

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

REPORT ON THE HEPATITIS C COUNCIL OF BC CONFERENCE

The Hepatitis C Council of BC Fall Skills, Education and Awareness Conference was held Friday, October 28th to Saturday, October 30th at the Vancouver Airport Marriott Hotel in Richmond. I would like to thank all those involved for their hard work in putting on a fabulous conference, especially Eric Ages, Ken Thomson, Stacy Leblanc, and Sheena Campbell. Thank you also to the Public Health Authority of Canada and Schering Canada, Inc., for funding the event.

The conference opened with an informal hospitality gathering on Friday evening. After breakfast on Saturday, we had a workshop with Patrick McGowan from the University of Victoria Centre on Aging: Chronic Disease Self-Management & HCV Education. The workshop was enjoyed by everyone, and I was one of the lucky ones to win a book, *Living a Healthy Life with Chronic Conditions*, during this workshop. Stephen Smith, from the Ministry of Health gave a presentation and took back with him concerns to the ministry. The Saturday evening banquet sponsored by Schering Canada was wonderful; the display and choice of food was a work of art. Actually, the food for the whole conference was a treat. We were spoiled, to put it lightly. The presentations on treatment advances by Dr. Phillip Malpas and Dr. Frank Anderson were interesting as well as informative. We were honored that they came, considering how busy these two must be.

I regret that my traveling companion, David Best, and I were forced by bus connections and the ferry schedule to leave the hotel at noon on Sunday. We really wanted to stay to hear the address by Katrine Conroy, MLA for West Kootenay/Boundary, Opposition Caucus Whip and Opposition Critic for Seniors' Health, Aboriginal Per-

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GO TOGETHER OR GO ALONE

Twenty-five to thirty percent of people with HIV/AIDS are co-infected with the hepatitis C virus (HCV). Both viruses are transmitted through blood-to-blood contact. But the question remains: Is there enough room under the HIV umbrella for HCV?

Ken Thomson, at the Hepatitis C Council of British Columbia conference, on October 29 and 30, 2005, gave an excellent presentation on the subject. Demonstrating a firm grasp of the issues, he illustrated the benefits and liabilities of allying ourselves closely to those with HIV.

HIV/AIDS organizations are often well established and well funded. With federal and provincial funding, \$31 million is spent on HIV/AIDS, averaging around \$3000 dollars per patient. Comparatively, HCV patients receive between \$6.00 to \$12.00 per patient, depending on how generously one applies the term "funding." In terms of pure dollars per person, there is no way that HCV can accomplish the same work on its own that it can working in partnership.

The HCV community should still consider the problems of our work being done, as Ken Thomson put it, "off the end of the desk." There are differences between the

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KEEPING THE DOOR OPEN: DIALOGUE

I would like to take this opportunity to thank HepCBC from the bottom our hearts for contributing very generously to send SOLID members to "Keeping the Door Open: Dialogue." In collaboration with that event, the Creative Resistance Society offered a free forum called "Beyond Drug Prohibition: A Social Awakening." We, along with others groups from out of town, also had the opportunity to visit VANDU during a board meeting.

Keeping the Door Open (KDO) sees problematic substance use as a complex social, cultural, health, and economic issue. Its vision is to see substance users engaged in systems of care and living harmoniously within communities, with the opportunity to live healthy and dignified lives. Its mission is to prevent and reduce the harms associated with problematic substance use in British Columbia and Canada, and achieve better health and social justice outcomes for people living with addictions, HIV/AIDS, and mental illness through the establishment of a comprehensive public health approach to drug control, including exploration of a regulatory system which could reduce crime, violence, disease, corruption, and the continued widespread availability of drugs, therefore improving health and community safety.

First of all I must describe the spectacular setting of the forum. The KDO setting was in the Morris J. Wosk Centre for Dialogue. When one visits this centre (especially the first time), a person is struck with awe. I certainly was. Imagine the setting of the United Nations, with the many rings of joined desks, with the largest circle up high, and then another approximately 5 smaller rings, inside one another, with the smallest circle at the bottom of a large pit. All the wood for the desks came from one colossal, hard teak tree. The woodwork was flawlessly matched to make the most beautiful

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HOW TO REACH US:

EDITOR: *Joan King*
PHONE: *TEL: (250) 595-3892*
FAX: *(250) 483-3368*
EMAIL: iking@hepcbc.ca
WEBSITE: www.hepcbc.ca
HepCAN List <http://health.groups.yahoo.com/group/hepcan/messages>

HepCBC
306-620 View Street
Victoria BC V8W 1J6

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The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you do not want your letter and/or name to appear in the bulletin.

