In and Around Our World
“GOLD” & World COPD Day

About GOLD

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) works with health care professionals and public health officials around the world to raise awareness of Chronic Obstructive Pulmonary Disease (COPD) and to improve prevention and treatment of this lung disease.

GOLD Objectives

- Recommend effective COPD management and prevention strategies for use in all countries.
- Increase awareness of the medical community, public health officials and the general public that COPD is a public health problem.
- Decrease morbidity and mortality from COPD through implementation and evaluation of effective programs for diagnosis and management.
- Promote study into reasons for increasing prevalence of COPD including relationship with environment.
- Implement effective programs to prevent COPD.

About WCD

What is World COPD Day?

World COPD Day is organized by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) in collaboration with health care professionals and COPD patient groups throughout the world. Its aim is to raise awareness about chronic obstructive pulmonary disease (COPD) and improve COPD care throughout the world.

Each year GOLD chooses a theme and coordinates preparation and distribution of World COPD Day materials and resources. World COPD Day activities are organized in each country by health care professionals, educators, and members of the public who want to help reduce the burden of COPD.

The first World COPD Day was held in 2002. Each year organizers in more than 50 countries worldwide have carried out activities, making the day one of the world’s most important COPD awareness and education events.

Who is GOLD?

GOLD was launched in 1997 in collaboration with the National Heart, Lung, and Blood Institute, National Institutes of Health, USA, and the World Health Organization.

GOLD’s program is determined and its guidelines for COPD care are shaped by committees made up of leading experts from around the world.
World COPD Day 2010

World COPD Day 2010 took place on Wednesday, November 17 around the theme “2010 - The Year of the Lung: Measure your lung health - Ask your doctor about a simple breathing test called spirometry.” This positive message was chosen to raise awareness of spirometry as the gold standard for diagnosis of COPD, and emphasize the actions a person can take to safeguard his or her lung health.

Numbers to Shout About

WCD organizers were in top form this year, sending us reports of 123 events! Special congratulations go to organizers in India, who reported 26 activities. Following closely behind were organizers in the UK, with 22 activity reports, and in the USA, with 19.

This year, events took place in a whopping 38 countries. We especially welcome the first activity reports ever from Bulgaria, Moldova, and Morocco. Each of these countries had activities worthy of shout-outs:

- The Bulgarian Respiratory Society coordinated events in seven cities. These included open door events offering free spirometry, a medical conference, and a program that enabled GPs to obtain advice from specialists in regard to patients with “hard-to-treat” COPD. In the city of Pleven, organizers facilitated a press conference with the mayor, who declared November 17 as “Day Without Cars, No Tobacco Day, Tree-Planting Day, and Day of Healthy Lungs.”

- The European Respiratory Society in Moldova offered a “COPD Electronic Marathon,” aimed at helping the public find useful information about COPD from social media. Organizers posted educational materials, videos, scientific articles, and patient stories about COPD, both for patients and doctors. Members of the public were encouraged to post on the site or share the posts. Kudos to these organizers for making creative use of the Internet and its social sites, including Facebook, to reach huge numbers of people!

- Morocco also emerged this year as a heavy hitter against COPD. The Association Franco-Marocaine de Pathologie Thoracique (AFMAPATH) provided medical caravans to provide diagnosis and treatment in disadvantaged and hard to reach areas. Participants included the country’s Minister of Health.

- The Macedonian Respiratory Society also turned its attention to health providers. It organized a workshop titled "COPD: A Global Social and Economic Problem," that emphasized the accessibility of spirometry the importance of early diagnosis of COPD.

- In the USA, Mission Hospital offered free spirometry for the community. Recognizing that health professionals are also susceptible to COPD, they made the test available to all hospital employees.

- In Mexico, the Global Alliance Against Chronic Respiratory Diseases held a campaign for the early detection of COPD throughout the month of November. More than 500 smokers had access to free spirometry testing and pulmonary consultations.

As always, you can visit our World COPD in Your Country page to read about all the activities that took place in your area and around the world.

Our Thanks to GOLD for their permission to reprint excerpts from their website.

Mark Your Calendar

COPD Day takes place each year on the second or third Wednesday in November.

