to Yosemite, and just decided after that to continue the relationship.

Lynne: One of the things that attracted me to Mark is we were on a tributary off the Tuolumne River, up by Yosemite, and I was the only woman that climbed up onto the 40-foot cliff and jumped into the water. The men did it but none of the other women did, and then on the way out, I started walking down the hill, and this is before I really got to know Mark, and he was on the other side of the river. I looked at him and he looked at me and we started racing down the river back to the main area and I thought this guy is not going to beat me, and I was running down the rocks. When we got right to the bottom, he crossed in front of me and he won. I told him the story about when my kids were little, it was a record called "Free to be You and Me" by Marlo Thomas.

Lynne: One of the stories on the record was about this princess, Atlanta, and her father said he would give her hand in marriage to any man who could beat her in a race because she was a really fast runner. Eventually, the prince that won her hand said to her after he won, "You do not have to marry me. It was just really fun to race and to beat you," and that story always reminded me of Mark and I racing down the riverbank and I told him that story at the time. We had a good laugh over that.

Meghan: Mark, what was your reaction to her story?

Mark: Oh, no, it was absolutely wonderful because that really began the competitive spirit, if you want to call it that, that exists in our relationship today. We were competing then running down the river, and we compete in a lot of different ways today, and for most of it is really, really good. Sometimes it involves a little bit of conflict, but I love that competitive nature. I think it is wonderful in relationships to have somebody you can--

Lynne: Compete with.

Meghan: I think I understand that you also have an interesting story about your marriage.

Lynne: My mom turned eighty and my stepfather was going to take the whole family on a cruise. Mark got on his hands and knees and his tuxedo on the cruise and asked my mom if he could marry me which was

very touching. My mother was absolutely thrilled that he asked her first, but prior to that we have got some rings and we decided that if we could find someone on the ship to marry us, we would. Well, we did. We found a priest and we said, "You know, would you perform a non-denominational marriage?" and he said yes, he would. So this old retired priest did it. We got married on the cruise ship, but he said to us, you know, this is not legal because you do not have a license.

Lynne: So, we just kind of lived in harmony for years and years and said, why do we need a license? We do not need the blessing of the State of California to be married. We already got married on the boat with our family present, but then on Mark's fiftieth birthday, I had a big birthday party for him, and we surprised everyone by getting married legally. My son got ordained on the internet as a minister and he performed the wedding and everyone there was surprised. We did not tell anybody.

Meghan: Well, that is so fun. So, tell me a little bit about when and how MS entered your lives.

Mark: It was actually kind of complicated and I think this happens to a lot of people with MS, is that the picture was really muddled for years about what was happening to me. I noticed I started tripping, and so I was having trouble walking and it was mostly with lifting my right leg up. Even to the point where I had a lumbar laminectomy because it was thought that a trapped nerve root was causing this foot drop on the right. That ultimately did not harm me, but it did not help me either, and my MS symptoms continuously worsened.

Mark: Finally, I was seeing a local health system called Kaiser, and in the Kaiser system, I had seen a couple of neurologists and finally, one of them did agree that I had MS.

Lynne: Well, you kind of diagnosed yourself. He did not write that down on your chart. He wrote demyelinating disease.

Mark: Right. No, it was very true and I confronted him and I said, "I have primary progressive MS," and he says, "Yeah, I think you are right." That was kind of a shocker. At that time, I was working as a nurse practitioner in an emergency department in a rural hospital. That was devastating to me because I pretty much had already figured it out, that I had MS, but I was still walking. At that point, I was starting to use a cane because it was getting a little bit more difficult, and I have progressed since then. That was in 2010.

Lynne: But not only that, you were working in the emergency room and he had to quit his job because of extreme fatigue, mostly, and a few other issues. Bladder issues, that sort of thing, at work. It got to the point where he had to resign eventually.

Meghan: It sounds like this was a big wrench in the vision that maybe both of you had for the future. What was the vision that you all had before MS entered the picture and how did that vision change after Mark was diagnosed?

Lynne: Before he was diagnosed, we had not really talked about retirement all that much because he was only fifty-seven at that time. We lived in the mountains on Five Acres and we chopped all our own wood and heated our house for the winter. We skied a lot. One of the reasons we moved to our vacation home up in the mountains is because we both love skiing so much and Mark is a really hard skier. I am more of an intermediate, but he was skiing anything. We wanted to do that, and our vision was we bought some land in Mexico. We were going to build a house there. We actually employed an architect to design the home, with every window facing the ocean, and we were going to have a six-month summer house and a six-month winter house. That was our vision for the future and then two things happened. We got a grandson. My son

had a son, and Mark got MS, and then we realized we have that dream was not going to be fulfilled.