Peppermint Patti's FAQ

Peppermint Patti's FAQ Version 6 is now available, and Version 5.6 is available in Spanish. The English version includes updated Canadian Links and includes the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only \$6 each, plus postage. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2005; the FAQ V6; the slide presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10, including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

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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.

THANKS!!

HepCBC would like to thank the following institutions and individuals for their generosity: The late John Crooks, Bruce Lemer, Lexmark, Health Canada, Pacific Coast Net, Margison Bros Printers, Royal Bank, Schering Canada, Brad Kane, Chris Foster, Judith Fry, S. Segura, The Four Mile Restaurant, Victoria Bridge Centre, Erik, Irene, Chateau Victoria, the Victoria Symphony, the Victoria Conservatory, the Shark Club, Recollections, Thrifty Foods, Patisserie Daniel, Preview Hair Studio, and the newsletter team: Beverly A. and Diana Ludgate. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com

Special thanks to Roche Canada for an unrestricted grant to help publish this newsletter!



BE PART OF THE TEAM!

We need people to summarize articles. HepCBC needs office staff and 6 people to help with our website. The HepCAN list needs a moderator trainee. Please contact Joan at 250-595-3892 or info@hepcbc.ca

CUPID'S CORNER



This column is a response to requests for a personal classified section in our news bulletin. Here is how it works:

To place an ad: Write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send cheques payable to HepCBC, and mail to HepCBC, Attn. Joan, #306-620 View Street, Victoria, BC V8W 1J6, (250) 595-3892.

Give us your name, tel. number, and address. To respond to an ad: Place your written response in a separate, sealed envelope with nothing on it but the number from the top left corner of the ad to which you are responding. Put that envelope inside a second one, along with your cheque for a donation of \$2, if you can afford it. Mail to the address above.

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Having HCV, I realize it is easy to forget that my having it is not easy on the people in my life who love me. I forget that I affect them and that it is not always all about me. It is hard to think of anybody else while daily, I am still learning to live with it, and the medication is taking its toll. But, being the daughter of somebody who passed away from HCV, I know that it is not easy being the person loving somebody with it. I worried a lot about my father and desperately prayed that he would get better. I felt sad for him on his sick days and wanted to take away his pain. It made me stop and think about the people around me in my life. I see my fiancé waiting impatiently for test results, poring over the internet trying to figure out what the results mean and anything else he can learn. He watches my diet, yells at me to exercise, loves me when I'm vulnerable, and stays home when I'm ill. Our lives changed when we found out I had HCV. It changed his life as well as mine. I also see my mom and sister worrying constantly. They are scared to death, even when I tell them for the *thousandth* time that I'm fine. I think if either of them could have it their way, they would move me into one of their homes where they could put 24 hour surveillance on me. They love me and I, them, and therefore I also affect their lives. Never mind my fiancé's family who care so much about me, and my loving friends. I also watched my mom take care of my dad, saw her cope when he could no longer fully take care of himself, and I watched stress and worry eat at her towards the end of his illness. I could do nothing as she watched the love of her life slip from her hands. Don't get me wrong. I'm not saying that because we have HCV that we become this terrible burden of stress and worry on people's lives or that we destroy them, because we do not. In fact, many people with HCV live perfectly normal lives (and I will too, one day soon when I no longer take the medication). I am making reference to the "bad" times: times of medication or when the illness is symptomatic. And not all days are bad days; just some days are rougher than others. The people in our lives who are there for us, love us and take care of us do it because they want to. I would not have walked away from my father during the worst times of his illness. I did not think of being there for him as a burden in any way. In fact, I spent more time with him. It may sound strange, but in a sense it was the final thing that I got to go through with him, and I feel happy that I

could show him how much I loved him by being there for him. Even though the people who stand by our sides do not want to hear "thank you" per se, I think that some like it when you acknowledge that you care that they are there for you. And some do not like it; it embarrasses them. But you already know in your heart who these people are. I try to let my fiancé know that I appreciate him, that I see what he has gone through (fighting with me to eat properly, staying home on a Saturday night, worrying about my test results...), and that without him I could not have been as strong as I have been. The support of my mom, sister, and father (passed on in April) got me through some of my roughest times. My fiancé's parents have been incredible, and I definitely know I have true friends. I probably have not let my loved ones know that I really appreciate all that has been done for me and the strength and love that I have been given, and maybe that is why I am writing this. They do not want to

(Continued on page 5)

PEGETRON TO PEGASYS SWITCH—UPDATE

By Tanya Frizzle

I am nearing week 24 and hoping beyond hope that I will be clear of the virus when they test for it at that time. If I am not then I will discontinue treatment. I am hoping that 15 months of continuous treatment has not been done in vain. Since for the last 15 months my HCV has been controlled, I will have to look at that as a good thing either way. The next time I see my health nurse I will be getting tested for the virus, and then sweating for two to three weeks, waiting for the results. Until then I must continue plugging along with the treatment.