We encourage all of you to set “special goals” for yourself this November. Even tiny steps can make a difference!!
Televisit® a new high-tech system that allows healthcare workers to conduct ‘virtual visits’ to patients...

Editor’s Note: Just recently I had the pleasure of a telephone interview with Jeremy Brouillette, Executive VP of PHD Medical in Bâti d’Urfe Quebec, who provided insight and information on “Televisit”, an innovative service now being used most successfully in Quebec. Many thanks for your time and patience.

The Quebec government National Program for Home Ventilatory Assistance (NPHVA) (through RUIS McGill and McGill University Health Centre) has instituted a new telehealth program which among other health issues is successfully used for people with lung problems, many of whom have COPD. This program, known as “Televisit”, allows healthcare workers to conduct ‘virtual visits’ to patients using live video communications. This system also permits the transmission of physiological data, “vital signs”, in real time to aid in the assessment of patient health. The integration of this new service will improve access to specialized care for both pediatric and adult patients, particularly in remote areas of the RUIS McGill, and other regions of Quebec.

Developed specifically for this purpose by Quebec-based company PHD Medical, Televisit will allow the NPHVA care team to monitor and interact with patients through a two-way video link in real-time. The system is also designed to remotely receive and assess information about the patient, including blood pressure, body temperature, weight, and can measure cardiac and respiratory sounds with the use of a digital stethoscope. This new ability to "stay connected" will help support local community healthcare workers who follow these patients regularly in their own community, and who are often unfamiliar with the specialized needs and equipment used by this patient population. In this way the NPHVA care team can interact remotely with patients who remain at home, assess their condition, answer questions and address their concerns using this complete end-to-end system.

Staying on top of patient symptoms and/or changes in condition is key in preventing Exacerbations in COPD patients. This technology means that the COPD patients are empowered using the telehomecare technology as well as benefitting from reduced travel to the hospital, regular follow-up at home, and better preventive methods. A major cost benefit to the overloaded health system is the reduction of ER visits and hospital stays.

The NPHVA care team uses the Televisit system which provides synchronous videoconferencing and real-time streaming of medical data between clinician and patient, as well as a centralized scheduling and health data management system. The medical diagnostic devices provided as standard with the Televisit terminal include: pulse oximeter, blood pressure monitor, electronic stethoscope, weigh scale, and thermometer as well as other devices to improve the quality of life for patients, such as an integrated miniature camera which can be used to take photos of skin lesions if a dermatology consult is required, glucometers for diabetics and spirometers for those patients with breathing problems. The unit's software allows health care professionals to book appointments and enters patient progress reports online.

Rita Troini, NPHVA Director of the Televisit project, said the units are used by patients for scheduled sessions as well as to request a consult when health issues arise. Tele-education sessions can be set up if caregivers, local community health care providers or family members have concerns. "This is reassuring for the patients' families," Troini added.

How it works from the

"Professional" End

The Televisit application is hosted on a web-based managed network. "Customers" Health Care Facilities, use a simple interface to control all aspects of their Telemedical consultations, including; user and profile management, appointment scheduling, reporting, and billing. The managed network application controls all the "back-office" type work such as security, user identification and addressing, point-to-point connections, and system usage. Once a user has installed the Televisit software on their PC, or purchased a dedicated Televisit terminal, simply connect to any broadband Internet connection and run the Televisit software. The network takes care of the rest - you are automatically connected to the network and are ready to start having Televisit sessions.

Besides being used to increase and improve contact and follow-up with chronic care patients in their own home it can be used in doctors offices, clinics or pharmacies to provide specialist, or "after hours" consultations. It can also be used to provide remote consultations and follow up care to fixed patient groups in centralized locations like schools, businesses or seniors residences and to offer remote consultations and follow up care services for patients with specialized needs.

The possibilities with this new technology are really exciting. We are all aware of the rapidly increasing costs and shortage of staff in all our provincial health care systems. Systems such as these can provide so much more care for the patient, save time for medical personnel and, of course, reduce costs to the overburdened system.
As anyone with chronic obstructive pulmonary disease (COPD) knows, the quality of the air you breathe is critical — allergens and irritants can irritate sensitive lungs and trigger COPD symptoms.

