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## Canada's Hepatitis C News Bulletin

www.hepcbc.org

### BC HEPATITIS SERVICES UPDATE/MARCH 2001

John Hamilton, Program Co-ordinator, BC Hepatitis Services

Effective January 2, 2001, BC Hepatitis Services was established at the British Columbia Centre for Disease Control. The Director of BC Hepatitis Services is Dr. Mel Krajden.

Program funding of \$5.0 million in each of two years was announced in the Health Action Plan in December, 2000. Of this amount \$3.7 million will go to enhanced immunization programs for hepatitis B, including a new infant immunization program, and for hepatitis A immunization. Among the groups eligible for hepatitis A immunization are people already infected with hepatitis C.

Funding for combination therapy for hepatitis C was announced earlier in 2000. This was a major element of *A Hepatitis Strategy for British Columbia*, which went to government in mid-1999.

In addition to immunization initiatives, BC Hepatitis Services is charged with co-ordinating the efforts of 15 service agencies, as well as community groups, in order to eliminate needless duplication and to ensure equitable access to services for all British Columbians.

A Provincial Hepatitis Advisory Committee (PHAC) has been established with representatives from communities, health professions and government to advise the program and to advocate for the deployment of resources to meet identified needs. The committee has already held two meetings.

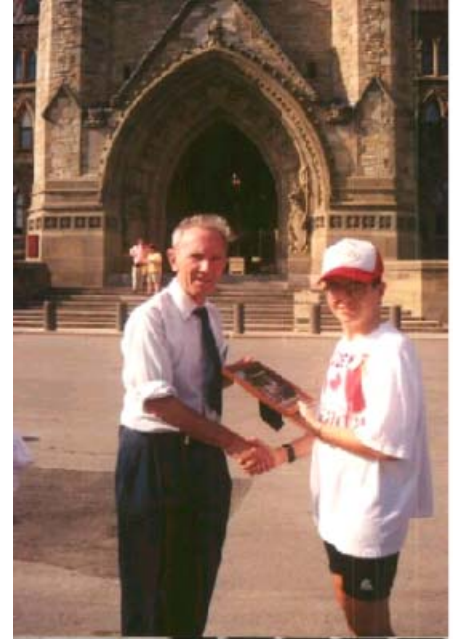
In addition to the PHAC, BC Hepatitis Services will be seeking input from a community advisory group, a health professions advisory group and from an education advisory group. We will soon begin vetting the information materials available through a variety of media and will co-ordinate production of materials that respond to the specific unmet needs of the people of British Columbia.

BC Hepatitis Services is pleased to be able to work in close collaboration with the BC Aboriginal AIDS Awareness Program (BCAAAP) and with Healing Our Spirit to

co-ordinate the development of culturally appropriate educational materials for aboriginal communities. We hope to foster similar partnerships to develop other culturally and socially sensitive education materials for other members of our community.

We invite you to visit our website at [www.bccdc.org/hepatitisservices](http://www.bccdc.org/hepatitisservices). You will find regular updates on our activities, important information for people living with hepatitis and information about research studies. You can also find out who we are. As we grow, so our website will expand to accommodate a highly interactive program of education and information exchange. We are very excited about being able to use the technology of the web to provide the people of BC with accurate and timely information and to support our public and professional education programs. Martha Kertesz, Program Officer, BC Hepatitis Services is heading the drive that will make this a reality.

You can contact the program on our toll free line from anywhere in BC at 1-866-660-1676 or by e-mail at [hepatitis.services@bccdc.hnet.bc.ca](mailto:hepatitis.services@bccdc.hnet.bc.ca)



Ron & Joey Hache in Ottawa

### RON THIEL 1932-2001

Ron Thiel was a founding member of HepCBC. Ron, like "Captain Kirk," went where none had gone before. His polite audacity, his dogged perseverance and his determination served as an inspiration and incentive to many of us.

What I remember about Ron the most was his honesty and his uprightness. Ron would not compromise his moral principles. He grieved a long time about going public about how organisations supposed to represent those with Hep C had failed us. Would that Ron had been stronger and healthier.

The principles for which Ron stood remain at the heart of HepCBC, an organisation he helped establish. Although Ron had to step down because of his health, he was always there for Joan and me, giving advice and counsel when needed.

(More about Ron on page 3.)

Dr. C.D. Mazoff, PhD  
Executive Director, HepCBC



Ron "The Reaper" in Victoria

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**ADVERTISING:** The deadline for placing advertisements in the hepc.bull is the 12<sup>th</sup> of each month. Rates are as follows:

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\$20 for business card size ad, per issue.

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## REPRINTS

Past articles are available at a low cost in hard copy and on CD ROM. For a list of articles and prices, write to HepCBC.



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**HepCBC Resource CD:** The CD contains back issues of the *hepc.bull* from 1997-2001; the FAQ V4; the Advocate's Guide and the Slide Presentations developed by Alan Franciscus. The Resource CD costs \$10, including shipping and handling. Please send cheque or money order to the address on the subscription form on this page.

# THANKS!!

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## CANADIAN CONFERENCE ON HEPATITIS C

The 1<sup>st</sup> Canadian Conference on Hepatitis C will be held in Montreal from May 1 to May 4, 2001.

The Conference will be community driven and focused, presenting a three track program that includes Basic and Clinical Science, Public Health and Social Science and Community issues.

Early registration is set for February 28, 2001. Scholarship programs are also available.

For information on this conference, information can be obtained at [www.hepc1conf.ca](http://www.hepc1conf.ca). You can also phone 1-866 420-1684. Or you can email [hepc1@hemophilia.ca](mailto:hepc1@hemophilia.ca).

PLEASE PLAN TO ATTEND THIS CONFERENCE. WE NEED YOUR REGISTRATIONS SO THAT WE CAN GO AHEAD WITH THE CONFERENCE.

Thank you.

## HepCBC Provincial Roundtable:

Saturday, May 26  
Victoria, BC

Royal Jubilee Hospital,  
Woodward Room, 9 - 5

### Morning Session:

The morning session is open to the public. Registration is free, but pre-registration is required.

Wayne Penney, BC Hospice Palliative Care Association

Dr. Frank H. Anderson, Department of Gastroenterology, Vancouver General Hospital

John Hamilton, BC Centre for Disease Control

Dr. Stephen Sacks, Viridae Clinical Sciences

### Afternoon Session:

The afternoon session is open only to member associations of HepCBC. Pre-registration is required.

"Where Are We & Where Do We Go from Here?"  
A strategic planning session facilitated by John Hasell.

### Dinner:

The dinner is open only to member associations

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# THE SQUEEKY WHEEL



## MY TRIBUTE TO RON THIEL

I was very fortunate to have been able to speak with Ron last Saturday. Thank you, Barbara, for sharing him with me. I feel very honoured to have got to spend those precious moments with him, and wanted to share some of what we talked about with you.

I did not realize at the time, that this would be my last conversation with a man I have truly come to respect and love. To the end, Ron, although in major pain, was still fighting. He asked me to send him addresses. He was writing letters (what else?) to the RCMP and to the Public Complaints commission. Ron was truly committed to the bitter end.

He was writing an addition to his "victim impact" statement for the RCMP Blood Inquiry Task force. He was thinking it should be updated now that he knew he did not have long to live. Now, he thought Barbara, Laura and Donna's input would be very valuable, too.

We had a great laugh when Ron informed me he his doctor was looking into getting him medicinal use marijuana. I told him I wanted a picture of THAT - an old English gentleman smoking a joint!! We both laughed at what a picture that would make and all the places I could post it!!

I remember with great fondness the very first time that I met Ron. We were both taking the red eye to Ottawa so we could be at the opening of Parliament. Joey Hache had planned a rally and was going to hand over the pages of petitions he had gathered all summer. Here is where I first met Ron as the "Reaper."