Lynne: So, first we sold the land in Mexico and we were still planning on staying in the mountains and then one day Mark said to me, "You know, I think we need to move back down to the San Francisco Bay area," where we live now, because of medical and I can not go up the steps as easily as I could. I cannot do the wood anymore and it is becoming more and more difficult. This was extremely disrupting to him. I love cities so I was very excited to go home and he actually said "You are probably glad I got a MS because you get to move back to the Bay Area," and I said "No price is worth that. Nothing." But we ended up coming back down here. That was my vision for the future which has totally changed, and yours was probably about the same, do you not think?

Mark: Yeah. Well, I think that is, just to follow up on that. We were both really active outdoor people. Loved to hike, love to-- we used to ride our bikes. We did several century rides and I was riding my bike when I was living down here in the Bay Area, working at the BA the time. I was riding about a hundred miles a week, and we were just actively hiking everywhere, and of course, any of the winter activities because our house in the mountains was at snow level and so we got snow every winter. We would go snowshoeing and we broke cross-country skiing a couple of times, but mostly downhill skiing. There was kayaking and so-- avid outdoor people. That was going to be my Elysium. That was going to be a place that was just going to be, I was going to retire in among the trees and the Sierras in the winter. Just phenomenal. It became a lot more problematic in just being able to do any of those activities, and access to medical care was very problematic because of where we were located.

Mark: My vision of the future was always going to be, I was going to ski until I could just drop down. Until nothing else worked, and that we could hike and we could kayak, and to be in the mountains and travel. It changed significantly with my diagnosis.

Lynne: Right.

Meghan: What were some of the biggest fears that you had, both of you, after the diagnosis?

Lynne: Mine was that he would be depressed. And the other part for me was what is going to happen to the plans? I want to travel the world when you get retired and you have a little bit of money, you want to go see all these different countries. You want to travel, travel, travel. How is that going to impact our life? And we love to dance. Who is going to be my dance partner? I could not have anyone to dance with anymore, and I still miss that part. And we sort of rearrange the rest, but those were my fears. What about yours?

Mark: For me, the biggest fear is the unknowing. It is like, what is my progress going to be? What is next year going to be like? When I announced a couple of years ago that-- this is in November or December, that next year would be the year of the wheelchair, because I had some sense of my progress at that point. But when I first was diagnosed, I did not know what my future was holding. I could still walk but I knew it was difficult because I was having, you know, I was having foot drop on the right. It is that. The unknowing is the biggest challenge and the fear of what is going to happen next.

Lynne: Yeah, I think also too that, you know, I know that a lot of people have financial difficulties and we are okay right now, but one of the things I did learn is, one of my worries was, if Mark needed full-time care at some point, how are we going to pay for it? The money that we have would run out within five to ten years if we were paying ten thousand dollars a month for round-the-clock care, and we did a class with a psychologist. With all MS patients and she said to me something that never occurred. She said, and I am a very black and white person there is no gray in the middle, she said, "Well, why are you worrying about

twenty-four hours, seven, you know, days a week? Maybe you will only need an hour in the morning and an hour at night", and I thought--

Mark: "Oh my God, she is right".

Lynne: It never occurred to me! And now, I just think one day at a time. We will deal with that when it happens.

Meghan: Absolutely. So, you know, I think that a lot of people have the experience that you had which is, there are so many pieces to think through and so many things that you might not be aware of. It sounds like you took some initiative to start looking into how to plan for the future. What did you both do to start thinking about planning for the future? Where did you turn to for guidance, in addition to this class that you mentioned?

Lynne: Mark belongs to a men's support group down here, which has been really helpful for him to just be with men with MS that discuss all of the different aspects of their life: sexuality, bladder, bowel control, all of that. There are no secrets between them, and I think that has been a really, really great resource for him. I think, from me looking at Mark too, he... yeah. He gets down. He gets depressed sometimes. When he is down, I am up. When I am down, he is up. I think that is a good balance. I also think that, for him, it was a question of reinventing himself. Who am I going to be now? How am I going to develop my life, so it is still fulfilling? He has done a couple of things.

Lynne: He has really gotten into photography big time and he has a foster kid. He is a CASA- Court Appointed Special Advocate, and he sees a foster child once a week, which was just made a huge difference in both of their lives. Both him and the boy. Those have really helped him refocus, I think, on living with this disease and not, your life is not over. There is still plenty to do and plenty of other things to be interested in. It is just that you are in a wheelchair now and you are not doing it from a standing position. As I told him one time, I would way rather have him in a wheelchair than a guy that is walking with two legs that is not you. You know, to me the day's disease has not really impacted me that much because he is still the same person. He is just sitting down instead of standing up.