But while you may not realize it, the quality of the air inside your home can be poorer than the air quality outside. Allergens and irritants such as pollen, dust mites, pet dander, and fumes from cleaning products and paint can build up and pollute your home. Find out how to breathe easier inside your home.

**COPD and Indoor Air Pollution: How to Avoid Triggers**

If you are helping to provide care for a COPD patient, there are several things you can do to improve the quality of the air in the home.

**Use unscented products.** Jane Whalen-Price, PT, director of rehabilitation services at National Jewish Health in Denver, says fragrances trigger COPD symptoms in some people. When it is an option, choosing cleaning products and other household necessities that are fragrance-free may help ease your loved one's symptoms. "When caring for COPD patients, I never wore perfume; I wore unscented antiperspirants," says Kitty Weary of West Yellowstone, Mont., who was a COPD caregiver for both of her parents and her husband.

**Avoid smoking in the home.** It is important that people who have COPD live in a smoke-free environment. This means prohibiting anyone from smoking inside the home.

**Reduce chemical exposure.** Common household products, including cleaning products, paints, and varnishes, can be especially irritating to people with COPD. Try to do the cleaning — or anything else that requires the use of chemical products — when your loved one is out of the house. "We try [to] tell people who have COPD to not be involved in the heat of the cleaning," says Whalen-Price.

**Keep the home ventilated.** Opening windows and doors when possible, running exhaust fans, and installing an air filtration system are great ways to ventilate your home and reduce the amount of allergens and irritants that are inside.

**Go all-natural.** "I went to almost all natural cleansers and cleaners," says Weary. All-natural products are less likely to contain lung-irritating chemicals such as bleach and ammonia, but should still only be used with good ventilation to decrease chances of irritation.

**Reduce dust.** Dust mites trigger symptoms in some people, so keep carpets clean, regularly wash linens, wipe down dust, and keep clutter to a minimum to reduce the number of dust mites in the home.

The severity of the disease and the factors that trigger symptoms vary among people with COPD. "Some people are more sensitive [to indoor air pollutants] than others," says Weary. "A lot of our COPD patients have that asthma component to their symptoms," says Whalen-Price, who says that people who have COPD-related asthma symptoms are often more likely to be sensitive to indoor pollutants.

So if your loved one seems to be bothered when inside the home, or finds his symptoms worsen in certain locations within the house, take the time to investigate whether an allergen or irritant may be a symptom trigger. Your doctor can give you tips on reducing the amount of indoor pollution in the home. Removing symptom triggers from the home can lessen your loved one's daily symptoms, making him more comfortable.

**Ask the RT Cont’d from Page 5**

One other concern is that you’re using ONLY Spiriva. While there may be a few folks out there who need only an “anticholinergic” medication to maintain their airway tone, with your apparent sensitivities and symptoms related to odors and fragrances, I would bet that you also need to be using a beta-agonist medication along with the Spiriva. You may also specifically benefit from an inhaled corticosteroid which would help reduce your sensitivity to fragrances/odors. Ask your doctor about the advisability and potential benefit of adding something like Symbicort or one of the other combination inhalers that contain each of the types of drugs I suggest.

What you may see is not only overall improvement in your breathing, but a significant reduction in your sensitivity to some of the offending odors. Part of your underlying propensity for intolerance may simply be airway reactivity of the type that those two medications specifically resolve and/or prevent.

**Best Wishes,**

Mark
Hi Moe,
I'm a 50 year old female with severe copd and emphysema, 2 ml oxygen at night, spiriva is only med. I work full-time. I have started exercising and for the most part I'm doing okay. My issues/questions? Smells of all kinds really bother me. I've changed cleaning and laundry supplies, etc. But I can't convince my husband and son that the smells of their soaps, deodorant and baby powder really bother me. Am I being too sensitive here? Also, my son bowls and the bowling alley reeks of some sort of grease or oil. Is it safe, practical to wear some sort of mask/respirator an hour per week to watch this? Isn't it best to not be around air pollution at all? Also, I have chronic muscle and joint pain. I have an infrared sauna that I'd like to use at lower temperatures but a nurse who works for the pulmonologist said saunas are bad for lungs.

Any thoughts or suggestions? Thank you so much.

