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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

BC HEP C COUNCIL: NEWS FROM PAN *by Del G*

I just got home from the Pacific AIDS Network (PAN) conference in Cranbrook, BC. It was a rewarding experience that I hope will lead to bigger and better things. Ken Thompson, (the BC Hep C Council working group chairperson) was scheduled to speak to the general assembly on relations between the AIDS service organizations (ASOs) and HCV. Ken was ill and could not make it, so they were subjected to the "Deb & Del Show." Deb Schmitz and I conferred briefly with Ken by telephone and then addressed the assembly in his place.

We talked to them about the struggle for the Hep C community's identity and the difficulties we were encountering when dealing with other agencies. It would be impossible for me to recount everything that was said, but we tried to touch all the bases including funding issues, providing different levels of service for clients in the same facility, the possible discrimination feelings fostered by being dealt with off the side of someone's desk, and the misconception that we are after funding that should go to the ASOs.

Our talk led to an hour's worth of lively discussion that seemed to clear the air and led to a unanimous resolution for PAN to meet with the Council, to work on how we can collaborate for the benefit of all. There are a number of issues that need to be dealt with, including (but not limited to) harm reduction, education, and true support. All of these are important issues and all have areas that need improvement.

Harm reduction: HIV-focused harm reduction has not been very effective in halting or slowing the spread of HCV. The level of new infections is climbing in the province, with the First Nations reaching an average 8% infection rate, compared to the national average of approximately 1%.

Education: We need to be very careful here. The acronyms HIV and HCV are similar in sound and sight. In reality they are almost opposite in nature, reacting in the body in very different ways. Many of the differences in virus transmission and the fact that HCV is far more infectious than HIV become con-

fusing when they are taught at the same time.

Support: Being treated off the side of one's desk leaves many already sick and depressed people feeling slighted and discriminated against. Don't get me wrong. I appreciate the fact that the ASOs have stepped up to the plate and taken on an enormous task with no funding, and in many communities they are in fact the only option for support, however, with little or no funding, they cannot provide the same level of support to HCV clients as their mandate is to provide for HIV/AIDS. These differences may seem slight, but they often leave the clients feeling like second class citizens in a marginalized population, and the front line workers, frustrated because they cannot use the same resources across the board. For the ASOs to continue to support HCV without compensation is lunacy. People living with HCV deserve the same levels of help and support given to any infected group including HIV/AIDS, and also cancer, diabetes, MS, and any other diseases or conditions that significantly lower the quality of life for those infected.

As you can see there is a long road to travel and many obstacles are in the way. An ancient Chinese proverb states, "A journey of a thousand leagues begins with one step." I believe we have made that step and must now carry through in a swift and thorough manner.

Del GG —Hepatitis C Council of British Columbia dggrimstad@shaw.ca

INSIDE THIS ISSUE:

<i>PAN/Darlene's Update</i>	1
<i>Cupid's Corner</i>	2
<i>Tanya's Wedding and Tidbits/more...</i>	3
<i>Natural Medicine & Hep C/Workshops</i>	4
<i>Take & Give/PegCare</i>	5
<i>The Fight May Be Over</i>	6
<i>Midnight Musings/Compensation</i>	7
<i>Coming Up</i>	8

AN UPDATE FROM DARLENE MORROW

Hi Everyone

I promised Joan I would do an update so here I am, at the last minute, typing away madly.

I have only great news to share with you. I had an 18-month HCV PCR test done in October and it came back undetectable. The fantastic thing was that Dr. Farley used a test that had a lower limit of 10 IU/mL I was very nervous. The previous PCRs had been done with tests that had lower limits of 200 and 50. I think I did not sleep the week before getting the results...But it was worth the wait! Dr. Farley thinks it is extremely unlikely that the hepatitis C will ever come back. Dare I say the word "cured"?

I am hesitant to use that word because I am afraid that the public will become blasé about the disease and figure that everyone can be cured, so what is the problem? Boy, we sure know that is not the case.

On the other hand, there is the issue of hope, and lots of us feel or felt pretty hopeless. So that's my message. Do not give up. If I can beat this thing, it can happen to you.

I have to admit that sometimes I feel guilty. I feel so good now; I have my life back to better than it was before I became symptomatic. My priorities are much better now. I know what is important now.

