



hepc.bull

Canada's Hepatitis C News Bulletin
www.hepcbc.ca

FATIGUE MANAGEMENT

by Mary Gamel, Physiotherapist, Chronic Pain Day Program, St. Paul's Hospital

Coping with fatigue through cardiovascular exercise and energy conservation

Fatigue is one of the most common symptoms of hepatitis C.

Other factors leading to fatigue include deconditioning (poor cardiovascular fitness), poor sleep, a depressed mood and stress.

CARDIOVASCULAR EXERCISE:

All these symptoms improve with cardiovascular exercise. Cardiovascular exercises include walking, running, swimming and cycling. Walking is the easiest and cheapest and can be performed outside, in a shopping mall or on a treadmill. Swimming and cycling are more suitable for those with knee problems and cycling can be performed on an exercise bike in the home or gym. An arm ergometer (arm bike), can be used by people who are unable to use their legs. These activities, which increase the heart rate by working the body muscles, strengthen the heart and lungs allowing the individual to work longer and fatigue less easily. In addition, increasing the heart rate releases endorphins in the nervous system, which improve mood and relieve stress.

Before embarking on an exercise program, it is advisable to check with your doctor. How much you exercise may depend on your previous level of fitness and how long you have been inactive.

HOW TO START A CARDIOVASCULAR EXERCISE PROGRAM:

Choose an activity that you enjoy!

Start by setting a realistic goal using the acronym SMART:

The goal must be SPECIFIC

The goal must be MEASURABLE

The goal must include an ACTION PLAN

(Continued on page 6)

THE OTTAWA TREK by Joan King

Our "forgotten victims", transfused outside the 1986-1990 "window", were originally heartened, thinking the new government would honour its campaign promises, but were discouraged again when they were apparently overlooked in the new budget. Some of them went to Ottawa on June 6th to attend the House of Commons meeting, and still no date was given for a payment, even though NDP MP Penny Priddy requested an interim payment. The Hep C attendees walked out of the meeting, outraged and noisy.

Carole Saindon, a spokesperson for Health Canada, said, "As this is a negotiation, the government can give no firm date as to when the agreement will be reached but is committed to making a settlement agreement as soon as possible." (www.northernlife.ca/News/LocalNews/2006/06-08-06-hepC.asp?NLStory=06-08-06-hepC)

After this trek to Ottawa, Ernie Zivny wrote to me: "On 06/06/06, seven members of the Circle C Support Group traveled six hours to go to Ottawa for a news conference with NDP MP Penny Priddy. One of our members gave her story that just brought tears to all in the conference room. I just hope that I can see it on TV. After the conference we went to the standing committee room to hear Tony Clement. While waiting to get into the room, I met Tony Clem-

ent. I introduced myself and said that I was a pre-'86 hepatitis C victim and it would give me great pleasure if he would wear a ribbon to show his support, and offered him a Hep C ribbon. He refused the ribbon. I asked him how he would feel if he were told his pay cheque would be a couple of months late. Madame Gagnon of the BLOC was there and said, 'I will be proud to wear your ribbon.' I had already given one to Penny Priddy."

"We as Canadians pay this man's salary, so what would he say if he had to wait for lawyers to give the ok for him to get his pay cheque? What if during that time, he asked for a few hundred dollars because he had bills to pay, and he had to at least eat, and the government said no? What if he was going to lose his house, with his wife and

(Continued on page 3)

INSIDE THIS ISSUE:

<i>Fatigue Management</i>	1
<i>Ottawa Trek</i>	1
<i>Tanya's Tidbits/DDW Abstracts</i>	3
<i>We Live, We Love, We Laugh</i>	4
<i>PegCare/Pegassist</i>	5
<i>Recipe</i>	7
<i>Poetry/Compensation</i>	7
<i>Coming Up</i>	8

HELEN ELIZABETH WRIGHT

October 23, 1932-April 14, 2006

Helen Wright was one of our long-time members. She was a faithful symphony-goer, as well, and she and I had many conversations, about both hepatitis C and classical music. Helen had moved to Central Park Lodge, where my dog Marty and I visited her. She seemed happy, surrounded by her music.