Moe

A. Hi Moe,

Your sensitivity to odors of the nature you describe is not at all unusual. Many folks who have Asthma and COPD become increasingly intolerant of odors, especially scents used to add fragrance to every day materials we use, like Kleenex and toilet tissues, soaps and laundry and cleaning products. Perfumes, colognes and other hygienic products can wreak havoc with one’s breathing. It is specifically because of these tendencies among those with lung diseases that we RT’s are careful not to wear scents or clean ourselves with products that emit significant fragrances when we work with our patients. So, your husband and son really do need to heed your complaints and try to keep from aggravating your breathing with unpleasant odors and/or those that trigger breathing difficulties for you.

Insofar as the question of pollution you ask about, while all folks who have COPD should avoid breathing polluted air, because fragrances are present that bother you does not make them constitute pollutants. As for the bowling alley, it is common knowledge that the lanes are coated with oil. That oil has no significant fragrance or odor to it. As well, that oil has never been shown to become ‘airborne’ or to pose a threat to one’s health: You may be overly sensitive to that particular presence more because you 'know' it is there, rather than because it emits any significant fragrance or odor. One other possibility would be to see if there is a concession that fries a lot of foods.

In any case, wearing a mask of the type you suggest – or that would be necessary for the type of filtration you suggest, were airborne pollutants actually present because of the oil used at bowling alleys – would be not only impractical, but a visual distraction and potential embarrassment since there is no known or suspected danger posed by breathing the air within that environment. If, as in many areas here in the USA, smoking has been banned from bowling alleys, then the greatest source of actual air pollution has been removed. And the remaining air may be safer than it has ever been.

I have concerns about your oxygen needs. What we see a lot of the time in folks who have extreme sensitivities of the nature that you describe, BUT whose lung disease is not so severe as to prohibit their ability to work full time and maintain an active lifestyle is "hypoxia" (decreased blood oxygen levels), especially during exertion. You note that you use oxygen only at night. Do you have an oximeter to monitor your oxygen during waking hours and especially with exertion? You could be desaturating (dropping your oxygen level) during exertion, in which case you may need to increase your oxygen use to more than just while sleeping. Further, it is fairly well documented that folks who desaturate during sleep most often desaturate similarly during exertion. So if you have not had a walk test with oxygen monitoring performed as you walk for at least three minutes, non-stop AND you do not own or use a pulse oximeter, then you should have that test and/or consider purchasing an oximeter and adjusting your oxygen use accordingly. It is certainly an issue you should discuss with your doctor.

Cont'd Page 4
Healthy Eating “Spiral Stuffed Turkey Breast with Cider Gravy”

Ingredients

Stuffing

- 2 teaspoons extra-virgin olive oil
- 1 cup finely chopped onion
- 1/2 cup finely chopped celery
- 2 cloves garlic, minced
- 1/2 cup fresh whole-wheat breadcrumbs
- 3 tablespoons chopped fresh parsley
- 1 tablespoon chopped fresh thyme, or 1 teaspoon dried
- 1 1/2 teaspoons chopped fresh sage, or 1/2 teaspoon crumbled dried (not ground)
- 1/4 teaspoon salt, or to taste
- Freshly ground pepper, to taste

Turkey & gravy

- 1 2-pound boneless turkey breast half
- 1/4 teaspoon salt, or to taste
- Freshly ground pepper, to taste
- 4 teaspoons extra-virgin olive oil, divided
- 1 cup apple cider
- 1/2 cup reduced-sodium chicken broth
- 1 cup onion, coarsely chopped
- 2 cloves garlic, crushed and peeled
- 8 sprigs fresh thyme, or 1 teaspoon dried
- 4 teaspoons cornstarch
- 2 tablespoons water
- 1/4 cup reduced-fat sour cream
- 1 1/2 teaspoons Dijon mustard
- 1 teaspoon lemon juice

