

hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

A HEALTHCARE PROVIDER'S STORY

I was diagnosed with Hep C in 1997. I was shocked as I had been relatively healthy, and led a pretty uneventful life, however, I did receive a blood transfusion in 1982, so we presumed that I was infected through the transfusion. But when I had my traceback done, Canadian Blood Services assured me that they tracked down all of my donors, and none had hepatitis C, so I couldn't have contracted the disease from the blood given to me.

Since I am a lab technologist and suffered several needle-stick injuries over the years and have no other risk factors, I came to the conclusion that I became infected through one of those injuries. When I began my career, we didn't have retractable needles, so this sort of injury was more common. Now, when needle sticks occur, health care workers may have immediate treatment if they so choose. A short course of Peg-IFN plus ribavirin is highly effective in the vast majority of these cases. I didn't have that option.

Luckily, I was careful about reporting those incidents. When CBS confirmed that I did not contract Hep C from my blood transfusion, I contacted the Workers' Compensation Board (WCB) about my infection. They verified the incidents and accepted my claim. Thankfully, I have not had to miss any work, since my symptoms have been mild, but WCB assures me that I will be compensated for any work time I miss due to my hepatitis C, which they consider to be directly related to my job.

So please, if you are a health care worker, be diligent about reporting your injuries. You may be glad you did.

Nancy



NEWS

ALLMAN BROTHERS CONCERTS CANCELLED

A founding member of the Allman Brothers Band is on sick leave, recovering from Hep C treatment. The group made the following statement: "For the past six months, Gregg Allman has been receiving scheduled treatments for Hepatitis C, a virus that, with these treatments, has become curable in recent years. The treatments so far have been successful and the virus has been eradicated from his system. However, the recovery time from the side effects of the treatment is taking longer than originally projected (and), since The Allman Brothers Band are known for exhilarating and exhausting concert performances, they don't want to give fans anything less than they have come to expect. So the band members made a group decision to delay the first round of dates."

Source: www.allmanbrothersband.com/27/03/2008

ITMN-191

The Brisbane/California-based company InterMune announced results from its Phase 1b trial of ITMN-191, which showed effectiveness at reducing the virus, and resulted in no serious side effects. There were no drop outs. The company plans to partner with Roche during the second quarter of 2008 for a 14 day trial with ITMN-191 plus Pegasys

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ASK THE EXPERT

Question: "I've been told by my specialist that I am not a good candidate for treatment because of my age (59), my health, and my past history of depression. Is there anything I can do? -- Robert"

Here is the response from Susan Halpert, Hepatitis Support Nurse:



Robert, I'm afraid that with the little bit of information that you have shared with me in your question, it is very difficult to answer. I would have to ask you what is your current health and the extent of your liver disease and whether or not you are currently taking any medication for depression. There are several reasons that some physicians do not recommend treatment. For example, if you have advanced disease the therapy often does not work. In some cases physicians do not think the disease is progressing to any significant degree so they may feel it is not necessary to treat. Sometimes in patients with a history of depression, there may have been an attempted suicide that would give a physician a real cause for concern. I suspect the greatest reason for not recommending treatment is most likely your current health issues. To answer the question about what can you do: If you drink alcohol, please stop, and if you smoke please stop. In other words try to stay as healthy as you can. Also, there is always the option to ask for a second opinion. Hope this helps!

Best regards, Susan

REMEMBER WHEN? From the hepc.bull May 1999, Issue No. 12, Ribbon Day Update

I received a letter from Allan Rock re: Ribbon Day, and May as HCV month. Mr. Rock said that the way to get these things done is to ask your local MP to put forward "a Private Member's Bill, or a Private Member's Statement, to be read in the House of Commons." Start Phoning!
— squeeky

SUBSCRIPTION/ORDER FORM

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

HepCBC
#306-620 View Street
Victoria BC
V8W 1J6

Name: _____

Address: _____

City: _____ Prov. ____ PC _____

Home(____) _____ Work(____) _____

Email: _____

Please email me a PDF copy, free of charge.

Membership + Subscription (1 year)\$20.00

Membership Only \$10.00
(Doesn't include the *hepc.bull*)

Subscription Only\$10.00
(Doesn't include membership privileges)

Peppermint Patti's FAQ..... \$12.00

Resource CD..... \$10.00

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

TOTAL: _____

"I cannot afford to subscribe at this time, but I would like to 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.)

You may also subscribe on line via PayPal at www.hepcbc.ca

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.

FAQ version 8!!

Peppermint Patti's **NEW FAQ Version 8** is **NOW AVAILABLE**, and Version 7 is available in Spanish. The English version includes updated Canadian Links and includes the latest treatment information and research. Place your orders now. Over 140 pages of information for only \$12 each. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2007; the FAQ V8; 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.