Helen, originally from Grande Prairie, Alberta, came to BC in 1950, via Ontario and Quebec. She was the daughter of Rev. Earnest Wright and Annetta Wright. Her brothers Gordon and Charles predeceased her. She has a sister, Marion, and many nieces and nephews. A Service of Remembrance was held on April 21st. Condolences may be offered to the family at www.mccallbros.com.

SUBSCRIPTION/ORDER FORM

Please fill out & include a cheque made out to **HepCBC** - Send to the following address:

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#306-620 View Street
Victoria BC
V8W 1J6

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Address: _____

City: _____ Prov. ____ PC _____

Home(____) _____ Work(____) _____

Email: _____

Membership + Subscription (1 year) **\$20.00**

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(Doesn't include the *hepc.bull*)

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(Doesn't include membership privileges)

Peppermint Patti's FAQ **\$6.00**

Resource CD **\$10.00**

TOTAL: _____

"I cannot afford to subscribe at this time, but I would like to receive the bulletin."

"I enclose a donation of \$ _____ so that others may receive the bulletin."

"I want to volunteer. Please contact me."

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

(Note: The *hepc.bull* is mailed with no reference to hepatitis on the envelope.)

SUBMISSIONS: The deadline for any contributions to the *hepc.bull*® is the 15th of each month. Please contact the editors at info@hepcbc.ca, (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

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

Newsletter Ads: Maximum 4 per issue, if space allows. \$20 for business card size ad, per issue. Payments will be refunded if the ad is not published.

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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.

NEW!!! FAQ v7

Peppermint Patti's FAQ Version 7 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 125 pages of information for only \$7 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.

DISCLAIMER: The *hepc.bull*® cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or therapy protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

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: Tanya, Beverly A., Diana Ludgate, ALP and Ernie. 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.

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

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/](http://groups.yahoo.com/group/NewHepSingles/)

NewHepSingles/

CHAT: [http://forums.delphiforums.com/](http://forums.delphiforums.com/hepatitisen1/chat)

hepatitisen1/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

DIAL-A-DIETITIAN

732-9191 (Vancouver Area)

1-800-667-3438 (Toll-free elsewhere in BC)

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

Please consider arranging for donations to your local hepatitis C organization.

HELP! MY HAIR IS FALLING OUT

I will never forget when I found out about a side effect of treatment that I was not expecting. I had an appointment with my nurse and we went through all of the possible side effects of treatment. When I was walking out the door she was holding open for me she said, "Oh, and if your hair starts to fall out don't worry. It will grow back." I nodded my head like this was expected and left the office.

Once I got out into the hall I shook my head and thought, "Did she just say my hair might fall out?!" All the other side effects I expected, but the hair one was a surprise. Sure enough, large clumps of my hair did start coming out when I brushed and blow dried it. However, I have a lot of hair and it was not noticeable enough for me to worry about it cosmetically. I figured, worst case scenario, if it became noticeable I would cut my hair like Naomi Judd. I have always wanted a short hair cut but have always been too scared to do it.

When I stopped treatment though, the hair that I had lost had started growing back and the result was a halo of hair standing straight out of my scalp. I tried all the hair products I could that would stick them down, but nothing worked. Often chunks would stick up on their own part way through the day which sometimes left me feeling a little like Dennis the Menace.

Then one day I came across the hair shampoo and conditioner by Fructis called Long and Strong. It is meant for people who have weak hair who want to grow it long. I bought it without even thinking about it. I was willing to give anything a shot. I was happy to find it helped. My "spikies" went down and grew out. Now I am back to having long, shiny and spike-free hair.