My quality of life was so poor prior to the last treatment, I wondered how I would manage to keep on going. Life was such a struggle. I do not want to ever forget that. It is that which makes this good luck and health that I now have such a blessing. I savour every day, and I am so sorry that more of you aren't sharing this with me.

I decided last year that I would not try to go back to teaching ESL but teach what I loved to do: yoga, Pilates and personal training. I went out and got certified as a Personal Trainer Specialist first. My mind worked. I could remember things. I did not

(Continued on page 7)

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"I want to volunteer. Please contact me."

"I want to join a support group. Please call."

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LETTERS TO THE EDITOR:

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!!

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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.

*Disclaimer: The *hepc.bull* and/or HepCBC cannot be held responsible for any interaction between parties brought about by this column.*

Ad 27

Just diagnosed. Minimal symptoms. Part-time father, mid-forties, enjoys outdoor activities, movies, dinners, talking and cuddling. Athletic, active, very positive. Fun sense of humor. Employed full time; financially stable. Respectful of others. Looking for female, similar interests, for friendship, maybe more. Victoria area. Willing to travel for the right person. Let's not live in isolation.

Want a mate? Your Cupid ad could go here!

Got Hep C? Single? Visit:

<http://forums.delphiforums.com/HepCingles/>
<http://groups.yahoo.com/group/PS-Hep/>
<http://groups.yahoo.com/group/HepCingles2>
<http://groups.yahoo.com/group/NewHepSingles/>

CHAT: <http://forums.delphiforums.com/hepatitiscen1/chat>

Have you Been Diagnosed With Hepatitis C?

We are looking for Volunteers to participate in Future Research Studies.

DETAILS:

You will be required to take investigational medication

You will be required to give blood samples
Compensation available

For more information, please contact the Recruitment Coordinator at 604-875-5122, extension #7 or E-mail

volunteers@primetrials.com

THANK YOU TO MY HUSBAND

I am now married and have a new last name (I am still having a hard time digesting the name thing). It was a beautiful wedding and I am feeling on top of the world at the moment. I just wanted to take up a small part of this bulletin to say thank you to my husband. Thank you for loving me, taking care of me and being my rock when my whole world was spinning. Thank you for getting me food I would eat when I had no appetite, for staying home to take care of me on my sick days, for understanding my moodiness and depressed times, for forcing me to exercise against my stubborn will, and for stroking my hair when I cried or did not feel well. Thank you for making me laugh when I needed it. You have been so understanding. Thank you for standing by my side when you really did not have to. I love you.

OUR VOWS

We wrote our vows and I would like to share them with the world.

My vows to my new husband:

I, Tanya, take you, Kevin, to be my husband, my partner, my best friend, my confidant, and my soul mate. I will cherish our union and love you more each day than I did the day before. We have already been through a lot together and I have learned that together we are unbreakable, and I know we can accomplish anything.

In the presence of God, our family and friends, I offer you my solemn vow to trust you and respect you, to be trustworthy as your wife, laugh with you and cry with you, loving you faithfully through good times and bad, regardless of the obstacles we may face together. I promise to love you unconditionally, to support you in your goals, and to cherish you for as long as we both shall live.

Kevin's vows to me:

I, Kevin, take you, Tanya, to be my beautiful wife. Beyond being simply your husband, I also promise to be your confidant, your person to dream with, your person to cry with, your person who will stand with you, no matter what life decides to deliver. Most of all, I promise to do my best to make sure that our hopes and dreams for this life are fulfilled to their fullest, for you, Tanya, the beautiful angel that you are, deserve no less than the perfect life. Although the last few years have been anything but perfect for the two of us, we have stayed strong together. I am sure that our union together, now blessed by God, will only grow more beautiful with each passing year; that life



will only improve and that we will grow old together in a perfectly balanced and harmonious relationship. Tanya, your strength is an inspiration, and your integrity is my guide. You are a beautiful person, both inside and out, and I would be truly blessed to be able to spend the rest of my life with you.

[Editor: Tanya and Kevin, our community wishes you all the best in your new life together, and thank you for sharing your hopes and dreams with us.]

THE RESULTS ARE IN...