Preparation

1. Preheat oven to 300°F.
2. To prepare stuffing: Heat oil in a medium nonstick skillet over medium heat. Add onion and celery; cook, stirring often, until softened, 2 to 4 minutes. Add garlic and cook, stirring, for 30 seconds. Remove from heat and stir in breadcrumbs, parsley, thyme, sage, 1/4 teaspoon salt and pepper.
3. To prepare turkey: Remove skin from turkey breast and trim off fat. Butterfly the turkey breast. Flatten the turkey breast. Spread the stuffing over the breast and roll the breast up into a cylinder. Secure with kitchen string.
4. Sprinkle the turkey roulade with 1/4 teaspoon salt and pepper. Heat 2 teaspoons oil in a large cast-iron or nonstick skillet over medium-high heat. Add the roulade and cook, turning from time to time, until browned all over, 5 to 7 minutes. Transfer to a plate. Add cider to the skillet and bring to a simmer, stirring to scrape up any browned bits. Add broth and bring to a simmer. Remove from heat.
5. Heat the remaining 2 teaspoons oil in a Dutch oven over medium heat. Add onion and cook, stirring often, until softened, 2 to 3 minutes. Add garlic and cook, stirring, for 30 seconds. Add the browned turkey roulade. Pour in the cider mixture, then add thyme sprigs (or dried thyme). Cover the pan and transfer it to the oven.
6. Bake the roulade until it is no longer pink inside and an instant-read thermometer inserted in the center registers 170°, 45 minutes to 1 hour. Transfer to a carving board, tent with foil and keep warm.
7. To prepare gravy: Strain the liquid from the Dutch oven into a medium saucepan, pressing on the solids. Bring to a simmer over medium-high heat; cook for 2 to 3 minutes to intensify the flavor. Mix cornstarch and water in a small bowl; add to the simmering gravy, whisking until lightly thickened. Add sour cream, mustard and lemon juice, whisking until smooth. Season with pepper. Heat through.

Remove the string from the roulade. Carve into 1/2-inch-thick slices and serve with gravy.

Nutrition

Per serving: 222 calories; 5 g fat (1 g sat, 3 g mono); 74 mg cholesterol; 13 g carbohydrates; 0 g added sugars; 29 g protein; 2 g fiber; 248 mg sodium; 438 mg potassium.

Nutrition Bonus: 438 mg potassium (22% dv).

Carbohydrate Servings: 1

Exchanges: 1/3 fruit, 1 vegetable, 3 1/2 very lean protein, 1 fat
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**REMEmber**  
Please identify yourself as a COPD Canada Patient Network Member and ensure you have your membership number on hand when you contact these companies. For add’l information on these and other items, visit our site at www.copdcanada.ca
Dear Friends,
I can't believe another year is drawing to a close. It has certainly been filled with ups and downs for all of us. Our members should be receiving a copy of this year’s project shortly, Our 2012 COPD Calendar. Many thanks to those who contributed and a special thank you to our President Jackie Whitaker for all the work she did pulling it together and getting the best deal for our printing costs!

On behalf of myself and our Board of Directors we join in wishing you a happy “Holiday Season” and an “Easy Breathing” New Year.

Sincerely,

Gwen

This is YOUR newsletter. email all suggestions or comments to: gwen@copdcanada.ca

Editor’s
Bragging Rights!!

My newest grand dog.

“Charlie”
The COPD Action Plan -

What Is It?

Other than quitting smoking, one of the most important steps for any person with Chronic Obstructive Pulmonary Disease (COPD) is to work with their doctor on a COPD Action Plan. This plan will help you know how and when to take your medication, when to call your health care provider if you experience a “flare” or “exacerbation” of your symptoms, and when to get emergency care.

*It is important to know:*

What are your ‘usual’ every day symptoms? You may cough every day, but take note of what color your phlegm is, and how thick is it?

What usually makes you feel short of breath? When you become ill, you may find simpler chores and activities leave you feeling short of breath.

*Watch for a COPD “flare”/”exacerbation” when:*

- You get a cold or flu
- You feel run down or tired
- You are exposed to air pollution
- After weather changes
- When your mood changes; such as feeling down or anxious

*How do I know I’m having a COPD “flare”/exacerbation?*

If you have one or more of the following symptoms for 1-2 days, you may be having a flare:

- Increased shortness of breath compared to normal
- Increased coughing and phlegm than normal
- Your phlegm changes from its normal color to yellow, green, or rust color

If you do not have access to a computer please ask a friend or use a computer at your local library to download the form for an Action Plan. On our main page, www.copdcanad.ca scroll down on the left hand bar and click on “COPD Action Plan Link”.
**From Our Website Continued**

The COPD Action Plan will be filled out with your family physician or respirologist and it works like a traffic light system.