We were in the airport lounge. Ron had told me he would be wearing his Hep C ribbon. Since I had been distributing them for years I knew exactly what to look for. WRONG!! Ron was wearing the largest, loudest ribbon I have ever seen!! I knew who he was in an instant, and that he was quite the character.

From that day on we had a bond, a relationship much like a father/daughter would have. He was very protective of me on my many visits to Victoria. He told me what time

to be home and even waited up for me to get safely in the door.

Ron was always very quick to offer accommodation, meals and chauffeur service. He didn't only allow me to stay at their home - the Thiel's welcomed my three children and my sister and my friend Cindy. It appears they were hospitable to everyone!

Over the past few years my telephone bill has reflected many conversations between Ron and me (as did his). We shared ideas and exchanged information. I held a very deep respect for this man, who had been through so much, and was spending his retirement taking on hepatitis C issues with great gusto.

My second to the last trip to Victoria was in May. Ron had his drivers license revoked by his doctor, who thought he was no longer capable of driving, so he sent Barbara to the airport to pick up Jarad and me. He was very concerned that he would never get his license back and we had a great discussion about doctors, medication and the rules. I always learned something from this kind gentleman.

I have known many people who have died from hepatitis C, but I have to say Ron has had the most impact on my life. I am so grateful to have seized the opportunity to tell Ron what an awesome, inspirational and selfless human being he is. Ron truly was a gentleman, a scholar and a friend. I am so glad I got to say these things to him before he passed away. I will miss him greatly. I made him a promise we would continue the fight for equal compensation for those outside of the window. I told him it would be wonderful if he would guide us from above.

One would be remiss to do a tribute to Ron without mentioning the Principal Group - Ron's other activist issue. Ron was an avid stamp collector, owned his own display business and was a loving and devoted husband and father. He will be missed by many friends, especially me. Good bye, dear friend. Your battles are over.

*Leslie Gibbenhuck*

### TIP OF THE MONTH:

When possible, treat the *cause* of pain, rather than the pain itself.

## FOX'S STORY

I was diagnosed with Hep C in 1998. Went through 3 comas, and was listed #1 across Canada for a liver transplant. Through the blessings and the belief system and through the Indian way of doctoring and with the help of the SPIRITS I was transplanted in September of '99—successfully transplanted, after being near death. I always like to say that I was clinging on to life by instinct and arsehole; however, I guess that is unprintable.

Anyway, as you may all know, even though I was given a new liver to start anew, I still retained the rights to the Hep C virus, and after transplant my ALTs slowly started to climb. There were fears of rejection, and, as a result, I went through about 6 biopsies only to discover that it was not rejection that was elevating my numbers, but the Hep C virus slowly and ferociously attacking my new liver.

The numbers climbed to 726 in January 2001, and it was at this time that my liver doctor decided to try the combo treatment. There was no other avenue. I was told that I was the first person in the city of Edmonton to go on the Rebetrone treatment (post transplant) and that there was no guarantee that I would respond. I accepted that and felt that there was no where else to go and nothing else to do.

However, prior to all of this, I went and got doctored the old traditional way and then started my treatment. I am now into my 14<sup>th</sup> week of Rebetrone, and my last blood work 1 week ago showed that my enzymes were down to 36. I say YAHOO!!!! Something is happening for the good.

Of course I was terrified of the side effects that I read so much about and from listening or reading about all the problems people were having on the combo. I was scared, but lo and behold, I am not experiencing any side effects to this day—sometimes a little headache, but nothing serious. Nothing to the point where I need POT!! to handle the side effects. I prefer to rely on the Creator and the Spirits to walk me through all of this, 'cause I truly believe that if it were not for that to begin with, I would not be here today, looking at the condition that I was before transplant.

I am truly grateful to the people that made that final decision to donate their loved one's organs. They need to know that the spirit of their loved one is truly honoured on a daily basis and through every ceremony that I am involved in.

Fox

## NEWS FROM MANITOBA

### HepSEE WPG, Manitoba

by Bill Buckels March 15, 2001

This last month has been an important one for HepSEE WPG. We held our first HepSEE meeting on Feb 21st. We had a nurse and HIV/HCV co-infected and HCV and HIV infected people in attendance. We kicked off the meeting with David Mazoff ("Squeaky") and the "Hepatitis C and Your Rights" video, and we all agreed that this is a "must-see." The atmosphere was very relaxed, and, believe it or not, I did not do all the talking.

On the following Tuesday, I attended another meeting, with Health Canada (Myrna Majano) and Dr. Laura E. Taylor from the Faculty of Social Work at the University of Manitoba. Folks from the HepCAN list will remember Dr. Laura's Online Needs Assessment Survey from last year. I finally received a hard-copy even though it is not due to be officially released until the beginning of April. In her report, Dr. Taylor recognizes the HepCAN online group by saying "...the infected and affected have an advanced understanding of the medical and clinical treatment issues related to hepatitis C."

I know that several folks filled in Dr. Laura's survey and are waiting to see the results after the public release. In the meantime here is a sneak preview...

The Manitoba Hepatitis C Needs Assessment [Dr. Laura E. Taylor, January 2001] reaches the conclusion that "There are many diverse groups and diverse needs for each of the groups," and goes on to say that "support for Grassroots Organisations" is a need in Manitoba, as well as across Canada.

Also noted is the "critical shortage of counseling support for HCV infected and affected persons. The infected and the affected need to share their stories to facilitate the healing process. Finally, there is a need for coordination and liaison among service providers." The Assessment also identifies that there is not enough support, both during treatment and outside of treatment. It identifies "The self-help group" [as] "a form of social support and a 'buffer' against stress, crisis, loss, and alienation... characterized by anti-dependency, anti-elitism, anti-bureaucracy, sharing community, informality, anti-addiction, a spiritual bias, and an important extension of participatory democracy, particularly in the work of giving."

Further, the assessment notes, "Help is given by people with the same problem or condition... Help is not given by experts... Help is based on indigenous experience...the act of help is not stigmatized..." and defines healing from within as "what is done by the patient" as opposed to curing or "what is done to the patient."

The report also argues that "self-help participants have an investment in effective service and can represent a major vehicle ... for demanding the appropriate role of government

## May Daze Gala

a dazzling musical event  
in support of HepCBC  
hosted by **Linda Rogers**

performances by:

**Pablo Diemecke,  
Argenta String Quartet,  
Mandolirium  
& many others**

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## PRINCE GEORGE CONFERENCE

Prince George Health Unit, AIDS Prince George, and AIDS Prevention (Prince George), with funding from Health Canada, are hosting a conference on Hepatitis C Wednesday, April 18th, 9A.M.-4P.M., at the Health Unit Auditorium, 1444 Edmonton St., Prince George. This conference is for all health care professionals, including physicians and nurses, social service providers, and those infected with and affected by Hepatitis C.

Speakers will be Dr. Frank Anderson on Hep C treatment, Dr. Mark Bigham on transmission, Dr. Mel Krajdjen on epidemiology, and the new provincial hepatitis strategy, and Dr. Chester Morris on HCV/HIV coinfection. Other speakers (names yet to be confirmed at the time of writing) will present on nutrition, living with Hep C, and advocacy. There is no fee to attend. Seating is limited, therefore pre registration is advised.

To register contact Renate at:  
Phone (250) 565-7334 Fax (250) 565-6674

in the adequate funding and delivery of services." It comments that "the very raison d'etre for self-help groups is to combat the disempowerment experienced in the formal health care system."

There is a very real need for volunteers to be welcomed to partner with Health Care Professionals for the benefit of our mutual clients to foster and encourage an environment of Wellness.

Be well.

## CLF VANCOUVER LIVING WITH LIVER DISEASE WORKSHOP SERIES

VANCOUVER The Canadian Liver Foundation is hosting a free seven week wellness and educational program for patients and their families affected by liver disease. These workshops are designed to help patients and their families cope with liver disease.