I have had to stay at a 3/4 dose of interferon because my body simply will not tolerate a full dose. My platelets bounce from low 40s to low 50s from week to week. My neutrophils seem to bounce between 0.3 and 0.4. I continue to have "breakthrough bleeding" for a few days every couple of weeks, but that has definitely gotten better. Before, I had that every day for two months. My fatigue is hard to cope with, but I continue to plug on. For the last few weeks I've been having mild cold-like symptoms, but they are tolerable. The symptoms include mild sore throat, plugged-feeling ears, plugged nose and itchy eyes. I am going to get my flu shot next week, so hopefully I will not get the flu this season.

MORPHINE WITHDRAWAL

At the University of Pennsylvania researchers have shown that morphine withdrawal suppresses IFN-alpha-mediated immunity and causes virus replication. It was suggested by this article that morphine abusers with HCV who do not always have a supply, may go through bouts of withdrawal. This may lead to immunocompromised livers. It was also suggested in this article that these findings show the need for methadone maintenance treatment.

<http://www.news-medical.net/?id=14131>

SAFE FOR CHILDREN

When 118 children were treated with intreferon-alpha-2b and ribavirin (15 mg/kg/day) 46% achieved SVR. Most of the side effects were mild, mostly flu like symptoms. However, the harsher side effects included anemia, neutropenia, depression, suicidal thoughts, growth inhibitions (although they usually caught up on height and weight once treatment stopped), and one child even attempted suicide. Current standard of care for children is interferon. The addition of ribavirin to this brought the SVR from one third to 46%.

www.docguide.com/news/content.nsf/NewsPrint/8525697700573E18852570AC006828D6

WILL MY BABY HAVE HCV?

Two studies have been done (one in Europe and one in the US) looking at what raises the risk of mother-to-child transmission HCV. The study done in the US found transmission to be 3.6% and the one done in Europe found it to be 6.2%. Interestingly, the European study found that baby girls were two times as likely to be infected as baby boys. Another risk factor found by both studies included the length of labor, and the US study found that the use of fetal monitoring devices also increased the risk. Both studies showed that breastfeeding was not a risk factor, and the US study found that caesarean section, infant prematurity, and maternal history of injection drug use were not risk factors.

www.medicalnewstoday.com/medicalnews.php?



CPG 10101

CPG 10101 is one of the new drugs called CpG oligodeoxynucleotides. It is hoped to be an antiviral and a Th1 immune enhancer for Hep C. In a Phase Ib trial, half of the Hep C patients were chosen as untreated controls, and half were given CPG 10101. Results of Phase Ia showed activation of immune cells in healthy volunteers. Phase Ib results are still pending.

Abstract ID: 66361

NA255

Japanese researchers have discovered NA255, a new, powerful HCV replication inhibitor, which seems to be effective against genotype 1b, without disturbing the host cell. It stops the synthesis of sphingolipids. This is a new strategy.

Abstract ID: 59834

MARIJUANA AFFECTS TREATMENT

Many patients with HCV infection use cannabinoids (marijuana or THC), and this substance has effects on liver cells and T-cell function (immune system). This may affect response to treatment. The researchers studied the effects of THC and methanandamide (MA) to see if they could confirm that.

IFN produced a 90% decrease in HCV replication. MA and THC blocked the effect of the IFN. These results should be checked with actual treatment responses of patients who use THC.

Abstract ID: 67450

SVR LASTS IN 99.2% OF PEGASYS PATIENTS

Since there are reports that HCV can be found in liver tissue of patients who are sustained responders, researchers did a study with 901 sustained responders (more to come) who took Pegasys alone or with ribavirin. They tested the patients for the virus once a year for five years after the last treatment. Of these, 99.2% have remained virus free. All who were treated with the combo for 48 weeks sustained their response, even if they had "normal" ALTs or were coinfecting with HIV. Researchers are investigating if those who tested positive again re-

lapsed, or were re-infected.

Abstract ID: 66232

RESPONSE OF OBESE PATIENTS

People who are obese don't respond as well to treatment as those who are not. This study, which used different doses of Pegasys + ribavirin, was done with 40 obese Hep C patients without cirrhosis, and the results were compared to Roche data on file.

The obese patients did not respond to the lower doses of IFN as well as the non-obese patients did. Increasing Pegasys from 180 to 270µg resulted in better viral clearance in obese patients, but follow up and further study is necessary.

Abstract ID: 65146

ELDERLY PATIENTS SHOULD BE WATCHED

For most people who respond to Interferon (IFN) treatment, liver cancer is less of a danger. In Japan, 1672 patients were tested for liver cancer after treatment. The risk was higher in patients over age 65, and these patients should be watched carefully even though they have gotten rid of the virus.