You may want to give it a shot if you have the same issue. It may help during treatment, but I do not know because I did not discover the products until after I was done treatment and my hair was growing back.

ACTILON

Another drug has been granted fast-track status for the treatment of HCV. It is called Actilon and it has shown good preliminary testing in phase 1b trials. The drug is intended for patients who have failed previous treatment. Currently it is enrolling for phase 2 studies.

http://hepatitis-central.com/mt/archives/2006/06/fast_track_for.html

DO YOU NEED SOMEBODY TO TALK TO?

Do you need somebody to talk to but are uncomfortable going to a group meeting or session? Not comfortable in chat rooms? If you need a shoulder to cry on, a person to rant to, or somebody to understand, please feel free to e-mail me at tanyafrizzle@hotmail.com. Not only do I live with HCV and have been through failing treatment, I have also lived through my father passing away from HCV. So even if you do not have HCV and are a concerned friend or family member who has questions, feel free to contact me.

DO YOU HAVE CHRONIC HEPATITS C?

HAVE YOU FAILED PREVIOUS INTERFERON AND RIBAVIRAN TREATMENT?

YOU MAY BE ELIGIBLE TO PARTICIPATE IN A TRIAL DESIGNED TO TEST THE SAFETY AND TOLERABILITY OF AN ORAL MEDICATION FOR THE TREATMENT OF LIVER FIBROSIS IN HEPATITIS C PATIENTS

FOR MORE INFORMATION CALL: LEEANNA, R.N. AT 250-382-6270

(OTTAWA TREK—Continued from p. 1)
kids inside, because he could not afford to pay his mortgage because his cheques were late?"

"A tearful Catherine Kutchau of Sudbury, Ont. said she has been waiting for compensation for eight years. She was so sick she lost her job. A widow at age 50, she has two young adult children. Renee Daurio, who said she received tainted blood during a transfusion in Toronto, said she has accumulated \$75,000 in bills for home care and nursing care."

"[Tony Clement] did say the Harper government has taken the matter further than any previous government and 'I hope it will be possible to reach an agreement this week if possible.'" (www.canada.com/victoriatimescolonist/news/story.html?id=af9c153b-d76a-4c48-a843-ba9a9e118b7d&k=73173)



The following are summaries of a few abstracts from the Digestive Disease Week 2006 conference held in Los Angeles May 20-25. I found the abstracts on www.hcvadvocate.org

SMOKING & TREATMENT

Smoking has been linked with inflammation and fibrosis in Hep C patients. To see if tobacco affects treatment results, the WIN-R study examined 4913 patients who took PEG IFN with either 800 mg of RBV, or a weight-based amount of RBV. Genotype 1's were treated for 48 weeks. Genotype 2's and 3's were randomized, taking either 24 or 48 weeks of treatment. Results showed weight-based treatment to be more effective, and 24 weeks was just as effective as 48 weeks for genotypes 2 and 3. Smoking data available for 2865 of the subjects was evaluated. Genotype 2 and 3 smokers had lower response rates than non-smokers. Genotype 1 subjects showed no difference in this study. Researchers suggested patients should consider stopping smoking during therapy. **Abstract S1923**

ACETAMINOPHEN

The use of acetaminophen (APAP, for example Tylenol) by a patient during a phase of acute viral hepatitis is common. It was suspected that the combination could cause worse damage to the liver. To decide if this was true, a new blood test was used which shows APAP adducts (substances that form when a chemical binds to a biological molecule) which can be detected up to 7 days after the beginning of liver damage. The blood of 72 patients with acute Hep A or B (not C), was tested. 12.5 patients showed detectable adducts. The researchers concluded that APAP, even at normal doses, is implicated in acute liver failure in more than 10% of the cases studied. Patients with acute viral hepatitis should not take APAP, since it could cause more liver injury. **Abstract S1002**