The "Living with Liver Disease" Workshops began February 22<sup>nd</sup> and run for 7 consecutive Thursday nights. Starting at 6 PM, they are held at the Coal Harbour Community Centre. All are free of charge.

• Apr. 5: **HepC Treatment information** Dr Frank Anderson

For more information and to register please call the Canadian Liver Foundation at (604) 681-4588.

## FROM FOX IN EDMONTON

Today was the first planning committee meeting on the 1<sup>st</sup> Aboriginal Hep C National Conference being planned for the city of Edmonton, Alberta, Canada. We have some excellent people on the planning committee, as they just finished with the 2<sup>nd</sup> Annual HIV/AIDS Conference, which was quite the success. We are hoping to attract as many as 500+ participants. There will be further postings in the future, as we will be building a web site. Also, George Marcello arrived in Lloydminster, Alberta where he was welcomed into the beautiful province of Alberta. I, myself, am heavily involved in trying to create awareness in the aboriginal community on Hep C and the importance of organ and tissue donation. Thanks.  
*fox-cee with hep cee*

## DR. PETER UHLMANN WILL SPEAK IN POWELL RIVER

The April session of "Living With Liver Disease" in Powell River will feature Dr. Peter Uhlmann, teaching stress management through tai chi, using internal energy rather than muscular strength. Age or disability are not limiting factors. The meeting date is Wednesday, April 11th, 7-9 PM, Public Health Unit, 4313 Alberta Ave. Contact: Cheryl Morgan 483-3804.

## CORRECTION MARCH EDITION NEWS FROM SMITHERS

"We stopped in **Hell** on our way through" should read "We stopped in **Tiell** on our way through." Those of you with FAX machines and OCRs will understand....  
*...The red-faced editors*

## PAIN AND ITS TREATMENT: PART 1 - MEDICATION

C.D. Mazoff, Phd

Last month, as I was talking to various support people, a common theme arose: persons suffering from hepatitis C who were in pain were having great difficulty obtaining effective pain medications. I told them I would look into it, and look into it, I did. This article is a summary, as it were, of what I found out, and I wasn't ready for what I found. Just for the record, I don't take any pain meds, except for the odd Tylenol now and then, when it gets too bad.

### What is pain?

This might seem like a useless question, especially when you're really hurting, but actually it always helps to identify a problem when you're trying to solve it. The International Association for the Study of Pain defines pain as an "unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage." If you ask me that's both broad and vague, but I suppose you have to start somewhere.

Pain occurs when sense receptors called "nociceptors" become stimulated. The nociceptors then transmit information to the spinal cord along different pathways, depending on whether the pain is acute or chronic. Messages are sent to the brain which then tries to figure out what to do. Sometimes it can activate certain nerve fibres which will diminish the pain, or release certain neurotransmitters or chemicals, such as enkephalins or endorphins.

Recent studies show that in situations involving infection, inflammation, or peripheral neuropathy, the immune system releases proinflammatory cytokines which create "exaggerated pain as well as an entire constellation of physiological, behavioural, and hormonal changes."<sup>1</sup>

Other studies show that pain varies from individual, and can be greatly affected by "gender, ethnicity and religion, health care, health status, and emotional distress."<sup>2</sup>

### Treating Pain

There are two broad classes of pain, and both are treated differently.

**1. Acute Pain:** In acute pain there is apparent organic injury produced by a trauma, such as a burn, or a gunshot wound, or by end stage cancer, for example. Treatment for this type of pain comprises analgesics (from aspirin to opiates), antidepressants, nerve blocks and surgery.

**2. Chronic Pain:** Chronic pain often has no evident accompanying organic injury, and it is thought by many doctors and scientists that chronic pain, although initially caused by a real injury, is more of a "behaviour state," than a physiological disorder.

The standard approach to treating chronic pain, or "chronic non-malignant pain" (CNP) as it is often called, is to reduce drug dosages, implement alternative modalities, such as physical exercise and meditation, initiate psychological counselling and avoid opiates at all costs.

### Current Issues:

#### A. Medical:

The problem with pain medication other than opiates is mostly due to the side-effects and the fact that they

are not very effective. A glance at the chart on page 5, OTC Pain Relievers, reveals that *all OTC pain medications are bad for the liver*, to varying degrees. They are also bad for kidneys.

The most common complication from taking NSAIDs (non-steroidal anti-inflammatory agents) and aspirin, is gastrointestinal bleeding. Obviously those with advanced liver disease and/or bleeding problems cannot take these types of analgesic.

According to the University of Alabama School of Medicine, "although acetaminophen causes less gastric irritation, nephrotoxicity, and antiplatelet activity than aspirin and other NSAIDs, prolonged use may cause hepatotoxicity, especially in patients with liver disease, even at recommended doses. Acetaminophen toxicity occurs in doses of about 4,000 to 5,000 mg per day (equivalent to 8 to 10 Extra Strength Tylenol tablets). The centrally-acting analgesic tramadol (Ultram), which is not chemically related to opiates, may be an alternative for acetaminophen, and can be effective for non-inflammatory pain (headaches, pelvic pain, myofascial disease, fibromyalgia). Side effects include dizziness, nausea, sedation, and constipation, however, tramadol is not associated with GI ulceration or bleeding and does not adversely effect renal function."<sup>3</sup>

Then there are opiates and the problem of addiction. Physicians involved in cancer pain management treat thousands of patients with opiates, whose effective analgesia improves overall functioning. The side effects generally are tolerable, and problems with addiction, infrequent. Many physicians, however, assume that opiates should be used only for chronic malignant pain. Research and clinical experience have demonstrated that opiates can safely and effectively relieve most chronic moderate to severe non-malignant pain. Fears of addiction, disciplinary action, and adverse effects result in ineffective pain management.<sup>4</sup>

Not all opiates are the same. "Codeine and its equianalgesic analog, dihydrocodeine tartrate, often combined with aspirin or acetaminophen, are the most commonly prescribed opiates for mild-to-moderate pain. Yet, codeine is a poor analgesic, has a ceiling effect, and is fraught with side effects," such as vomiting and diarrhea.<sup>5</sup> Others, such as morphine and its analogues, although more effective, are generally not prescribed.

#### B. Ethical:

More and more doctors and nurses are starting to listen to and believe their patients when they tell them that despite trying everything for CNP, they are still in pain.<sup>6</sup> Like it or not, the attitude toward people with CNP has been largely that it is "all in their heads," or mostly in their heads (hence the psychotherapy), and that pleas for stronger medication are really the cries of a weak-willed individual, or someone likely to become dependant on opiates, should they be administered.

In an article in the *Journal of Law, Medicine & Ethics*, Ann M. Martino argues that the reason many doctors refuse to prescribe opiates is not due to medical fact, but rather to an "ethic of underprescribing. Historically, many physicians have been at substantial risk of being sanctioned for overprescribing by state medical regulatory boards. Ms. Martino concludes that "fear of regulatory reprisal continues to be the reason physicians most frequently cite for not provid-

ing adequate treatment for chronic pain."<sup>7</sup>

As well, there seems to be a presumption, both on the part of the physicians and the public, that individuals who take opiates for CNP are "addicted." A glance through the medical journals on the problem of CNP and opiates reveals that many persons still question the validity of pain in an individual talking opiates: "A patient with chronic pain who is on multiple medications raises important questions for the case manager. Is the patient's underlying problem actually pain, or is it addiction?"<sup>8</sup>

### What to do?

I'll never forget the day that one of our members came to me and confessed that he felt very guilty about smoking marijuana for his pain and nausea. This person, now cirrhotic and in his sixties, had never taken psychotropic drugs before in his life. The marijuana really helped him. But he couldn't shake the guilt.

Another member, who takes methadone to help cope with the pain from a severe spinal injury, runs the risk of being disqualified for a liver transplant, since the question of addiction is always in the shadows.