DIAL-A-DIETITIAN

604-732-9191 or
1-800-667-3438
www.dialadietitian.org

Dietitians of Canada: www.dietitians.ca

THANKS!!

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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 a cheque 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.

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/>

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

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

TIP OF THE MONTH:

OBTAIN, STUDY, AND SAVE COPIES OF ALL YOUR TESTS.

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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



BE PART OF THE TEAM!

We need people to **summarize articles**. HepCBC needs **telephone buddies**, a **librarian** and 2 people to help with our website. Please contact us at 250-595-3892 or info@hepcbc.ca



the
Godmother Group

Michael Yoder
Consultant
250.386.3458
myoder13@shaw.ca

MAY IS HEPATITIS C MONTH



MAY 19th IS
WORLD
HEPATITIS
DAY

PLEASE DO YOUR PART!!

May is Hepatitis C Month, and May 19th, World Hepatitis Day.

**What is your community doing?
Please attend and tell us.**

Contact jking@hepcbc.ca

ONLINE SUPPORT GROUPS

Thanks to Laurie Wolfe for this research:

<http://www.msnusers.com/hepcsupportgroup>

http://health.groups.yahoo.com/group/Hepatitis_C_Central <http://>

health.groups.yahoo.com/group/HepatitisCSupportGroupForDummies

<http://health.groups.yahoo.com/group/frontlinehepatitis2/>

<http://health.groups.yahoo.com/group/hep-c>

<http://health.groups.yahoo.com/group/hep-cbuddies>

<http://health.groups.yahoo.com/group/hep-cbuddies2>

http://health.groups.yahoo.com/group/Hep_C_Support

<http://health.groups.yahoo.com/group/hepatitiscsurvivors>

<http://health.groups.yahoo.com/group/HepCMe>

<http://health.groups.yahoo.com/group/HeppersUnitedPrayerGroup>

<http://launch.groups.yahoo.com/group/Hip2HepC>

<http://health.groups.yahoo.com/group/livingwithhepc>

<http://health.groups.yahoo.com/group/mrdanashepcsupportlounge>

Laurie's site:

<http://hopeforhepcstory.bravehost.com/>

"DATING TIPS" by Viola Vatter

What do drug expiration dates really mean? There are mixed beliefs over whether a drug simply becomes ineffective versus dangerous, or if it is a marketing ploy to make us buy more. What happens to the drug depends on how it is stored and specifically which drug it is.

The expiration date does guarantee that a medication is safe and potent through this date. It is a conservative guide. This date ensures that you get what you paid for through a period of time. Many drugs remain good for one to three years after manufacture.

There are few incentives for a manufacturer to test drugs for how long they will last because this would cut down on their sales. Testing for long shelf life would slow down their ability to bring new and improved drugs and formulations to the market. The American government has tested stockpiles of military drugs to see how long they remain stable. They found that the average life was about 5 years. These drugs were stored in their original packaging under ideal conditions. Some drugs stayed stable up to 15 years!

When a drug is rebottled by the pharmacist, it is automatically given a one year expiration date. Drugs start to break down when the bottle is opened, and on exposure to heat, humidity, light and temperature changes. Most consumers do not store their medications properly. Drugs should be stored in a cool, dry and dark place. They should never be stored in the bathroom or kitchen, a pocket or purse. Refrigerate them only if indicated. Always keep the small silica pouch in the bottle. This helps to remove moisture in the bottle. The piece of cotton often found in a bottle is simply to keep the pills from bouncing around and breaking during shipment.

Drugs such as nitroglycerin, insulin, EpiPens and liquid medications lose their effectiveness fairly quickly. Liquid medications and ones requiring refrigeration do become less stable. No data was found to support the claim that medications can become dangerous over time. However, relying on a critical drug to be effective when it is not is risky.

Do you take or toss an expired medication? There is no consensus among experts, but it is not worth taking the chance on drugs that are essential. If your medications have been stored under good conditions, they should retain at least 70% to 80% of their potency for at least one to two years

following their expiration date, even after the container is opened. Never take a medication that has discoloured, turned powdery or has a strong smell. Discard any liquids that appear cloudy or filmy, or any tubes of cream that are hardened or cracked. It may be okay to use pain relievers, cold remedies, sleeping pills and topical skin creams after the expiry date, but do keep in mind that they may be less effective.

Article taken in part from Psychopharmacology Today, www.medscape.com/viewarticle/460159

[Editor: In case you're wondering, like I did, about the title, the author made this comment to me, so I left it as is: "Only to trick people into reading the article, I called it Dating Tips. (I tease everyone!)"]

WE HAVE HEPATITIS, SO WHY DO WE STILL DRINK?



This is just a place to vent and compare notes with others who are feeling bad/sad/guilty/etc. about drinking alcohol.