GREEN TEA

Acetaminophen (APAP) overdose frequently causes sudden liver failure and even death by causing cell death, inflammation, depletion of glutathione and liver injury, among other things. Antioxidants found in green tea polyphenols (GrTP) have shown to protect the liver from injury. These researchers studied the effects of GrTP in mice, who, after 5 days of drinking the tea, were in-

(Continued on page 4)

(DDW 2006—Continued from page 3)

jected with a toxic dose of APAP and then euthanized either immediately or at 4 or 24 hours. The results showed that GrTP corrected many of the APAP-induced damage, normalizing BCL-2 and Cox-2 activation. GrTP may be useful against APAP poisoning. **Abstract S1583**

GLYCYRRHIZIN & APAP

Glycyrrhizin (GL) is found in licorice (*Glycyrrhiza glabra* L.), which has been found to have anti-inflammatory, anticancer, antiallergic, antioxidant, and antiviral effects.

These researchers studied the protective effects of GL on acetaminophen (APAP)-induced liver injury in mice. APAP (500 mg/kg) was injected into male mice, who were then given two doses of GL 1 and 12 hours later. AST and ALT levels at 24 hours had been normalized by the GL. Also assessed were glutathione in the liver, activity of nitric oxide synthase, and fat peroxidation in the liver tissue, among other things. GL protects mice against APAP poisoning and could be a good agent for treating humans. **Abstract S1584**

HERBALIFE® & YOU

Many people use herbs because they think that, since they are “natural”, they must be safe. In some countries, they are not evaluated for safety or efficacy. Herbalife products are popular, especially for help with weight loss. These researchers reported a series of cases of liver poisoning where Herbalife products were used. They sent a questionnaire to all hospitals and pathology departments in Switzerland and received 75% back, which showed 13 cases of hepatitis associated with Herbalife products between 1998 and 2004. They were able to use 10 of these cases to subject them to the World Health Organization’s causality assessment of hepatotoxicity. The average age of the patients was 51 years. The average onset of the toxicity was 5 months. Liver necrosis was noticed in 5 patients. One patient who had hepatitis B in the past developed liver failure. One patient showed veno-occlusive liver disease (VOD). 3 patients had cholestatic hepatitis. Autoantibodies were negative. Other liver disease was excluded. Adverse drug reaction was certain in 2 cases, probable in 5, and possible in 3 cases. All but two patients recovered after Herbalife was stopped. One of the two patients received a transplant. The VOD patient developed cirrhosis. The researchers suggest an active role for regulatory agencies. **Abstract S1585**

A friend was looking for an article to run in a newsletter. I responded, but said it would take a few days. The reason? I was watching FIX ... again. I have seen it at least 25 times but have never been able to watch it all the way through. I see people I know who are now dead and see people I know who are still alive, with Hep C, Hep B, HIV or maybe 2 or even 3 of them at once. I see women who are now part of the “Picton Investigation”, whose DNA was found on the pig farm. I see friends who looked healthy then, who are now thin, sick, and tired.

I watch in bits and pieces mostly because it hurts so much, but also I've got the t-shirt, the “been there, done that” scenario. Not only did I get the t-shirt but possibly the Hep B and Hep C as well. Who knows? The rest of the odd thing is I haven't used drugs in 43 years and I'm 61 years old.

I don't know how many are alive from my former days but know every time I do a needle exchange with S.O.L.I.D. (<http://groups.yahoo.com/group/solidones/>) I am glad I stopped, not because I'm better, smarter, cured, or good or any of that crap, but better off, and thank God I am no longer involved in that manner. I'm still alive and had 5 children and now, 5 grandchildren. How many I knew then or know now will have that comfort in life?

The hardest part is seeing that nothing has changed in over 43 years. People who use are still criminalized, people are still jailed, people are still living on the streets, and people still die. HIV, Hep B, or Hep C was never talked about. We didn't know about it. A needle exchange? Never had one. We used to sharpen our rigs on matchbooks or emery boards, and then share, reuse, and share again.