Yet another member who has advanced liver disease, had her kidneys ruined by interferon. She is in pain from this and from arthritis. She was prescribed ibuprofen (Advil) and began to experience serious pain in her liver. Some persons are prescribed amitriptyline for fibromyalgic pain, despite the fact that it is bad for the liver.

Add to this the fact that many persons with hepatitis C are past or present IDUs, I can understand how doctors can be hesitant to prescribe pain medication. But the fact remains that, whether or not one is or has been an addict, pain is pain, and it should be treated if the patient so requires.

Perhaps the answer to this difficult question lies not so much in research laboratories, but in the office of your local GP. How many doctors nowadays take the time to get to know each of their patients? How many of them really take the time to listen to our experience, and encourage a cooperative approach to health management.

Maybe if physicians would know their patients better, this would enable them to make the right choices. "To do no harm" works both ways. Making the decision to treat or not to treat takes time.

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 “Making Sense of Over-the-Counter Pain Relievers,” a publication of ACSH. For more information on ACSH please visit [www.acsh.org](http://www.acsh.org).

### OTC Pain Relievers

Generic Name	Brand Name	One Time Dose (mg)	Daily Maximum Dose (mg)	Onset and Duration of Pain Relief	Indications	Mechanisms	Unique Features	Interactions and Adverse Effects
Aspirin	Bayer Aspirin, Ecotrin	325-1000	4000	1 hr/4 hr	Temporary relief of headache, toothache, muscular aches and pains, aches and fever due to colds, and minor aches and pains of arthritis.	Primarily peripheral block of prostaglandins	Anticlotting properties	Risk of GI, kidney, and liver problems with long-term, high-dose use; risk of complications when combined with alcohol, anti-hypertensive agents, anticoagulants; Reye's syndrome in children
Acetaminophen	Tylenol Panadol	325-1000	4000	1 hr/4 hr	Temporary relief of minor aches, pains, toothache, muscular aches, minor arthritis pain, headaches, and fever	Primarily central nervous system block of prostaglandins.	Safest for children and pregnant women; virtually no GI effects	Overdose causes few early symptoms; can worsen liver damage in alcoholics
Ibuprofen	Advil, Nuprin, Motrin IB	200-400	1200	200 mg within 40 min. 400 mg within 15-30 min/4-8 hr	Temporary relief of minor aches and pains associated with the common cold; headache; toothache; muscular aches; backache; minor pain of arthritis; and pain of menstrual cramps; and for reduction of fever	Primarily peripheral block of prostaglandins	Quick onset; the only newer NSAID approved for children	Risk of GI, kidney, and liver problems with long-term, high-dose use; risk of complications when combined with alcohol, anti-hypertensive agents, anticoagulants
Naproxen sodium	Aleve	220-440	660	220 mg within 40 min, 440 mg within 30 min/10-12 hr	Temporary relief of minor aches and pains associated with the common cold; headache; toothache; muscular aches; backache; minor pain of arthritis; and pain of menstrual cramps; and for reduction of fever.	Primarily peripheral block of prostaglandins	Longest-lasting pain relief	Risk of GI, kidney, and liver problems with long-term, high-dose use; risk of complications when combined with alcohol, anti-hypertensive agents, anticoagulants
Ketoprofen	Orudis KT, Actron	12.5-25	75	12.5 mg 30-60 min, 25 mg within 30 min/12.5 mg 4-6 hr, 25 mg at least 6 hr	Temporary relief of minor aches and pains associated with the common cold; headache; toothache; muscular aches; backache; minor pain of arthritis, and pain of menstrual cramps, and for reduction of fever	Primarily peripheral block of prostaglandins	Highest risk of GI effects	Risk of GI, kidney, and liver problems with long-term, high-dose use; risk of complications when combined with alcohol, anti-hypertensive agents, anticoagulants

## PAIN AND ITS TREATMENT: PART II - MANAGEMENT

Staff

### BIOFEEDBACK

**B**iofeedback is a recognized technique (developed in the 1940s) to alter muscle and/or brain activity to control normally involuntary body functions by recognizing signals from our own bodies.

These functions can include headaches, numerous chronic pains, digestive disorders, stress, and heart rate.

The user employs a sensor which translates electrical signals from the body into a detectable form, usually a flashing light or a beeper. He or she can then learn to alter muscle tension or brainwave activity by using the mind to control the rate of flashing or beeping. Eventually, individuals can repeat this response at will without the sensors.

The Biofeedback Certification Institute has a website at <http://208.217.189.163/>.

### ACUPUNCTURE

Acupuncture consists of the insertion of slender needles at specific points of the body to influence the flow of energy and thus support self-healing. It is recognized by the World Health Organization and is currently practiced in over 140 countries. It is virtually painless, but often effective in treating pain.

The treatments vary with the practitioner and the style of acupuncture: Chinese, Korean, Japanese, or a westernized version called trigger-point therapy. Acupuncture may be used on its own or in combination with herbs, massage, and/or moxibustion.

Some modern scientists theorize that acupuncture may release natural pain-killing endorphins. Others think it may alter the body's output of neurotransmitters and substances that cause inflammation. It may also stimulate the immune system and the production of cortisone, which helps the body repair itself.

The pain-relieving effects of acupuncture are sometimes delayed, increasing slowly after removal of the needles and becoming more evident after several treatments. The effects may diminish after treatments are ended. A good therapist will recommend stopping treatment that is ineffective.

The risks of acupuncture are few and completely avoidable. Improperly performed insertion can cause bleeding and injury to organs, nerves, or tissue. Disposable needles, used only once, are the only guarantee against infection. Pregnant women and patients with blood clotting disorders should inform the acupuncturist of their condition. Any chronic or worsening pain should be evaluated by a medical doctor.

The skill level of the acupuncturist is critical. He or she should be a graduate of an accredited school and provincially licensed—in B.C., by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., which will be in place later in 2001. Even then, talent and dedication may vary with the individual.

### VISUALISATION

Visualisation manipulates imagery, the language the mind uses to communicate with the body. For instance, you can't just *tell* a wart to go away; you have to visualize it shrinking. The images can be visual, sounds,

tastes, smells, or a combination.

Anyone can learn basic visualisation in a few weeks. It is practiced two or three times each day. It is said to be helpful in 90 percent of health problems—relieving pain, speeding healing, and combating many ailments—but it takes longer to affect a serious chronic ailment.

Visualisation can direct and control negative images, which compromise immunity. It also effectively lowers stress, which underlies many ailments including some chronic pain. Moreover, it is thought to release brain chemicals that act as natural brain tranquilizers. Oriental thought holds that any therapy works more effectively in a relaxed body.

Patients undergoing interferon therapy will be interested in a Michigan State University study. Students visualised the improved functioning of certain white cells called neutrophils, which combat infection. They could also decrease, but not increase, white cell counts. At one point, a form of imagery intended to increase neutrophil count unexpectedly caused a drop instead. They then learned to stabilize the neutrophil count while increasing the cells' effectiveness.

The most effective images are those that have meaning to the visualiser. They work best when used in conjunction with a relaxation technique, such as meditation, progressive relaxation, or yoga, which frees the mind to daydream.

### MEDITATION

Meditation is the science of discovering and controlling the mind. Its purpose is to find well-being within the mind, independent of the body or other things going on outside.

For chronic pain, meditation seems to work on four levels:

It enables relaxation, relieving the muscle tension that contributes to pain. It eases muscle tension caused by anticipating pain, or thinking it will never stop. It can alter a person's emotional (and brain) response to pain, making the pain more bearable. Finally, like morphine, it may actually block the sensation of pain in the neural pathways.

To reduce pain, we must first accept that it is there. Then we can learn to breathe through the tense shell that we tend to build around the pain. Finally, we can analyze the pain, separating it from the body. Then there is no pain that cannot be endured.