Today was the day that I have been dreading since I found out that I have HCV. It is the day that I would find out what condition my liver is in. I have been dreading this more than even having a liver biopsy done. However, it was not all bad. I am between stages 1 and 2, stage 1 being minimal and stage 2 being mild.

So what does that mean? The nurse gave me a handy dandy little sheet that explains it all to me very easily. There are two scales on this sheet, one for hepatic activity and one for the staging of fibrosis and cirrhosis.

For hepatic activity (how active your inflammation is) there are 4 grades, and they are 1 to 4. Grade 1 is labeled minimal and is defined as portal inflammation, but no necrosis. Grade 2 is called mild and defined as mild piecemeal necrosis, focal necrosis or acidophil bodies. Grade 3 is called moderate and is defined as moderate piecemeal necrosis, severe focal cell damage. And finally

(Continued on page 6)

**AIR TRAVEL
AND INTERFERON**

It crossed my mind that, due to newer, stricter airport regulations, taking needles onboard an aircraft may be frowned upon. Then I thought, "Would I really want my medication away from my sight? What if it does not make it to my destination?" I decided to ask my nurse these questions, and to my surprise she told me I have to take my treatment with me on board the plane. She said there would be no hassles as long as I brought along a note from my doctor. I then asked her how long my treatment could be kept in a cooler pack before needing a fridge. She guesstimated about 12-15 hours. This is great, as this means treatment will not limit you in where you wish, desire or need to go.

**VITAMINS DURING
TREATMENT?**

A study that needs further analysis has found that vitamins C and E may be of benefit while taking combination therapy. They tested doses of 500 mg/day of Vitamin E and 750 mg/day of Vitamin C. They were found to have benefited the subject, but as to whether or not they improved treatment outcome was not studied.

http://hepatitis-central.com/mt/archives/2006/02/vitamins_sugges.html

**CAN CANCER BE
PREVENTED IF HCV CANNOT
BE CURED?**

Researchers at the Johns Hopkins Bloomberg School of Public Health have found a new compound (CDDO-Im) that shows great promise in animal studies in the prevention of cancer. In rats there was an 85% decline in pre-cancerous lesions. The lead author of the study was Thomas Kensler, Ph.D., and he stated, "This compound has a much greater effect at a far lower dose than any other compound currently used for preventing aflatoxin-induced cancer in humans." It is thought by the researchers that it may be principally successful in preventing cancers that have a large inflammatory element, such as liver, colon, prostate, and gastric cancers.

www.hivandhepatitis.com/hep_c/news/2006/022806_a.html

(Note: Aflatoxins are a mould that grows on old peanuts, corn, and grains.)

There are many "unproven" medicines and therapies from around the world. Conventional medicine offers us drugs/therapy evaluated and approved by the FDA. However, it is worth considering that there may be cures/therapies/medicines that have not been evaluated by the FDA, which may help you in your battle against hepatitis C. Can you afford to wait years, even decades for the FDA to approve these "alternative" medicines?

NUTRITIONAL HEALING FOR HEP C

Everyone should take an active part in the maintenance of his/her health and treatment of his/her disease, with the guidance of a qualified health care professional. The more we learn about nutrition and how it may help improve our condition or assist in treating our disease, the better prepared we will be to take an active role in our treatment.

Leading experts in the field of Natural Medicine have based their natural healing therapies upon scientific investigation. In the past 20 years there have been tremendous advances in the understanding of how many natural therapies work to promote health or treat disease. This increased understanding is a result of more strict scientific investigation. In many cases, the scientific investigation has not only validated the natural approach, but has also led to significant improvements.

Nutritional healing for hepatitis C (and other liver diseases) is focused on diet and nutritional supplements that can be categorized according to the beneficial role they play in supporting healthy liver function or

enhancing the immune system:

- Antioxidants
- Liver herbs
- Immune enhancers
- Liver vitamins
- Liver amino acids
- Liver minerals
- Liver foods
- Natural interferon boosters

There are a variety of therapeutic effects of nutritionally-based treatments for hepatitis. Some reports and studies show an effect by accelerated decreases of liver enzyme levels, dramatic drops in viral loads and even elimination of the virus.