Abstract ID: 63030

SHORT TREATMENT FOR HCV-2 AND HCV-3

These researchers have shown that 12-14 weeks treatment is sufficient for HCV-2 or -3 patients who tested undetectable after 4 weeks of treatment. (Rapid Virologic Response, RVR). Data from patients treated with PegIFN (Schering) plus ribavirin in Norway and Italy were studied. Patients who were negative at week 4 were treated for only 12-14 weeks, while those who tested positive were treated for 24 weeks. 78% of all patients had an SVR. Those who responded best, responded sooner, had little scarring or fatty deposits, and had low viral counts. They concluded that, for patients with genotypes 2 or 3 who have tested negative at 4 weeks, short treatment is effective. Those with severe scarring frequently relapse.

Abstract ID: 62836

TREATMENT OF CIRRHOTIC PATIENTS

A study was presented by Italian researchers, using Schering's pegylated IFN plus ribavirin in patients with decompensated cirrhosis (scarring so severe that the liver no longer repairs itself fast enough to work properly). 40 patients were treated for 24 weeks. Most had ascites. 16% had bleeds, and 18%, encephalopathy. They had never been treated. 38 similar patients turned down treatment and were used as controls. Therapy was given when the patients were stabilized. There were 3 drop-outs, 20 adverse events, including 4 deaths. SVR occurred in 20% of treated patients. The liver improved in responders.

Standard therapy is difficult for most cirrhotic patients to tolerate, and is not safe in patients with more severe scarring. SVR rates are good for genotype 2, but not for 1.

Abstract ID: 61186

(CONFERENCE—Continued from page 1)
spectives, and the talk by Dr. Heather McEachern.

Although I am sorry that we missed the end, I left feeling a deep connection with some of the people I met and hope to connect further with others on a later day. The conference was educational, entertaining, and very well run. Thanks once again to all the planners, speakers, and guests.

Joanne Galbraith, HepCBC

(GO TOGETHER?—Continued from page 1)
demographics of the communities that need to be addressed. One example discussed by Ken Thomson is the fact that HCV is easier to catch, and lives outside of the body longer than HIV. Harm reduction strategies that have worked well to prevent the spread of HIV, failed when trying to stop the spread of HCV.

If we are going to combine efforts, to prevent duplication and provide better services, it is important to ensure that any joint efforts address the differences, and specific needs of both diseases and both communities.

David Best, HepCBC

(KEEPING THE DOOR OPEN—Cont'd from page 1)

fully designed pattern. Each station around the rings was complete with a microphone, so that when someone wanted to speak, the person would press a button and the mike would glow with a bright red ring. The station had a dial to enable the headphones to select one of 12 different languages if necessary. The station also had power and internet connections for laptop computers to be plugged in. To complete each station was a sculptured leather recliner rocker that could easily be adjusted to the preference of the occupant. At a position opposite the entrances were 3 straight rows for the speaking guests' desks and the podium. Opposite the podium, above the entrances, was a glass mezzanine that housed the needed personnel and equipment for the interpreters and camera operators. To the far left of the podium was another tier for media reporting and other camera men. The ceiling had spectacular chandeliers, with the light directed down much like spot lights over each person seated around the contiguous desks. The colors of the centre were red brown and gold brown in a harmonizing mixture. I can not say enough about how impressed I was with the setting, which made me seriously interested in the dialogue that was presented.

In collaboration with "Keeping the Door Open", the "Creative Resistance" society presented a free public forum, "Beyond Drug Prohibition: A Social Awakening". This was an opportunity to hear, discuss and imagine an alternative to the current policy of drug prohibition.

The headline speakers were Susan Boyd (University of Victoria faculty member and Writer) and Bud Osborn (poet and co-founder of VANDU). There were two other speakers not listed. One was a first nation activist who presented a poem, "The Bridge" and the second was the current president of VANDU.

Susan Boyd spoke not about legalizing the three main drugs, heroin, cocaine, and marijuana, but regulating them. She recommends starting with a system of collaboration among 3 credible people who would have knowledge about a person's consumption habits, and then regulate a predetermined amount of a pure substance to be prescribed to the individual. Regulated substances would create a tremendous increase in money flowing to the government and not to the black market. This would cause the black market to be crippled to a point where their profit margin would be lost. With the end of the black market, the grey market could be created. This grey market would

make sure that prescribed substances wouldn't be diverted to be consumed by someone for whom they are not intended. It would regulate the legal drugs, tobacco and alcohol, in order to reduce the health damage that these indulgences create. Every dollar of prevention today equates to a five dollar saving in future health cost. The government could be receiving huge amounts of money in taxes on substance regulation that could be used for prevention today and health costs for the future. The war on drugs is not working and some other strategy must be used to correct a problem that is only getting worse.