The **GREEN** section describes your symptoms when you’re feeling well – you should continue your medications every day. You’re able to do your usual chores and activities.

The **YELLOW** section describes your symptoms when they start to become worse. Within 48 hours of this change in symptoms, you should start your antibiotics and/or prednisone as described in your Action Plan (and continue your usual every day medications!). Use your reliever inhaler (often your “blue” inhaler) more often to help your shortness of breath.

Book an appointment with your doctor to check that you are improving with the addition of antibiotics and/or prednisone and to get a refill for your Action Plan prescription refills.

The **ORANGE** section is filled out by your doctor, and explains to you how to change your breathing medications if you are having a “flare up” of symptoms. You may be given a prescription to keep on hand for antibiotics or prednisone, to fill at your pharmacy. These medications should be started within 48 hours from the beginning of a COPD flare. Follow these instructions exactly as they are written. Ensure you **finish** your prescription for antibiotics and prednisone, even if you start feeling better after a couple days.

Consider telephoning or booking an appointment with your doctor or respiratory educator to check that you are improving after completing the antibiotics and/or prednisone.

The **RED** section describes a situation where your symptoms have now progressed to be very unwell.

**If you are:**

- dizzy, light-headed, so short of breath you cannot speak, or have chest pain – CALL 911 or have a support person take you to the nearest hospital, use your rescue inhaler to help relieve your shortness of breath.

*Things to remember about your COPD Action Plan:*

- For each person, their COPD is different, and they should discuss their own Action Plan with their physician

- If you start antibiotics, be sure to **FINISH** the entire prescription, even if you start feeling better after a couple of days!

- There are many different versions of a COPD Action Plan, review yours regularly with your physician or health care provider.

- Quitting smoking and ensuring your vaccinations (influenza yearly and pneumococcal at least once) will help prevent future flare ups of your COPD.

- Know who to call as a resource person if you have questions! Your physician, a COPD Help Line, a respiratory educator, or other health care provider can help you know whether you are having “a bad day” with your breathing, or if it progressing to something more serious.

**WITH GOOD TREATMENT, YOUR QUALITY OF LIFE CAN IMPROVE!**
**COPD Canada Patient Network Membership Form**

Please fill in and mail, or go to the web address below for the on-line form.

**COPD Canada Patient Network**  
Attn: Dave Raymer  
3047 Old Sambro Rd  
Williamswood, NS B3V 1E6 Canada  

The “On-Line” Membership Form can be found at [http://www.copdcanada.ca/sign_up.htm](http://www.copdcanada.ca/sign_up.htm)

**Contact Info:**  
E Mail [Contact@copdcanada.ca](mailto:Contact@copdcanada.ca) or [Membership@copdcanada.ca](mailto:Membership@copdcanada.ca)

**Our Main Website is:** [www.copdcanada.ca](http://www.copdcanada.ca)

**There’s no Dues or Fees. Membership is FREE.**

**Current Savings For Members:** On: Oxyview Eyeglass Frames, a Substantial Discount from GelFast (hand hygiene), Finger Pulse Oximeters, Medical Acoustics “Lung Flute,” flow meters, Stairlifts, Acapellas, SoftHose Cannulas, Hose, Cold Weather Masks and more! [www.copdcanada.ca](http://www.copdcanada.ca)

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| Do You have any Comments or Suggestions? | As a member of the Network it is understood and agreed that if we undertake a mail campaign to legislators or other governing bodies of importance as it relates to COPD, that you will participate in this when the request to members goes out. Usually the Maximum is twice a year. (The above is applicable to Canadian members) |

**Please Note:** All information gathered/received will be held in the strictest of confidence and WILL NOT be shared with anyone at any time (with the exception of your name only if the event a supplier wants to verify your membership). Your personal information will NEVER be compromised.

Once we receive your application, a welcoming note will be sent to you with additional information along with your Membership Number, the most recent Monthly “AIlRmail” and Newsletter.

"*Together* We CAN!!! Care, Advocate, Network"