But it is unwise to content oneself with just physical survival, for even if a disease doesn't end one's life, something else will. We must accept that illness is simply a part of life. It is not cheating us out of anything. There were no agreements or guarantees.

While meditation can often cure illnesses that come from purely mental causes, it cannot cure those that come from physical causes. So for the chronically ill, meditation offers much more than pain control. It can help them live with the illness and pain without suffering by revealing the treasure in the mind that is unaffected even by death.

A death well handled is one of the surest signs of a life well lived.

**Sources:** [http://health.yahoo.com/health/Alternative\\_Medicine/Alternative\\_Therapies/Acupuncture](http://health.yahoo.com/health/Alternative_Medicine/Alternative_Therapies/Acupuncture); Dr. H. Z. Zhu, *Building a Jade Screen: Better Health with Chinese Medicine*, (Toronto: Prentice Hall, 2001); <http://www.holisticonline.com/guided-imagery.htm>; <http://www.cnn.com/2000/HEALTH/alternative/09/04/meditation.pain.wmd/index.html>; a talk given by Thanissaro Bhikkhu (Geoffrey DeGraff), on <http://www.here-and-now.org/IMSOC/old/pain.html>.

## MONTREAL UPDATE

Eileen Caldwell-Martin

**O**n March 3, I gave a presentation to the National Association of Vietnamese Doctors, to address the needs of the Vietnamese Community in the Province of Quebec regarding HCV. There will be another presentation on March 21 to the Emergency Room nurses at the Montreal General Hospital.

On March 23, HCFQ will hold a Fund Raiser - Comedy with A Cause - at Mario & Nick's Restaurant Grill - should be a night full of laughter... Last year we had 5 comedians...everyone had a super time.

March 28 & 29, there will be Community Development Meetings on Hepatitis C at Health Canada where I will be doing a presentation re "Current Hepatitis C Projects in Quebec Funded by Health Canada: Experiences to share."

March 31 - HCFQ is moving to a new location. After approximately 3 years of working out of my back bedroom/office we have now found a good location: Our new address as of April 1, 2001 will be: 4341 avenue de Verdun, Verdun, Qc. H4G 1L6. Same phone number same fax number.

At present our support meetings will remain the same, at least for Mar & April 2001—Mar 21 at 7:pm; April 18 at 7:pm - Dawson Community Centre 666 rue Woodland, Verdun, Qc. 2nd floor.

April 6 - I will meet with the President of the National Association of Vietnamese doctors.

Eileen Caldwell-Martin  
President  
Hepatitis C Foundation of Quebec

## GLUCOSAMINE FOR ARTHRITIS

In animal models, oral glucosamine sulfate has a beneficial effect on inflammation, mechanical arthritis, and immunological-reactive arthritis.

Several short-term controlled trials on up to 252 patients found that 500 mg of glucosamine sulphate taken orally three times per day was as effective as ibuprofen compounds in combating osteoarthritic pain. Adverse effects were minimal or nil. (Ibuprofen is considered to be potentially hepatotoxic.)

However, most published trials of the drug lasted only four to eight weeks, and the purity of off-the-shelf glucosamine products is unregulated.

**Source:** <http://www.quackwatch.com/01QuackeryRelatedTopics/DSH/glucosamine.html>; Basler C and others. *International Journal of Tissue Reaction* 14:231.

**Veritas Medicine Launches Comprehensive Online Clinical Trials and Treatment Resource for Hepatitis C Patients and Their Physicians**

*PERSONALIZED MATCHING TO CLINICAL TRIALS IS AUGMENTED WITH TRUSTED INFORMATION FROM HARVARD- AND TUFTS-AFFILIATED PHYSICIANS; AGREEMENTS WITH LEADING HEALTH-RELATED SITES ENABLE ACCESS BY MILLIONS IN NEED*

**CAMBRIDGE, Mass.** - Millions afflicted with chronic illnesses ranging from breast cancer and hepatitis C, to AIDS/HIV and leukemia, now have access to the most comprehensive, reliable clinical trials and treatment information through [www.veritasmedicine.com](http://www.veritasmedicine.com) or via premiere health-related sites. Through Veritas Medicine's new ground breaking resource, patients and physicians are matched against a current database of 1,200 government- and pharmaceutical-sponsored trials, and provided with information about only the most relevant treatment options. Each patient and caregiver also has access to original and trusted corresponding information developed by Harvard and Tufts-affiliated physicians, so they can make the most informed choices about their treatment options.

Through Veritas Medicine's new resource, patients and physicians gain relevant information based on personal needs and attributes, such as phase of disease, age and gender, without revealing their identity. The resource is also available to millions of additional users through leading health-related non-profit organizations and .coms, such as HepCBC - Hepatitis C Education and Prevention Society, the Alzheimer's Association, AEGIS, HIVandHepatitis.com, Lifespire, Medicine-Net.com, MedHelp International, and the Arthritis National Research Foundation.

Seventy-five million people are diagnosed with chronic illnesses each year in the U.S., but fewer than five percent participate in the thousands of clinical trials and innovative treatments developed annually. Patients and their caregivers have historically encountered difficulty in identifying, gaining access to, and making sense of relevant clinical trials and innovative therapies. This has resulted from a lack of a centralized online resource that provides comprehensive treatment options from both public and private sectors – along with reliable corresponding information to help make sense of options. In addition to a dramatic impact on patients and their families, the lack of trial participation has severely impacted the entire health care industry. For example, pharmaceutical companies, who have been reluctant to post proprietary information online due to competitive concerns, typically spend 40 weeks trying to find suitable patients, sacrificing more than \$1 million

each day a new drug is delayed from the market.

“Veritas Medicine is transforming the clinical trials industry with the launch of our new online resource, which enables patients and physicians to identify highly relevant treatment options, and to make well-informed choices about those treatment options,” said Joe Avellone, M.D., CEO of Veritas Medicine.

**About Veritas Medicine**

Veritas Medicine, based in Cambridge, Massachusetts, is the first comprehensive online medical resource developed to address the needs of patients, physicians and other health care professionals, and pharmaceutical sponsors - all of whom can benefit from a centralized and highly secure online resource that provides expert, reliable and up to date information about clinical trials and innovative treatments. Veritas Medicine is the industry answer for those facing life-threatening and chronic illnesses, and pharmaceutical and biotech companies trying to bring new treatments to market faster.

**For More Information:**

Kristy Kozaka/Katherine Waite  
Beth Spearman  
The Portico Group  
Director of Marketing  
781-674-0166  
Veritas Medicine  
kristy@theporticogroup.com  
617-234-1500  
kwaite@theporticogroup.com

**75% POSITIVE**

Three out of four females at Edmonton Institution for Women are infected with hepatitis C, but the warden denies that this is an epidemic needing urgent solutions. While 12 of the 67 inmates have tested positive for HIV, 50 are infected with HCV. All inmates, unlike in the past, agreed to be tested. Advocates are asking for a needle exchange to be set up. Bleach, available to the inmates, may not be effective in killing HCV. They worry that the inmates may spread disease into society when they are released.

*Source: [http://www.canoe.ca/CNEWSTopNews/prison\\_feb16-sun.html](http://www.canoe.ca/CNEWSTopNews/prison_feb16-sun.html) PAUL COWAN -- Edmonton Sun, February 16, 2001 Hep-C plagues cons*

**SCHERING IN TROUBLE**

On Feb. 15, 2001, Schering-Plough, producer of the most popular interferon product, Rebetrone, revealed that the U.S. FDA has found several of its plants have unacceptable quality control. Schering is being sued by its shareholders as a result. Analysts are wondering if the company will be able to produce enough of its products because of the problem. The problem began in 1999 with the quality of some of the company's aerosol products.