I remember when I first used, someone skin popped me the “wash” from their hit and I damn near fell out the window in the room on the 8th floor of the Washington Hotel in Vancouver. And I remember, too vividly at times, hooking to purchase drugs, and being raped and beaten. In those days “ho's” couldn't be raped; you were out there asking for it!

This crap still pops into my head from time to time and I guess it's referred to as Post-Traumatic Stress Disorder. Other stuff pops in as well: being sexually abused as a child, and I know also that this has not changed. Children are still sexually abused, male and female, women are still killed by their partners, and drug users are still vilified by almost everyone including, unfortunately, their family as well.

Some things have changed. Many people are working or volunteering in Harm Reduction, needle exchanges, detoxes and programs of some type. There's AA, NA, CA, detox, wet shelters, a crystal meth program and a whole lot more people in jail, either for the crimes of dealing or stealing to pay for their habit. However, we also have methadone programs, have a heroin maintenance program in Vancouver and an alcohol maintenance program in Toronto. We have needle exchanges in most towns and we have a few drug user groups in BC: S.O.L.I.D., V.A.N.D.U. (www.vandu.org), Peer 2 Peer (604) 312-2988, W.A.H.R.S. (www.vandu.org/vwahrsgroup.html) and U.N.D.U.N. (www.freewebs.com/undun/) in Ontario—a whole lot of people who have the T-shirt and “been there, done that”. We have Internet and websites where we can connect to other countries and groups where safe injections sites are the norm, some places where users are shot, but we have the information we need and the proof that what we have done in the past 100 years is a total dismal failure.

We've had the ex-police from L.E.A.P. (www.leap.cc/) in and heard of the billions spent on the War On Drugs and how we are losing. We talk and go to conferences and then we do more studies. And people keep dying. They die from overdoses, they die from Hep C, and they die from HIV. They die from exposure, they die from violence. They commit suicide. They die from “misadventure” and sometimes they are murdered.

The “War on Drugs” is really a war on people. We need to change. Users need to take control of their own lives and start more groups. It is a “nothing about us without us” time. We need to join together and realize that as a group we are also mothers, fathers, brothers, sisters, aunties, and uncles. We are not just junkies or users. We are people first. As such we have rights, needs, likes and dislikes.

We are not the worst of the worst; we are part of Humanity and part of communities. We live, we love, we laugh, we hurt. We are your children. We are your partners. We are your neighbours. We are part of your community and we are human beings.

One day, maybe we will be treated as the human beings we are, instead of being criminalized, marginalized, and despised by others in society. I can only hope it is in my lifetime.

momma

HepCBC ANNUAL GENERAL MEETING

**Wednesday, Oct 7, 2006
6 PM**

**Woodward Room
Begbie Bldg
Royal Jubilee Hospital
Victoria, BC
INFO: 250-595-3892
info@hepcbc.ca**

AGENDA:

1. Approve minutes of AGM 2005
2. Set number of directors,
3. Election of those directors

AGM to be followed by a speaker
(TBA) and refreshments.

I'VE BEEN DIAGNOSED. NOW WHAT?

If you're diagnosed with hepatitis C, get informed. Check with your local support group (See page 8)

Make sure that you:

- ◆ Get re-tested to confirm the diagnosis
- ◆ Get vaccinated against hepatitis A and B, and get tested to see if the vaccinations took.
- ◆ Ask about the pneumonia and flu vaccines
- ◆ Get sent to a specialist
- ◆ Get copies of all tests

The specialist should:

- ◆ Order an ultrasound yearly, if your family doctor didn't
- ◆ Order an alpha-fetoprotein test yearly
- ◆ Order a liver biopsy. (This is usually done by needle aspiration, but there are other options if there is a bleeding problem, for example)
- ◆ Discuss treatment options with you (Get a second or even a third opinion if you don't agree)



"LIVING WITH LIVER DISEASE"