Mark: For me, I think you know as far as resources initially, I cannot say enough about Can Do MS. The two programs, the two-day we are in Oakland was really, it was like it was eye-opening. Especially the four-day program in Denver, unbelievable number of resources that are available, and the really positive feedback that was given to each of the participants. Because I talked to you earlier that the fear of the unknown is huge, but when you can get feedback directly by working with an occupational therapist, or a physical therapist, or a neurologist, or psychologist directly that, yeah, you know, something you are doing it right. You are doing a good thing, or these are better ways that you can improve your life. Those resources were incredible. Also, I work with the National Multiple Sclerosis Society and the Walk MS that we do every year and a lot of the resources they have made available. You have to reach out.

Lynne: Right.

Mark: You can not just sit back and say, "Oh, woe is me." You need to reach out. You need to find your resources. You need to rewrite your book essentially. What Lynne already said.

Meghan: Wonderful. So, it sounds like you both have done a lot to kind of think ahead and reach out for your resources but what setbacks have you experienced throughout this process in planning? How did you move past them?

Lynne: I think with each stage of loss of mobility, there are new things to think about each time. For example, I do not go anywhere with Mark anymore without planning ahead. Does a restaurant, call them, ask them if they have steps. For example, he cannot get in with his wheelchair if there are steps. We went to New Zealand in February planning for the airplane an extra suitcase filled with all his supplies. He can not get out of bed without a bed rail, so we have a portable bed rail that we have to take apart and pack and take with us. Sometimes toilet razors. Making sure a handicapped room is truly handicapped. We have been in situations where they are advertised to be handicapped, we get there, and you cannot use the bathroom. There are all kinds of things that come up on a daily basis, as the disease progresses, that you have to think about.

Lynne: One of my favorites says we live in a community where there are lots and lots of condos with stairs and people's-- we do not have stairs, but for some, somebody said, "Well, Mark can come over for dinner because we have got a chairlift," and I said, "Well, what does he do when he gets to the top of the stairs he has a 250-pound wheelchair at the bottom of the stairs. Who is going to get it up the stairs?" They look at me like, "Oh," so they bring us dinner over here. He cannot go to their house. So, there are little things that occur all the time. I would say that the biggest challenges are finding the kinds of equipment that we need to make his life more comfortable. Finding the right clothing to wear in a wheelchair. Somebody needs to design a whole line of clothing for wheelchairs. He can not wear a sports jacket.

Lynne: The jacket gets all caught up in the wheelchair. We are going to a black-tie event. What are we going to do? Should I cut the jacket off in the back so it would not hang? You know, those little things like that, that come up constantly for me that I am dealing with. I think his are of a greater magnitude. For me, it is just the day-to-day living and reinventing ourselves every day. How do we make our kitchen? We built a kitchen but it ended up not being as handicapped-accessible as we thought it was, so we had to replan an area in the kitchen with a lower table where he could do prep work because he likes to cook. Little things like that, that we have had to adjust. From your standpoint, I am sure that you have things that are much more problematic than mine.

Mark: Setbacks occur all the time and it really depends upon how you handle it, because, you know, for me it could be simply not being able to do something around the house. Little things. It is not of the big magnitude of what Lynne is talking about as far as access to travel and things like that. Actually, we went to a restaurant one time, that I had to be carried up the stairs. It was a restaurant, was an evening that was planned by our real estate agent. Little things like that sometimes feel demeaning or sometimes feel incredibly frustrating and gets you to the point where you just want to start crying because this is the life that you face. It is little things that happen on a daily basis. The day-to-day challenges of learning how to be someone who is in a wheelchair can sometimes be pretty substantial.

Meghan: How have you learned, even if not perfectly, because I am sure we all have our moments right? But how have you learned to cope with those frustrations in those moments?

Lynne: He swears initially.

Mark: Usually what I will do is I will have a little temper tantrum sometimes. It lasts about a minute or two and then I will decide. I learned a while ago the happiness class that we took and something that I had written a while ago is that you stop, calm your breathing, think about everything that you have in life that you are glad for. That one little thing that just really frustrated the heck out of you seems to pail in comparison. I will have my little temper tantrum and Lynne learned a long time ago that when I have my little temper tantrum, she does not need to fix. She just lets me deal with it because five minutes later, I have

done some deep breathing. I have gotten into a zen moment and now I am better. I can look at positive ways of dealing with that issue.