*Source: BusinessWeek Online, Sam Jaffe STREET WISE -- The Fog Shrouding Schering-Plough*

**WARNINGS**

**ARAVA (leflunomide)**

A total of **296 liver reactions possibly resulting from treatment with the new drug for rheumatoid arthritis Arava** have been reported, of which 129 are considered serious, including two cases of cirrhosis and 15 cases of liver failure, where 9 people died. The company is sending out letters to doctors warning them to not use the drug in patients with liver problems, and new labels will stress the importance of monitoring of liver enzymes. Most of the patients with severe reactions were taking other medications at the same time, or had a history of alcohol abuse or pre-existing liver problems.

*Source: Richard Woodman Reuters Health : Mar 14, 2001 Liver problems linked to arthritis drug*

**MOTHER TO CHILD TRANSMISSION**

The researchers studied 154 mothers found to be HCV +, of whom 141 were enrolled in this study, as were their 147 children, whose ALTs, HCV antibodies and HCV RNA were studied from birth. None of the mothers tested positive for HIV. Of the 114 children completing the study, 9 of them, or 7.8%, had detectable HCV RNA. The mode of delivery, vaginal vs. caesarean section, did not matter, nor did breast-feeding vs. bottle feeding. The infected infants had **mothers with a high viral load at the time of birth.**

*Source: h Tajiri H, et al, Prospective study of mother-to-infant transmission of hepatitis C virus. [www.ncbi.nlm.nih.gov/tajiri@ped.med.osaka](http://www.ncbi.nlm.nih.gov/tajiri@ped.med.osaka)*



## GEORGE MARCELLO: BC SCHEDULE

"The Canada 500 Day Walk" for Organ and Tissue Donation Awareness Task Force 500 would like to inform you that according to the 500 Day Walk schedule (attached), George Marcello will be arriving in your community soon. Please check attached schedule.

An excerpt from the Canadian Transplant Calendar 2001 describes George Marcello and his mission: "On June 20, 2000, liver transplant recipient George Marcello began walking across Canada to increase public awareness about the need for donors and the success of transplantation. He carries with him 'The Torch of Life,' an Olympic torch donated for this cause...to symbolize the spirit of giving and the continuance of life. Thousands of people, including recipients, donor families, potential recipients, politicians, and the public, are sharing in the passing of the torch from community to community." People from your own community are encouraged to walk with George and carry the torch as arrives.

For more information, about organ and tissue donation and liver disease please visit the following websites:

### Step by Step Organ Transplant Association

www.stepbystep.ca

### BILL C-227

[http://www.parl.gc.ca/36/2/parlbus/chambus/house/bills/private/c-227/c-227\\_1/362032bE.html](http://www.parl.gc.ca/36/2/parlbus/chambus/house/bills/private/c-227/c-227_1/362032bE.html)

**HepCURE** (Hepatitis C United Resource Exchange) [www.junction.net/hepcure/](http://www.junction.net/hepcure/)

April 16-17 Sparwood  
April 18-19 Fernie  
April 20-22 Cranbrook  
April 23-24 Kimberley  
April 25-26 Nelson  
April 27-29 Castlegar  
April 30 Trail  
May 1 Montreal, Que  
May 2-3 Montreal, Que  
May 6-7 Grand Forks  
May 8 Greenwood  
May 9-10 Osoyoos  
May 11-13 Penticton  
May 14-15 Kelowna  
May 16 Vernon  
May 17 Coldstream  
May 18-20 Armstrong  
May 21-22 Enderby  
May 23-24 Salmon Arm  
May 25-27 Revelstoke  
May 28-29 Chase  
May 30 Pritchard  
May 31 Monte Creek  
June 1-3 Kamloops  
June 4-5 Merritt  
June 6 Lytton  
June 7 Clinton  
June 8-10 100 Mile House  
June 11-12 Williams Lake  
June 13-14 Quesnel

June 15-17 Prince George  
June 18-19 Vanderhoof  
June 20-21 Pemberton  
June 22-24 Whistler  
June 25 Squamish  
June 26 Lion's Bay  
June 27-28 North Vancouver  
June 29-July 1 Port Moody  
July 2 Coquitlam  
July 3 Port Coquitlam  
July 4 Langley  
July 5 White Rock  
July 6-8 New Westminster  
July 9-10 Vancouver  
July 11 Harrison Hot Springs  
July 12 Hope  
July 13-15 Chilliwack  
July 16 Mission  
July 17 Matsqui  
July 18 Abbotsford  
July 19 Campbell River  
July 20-22 Courtney  
July 23 Port Alberni  
July 24 Parksville  
July 25 Nanaimo  
July 26 Duncan  
July 27 Victoria

## YOUR REPS SAY:

*Premier Mike Harris, Statement to the Legislative Assembly, May 9, 2000:*

"...[H]epatitis C victims who contracted the disease from tainted blood... suffer this illness through no fault of their own, because Canada's blood system failed them...To dismiss their needs based on legal technicalities and arbitrary cut-offs, to treat this as a courtroom exercise rather than an issue of compassion, is an abdication of our moral responsibility as governments...Our government along with thousands and thousands of Canadians from coast to coast didn't think that compensating only some victims was fair...[E]ach Ontario hepatitis C victims who was excluded from the existing compensation agreement ... will receive the same estimated provincial financial assistance as the average person who was included...It's the right thing to do. And it's the fair thing to do...I ask all members to join me in urging the federal government to abandon its arbitrary, exclusionary compensation scheme, and to agree to help all victims who contracted hepatitis C through Canada's blood system."

**G.Campbell, Thursday, February 01, 2001 8:35 AM:**

"I stand today to ask this government to treat all victims of all hepatitis C equally. I ask this government to show some leadership and to reflect the values of British Columbians. The values of British Columbians are to treat these people fairly and equitably, regardless of when they contracted this disease. I believe it's critical that we focus the attention and the intent of this resolution --not as a way for the government to use the victims of hepatitis C to fight a battle with the federal government. This is about fighting a battle for the people who are suffering; this is about taking some leadership...I'll guarantee everyone in this House--every single one of you--that if you go to someone in your riding and say to them, 'Do you think we should be spending your tax dollars on a government advertising campaign or on caring for someone with hepatitis C?' you will get a unanimous voice. They will say: 'Care for the people that suffer from hepatitis C.'"

## HCV Viral Loads in People Coinfected with HIV and Hepatitis C

*Alan Franciscus*

The February issue of the *Journal of Medical Virology* reported a study by Rey D, et al., that found significant amounts of HCV RNA in individuals coinfecting with HIV and hepatitis C.

Fifty-nine individuals with HIV and hepatitis C were tested for HCV viral levels from paired blood and saliva samples to examine the amount of detectable HCV present in the saliva of this group. Nested-PCR was used to detect possible HCV RNA and confirmed with a b-DNA analysis.

The researchers found that 22 out of the 59 individuals (37.3%) of the patients had detectable levels of HCV RNA in their saliva. The mean level of HCV RNA was 1.15 Million-genome equivalent per milliliter. There was no correlation of salivary positivity with CD4 cell count, HIV risk group or age, but was a correlation with gender --males (50%) vs. female (14.3%).

This is the first study to report significant amounts of HCV RNA in saliva and deserves further investigation. The study did not look at transmission of HCV by saliva. *Source: J Med Virol 2001 Feb;63(2): 117-119*

## COMPENSATION

### BRITISH COLUMBIA

1986-1990  
Bruce Lemer/Grant Kovacs Norell  
Vancouver, BC  
Phone: (604) 609-6699 Fax: (604) 609-6688



Before August 1, 1986 or 1990-1991  
David A Klein/ Klein Lyons  
Legal Assistants: Lisa Porteous and Candace Wall  
Vancouver, BC (604) 874-7171, 1-(800) 468-4466,  
Fax (604) 874-7180

also:

William Dermody/Dempster, Dermody, Riley and Buntain  
Hamilton, Ontario L8N 3Z1  
(905) 572-6688

The toll free number to get you in touch with the Hepatitis C Counsel is 1-(800) 229-LEAD (5323).