Our e-books are intended to be informative by presenting a wide variety of views as well as the "alternative therapies" that are currently being used by other hepatitis patients and their reported benefits. E-books include clinical studies and research information whenever available. Click on the links for more information on each topic: <http://www.healthyhepper.com/ebooks.htm>

HOW IMPORTANT IS YOUR IMMUNE SYSTEM IN THE FIGHT AGAINST HEPATITIS C?

Survivors of hepatitis C, medical doctors, scientists and nutritionists all agree that the immune system plays a crucial role in suppressing or eliminating the virus. In cases where hepatitis C patients successfully used "alternative" methods to decrease viral loads, decrease liver enzyme levels, or even eliminate the virus completely, there is a very consistent trend in their treatment: the tremendous emphasis on improving the im-

mune system.

Hepatitis C is a unique virus in that it has higher viremia (viral persistence) than other forms of hepatitis. For instance, unlike clearance of hepatitis B, spontaneous clearance of HCV (hepatitis C) is rare after chronic infection becomes established, according to Mandrell, Douglas and Bennett's, "Principles and Practices of Infectious Diseases."

Since hepatitis C is a virus, it stands to reason that ultimately the immune system's response is a key factor in the body's elimination of the disease. Since 15 to 20% of individuals with acute hepatitis C do not develop the chronic disease (85 % of cases go on to become chronic), it would seem that the immune system of those who did not become chronic carriers was able to successfully fight the infection. This is merely an opinion and not a scientific fact, but one might conclude that the immune system deserves some credit in such cases.

With hepatitis C, the mechanisms of viral clearance are poorly understood because of limitations in experimental models and the infrequent recognition of natural acute infection (only about 5% of Hep C cases actually manifest an acute illness after the initial incubation of the virus).

Viral persistence of HCV is indeed the topic of study for scientists trying to uncover this "evolved" virus which is known for its ability to evade immune responses!

WHAT DOES SCIENCE KNOW ABOUT THE IMMUNE SYSTEM'S ROLE IN "CLEARANCE" OF THE VIRUS?

Again this is a very technical area. It could be concluded from the available data that it is possible for the immune system to develop a response that eliminates the virus, however it is unclear what all the influencing factors are.

Here are the technical "facts":

- #1 Clearance of viremia has been associated with a strong CD4+ T-cell response, especially in NS3 (amino acid).
- #2 A helper T-cell-1 phenotype and the associated cytokine profile also are associated with self-limited viremia.
- #3 Cytotoxic T-lymphocytes (CTL'S) are likely to play an important role in suppressing the infection, and the intensity of this immune response may affect the level of viremia.

From reading the above information you have probably concluded that HCV is a very "strong" virus that is a challenge for anyone's immune system to handle. So what can you do to improve your immune system, so it can function at its optimum level?

DEVELOP A SUCCESSFUL TREATMENT PROGRAM

According to the book "Activate Your

(Continued on page 5)

LIVING WITH LIVER DISEASE WORKSHOPS SURREY & NANAIMO, BC

Surrey Memorial Hospital 13750-96th Avenue, Annex Boardroom (Across from Emergency), Tuesdays, 7-9 PM

April 4th **Naturopathy and Liver Disease:** Dr. Albert Kim; *Maximize your Nutrition:* Jeanne McCutcheon

April 11th **Liver Disease Management, Treatments, Transplantation, Preventing, Slowing and Reversing Liver Damage and Liver Health Maintenance:** Dr. Siegfried Erb

April 18th **Traditional Chinese Medicine and Liver Disease:** Dr. Henry Dent; *Living with Chronic Illness: Psychological Management:* Kate Doyle

Nanaimo Regional General Hospital, Room: G235, Tuesdays, 7-9 PM

April 4th **Pain and Fatigue Managements, Exercise, Energy Conservation and Maximization; and Traditional Chinese Medicine & Acupuncture: Integrated and Holistic Healing:** Elka Stoll

April 11th **Naturopathic Approaches to Liver Disease and Health:** Paulette Roscoe; *Living with a Chronic Illness: Psychosocial Management:* Dr. Maura Beattie

All workshops are FREE. To register, or for info please contact the Canadian Liver Foundation at 1-800-856-7266.

These workshop series were made possible through an unrestricted educational grant courtesy of Schering Canada.