Meghan: I love what you said. It kind of takes both sides of the coin, right, that you are allowed to be frustrated and grieve the fact that this is really significantly impacting your life, but you also learned how to move your thoughts away from that into a forward direction when you want to.

Mark: Yes, and that actually gets back to one of the first things, one of the first decisions I made when it came to from advancing, kind of from walker to wheelchair, was that I really needed to focus my life on what is important. We deal with a lot of things on a day-to-day basis that are just superfluous. They are really not that important. If you look at and I think-- it was far as relationships go, if you look at what is really important in life. Really kind of focus your energy on that zone of control that you have around what is really important in your life, then you can actually improve your life.

Meghan: I think finding resources is a big problem for a lot of people. So, you said finding the right equipment has been a struggle for you guys. Where have you started? Where have you both looked for those kinds of resources or that type of equipment?

Lynne: Well, sometimes it is online, just doing searches until you find what it is you are looking for. Other times, it is suggestions from groups like Can Do or Mark and his men's group. Everybody has different things, so you will get a kick out of this. One day he comes home and he says, "Guess what? Tad has a pole that he pulls himself up on and it hooks up into the ceiling and it just screws on real tight and I think that I should get one of those poles and we could put it right here in the living room next to my chair." I looked at him and I said, "In the living room? I am not putting a pole in my living room. The next thing you will want is a pole dancer." I said, "No, I am not putting a pole in the living room but if you want to put one next to the bed, you could get a pole in the bedroom." Or you will see somebody out in something, and you will go up and ask him, "Where did you get that? Do you like it? Does it work?" And like, he has a new wheelchair called a Will and it is a four-wheel-drive wheelchair so we can get out on the trails more. People, all the time, come up to him and say, "Oh, that wheelchair. So cool! Where did you get that?" Because it looks really ultra-modern. I think a variety of sources that we find, what we need so far, we are doing pretty well.

Meghan: You have talked about planning on the small scale, on a daily basis like going out to restaurants and things like that. You have talked about planning for the long-term. Has this kind of planning helped you decrease any worries or anxieties?

Lynne: I say some. The biggest fear for me is Mark being so incapacitated that he can not feed himself or have any control over bladder or bowel. Those are my biggest fears. I, relatively, have my freedom now as much as I want, and although he depends on me, he can manage still. I do, I have in the back of my mind I try not to worry about on a daily basis because there is nothing I can do about it, but that is, my long-term fears are how do I manage when he can not, no longer, do those things. And we have talked about many, many options. You know, many options and we still, you know, just try to focus on a day-to-day basis because really, all we have is the moment. Like, I say to him, "I could have a stroke tomorrow and you are going to be by yourself." So, who knows? We do not know what the future has. We only have today, and we only have this second, so try not to dwell on it too much. But yeah, in the background there are financial things that you worry about. There are care issues. I do not want to be his caretaker full-time. That is not my goal. I do not want to give him my life. I am much too independent as he is the same. He does not want to give me his life either so those are my fears. What about yours, Mark?

Mark: One of the biggest issues about any sort of progressive neurological disorder, obviously is what I

mentioned earlier, is that you do not know entirely what the future looks like. That is a little bit cloudy and that is fearful for me. But one thing I decided is that the fear of, you know, doing anything in life is much greater than the disease itself. I go back to FDR, who once said "The only thing to fear, is fear itself." In reality, the fear about changes, the fear about barriers, the fear of what is going to happen next, it can be or sometimes is more debilitating than the disease itself. So, to overcome that fear, you can not just be naive about it. You have to face it, front on, and do your planning on a regular basis for how I am going to live my life. I do think about how I am going to live my life and I do want it to be a good quality of life. I work on her all the time.

Meghan: So, it sounds like you all do kind of three things. You take things day by day, you check the fear and that uncertainty that comes up from thinking about the future, but then you also do not put your heads in the sand either. You have conversations about what you might do next if and when something like that comes to pass. But again do not focus all your attention there. Has having these conversations helped to strengthen your relationship at all?

Lynne: Oh, yeah. Definitely. I think that we probably over the years in the course of this disease, have gotten closer than we were even before because there are so many things that we have to talk about and deal with on a day-to-day basis. Overall, we do pretty well, and I would say that we have a very committed relationship to help each other in any way that we can. I mean he does so many things for me. It is not all just one-sided. I get a cup of tea served to me in bed every morning. He brings me the New York Times in bed on Sundays. You know, he will do dishes when I am not here, and it is very difficult for him because our sink is not cut out. He has to sit sideways to do everything. So, there are so many, many things that he does for me. It is definitely double-edged love and concern for one another, and the closeness, I think, has just gotten better over the years.