Bud Osborn recited two poems, the first, about the ravages that drug abuse can have on a person's emotional and physical health, and the second, about how his life unfolded from his first consumption of drugs at a very early age. He described how he believes use had a positive affect on him personally until it allowed him to be a target of the law enforcers. The drugs were okay until they ran out or he was cut off drugs when thrown in jail. The problem with narcotics is that you need increasing amounts to achieve the required state of mind. He says this can be managed by a regular period where the amount used is slowly lowered a little bit over a period of time (be the time 2-3 days or 2-3 weeks). Once a person is weaned off, he says the person can go back to ever so small amounts that are just enough to obtain the desired state. Bud also admitted that the war on drug is not working and something else must be undertaken to relieve the situation.

The native activist read a poem called "The Bridge." The bridge actually exists in Vancouver in an obscure place. This obscure place for the bridge contributes to the pain and suffering of the people who visit the site. The people who visit under the bridge would drink alcohol and fight. Some would use drugs or suffer withdrawal there without any food or comforts. The place is filthy and sexual acts are performed in order to survive. Hundreds of people pass by and look and think to themselves, "What a wretched place this is. I'm glad to pass as quickly as possible in order not to be touched by the horridly painful energy that emanates from around the bridge. These people pass by and make an effort not to notice or feel the sick energy they are passing through. This way of life has gone on for decades, and if nothing changes, then nothing changes. It could be a century of suffering unless we recognize these people and provide an alternative. It is sad, and something must be done so that changes can begin to make healthier lives

and a healthy environment.

The last speaker was the current president of VANDU. She spoke about her addiction that started at an early age. Her substance use would cycle to abuse and hit bottom. Then she took action to get up off the hard, painful bottom. Often when someone has endured a process like that, they think they need a small reward. The reward would eventually change from use to abuse, and a new lower bottom was reached, and the cycle would go on and on, over and over again, each time hitting a lower bottom than previously. Sooner or later enough is enough, and a person has to climb up higher and higher. She was told by an emergency worker that on average a person must try at least 8 times to recover, until the person has had enough, or matures out of the abuse cycle, or dies. So do not give up if you tried 8 times to overcome the abuse of yourself with the drug of choice. The message is to manage a life without drugs or a life of drug use, and be happy and hopefully one day you can beat the abuse.

The three of us SOLID board members visited the VANDU Thursday board meeting. Although VANDU is many years older than SOLID, we noticed they still have growing pains and opposing sides in every discussions, just like SOLID. The meeting had many visitors who came from the Vancouver area, Victoria, Toronto and Montreal. The visitors outnumbered the VANDU members, and we were all received well. We all enjoyed ourselves very much and brought back the VANDU agenda to review and maybe adopt. VANDU is a group of IV drug users and former drug users who work to improve the lives of people who use illicit drugs through user-based peer support, counselling, committees and projects.

Robert McGillivray



(TO MY LOVED ONES—Continued from page 3)

be thanked for loving me. That would sound ridiculous. But I do want to acknowledge that I realize that HCV is not only hard on me. It is hard on them, too.

So as much as all my loved ones would all say it is ridiculous to hear: THANK YOU. Thank you for standing by my side, helping me when I feel ill, giving me your strength and encouragement, thinking positive for me when I can not, cheering me up and listening to me.

Tanya Frizzle



306-620 View St • Victoria, BC • V8W 1J6

HEPATITIS C: THE SILENT KILLER. HAVE YOU BEEN TESTED?

Dear concerned friend,

You or someone you know has hepatitis C. Sadly, you will get to know more people with the disease. There are an estimated 170 million cases, worldwide. Hepatitis C is now a major epidemic. Did you know that you can make a difference?

We at HepCBC have been working since 1999 to produce up-to-date, accurate educational materials (the *hepc.bull*, founded in 1996--a monthly 8-page newsletter, our website, the FAQ, our pamphlet series), to provide support via our info phone line, and to further research and better treatment with letter campaigns. We have been educating our volunteers and seeing that they get training to better help our cause. We have very limited funding. Our materials are free for those who can't contribute. We depend on friends like you to help us to help them.

We need your support. Please give what you can. Money and volunteers are in short supply. It takes many dollars to print and mail out the newsletter each month, and many volunteers to continue vital work on these projects, provided at little or no cost. Thanks to your donations last year, we now have a staffed office that provides working and meeting space--a centralized space to store files, counsel people, and house our extensive library. We have started info sessions. We have organized Hep C conferences. Your donation will help to ensure our continued work. We have no Government funding for these initiatives. Your money goes directly to fighting hepatitis C through education.

Please respond to this urgent request!