(NATURAL MEDICINE—Continued from page 4)

Immune System" by Leonid Ber, MD, "Keeping your immune system operating at peak performance should be your number one goal. Fortunately, there are many things we can do to stimulate a consistent, positive immune response."

It goes on to name important aspects for optimum immune system function:

- proper diet
- healthy lifestyle choices
- exercise/physical activity
- the mind/body connection
- nutritional supplements

In addition to these are love, laughter, faith, a good attitude, and relaxation.

Life style choices that have a negative impact on the immune system include lack of sleep, smoking, alcohol, poor diet, stress, and "toxic" relationships.

Naomi Judd, the country singer, has been successful in her battle against this disease. Her healing program involved, among other things, an emphasis on the mind-body connection. Many experts report the positive effects of techniques such as visualization/guided imagery, biofeedback, spirituality, faith, prayer, positive thinking and meditation. Naomi Judd's program confirms this approach. The mind-body connection is being studied by scientists. The connection between the mind and the immune system is referred to as "psychoneuroimmunology".

WHO CAN USE "NATURAL MEDICINE" FOR TREATMENT OF HEP C?

Anyone interested in using natural medicine should consult a trusted doctor before making decisions about what course of action to take with regards to the overall approach of how they deal with Hep C. Some people choose to fight the virus with nothing; others chose conventional/traditional Western medicine; others chose alternative and natural medicines; still others chose a combination. Only you and your health care practitioners can decide what the best is for you. Most importantly you must get involved in your health and make choices

(Continued on page 6)

TAKE & GIVE by Daniella Cicconi

Hepatitis C takes so much that there are days when you think it has taken everything. All of us with this disease have these days.

We each come to this dreaded disease by different paths. I was born in Calgary to an Italian-Canadian father who was a traveling salesman, and to a mother whose gift to me was congenital hepatitis B. When my parents moved to Vancouver, one of the things I missed was the Italian spaghetti dinners at my Grandpa Johnny's with my father's brothers, especially Uncle Ken. One of our family jokes was the newspaper my Grandpa used to spread under chairs at these dinners, knowing that Ken and I would pile our plates high with spaghetti, with the usual messy consequences.

As a young adult in Vancouver I was able to take courses in gemology, my passion, but scarcely had time to look for work in my profession when I was diagnosed with Hep C and began my life as a patient, dependent on medication and being hurled from emergency to emergency. When I finally got over the shock and looked around me for some daylight, certain things came into view.

Each of us has someone in his or her life who has given us something that even a mortal illness can't take away. In my case, this person is an aunt by marriage who introduced me as a child to art, music and the joy of making things. This world of beauty and creative living was my refuge. I gradually realized that often music was written, paintings were painted, by people as ill as I am. I longed for some way to use my own talents. When my aunt gave me a subscription to the *hepc.bull*, I found through it a community of informed, caring people and an audience for the imagination and drawing skills I use to depict Hepatapus, who represents my hope about my disease. Through this I feel reborn to the world of creative living I thought I had lost. I am once again able to say, "I am, I can, I will." Now I can look around for other

blessings, like the crows I talk to while I'm on my way to pick up my medications, like the friend from the VGH Hep C support group who helped me through my latest medical crisis.

My Italian family has been restored to me in a strange way: My Uncle Ken has been diagnosed with Hep C. Now we not only share memories of spaghetti dinners at my beloved Grandpa Johnny's home, complete with newspapers under our chairs, but we can give one another some comfort and information in our struggle with our disease. We have found each other again through our shared misfortune.

Hep C takes a lot but it also gives. This is what it has given me.



PegCARE

PegCARE is a reimbursement program to help people who don't have third party coverage pay for their Pharmacare deductible for hepatitis C treatment. It is pro-rated, so the less someone's net family income is, the more help they get. Basically, if someone's net family income is less than \$30,000, they will get 100% reimbursement. The more they make, the less of a percent is reimbursed, up to a max of \$100,000 income.

The patients must be signed up for Fair Pharmacare to qualify, and they also need to provide a copy of their last year's T4 form to show income level.

Each treating physician and hepatitis support nurse has these forms available to them. There is a toll free number that can be called if there are any questions or if help is needed. It's only a single page, a simple form to fill out.