Mark: I would agree with that. I think that Lynne and I had this conversation a couple of years ago. We actually talked about this and we were thinking at that time and still exist today, that our relationship has actually improved--.

Lynne: Right.

Mark: --gotten stronger. Which is contrary to a lot of things that you read about relationships with progressive neurological disorders, is that they can deteriorate, fall apart. When people look at the future, they see dark and misery and just leave skid marks in the opposite direction. That has not happened here. We feed off of it. We, maybe it gets back to that competitive nature that we have. It is like, "No, this is not going to beat me. I can figure out a better way to do this."

Lynne: Well, the other thing too, I think, is that we have talked about this too. Some partners and, I think, women are natural caretakers and women want to take care of family and men. A lot of men run because they can not deal with the disease. A lot of women literally give their life up for their partner. I am not one of those women. And I think in order to have a quality life, you still have to have your independence. You still have to take care of yourself and I am really good at that. I do not neglect Mark, but at the same time, I take really good care of myself. I have my own life in terms of my commitments and my volunteer work that I do, my friendships. I have a whole circle of women friends that I do things with. Of course, Mark is sometimes part of that circle because they will all come over here and hang out. He is right there.

Lynne: I think that it is really important for caretakers and partners of people with chronic illness to have their own life, and not think and not feel guilty that they are not there every minute of the day to take care of their loved one. You do not have to be. And at the point where you do get to that point, because there

are people that just do not have the financial resources and they feel like they have to be there twenty-four, seven. You still have friends. There is still respite groups. There is hospice groups. There are all kinds of groups that come in and give relief to caretakers, and I would encourage any listeners to do that. You know, you need to have your own life and you need to develop your own interest. It is just not all about the person who is stricken with a disease.

Meghan: You both have done a really good job of maintaining your own identities. Maintaining your identity as a couple, not as a caregiver- caretaker, and not letting this overtake those identities in either circumstance.

Lynne: Absolutely.

Mark: Yes, that is. As a matter of fact, with this trip to Japan that Lynne just took, it is amazing. I get a lot of pleasure out of knowing that I can take care of myself and that Lynne can be herself as well. Lynne gives a lot to me and what she does on a day-to-day basis, I can give that back.

Meghan: Any final thoughts that either of you have for people who are starting off planning for the future?

Lynne: My advice would be to remember the person that you are with. Why you were with him in the first place. Why you married them or lived with them. Remember all the good qualities about that person that attracted you to them in the first place. That person is still there. It is the same person, and yes, they have to develop their interests and their life in a different way, but the inner core of who they are and their soul is still there. And do not lose track of that because if you just think about the disease portion of it, you could lose that person. For me, the essence of Mark is still Mark, no matter what. That keeps us connected. You deal with each issue that comes up. It would not be any different than somebody losing a job and being depressed because they lost their job. It would not be any different than someone falling down and breaking their leg, and having a hobble to around in a cast and a crutch. They are limited, but they are the same person.

Lynne: So, that would be my conclusion to couples who are starting to go through this. Reach out for resources. Use the MS Society. Use Can Do. Form a group of caretaker support, or MS support group people for your loved one. Continue living your life and do not give up hope, because hope springs eternal. The things that are occurring today in the MS world, just hang in there and work with each other until you get to that point.

Mark: You know for me, I think it really gets down to what you think about your life. I have actually decided early on in this disease that I was not going to let the disease control my life. It does to a certain extent because my disease mandates that I be in a wheelchair, but it does not mandate that I have a negative attitude. It does not mandate that I do not want to live anymore. It does not mandate that I can not do things because I can do these things. It does make a difference. Attitude is everything. It really depends upon how you approach life and I mirror everything that Lynne said. She said it beautifully.

Meghan: Well, thank you so much Lynne and Mark for telling us about your story, and about each other. It was great to speak to you today.

Lynne: Thank you, Meghan. This was very nice, and I am glad you included us. Thank you for inviting us.

Rachel: Thank you to Mark, Lynne, and Meghan for joining us. Mark and Lynne, we really appreciate you sharing your personal experiences of how MS has helped strengthen your relationship while still

maintaining your own identities. This podcast is part of the Embracing Carers series, an initiative led by EMD Serono in collaboration with leading caregiver organizations around the world to increase awareness and action about the often-overlooked needs of caregivers. Be sure to check out our Embracing Carers page on our website [cando-ms.org/ec](http://cando-ms.org/ec). The Can Do MS Podcast will return again with new episodes in 2019. We will kick off the year with a three-part series on relapses which will be available on our website and Apple podcasts on January 22nd. Thank you for joining us.

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