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*HepCBC Hepatitis C Education and Prevention Society is a
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CONFERENCES

March 25--28, 2006

Shanghai - Hong Kong International Liver Congress 2006, Shanghai, China
www.livercongress.org/en/news/20041015.htm

CARE-LINE

CARE-Line, is available in Canada for some people receiving Pegatron. Patients can call 1-800-603-2754 extension 2121 to find out if they are eligible for help from this program. Health care providers who wish to make inquiries about their patients' access to CARE-Line may call 1-800-463-4636 extension 346.

Source: <http://www.hepcyorkregion.org/docs/352.1.Slide.1>

Victoria and Area S.O.L.I.D.

Society of Living Intravenous Drug Users, Consumers Support Group
 Wednesdays (except welfare week) 7-9 PM
 1947 Cook St, Health Unit
 (Cook and Pembroke)
 Past and Current IDU's welcome, support, info, & referrals
 Contact: momma@vcn.bc.ca

COMPETITION!

HepCBC is looking for writers for the December issue of the *hepc.bull*, and is willing to pay \$50.00 for a featured article. The article should be original, consist of 500 to 800 words, and of course, be about hepatitis C. It may be, for example, about the author's experience with hepatitis C, a study (with references) on some aspect of the disease, or a call for action. Submissions should be in by the 15th of December, **stating interest in the bonus**. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

THE PROMISE

As I lay in my bed
 Too tired to move
 The pain in my belly
 Is not all in my head
 The aches and pains
 Of each joint and fiber
 Tell the progression of the disease
 That I have acquired

People say I look good
 Healthy and fit
 I try to live up to
 The image they see

With each day that passes
 I am living a lie
 OK passes my lips
 When asked 'How are you'
 There are few that really
 Want to know the truth.

The best part of living
 Is those friends in our lives
 To whom it is all right to say
 'Today I am really not OK'
 But, tomorrow --it is the future
 And the future always holds
 Our hopes and dreams
 And the promise of better things.

Puff
Sept 28, 2005

HepCBC Hepatitis C Education and Prevention Society

Extraordinary Meeting

9-915 Glen Vale Road
 Victoria, BC V9A 6N1
 7 PM Wednesday, January 25, 2006

AGENDA

1. Approval of the Agenda
2. Motion that by Special Resolution the society change its bylaws by deleting the bylaws 2.4.1 and 5.3.2 of the society and by adopting in their place the bylaws attached hereto:

2.4.1: A member is entitled to one vote at a meeting of members, **and must become a member at least 30 days prior to the meeting to be able to vote.**

5.3.2: All the Directors shall retire from office **at the conclusion of** each annual general meeting **after** their successors **have been** elected. Retired Directors in good standing are eligible for re-election.

Joan King, President 250-595-3892
info@hepcbc.ca

COMPENSATION

LAW FIRMS



1986-1990

Bruce Lemer/Grant Kovacs Norell
 Vancouver, BC
 Phone: 1-604-609-6699 Fax: 1-604-609-6688

Pre-1986/ Post-1990

Klein Lyons
 Vancouver, BC 1-604-874-7171,
 1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/hepc/intro.html

David Harvey
 Toronto, ON
 Phone 416-362-1989; Fax 416-362-6204

Lauzon Belanger S.E.N.C. (Quebec)
www.lauzonbelanger.qc.ca

Goodman and Carr LLP
pre86hepc@goodmancarr.com
www.goodmancarr.com

Kolthammer Batchelor & Laidlaw LLP
 #208, 11062 - 156 Street,
 Edmonton, AB T5P-4M8
 Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
 Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

The Canadian Blood Services, Vancouver, BC
 1-888-332-5663 (local 207)
Lookback Programs, Canada: 1-800-668-2866
Look back Programs, BC: 1-888-770-4800
Canadian Blood Services Lookback/Traceback & Info Line: 1-888-462-4056
Hema-Quebec Lookback/Traceback & Info Line:
 1-888-666-4362
Manitoba Traceback: 1-866-357-0196
RCMP Blood Probe Task Force TIPS Hotline
 1-888-530-1111 or 1-905-953-7388
 Mon-Fri 7 AM-10 PM EST
 345 Harry Walker Parkway, South Newmarket, ON L3Y 8P6 Fax: 1-905-953-7747

CLASS ACTION/COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
Health Canada Compensation Line: 1-888-780-1111
Red Cross Compensation pre-86/ post-90 Registration: 1-888-840-5764
Ontario Compensation: 1-877-222-4977
Quebec Compensation: 1-888-840-5764
ca/en/ms/hepatitisc/forms.html

ADMINISTRATOR

1986-1990

To receive a compensation claims form package, please call the Administrator at 1-877- 434-0944.
www.hepc8690.com info@hepc8690.com
<http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf>