PegCARE: 1-800-603-2754

HEPATAPUSS[®] by D.E.



THE FIGHT MAY BE OVER

Some years ago I worked for the S.P.C.A. I have seen animals treated better than the Federal Liberals treated the pre-'86/post-'90 hepatitis C victims of tainted blood. We did, in some cases, charge the owners with cruelty to animals. The Federal Liberals, in my mind, are guilty of discriminating against the pre-'86/post-'90 victims when they refused to compensate them.

In 1998 the victims in the 86/90 window were compensated, leaving the pre-'86/post-'90 victims outside the window, looking in and feeling like we are not Canadians. We got the same hepatitis C virus the same way as the 86/90 victims, through tainted blood transfusions distributed by the same Red Cross. Thousands of pre-'86/post-'90 victims have died waiting for compensation.

Diane Marleau said outside the House that she was always in favor of compensating the pre-'86/post-'90 victims and yet when it came to a vote to compensate the 86/90's and deny the pre-'86/post-'90 victims she towed the party line. We tried to show her that we are people too, to no avail.

The Canadian Charter of Rights and Freedoms clearly states that all Canadians are to be treated equal. The Federal Liberals did, however, offer the Care, not Cash Agreement to all pre-'86/post-'90 victims. This was taken away from us by the Ontario Liberals to prop up O.H.I.P. and the Trillium fund. They say that there are approximately 132,000 people infected with the hepatitis C virus in Ontario. This Undertaking Agreement or Care not Cash was initially intended for the pre-'86/post-'90 victims of tainted blood through the Canadian blood supply. The initial intent was "to address the unique circumstances surrounding the infection of persons with hepatitis C through the blood supply system before January 1, 1986 and after July 1, 1990. Whereas there are health care services for hepatitis C that are not fully insured by publicly financed health care systems in Canada."

There are approximately 3,542 pre-'86/post-'90 victims in Ontario that received the hepatitis C virus through tainted blood through the blood supply, not 132,000. Now the New Federal Canadian Conservatives have barely opened their doors for business and I understand that the pre-'86 post-'90 hepatitis C compensation is one of their top priorities. I understand they are now discussing an interim payment to the victims. I hope that we will hear more about this in April. My hat is off to our new government for seeing the urgent need to bring this matter to a close. At the same time we must keep sending our letters, phone calls and e-mails telling them that we not only need cash but we need care, too. The families of those who

died from hepatitis C tainted blood need compensation, too.

When I first heard that the government was discussing an interim payment, the only thing I could think of was to find the nearest fire hydrant and lift my leg to go because the Federal Liberals treated us like a sick puppy for so long waiting for table scraps, while the fat cats fed themselves.

Ernie Zivny
Sudbury, Ontario

(NATURAL MEDICINE—Continued from page 5)
based on well-researched information.

Natural solutions for Hep C are sometimes ideal for interferon non-responders, those on interferon seeking adjunct therapy, those who seek all-natural treatment, and those who had to stop interferon.

WHAT ARE THE THERAPEUTIC GOALS OF NATURAL TREATMENT FOR HEP C?

The therapeutic goals of "Natural" treatment for hepatitis C are as follows:

- Decrease viral load
- Normalize liver enzyme levels
- Enhance/regulate immune system function
- Strengthen and promote healthy liver function
- Protect the liver; prevent further damage
- Virological response, i.e., viral clearance, viral reduction or elimination of the virus
- "Starve" the virus by limiting levels of iron
- Optimize cellular levels of glutathione in the body, making detoxification of the liver possible and enhancing the immune system
- Stimulate regeneration of the damaged liver cells
- Use antioxidants to combat the effects of free-radicals generated by the virus
- Reduce inflammation
- Slow viral replication
- Replace all of the inflammation-damaged liver cells
- Regulate immune function/prevent autoimmune problems
- Take cancer-preventative measures
- Reverse fibrosis to prevent and improve cirrhosis

To learn more about these goals you can visit our website at HealthyHepper.com.

Anna Rockenbaugh, March 15, 2006
www.HealthyHepper.com

NOTICE: Please update your websites, e-groups, webpages, support groups, newsletters and help us get the word about our website address change. Please remove any links to ObjectiveMedicine.com and change to HealthyHepper.com
DISCLAIMER: Please see our website.