NORTH VANCOUVER
Capilano Library-3045 Highland Blvd.
7pm-9pm

July 5th *Pain and Fatigue Management, Exercise, Energy Conservation:* Neil Pearson. *Diet and Nutrition for Liver Disease*

Patients: Sarah Peterson

July 12th *Emerging Treatments for Hepatitis B and C: Current/Upcoming Clinical Trials, and Hepatitis C: Current Treatments, Managing Side Effects and Self Care* Dr. Frank Anderson

BURNABY

Bob Prittie Metrotown Library
6100 Willingdon Avenue (Beside Metrotown Center) Meeting Room: 6:30pm- 8:30pm

July 5th *Diet and Nutrition for Liver Disease Patients:* TBA. *Naturopathic medicine and Liver Disease:* Dr. Janny Yang, ND

July 12th *Chinese Medicine and Liver Diseases:* Dr. Wing-Yu Cheung; *Living with Chronic Illness. Psychological Perspective:*

Dr. David Aboussaf

July 19th *General Liver Health Management: Treatments; Preventing, Slowing and Reversing Liver Damage, Transplantation:*

Dr. Siegfried Erb MD

July 26th *Hepatitis A, B and C –Treatments and Medications:* Dr. Jane Buxton. *Alcoholism, Substance Abuse and Liver Diseases ; Coping Strategies:* Charmaine Spencer

All workshops are *free*.

To register, please contact the Canadian Liver Foundation at 604.707.6430

The Canadian Liver Foundation presents this program for liver disease patients, families and helpers.

This workshop series was made possible through an unrestricted educational grant courtesy of Schering Canada.

TIP OF THE MONTH:

**IF YOU ARE LOSING
YOUR APPETITE,
ASK TO TALK TO A
DIETITIAN.**

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

PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

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

CALDO DE INDIANILLA

This is my favorite Mexican chicken soup, called Caldo de Indianilla (in-dee-an-EE-ya). Indianilla is the area in downtown Mexico City where the street car terminal was. I used to live in that area, and our regular restaurant, El Greco, served it. I hope you enjoy it, too. Personally, I omit the chilies. I find it easier to eat soups when I am on treatment.

Ingredients:

1 chicken, in pieces
3 garlic cloves
1/2 C. rice
1/2 C. garbanzos, soaked overnight
1 onion
2 carrots
1 teaspoon parsley, chopped
Lemon juice to taste
chilies serranos (the little green ones) to taste
salt to taste

Procedure:

Boil the chicken in 8 cups of water with the garlic, onion, carrots, parsley and salt. When tender, remove from the heat, strain the broth, and shred the chicken. Cook the garbanzos and rice separately.

Serve in a bowl with a spoonful of rice, a spoonful of garbanzos, a bit of chicken, and the broth. Add chili, cilantro and lemon.

Our restaurant would put in egg, swirled around in the broth, as well as a mild white cheese called queso Oaxaca, but mozzarella should work. It melts in the broth.



(**FATIGUE**—Continued from page 1)

The goal must be **REALISTIC**
The goal must include **TIME** for review

The goal may look like this example:

SPECIFIC: to improve cardiovascular fitness

MEASURABLE: a description of how long and how often to exercise. Example: on Mondays, Wednesdays, and Fridays at 10:00 a.m. for 15 minutes

ACTION PLAN: a description of the activity. Example: walking outside around the block

REALISTIC: a rating 1 to 10 of how successful you think you will be in performing your goal. Example: 7/10. If you rate your success as less than 8/10 you may not be successful. This is a cue to change your goal.

TIME: a time to review progress. Example: in two weeks

In addition to setting **SMART** goals, take time to consider what might interfere with your ability to be successful.

Examples: if you don't like walking outside in the rain, have a plan to walk in a shopping mall. If you become too fatigued or develop pain, shorten the distance of your walk. Try walking on trails rather than hard pavement.