Pre-86/Post-90

Hepatitis C Settlement Fund—KPMG Inc.
 Claims Administrator
 2000 McGill College Avenue, Suite 1900
 Montreal (Quebec) H3A 3H8
 1-888-840-5764 (1-888-840-kpmg)
HepatitisC@kpmg.ca
<http://www.kpmg.ca>

MISCELLANEOUS

Excellent Website!: HCV Tainted Blood, Canada:
<http://creativeintensity.com/smking/tainted.htm>

COMING UP IN BC/YUKON:

Armstrong Hepatitis C United Resource Exchange Contact: 1-888-HepCURE ambrrose@sunwave.net www.hepcure.ca

AIDS Vancouver Island Hep C support:
◆Campbell River: 1st Mon. monthly, 1-3 PM, 1249 Ironwood. Contact Jeanette or Leanne: 830-0787, jeanette.reinhardt@avi.org
leanne.cunningham@avi.org

◆Comox Valley 355 6th St. Courtenay Contact: Phyllis 338-7400 phyllis.wood@avi.org
◆Nanaimo Drop-In each Wed 2-4PM, #201-55 Victoria Rd. Contact Anita 753-2437 anita.mcleod@avi.org

◆Victoria Support & Info Needle Exchange 384-2366, info@avi.org

Boundary HCV Support and Education. Support, education, presentations. Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 365-6137 eor@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 748-3432

Cranbrook HeCSC-EK Educational sessions/ Phone support. Contact Katerina 417-2010, heccs-ek@shaw.ca Leslie 426-6078, ldlong@shaw.ca

Kamloops AIDS Society of Kamloops (ASK) Contact Jane: 372-7585 Support/Referral. ask@telus.net 1-800-661-7541 www.aidskamloops.bc.ca

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 768-3573, eriseley@shaw.ca, Lisa 766-5132 ljmortell@cablelan.net or 1-866-766-5132.

Kootenay Boundary: Individual support & info Contact Brian Reinhard 364-1112 reiny57@yahoo.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact Cindy 756-4771 midislandhepc@hotmail.com

Nakusp Support Contact. Contact Vivian 265-0073 Claire@columbiacable.net

Nelson Hepatitis C Support Group 1st Thurs. monthly 7-8:30 PM. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex 1-800-421-2437, 505-5506, info@ankors.bc.ca alex@ankors.bc.ca
www.ankors.bc.ca/

Mt Waddington Harm Reduction Each Tues. 10-12 8635 Granville, Pt. Hardy. Contact Dan 250-902-2238 mtwreduc@hotmail.com

New Westminster Support Contact Dianne Morrissett, (604) 525-3790 before 9 PM. dmorrissett@excite.com

Pender Harbour Hep C Support & Info Contact Myrtle Winchester 604-883-9911 or 604-883-0010 myrwin@telus.net

Powell River Hep C Support Group Next meeting: Contact the Health Unit 485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Gina 963-9756, or lse 365-7387 ilse.kuepper@northernhealth.ca

Prince Rupert Hepatitis C Support Contact Ted 624-7480

Princeton - Contact the Health Unit (Princeton General Hospital) or, Brad at 295-6510 CitizenKane@hepcan.ca

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy 557-2487, wmm@island.net, www.island.net/~wmm/
<http://health.groups.yahoo.com/group/CANhepc/>

Salmo Hep C Support Group 2nd Wed. monthly 6 PM, 311 Railway, Contact Giselle Rogers 357-9511, Carol 357-9293 or alex@ankors.bc.ca

Slocan Valley Support Group Contact Ken 355-2732, keen@netidea.com

Smithers: Positive Living North West 2nd Wed. monthly, 12 noon, 3862F Broadway Contact 1-866-877-0042 or Doreen 847-2132, deb@plnw.org

Sunshine Coast-Sechelt Healthy Livers Support Group 2nd Mon. monthly, 3-4:30 PM, Sechelt Health Unit, 5571 Inlet. Contact Brent or Bill 604-740-9042 brent.fitzsimmons@cgh.bc.ca

Vancouver Native Health Three levels of training on HIV, Hepatitis STD's, drug use and harm reduction using a peer support model. Next intake: January. Contact Ken: 604-816-0192

VANDU Vancouver Area Network of Drug Users: Satellite Hep-C group, each Thurs. 2 PM, HCC, 166 E. Hastings. Bus fare & snack. 604-658-1224. Contact 604-683-8595 vandu@vandu.org
www.vandu.org

Vancouver: Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

Vancouver Hepatitis C Support Group 3rd Wed. monthly, 7-9 PM VGH, Lauener Room, LP2809, near Sassafras Cafe, Jim Pattison Pavilion, South. Contact Robert, CLF: 1-800-856-7266, 778-898-7211, radmin@liver.ca
www.liver.ca