### ONTARIO AND OTHER PROVINCES

Pre 1986/post 1990  
Mr. David Harvey/ Goodman & Carr  
Toronto, Ontario  
Phone: (416) 595-2300, Fax: (416) 595-0527

### TRACEBACK PROCEDURES:

### INQUIRIES-CONTACT:

The Canadian Blood Services  
Vancouver, BC  
1-(888) 332-5663 (local 207)

This information is for anyone who has received blood transfusions in Canada, if they wish to find out if their donors were Hep C positive.

RCMP Task Force TIPS Hotline  
(Toll free) 1-(888) 530-1111 or 1 (905) 953-7388  
Mon-Fri 7 AM-10 PM EST

### CLASS ACTION/COMPENSATION

*If you would like more information about class action/compensation, or help with a lookback, contact:*  
*Leslie Gibbenhuck Tel. (250) 490-9054*

*E-mail: [bhepc@telus.net](mailto:bhepc@telus.net)*

*She needs your name, address, birth date, transfusion dates, and traceback number.*

National Compensation Hotline: 1-(888) 726-2656

### ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1(888) 726-2656 or 1 (877) 434-0944.

[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)

*\*\*Should you have any questions about the status of your claim (86-90), please contact the administrator. They should answer all of your questions. If, however, they do not, then please contact Bruce Lemer who has promised me that he would answer your questions at no charge.—C.D. Mazoff*

## COMING UP IN BC/YUKON:

**Armstrong HepCure** Office and library, by appointment. Contact: Marjorie, 546-2953, [ambrorse@sunwave.net](mailto:ambrorse@sunwave.net), [www.junction.net/hepcure](http://www.junction.net/hepcure)

**Castlegar/Grand Forks/Trail** Contact: Robin, 365-6137

**Chilliwack BC HepTalk** Meetings: 2<sup>nd</sup> and 4<sup>th</sup> Wed. of each month, 7-9 PM, Chilliwack. Next meetings: April 11<sup>th</sup> & 25<sup>th</sup>. Contact: [HepTalk@fraservalleydir.every1.net](mailto:HepTalk@fraservalleydir.every1.net), or 856-6880.

**Comox Valley HeCSC** Meetings: 3<sup>rd</sup> Tues. of each month, 6-8 PM, St. George's United Church on Fitzgerald. Next meeting April 17<sup>th</sup>. Contact: Jayne, 336-2485 or Dan, 338-0913, [Rhagen@mars.ark.com](mailto:Rhagen@mars.ark.com)

**Cowichan Valley Hepatitis C Support** Contact: Debbie, 715-1307, or Leah, 748-3432.

**Cranbrook HeCSC** : Meetings: 1st and 3<sup>rd</sup> Tues. of each month, 2-4 PM, #39 13th Ave South, Lower Level. Next meetings April 3<sup>rd</sup> & 17<sup>th</sup>. Contact: 426-5277, [hepc@cyberling.bc.ca](mailto:hepc@cyberling.bc.ca)

**Creston / Golden / Invermere** Educational presentation and appointments: Contact Katerina 426-5277

**Downtown Eastside Hep C Support Group** Meetings: Each Mon., 4:30-6:30 PM, Carnegie Center, 401 Main St., Vancouver. Contact: Carolyn, [momma@vcn.bc.ca](mailto:momma@vcn.bc.ca)

**HepCBC INFO Line.** Free medical articles or other info. Contact: David, (250) 361-4808, [info@hepcbc.org](mailto:info@hepcbc.org), [www.hepcbc.org](http://www.hepcbc.org)

**Kelowna HeCSC** Meetings: 1st Sat. of each month, 2-4 PM, Rose Avenue Education Room, Kelowna General Hospital., Next meeting: April 7<sup>th</sup>. Contact: Doreen, 769-6809 or [eriseley@bcinternet.com](mailto:eriseley@bcinternet.com)

**Kimberley Support Group** Meetings: First Mon. of each month, 1-3 PM. Next meeting April 2<sup>nd</sup>. Contact Katerina 426-5277

**Kootenay Boundary** Meetings: 2<sup>nd</sup> & 4<sup>th</sup> Tues. of each month, 7 PM, 1159 Pine Ave, Trail. Next meetings April 10<sup>th</sup> & 24<sup>th</sup>. Contact: Brian, 368-1141, [k-9@direct.ca](mailto:k-9@direct.ca).

**Mid Island Hepatitis C Society** Meetings: 2<sup>nd</sup> Thurs. of each month, 7-9 PM, Central Vancouver Island Health Centre, 1665 Grant Street, Nanaimo. Next meeting April 12<sup>th</sup>. Contact: Sue 245-7635, Floyd 741-1595, or [mihepc@home.com](mailto:mihepc@home.com)

**Mission Hepatitis C and Liver Disease Support Group** Meetings: 3<sup>rd</sup> Wed. of each month, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting April 18<sup>th</sup>. Contact: Gina, 826-6582 or Patrick, 820-5576.

**Nelson Hepatitis C Support Group** Meetings: ANKORS Offices, 101 Baker St., Contact: Ken Thomson, 1-800-421-2437, 505-5506, [info@ankors.bc.ca](mailto:info@ankors.bc.ca), or Ken Forsythe 355-2732, [keen@netidea.com](mailto:keen@netidea.com)

**New Westminster Support Group** Meetings: 2<sup>nd</sup> Mon. of each month, 7:00-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Camarvon Street, New Westminster. Next meeting April 9<sup>th</sup>. Contact: Dianne Morrisette, 525-3790.

**Parksville/Qualicum** 102a-156 Morison Avenue, PO Box 157, Parksville, BC V9P 2G4. Open daily from 9AM to 4 PM, M-F. Contact: 248-5551, [sasg@island.net](mailto:sasg@island.net)

**Parksville/Qualicum MIHepCS** Support and contact: Ria 248-6072

**Penticton Hep C Family Support Group** Meetings: 2<sup>nd</sup> Wed. of each month, 7-9 PM, Penticton Health Unit, Board rooms. Next meeting April 11<sup>th</sup>. Contact: Leslie, 490-9054, [bhepc@telus.net](mailto:bhepc@telus.net)

**Powell River Hep C Support Group** "Living With Liver Disease" sessions, 2<sup>nd</sup> Wed. of each month, 7-9 PM, Public Health Unit, 4313 Alberta Ave. Next meeting April 11<sup>th</sup>. Contact: Cheryl Morgan 483-3804.

**Prince George Hep C Support Group** Meetings: 2<sup>nd</sup> Tues. of each month, 7-9 PM, Health Unit Auditorium. Next meeting April 10<sup>th</sup>. Contact: Gina, 963-9756, [gwrickaby@telus.net](mailto:gwrickaby@telus.net) or Ilse, [ikuep-per@pgrhosp.hnet.bc.ca](mailto:ikuep-per@pgrhosp.hnet.bc.ca)

**Princeton** Meetings: 2<sup>nd</sup> Sat. of each month, 2 PM, Health Unit, 47 Harold St. Next meeting April 14<sup>th</sup>. Contact: Brad, 295-6510, [citizenk@nethop.net](mailto:citizenk@nethop.net)

**Queen Charlotte Islands/Haida Gwaii:** Phone support. Contact Wendy: 557-9362, e-mail: [wmm@island.net](mailto:wmm@island.net)