Try to do something to maintain your goal. Remember, it takes 30-60 days to make a habit but only 10 days to break it!

Record your results. This can keep you on track.

Remember, success breeds success and reward yourself when you are successful.

Whatever cardiovascular exercises you choose, follow these guidelines. Start safely and slowly. If you are able to walk for 10 minutes once a day and want to progress, try walking 15 minutes once a week and 10 minutes on the other days. Over time, you should progress until you are able to walk daily for 30 – 45 minutes. If this is not possible, consider two or three short walks a day instead of one long one. To start, your walking pace should be easy on your breathing, and you should be able to talk in long sentences.

ENERGY CONSERVATION:

Practicing the 4 “P’s”, (Prioritize, Plan, Pace and Posture) will help you use your energy more efficiently and fatigue less easily.

Prioritize – Decide what jobs are urgent, important, can be done later, or perhaps never at all.

Plan – Plan your day, make a list of jobs to be done that day or week. Avoid doing too

many heavy jobs on the same day. Plan your day to ensure that it is balanced, including rest and exercise, which will prevent fatigue.

Pace – Know your limitations; stop activities before you become fatigued.

Posture – Maintain good posture and practice good body mechanics, which prevent stress on joints and allow muscles to work more efficiently. Change position frequently and avoid repetitive activities.

WHAT ABOUT REST AND NAPPING?

Napping is not a substitute for a good night sleep, but if a nap refreshes you and does not interfere with your nighttime sleep, try these ideas: Keep it short, (30–60 minutes). Longer may interfere with a good night sleep. Take a mid-afternoon nap. Naps at this time may produce an invigorating sleep. If you can't nap, rest and practice relaxation.

A walk in the late afternoon or early evening is an excellent way to wind down and have a deeper more refreshing sleep.

Relaxation is a wonderful way to relax the mind and body. There are many techniques, including breathing, progressive relaxation, guided imagery, autogenic relaxation and meditation.

To conclude, fatigue associated with hepatitis C and most chronic diseases can be helped by participating in a regular and realistic walking program or other cardiovascular exercise and by practicing energy conservation.



**Hepatitis C - Are you at risk?
Get tested...**



For more information call:
250 595-3892

hepcbc
www.hepcbc.ca

THE FROG AND THE DRAGONFLY

*Hey, up and down the ladder reaching into space
Twirling and a spinnin' till the earth it has no face,
Jumping and a runnin' to the end of a stony road
Twinky boy green horney toad is heading for the gold.*

*His back legs are so sturdy and his front ones work so good,
He hops and clings and hops again 'til he gets a glimpse of food.
His buddy cheers him on with glee
Beside myself, how this is free.
Such a joy and happiness upon tongue of old green frog
As he jumps one final jump & captures a cricket in the bog .*

*Lovely damsel dragonfly in her clothes of hues
Turns a hinged eyeball to find a hidden clue
She glides around the pond and creek until she sees a nest
Of tasty little froggy eggs all laid out for the quest.
Her flight is swift and her mark is so true
Gobble up those little eggs before old frog is through.*

*One thing leads to another in this world a woe
Just when you think you have it made
Just when you feel so good
Someone comes a flying by to eat your babies good.....
So was the race all worth it just to get a bug
As another of those critters spied your babes
From High above?*

SkayB 2006



MORE HOPES DASHED

KPMG ran out of money for pre 86 victims.

KPMG is a law firm set up to administer the claims relating to settlements with the Canadian Red Cross Society in BC. In June 2002 claimants who had submitted a claim before March 30, 2002 received \$6880.00 as a first distribution. Further payments payable to family members were held back pending further petitions for funds. The families are seeking that money for minors be given to the custodial parent rather than to the Public Trustee.

Late claimants who filed between March 30, 2002 and September 30, 2004, received their first distribution on November 26, 2004.

The Second Distribution of \$3,570.00 was mailed on December 1, 2004.