YouthCO AIDS Society HepCATS #205-1104 Hornby St., Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Program Coordinator: Stephanie Grant stephanieg@youthco.org Support Program Coordinator: Brandy Svendson brandys@youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Contact 542-3092, heccs@hepc.vernon.bc.ca
<http://www.hepc.vernon.bc.ca/>

Victoria HepCBC Library open M-F 306-620 View St. Phone support, interviews., info sessions. Contact 595-3892 info@hepcbc.ca, www.hepcbc.ca

Works Without Words Yukon Grace Community Church, 8th & Wheeler St. Contacts: Harry & Debbie 867-667-2402 harry.mckenzie@klondiker.com. Brian: 867-668-4483 Whitehorse.

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact: Jeanie for information/ appointment hepcsupportbarrie@rogers.com

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contacts: Smilin' Sandi smking@rogers.com
 Sandi's Crusade Against Hepatitis C <http://creativeintensity.com/smking/>
<http://health.groups.yahoo.com/group/hepc-info/> 1-800-841-2729.

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, 1100 University Ave. West, Windsor. Contact 519-562-1741, info@hepcnetwork.net, www.hepcnetwork.net

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, hars@kingston.net, www.hars.ca.

Unified Networkers of Drug Users Nationally undun@sympatico.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact: Bob bc.cats-sens@rogers.com

Niagara Falls Hep C Support Group Contact Rhonda (905) 295-4260, hepcnf@becon.org

Toronto Living with Liver Disease 1st Mon monthly 7:30 PM, North York Civic Centre, 5100 Yonge Street, Committee Rm #2. Next: December 5--Peer support session. Contact (416) 491-3353.

Owen Sound Monthly education sessions 7 PM, Public Library Board Room, 824 1st Ave. West. Contact Debby Minielly, 1-800-263-3456, 376-9420, Ext. 2577, www.publichealthgreybruce.on.ca/, dminielly@publichealthgreybruce.on.ca

Peel Region (Brampton Mississauga, Caledon) Contact (905) 799-7700 healthlinepeel@peelregion.ca

St. Catharines Contact Joe (905) 682-6194 icolangelo3@cogecco.ca

Sudbury Circle C Support Group 2nd & 4th Wed. 1 PM. 111 Elm St Unit 203 Access Aid., and 1st & 3rd Thurs., Moose Lodge, 212 Frood Rd. Pre-86/Post-90 every 2nd Fri, Tom Davies Square Committee Rm. 13 C, 200 Brady St. Contact Ernie (705) 522-5156 boomer2ca@personainternet.com

York Chapter HeCSC 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Nov. 16 - Dr. McNaull, Hepatitis Specialist Contact (905) 940-1333, 1-800-461-2135. info@hepcyorkregion.org
www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2467 reneedaurio@hotmail.com

ATLANTIC PROVINCES:

Saint John & Area: Information and Support. Contact Allan Kerr kerrs@nbnet.nb.ca

Cape Breton Island, N.S. The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, N.S. 7-9 PM. Call Cindy Coles 1-800-521-0572, 902) 733-2486 Fax: (902) 733-2487 hoscb@ns.aliantzinc.ca

PRAIRIE PROVINCES:

Regina, Saskatchewan Contact Doug 306-565-8593 hep-c.regina@accesscomm.ca
<http://nonprofits.accesscomm.ca/hep-c-regina/>

HeCSC Edmonton Contact Jackie Neufeld 939-3379.

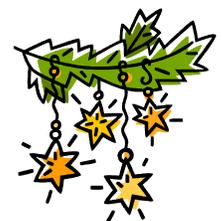
Hep C Edmonton HCV, pre/post liver transplant support Contact Fox 473-7600, or cell 690-4076, fox@kihewcarvings.com

Fort McMurray, Alberta Hepatitis C Support Network—Info and support. #205, 10012A Franklin Ave. Contact Lyn, (780) 743-9200 Fax (780) 943-9254 wahas@telus.net

Manitoba Hepatitis C Support Community Inc. Meets every Tues. 7:00 PM, United Church Crossways-in-Common, 222 Furby Street, side door, Corner of Furby and Broadway, Main Floor - look for the signs) Contact Kirk: (204) 772-8925 hepseewpg@shaw.ca

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact (403) 527-7099 bettyc2@hivnetwork.ca

The Life with Hepatitis Society of Central Alberta Support group meets each Wed. 7 PM Turning Point Agencies 4611-50th Ave., Red Deer. Contact: Chris (403) 341-6026 crthomas@shaw.ca



If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca Please inform us of any changes by the 15th of the month—Joan