**Quesnel:** Contact Elaine Barry. Meetings last Mon. evening every other month. 992-3640

**Richmond: Lulu Island AIDS/Hepatitis Network:** Meetings/dinner each Mon. evening. Contact Phil or Joe at 276-9273.

**Slocan Valley Support Group** Meetings: Contact: Ken, 355-2732, [keen@netidea.com](mailto:keen@netidea.com)

**Smithers: Positive Living North West** Meetings: 2<sup>nd</sup> Wednesday of each month, 7-9 PM, 3731 1st Avenue, Upstairs. Next meeting: April. 11<sup>th</sup>. Contact: Deb. 877-0042 or 1-866-877-0042, [plnwhepc@bulkley.net](mailto:plnwhepc@bulkley.net), or Doreen, 847-2132, [aws@mail.bulkley.net](mailto:aws@mail.bulkley.net)

**Sunshine Coast—Sechelt:** First Wed. of each month. Next meeting April 4<sup>th</sup>. Contact: Kathy, 886-3211, [kathy\\_rietze@uniserve.com](mailto:kathy_rietze@uniserve.com)—**Gibsons:** Last Thurs. of each month. Next meeting April 26<sup>th</sup>. Both meetings—Health Units, 7 PM. Contact Bill, pager 740-9042

**Vancouver CLF** Meetings: Cancelled. Call 681-4588 to start an evening meeting. **Help Line:** 657-6757 or 1-800-856-7266

**Vancouver HepC VSG** Meetings: Last Wed. of each month, 10:30-12:30, BCCDC Building, 655 West 12th Tom Cox Boardroom- 2<sup>nd</sup> floor. Next meeting April 25<sup>th</sup>. Contact: Darlene, 608-3544, [djnicol@attglobal.net](mailto:djnicol@attglobal.net), or [info@hepcvsg.org](mailto:info@hepcvsg.org).

**Vernon HeCSC HEPLIFE** Meetings: 2<sup>nd</sup> and 4<sup>th</sup> Wed. of each month, 10 AM-1 PM, The People Place, 3402-27<sup>th</sup> Ave. Next meetings April 11<sup>th</sup> & 25<sup>th</sup>. Contact: Sharon, 542-3092, [sggrant@netcom.ca](mailto:sggrant@netcom.ca)

**Victoria HeCSC** Meetings: 1st Mon. of each month, 6:30-9 PM, CHR 1947 Cook St. Multi-Purpose Room. Next meeting April 2<sup>nd</sup>. Contact: 388-4311, [hepcvic@coastnet.com](mailto:hepcvic@coastnet.com)

**Victoria Support and Discussion Group** Meetings: 1st Wed. of each month, 7-9 PM, Next meeting April 4<sup>th</sup>. Contact: Hermione, Street Outreach Services 384-1345, [hermione@avi.org](mailto:hermione@avi.org)

**Victoria HepCBC Support Groups** Small support groups for men or women. Men, contact Guy at 382-9888, [kidsturn@home.com](mailto:kidsturn@home.com) Women, contact Joan at 595-3882, or [jkjng@hepcbc.org](mailto:jkjng@hepcbc.org)

**Yukon Positive Lives** Meetings: 3<sup>rd</sup> Wed. of each month, Whitehorse. Next meeting April 18<sup>th</sup>. Contact 456-2017, [positivelives@yknet.yk.ca](mailto:positivelives@yknet.yk.ca) or Heather, [fromme@marshlake.polarcom.com](http://fromme@marshlake.polarcom.com), [www.positivelives.yk.ca](http://www.positivelives.yk.ca)

## OTHER PROVINCES

### ATLANTIC PROVINCES:

**Atlantic Hepatitis C Coalition**, QEII Health Sciences Centre, Bethune Building, Rm 223, 1278 Tower Road, Halifax, TEL: 420-1767 or 1-800-521-0572,

[rahcc@ns.sympatico.ca](mailto:rahcc@ns.sympatico.ca), [www.ahcc.ca](http://www.ahcc.ca) **Meetings:**

- **Antigonish:** 2<sup>nd</sup> Wed. each month, 7 PM, St. Martha's Health Centre, 25 Bay St, Level 1 Conference Room
- **Bridgewater:** Last Wed. each month, 7 PM, South Shore Regional Hospital, 90 Glen Allen Dr, Private Dining Room
- **Halifax:** 3<sup>rd</sup> Tues. each month, 7 PM, QEII Health Sciences Centre, 1278 Tower Rd, Dickson Bldg, Rm 5110
- **Kentville:** 2<sup>nd</sup> Tues. each month, 6:30 PM, KingsTech Campus, 236 Belcher St, Rm 214
- **Truro:** Last Tues. each month, 7 PM, Colchester Regional Hospital, 25 Willow St, Conference Room
- **Yarmouth:** 1<sup>st</sup> Tues. each month, 7 PM, Yarmouth Regional Hospital, 60 Vancouver St, Lecture Room 1—Main level

**Cape Breton Hepatitis C Society** Meetings: 2<sup>nd</sup> Tues. each month. Contact: 564-4258 (Collect calls accepted from institutions) Call toll free in Nova Scotia 1-877-727-6622

**Fredericton, NB HeCSC** Meetings: 7 PM Odell Park Lodge. Contact: Sandi, 452-1982 [sandik@learnstream.com](mailto:sandik@learnstream.com)

**Greater Moncton, N.B. HeCSC** Contact Debi, 1-888-461-4372 or 858-8519, [monchepc@nbnet.nb.ca](mailto:monchepc@nbnet.nb.ca)

**Saint John & Area/HeCSC:** 3<sup>rd</sup> Thursday each month, 7 PM, Community Health Centre, 116 Colburg Street. Contact Esmonde, 653-5637, [hepcsj@nb.aibn.com](mailto:hepcsj@nb.aibn.com), [www.isaintjohn.com/hepc/](http://www.isaintjohn.com/hepc/)

### ONTARIO:

**Durham Hepatitis C Support Group** Meetings: 2<sup>nd</sup> Thurs. each month, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contact: Smilin' Sandi, [smking@home.com](mailto:smking@home.com) <http://members.home.net/smking/index.htm>, Jim (905) 743-0319, Ken Ng, (905) 723-8521, or 1-800-841-2729 (Ext. 2170)

**Hep C Niagara Falls Support Group** Meetings: Last Thurs. each month, 7 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thurold. Contact: Rhonda, 295-4260 or [hepcnf@becon.org](mailto:hepcnf@becon.org)

**Kitchener Area Chapter** Meetings: 3<sup>rd</sup> Wed. each month, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, 893-9136 [lollipop@golden.net](mailto:lollipop@golden.net)

**Ottawa Support Group** Meetings: 7 PM, 309-1729 Bank St, 3<sup>rd</sup> floor. Use rear door off parking lot. Contact: Ron, 233-9703, [ronlee@attcanada.ca](mailto:ronlee@attcanada.ca)

**Windsor Support Group** Meetings: Last Thurs. each month, 7 PM, 1100 University Ave. W. Contact 739-0301 or Ruth or Janice (Hep-C), 258-8954, [truds99@hotmail.com](mailto:truds99@hotmail.com)

### PRAIRIE PROVINCES:

**Edmonton, AB Hepatitis C Informal Support Group** Meetings: 3<sup>rd</sup> Thurs. each month, 6 PM, 10230-111 Avenue, Conference Room "A" (basement) Contact: Jackie Neufeld, 939-3379

**Edmonton, AB** Meetings: 2<sup>nd</sup> Wed. each month, #702-10242 105 St. Contact Fox, 488-5773, 473-7600, or [fox@kihewcarvings.com](mailto:fox@kihewcarvings.com)

**HepSEE WPG Winnipeg** Meetings: Last Wed. of each month, 7-9 PM, Young United Church, 222 Furby St., Rm AB, Main Floor. Contact: Bill, 489-1405, [bbuckles@escape.ca](mailto:bbuckles@escape.ca)

### QUEBEC:

**Hepatitis C Foundation of Quebec** Meetings: Dawson Community Centre, 666 Woodland Ave., Verdun. Contact Eileen: 769-9040 or [fhcq@qc.aibn.com](mailto:fhcq@qc.aibn.com)