<http://groups.yahoo.com/group/DrinkingDragon/>



During the month of May, HepCBC will be distributing awareness ribbons and donation tins around the city of Victoria. They will be placed in various retail locations in order to raise money and promote awareness for our cause. We will also be conducting a media campaign and holding special events throughout the month. We are requesting that businesses aid us in our awareness campaign by displaying an educational poster in their office lunch rooms or on their communications board to educate staff about this serious disease. This is an easy but important way that businesses can support Hepatitis C Awareness Month.

HepCBC plans to participate in Victoria Day Parade on May 19th. VOLUNTEERS NEEDED. Please call us.

We are proud to present a talk by Dr. Petrunia on May 28th. For more information, call 250-595-3892.

LIVING WITH LIVER DISEASE

Part Two : Other pathways to Cirrhosis by Douglas Laird

Dr Mark Swain presented on Fatty Liver Disease at the Health Sciences Building in Calgary, March 4, 2008, in the first of a series of presentations sponsored by the Canadian Liver Foundation, Canada Safeway, and Roche. His lecture started with the baseline information such as steatosis: the medical name for fatty liver. Non-alcoholic fatty liver disease (NAFLD) is early stage and non-alcoholic steatohepatitis (NASH) is late stage. The primary cause is a body mass index (BMI) of over 30. 23.5% of Canadians, or 5.5 million people have a BMI that is problematic.

Obesity is up 14% over 1978/79 averages. That is a super-size problem leading to cirrhosis. Twenty five percent of people in Alberta may be considered obese! Visceral fat is harder to loose than body fat. Dr Swain also had some take home information suggesting a number of remedies with known potential such as SAM-e. The only points which I can quote with accuracy are listed:

- Lifestyle changes are the first part of treatment for fatty liver.
- Diet is a huge part of prevention and recovery.
- NASH diets tend to be low in fibre so increases of dietary fibre are in order.
- NASH diets are lower in Vitamin C and E; however Dr Swain noted that supplements other than a multivitamin are not necessarily good and he does not recommend them.
- There are scientific papers that show some toxicity from Vitamin E supplements but nothing showing actual benefits.
- Folic acid supplements for women are beneficial. Milk thistle has been shown to be a powerful antioxidant, hence beneficial.
- Exercise has to be weight bearing to be beneficial. This implies you can't go to the pool and loose weight since you must be pushing or lifting your real body weight.

There was a question from the audience, and Dr Swain's words really turned my life on its ear! What comes first, fatty liver problems or heart problems? 'We don't know' was the response I was not ready for. How had I missed the connection between liver inflammation and cardiovascular inflammation? When I signed the contract for rolling this rock to the top of this hill, should I have read or remembered the fine print? Does this indicate you should see a cardiologist to learn about other potential risks to your life?

I asked if he thought it was true that cal-

cium has a regulatory effect on fat cells and inflammation, and since he had not read those studies, I took copies into his clinic later. With the work load that Dr Swain carries day after day, I do not have expectations that we can sit down and analyze the information together. There are many new and misleading dietary lifestyles, with their very own media promotion teams trying to gouge the public without adequate research backing their claims, Atkins included. Coincidentally though, this information cites dietary sources of calcium, particularly low-fat dairy at 1,200 to 1,600 mg daily, which is far more effective than calcium supplements. This calcium intake solution is also related to lower blood pressure (another paradox caused by enzyme responses), so there are simple solutions!

Dr Swain was concerned that there was a daily limit to calcium intake so I asked what that meant to someone who was having calcium absorption problems. A rare side effect of HCV medications, for instance, can be IBS or IBD, the latter causing malabsorption problems with calcium and zinc. Absorption rates of calcium are 35-55% in optimum health. He advised not to exceed recommended daily rates for calcium, which is 2,500 mg per day, in any circumstance.

In order to tackle some of the huge problems with public information and more research into these diseases, it is clear that we need to work together. Singling out HCV leaves us as a disparate group if 70% of us don't know we have it!

Safeway has one employee at one of their stores who is known by his co-workers to have serious HCV problems, hence when the staff took their annual vote on which charity to support, there was no question. Many of the stores support charities such as 'The Canaries of the Mind Research Campaign', or 'The Long Term Effects of Dietary Hamburgers Made out of Single Socks Collected from the Laundromat by the Revolutionary Faction of the Red Army of Fish People' (Alexi Sayle). Sequestering support and teaming up with organizations such as the local Safeway and the Canadian Liver Foundation does not seem so bad, now, does it?

To jump to my conclusion, I doubt if Hippocrates, Aristotle and Sisyphus together would ever mistake the fumbling of liver disease for the political football called leadership in your individualized health system.