KPMG has announced that 90% of the funds were used to cover the first and the second distribution.

According to the terms of the Settlement Plan, the remaining 10% of the funds must be distributed to people who register as claimants after September 2004, "on a first accepted, first paid basis."

"It is with sincere regret that, as claim administrator, we have to inform you that the remaining 10% of the available funds have been totally distributed and that we have been forced to cease payments...It will not be possible to know, before October 5, 2011, if a surplus will become available." (<http://www.kpmg.ca/en/ms/hepatitisc/update.html>)

One of the lawyers has assured some interested parties that the lack of funds is due to the structure of the settlement, not to mismanagement. The number of late claimants, far beyond estimates, used up the money. KPMG is negotiating with the Federal Government. The lawyer said that if they had known, more money should have been held back for future claims.

COMPENSATION LINKS

Many thanks to Wendy, who sent these links (<http://www.wendyswellness.ca/links.htm>)!

1 - Pre-86 Hep C Compensation Update: An update page regarding compensation for people infected through the Canadian blood system before 1986 or after 1990.

<http://hepccc.blogspot.com/>

2 - The Hepatitis C Compensation Coalition was formed to promote fair and equal compensation for Canadians infected with hepatitis C through the blood supply.

<http://www.hepccc.ca/>

3 - Yahoo group: Tainted blood Trials and Proceedings-related to the tainted blood tragedy in Canada

<http://ca.groups.yahoo.com/group/TaintedBlood-TrialsandProceedings/>

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, support, education. 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, support, education.
 ♦ **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/

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: 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 Public Health Unit 624-7480

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

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca Northern BC discussion & info: <http://groups.yahoo.com/group/Network-NW/>

Slocan Valley Support Group Contact Ken 355-2732, ken.forsythe@gmail.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 Information/resources, contact Catriona, 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 brent.fitzsimmons@cgh.bc.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 2nd Thurs. monthly 7-9 PM, 1141 Main St. near Sky Train -Terminal & Main, and 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, hecsc@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

THIS IS A COMBINED JULY/AUGUST ISSUE. SORRY— NO BULLETIN UNTIL SEPTEMBER. WE ARE ON OUR SUMMER VACATION. THANKS FOR YOUR SUPPORT!

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. **July 13:** Durhane Wong-Rieger, Canadian Hepatitis C Network. "Optimizing Life with Hepatitis C". **August 10:** Colina Yim, RN, Nurse Practitioner (Hepatology) at Toronto Western Hospital. Topic: Albuferon and Viramidine clinical trials. **September 14:** Karen Marks, R.N. B.A., Parish Nurse, St. Mark's United Church. Complimentary Therapeutic Touch sessions will be offered to interested participants. **Oct. 12:** Emily Ho, R.N. Hepatitis Nurse: "Current Treatments". **Nov. 9:** Stephanie Ruiter, RN (EC), University Health Network, Liver Transplant Program. "End stage liver disease and Liver Transplantation". **Dec. 14:** 2006 Holiday Party Contacts: Smilin' Sandi smking@rogers.com <http://creativeintensity.com/smking/> <http://health.groups.yahoo.com/group/hepc-info/>, Amy Pemberton, RN 905-666-6241 or 1-800-841-2729

Hepatitis C Network of Windsor & Essex County Contact (519) 967-0490, 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, hepcnfi@becon.org

Owen Sound 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. Contact Nancy (705) 983-4396, Cathy (705) 522-3352 or 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) 836-2307 reneedaurio@hotmail.com

ATLANTIC PROVINCES:

Saint John & Area: Information and Support. Contact Allan Kerr (506) 633-4817 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 hosc@ns.aliantzinc.ca

PRAIRIE PROVINCES:

Regina, Saskatchewan Contact Doug (306) 545-1628 hepc-c.regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hepc-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 wbatas@telus.net www.wbatas.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 bettvc2@hivnetwork.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