(THE RESULTS ARE IN—Continued from page 3)

grade 4, which is called severe, and defined as severe piecemeal necrosis; damage includes bridging necrosis.

I do not pretend to understand all of this, but at dictionary.com, I looked up the word "necrosis" and it was defined as: "Death of cells or tissues through injury or disease, especially in a localized area of the body". What matters to me is that I am between stages 1 and 2 on this scale which was labeled as minimal to mild.

For the second scale, known as the staging of fibrosis and cirrhosis, it is again broken down into 4 stages. Stage 1 is also called minimal and is defined as enlarged, fibrotic portal tracts. Stage 2 is called mild and is defined as periportal or portal-portal septa but with intact architecture. Stage 3 is called moderate and defined as fibrosis with architectural distortion. Finally stage 4 known as severe and defined as cirrhosis. I again fall between stages 1 and 2 on this scale. I am kept happy with the labels of minimal to mild.

Keep in mind that just because you are stage 1 in hepatic activity you still may be in stage 3 for fibrosis/cirrhosis, at least this is how I understood it.

So the results are in, and it was not as bad as I thought it would be when I was on my way to pick them up. Now I know where I stand, and have an idea of how my disease may progress. This is not necessarily need-to-know information, as no matter what my stage, I will still not drink alcohol, will watch my diet, and will keep exercising. But it is nice to have information so that I have a bit of a clue as to what I can expect in my future and how aggressively I need to be with treatment options.—Tanya

[Editor's Note: There are several grading systems. Some use stages 0-4, some use 0-6, others use 0-18, etc. There is no standard system yet.]



COMPETITION!

HepCBC is looking for writers for the next 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 next month, **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

MIDNIGHT MUSINGS IV

*A silent disease, a silent killer
How many voices have been silenced
By an apathetic nation?*

*So much literature, government propaganda
Still tells the masses that this is
A disease of choices*

They claim it is nearly all druggies

*They are the ones that have it,
Those that have made poor lifestyle choices
They threw a few dollars at a few unlucky
persons*

That got their disease from transfusions

*But what about the rest of us
People caught up in a disease with a bad
name*

*We do not know how we were infected
That weighs heavy in our brain*

*To just know a date, a time a reason
Would give a little piece of mind
Instead, we think forever
WHEN, HOW, WHERE, WHY?*

*It makes us feel so dirty
Although we are not to blame*

*We see the looks of revulsion
When some people find out it's name*

*To be treated differently by your dentist
Your dentist of twenty years
I've likely had it all that time
But Now I AM DISEASED*

*To look and see your skin yellow
Is a very scary thing*

*To have to live with this forever
Is sometimes more than I can bear*

*But bear I must, I still love life so
I feel sorry for those that no longer
Love themselves or their lives or their home
Those are the ones that need the help*

*Not monetary but for the soul
We need to reach them, hug and hold them
And once again make them feel whole
If each person could find one needy friend
THE LOVE AND THE SUPPORT WOULD
NEVER END*

Puff



(DARLENE—Continued from page 1)

forget what the last paragraph I had read was and I could memorize things! I confess it is not like it was before the disease but then, I am 12 years older. Perhaps age has something to do with it.

Following that, I took training in Stott Pilates. That is still ongoing. I am trained in all levels of mat work and am working on the Reformer. It's hard work, but I lost 7.5 cm from my tummy, so it's worth it. I actually weigh 132 pounds, which is probably less than I did in high school.

I went to see my mom and sister after taking one of the Pilates courses. I ended up spending another 3 months in Holland. This time I was teaching yoga and Pilates at the American Bookstore. I was having so much fun.

Unfortunately, Mom got sick while I was there. She more or less got sick and died within 3 weeks. She jaundiced something awful and I thought how ironic this all was. She eventually died from gall bladder cancer. I miss her very much, but I am so happy that she got to see me cured of the disease. She was always so worried about me. And in the end she got to enjoy her "old" daughter before passing on.

In October, I took the big plunge and got my 200-hour certification in teaching Hatha Yoga. That was a long time dream of mine and I couldn't get the smile off my face on the first day of class. Graduation day was the same. I studied with the most inspirational women. I cannot say how fortunate I was.

And to finish the story – I feel a little like Cinderella – my husband and I decided that I should start my own studio. We did renovations in our home and Fitness Fusion started up in mid-February. We have a very small studio, maximum of 4 people, but I love the space! I already have 6 clients and I offer a sliding scale or barter for people who can't afford the regular rates. You can check it out at www.darlenemorrow.com I'm also teaching at the church once a week (by donation). It is nice to be able to give something back to the community.

I am also working at Fitness World in North Vancouver where I primarily teach Pilates. That was one reason I wanted to start my own studio so I could practice and share more yoga.

So the story has a good "end" to it. I feel fantastic and count my blessing everyday. I wish all of you a lot of love, and I pray everyday for a cure.

Om shanty shanty shanty. Om peace peace peace. Namaste.

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 3467) or 604-707-3467
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 HCV support
 • **Campbell River:** Drop in, harm reduction. Contact: 830-0787, jeanette.reinhardt@avi.org leanne.cunningham@avi.org

• **Comox Valley** 355 6th St. Courtenay; Contact Phyllis 338-7400 phyllis.wood@avi.org Drop In; Harm Reduction

• **Nanaimo** Each Wed 2-4 PM #201-55 Victoria Rd. Contact Anita 753-2437 anita.mcleod@avi.org

• **Port Hardy** (Sayward, Port McNeil, Alert Bay, Sointula and Woss) 7070 Shorcliffe Ave, Contact Andrea 949-0432 andrea.walters@viha.ca Mobile harm reduction, support

• **Victoria** 1601 Blanshard St., 384-2366 info@avi.org Harm Reduction.

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 Phone support. Contact Leslie 426-6078, ldlong@shaw.ca

Kamloops AIDS Society of Kamloops (ASK) 433 Tranquille Rd. Office 376-7558 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 ljmor-tell@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 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 www.ankors.bc.ca/ alex@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 Morrissette, (604) 525-3790 before 9 PM. dmorrissette@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 Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact: Karen Peal 485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Gina 963-9756, lse 565-7387 lse.kuepper@northernhealth.ca

Prince Rupert Hepatitis C Support Contact Ted 624-7480 Ted.Rogers@northernhealth.ca

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/>

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

Smithers: Positive Living North West 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 Karen at 604-740-9042 brent.fitzsimmons@cgh.bc.ca or Catriona at 604-886-5613.

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 vnhspeer@shaw.ca

VANDU The Vancouver Area Network of Drug Users: Satellite Hep C group at Health Contact Centre (HCC), 166 E. Hastings, each Thurs. 2 PM. Bus fare & snack provided. Contact VANDU 604-683-6061; Fax 604-683-6199 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 Homby St., Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Program Coordinator: Stephanie Grant stephaniegrant@youthco.org Support Program Coordinator: Brandy Svendsen brandys@youthco.org

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

Victoria HepCBC Drop-in Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 595-3892 info@hepcbc.ca, www.hepcbc.ca

Blood Ties Four Directions Whitehorse, Yukon Contact: (867) 633-2437 bloodties@klondiker.com



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. April 13 Information and Discussion Time (Location: Parlour Room, top of the stairs, room on the right beside the kitchen) 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, amonkman@hepcnetwork.net, www.hepcnetwork.net

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

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact: Bob (519) 886-5706 bc.cats-sens@rogers.com or Mavis 519-743-1922 elroy222@rogers.com

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

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. 257, 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 jcolangelo3@cogeco.ca

Sudbury Circle C Support Group 1st & 3rd Thurs., Moose Lodge, 212 Froid Rd. Contact Ernie 705-522-5156 hepc.support@persona.ca

Toronto CLF 1st Mon monthly 7:30 PM, North York Civic Centre, 5100 Yonge Street, Committee Rm #2. Contact Gina (416) 491-3353 glip-ton@liver.ca

Unified Networkers of Drug Users Nationally undun@sympatico.ca

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

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2467 reneedaudio@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

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 wbhas@telus.net www.wbhas.ca

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 info@mbhepc.org ; www.mbhepc.org

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

Life with Hepatitis Society of Central Alberta Meets weekly. Chris or Laverne, 309-3652, orthomas@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

Victoria & 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