Estimate Your Body Mass Index

Weight in pounds
divided by height in inches
divided by height in inches again
then multiplied by 703

Estimate Your Body Mass Index Metric

Weight in kilograms divided by your height
in meters squared

Underweight	18.4 or less
Normal weight	18.5 to 24.9
Overweight	25 to 29.9
Obesity	30 to 39.9
Extreme Obesity	40 or more

Bibliography

- Zemel, Michael. "The Calcium Key : The Revolutionary Diet Discovery That Will Help You Lose Weight Faster." 2004 John Wiley & Sons, Inc.

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 tanyafizzle@hotmail.com. Not only do I live with HCV and have been through failing treatment, but 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.

tanyafizzleSt Patrick@hotmail.com

CELEBRATION FOR HEPATITIS C

Celebrate Hepatitis C Day with us. Bring family, friends, neighbours, children and pets. Let us know how Hep C has affected you.

SPEAKERS: Dr. John Farley, others TBA.
SPECIAL GUEST: Mayor Sullivan, Vancouver.

MUSICAL PERFORMANCE: Dallas Shears, with the debut of the Hep C song he wrote for his mom, who contracted the disease at his birth.

Help us ensure a huge turnout! If you are willing to speak to the media, please send me your story and contact info. If you or your group would like to participate and be represented, contact Kelly for more details:

Kelly@hepccanada.com

Date, time and location of the World Hepatitis Day Awareness Celebration to be disclosed at www.hepccanada.com

**HEPATITIS C IS A SILENT EPIDEMIC
SILENCE KEEPS HEPATITIS C ALIVE
BREAK THE SILENCE AND WIN**



CONTEST

First Prize in each category \$500.00
Second Prize in each category \$300.00
Third Prize in each category \$200.00
Runner-up Prizes to be announced

We are asking you to

Create a POSTER, VIDEO
or 60 second RADIO or TV ad
to address awareness, education
and prevention of HEPATITIS C.

Do your own research:

What is Hepatitis C?

How can you contract Hepatitis C?

How can you prevent others from contracting
Hepatitis C?

The contest is open to all ages. Enter as a group or as an individual. Enter often.

Entries will be divided in to four categories:

(1) Elementary Schools (2) Secondary Schools (3) College and University (4) Others
Entries will be judged on the accuracy of the information and how effective your message is.
Your submission must be original.

Contest ends May 16, 2008. Winners to be announced May 24, 2008

Entry forms available at participating schools, The Sudbury and District Health Unit, or e-mail
hepc.support@persona.ca.

Contact information:

Monique Goudreau 705-671-4607 or Emie Zivny 705-522-5156

All entries will remain the property of The Circle C Support Group (Sudbury, Ont.) and may be used, in part, for future awareness, education and prevention programs.

Photo by Perron Photography (Lively On.)

**FREE PUBLIC
BARBECUE**



**May 23, 2008
4:00 PM-8:00 PM
Tom Davies Square
City Hall Courtyard
200 Brady St
Sudbury, Ontario.
All are welcome**

PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-pay they might have, whether through their provincial coverage (i.e.: Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimbursement. The income maximum is \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 1-800-872-5773

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



A fun walk for the whole family!
Join us in raising funds for liver research & education.



The Canadian Liver Foundation will be hosting its Sixth Annual Stroll For Liver WALK/RUN in May and June 2008 throughout the province of British Columbia.

Stroll for Liver is a fun, family oriented walk hosted by the Canadian Liver Foundation. It caters to all fitness levels and gives people a chance to join others in their community to fight against liver disease. One in 10 Canadians will be affected by a liver or biliary tract disease in their lifetime - Stroll for Liver helps to raise funds for liver research and education.

We have Strolls in Abbotsford, Ajax, Calgary, Chatham, Edmonton, Guelph, Halifax, Kapuskasing, Kelowna, London, New Liskeard, Ottawa, Prince George, Red Deer, Sarnia, Saskatoon, Springhill, St. John's, Toronto, Vancouver, Victoria, Windsor and Winnipeg. To participate in a Stroll at one of these locations, please click on the "sign up" button to your left and select a location from the list.

Your donation to the Stroll for Liver supports the families in your community who live with liver disease every day. For additional event information, please contact us at: Email: clf@liver.ca Toll-free: 1-800-563-5483

BC DATES AND LOCATIONS:

- Vancouver**
May 24th in Stanley Park
- Abbotsford**
May 25th in Mill Lake Park
- Prince George**
May 31st in Fort George Park
- Kelowna**
June 1st in City/Waterfront Park
- Victoria**
June 1st in Elk/Beaver Lake Park

This is the 9th segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

Everyday we are bombarded with “negative” world news—wars, natural disasters, death, tragedies, epidemics, and so on. There is also the onslaught of personal “negative” daily news, which, although not life threatening, is still harmful—spilled coffee, the car breaking down, children fighting, a partner disagreeing, an angry boss, frustrated staff, and this list can also go on.

What does “personal peace” really mean? How does one move to a place of peace when everyday life seems to be in a state of chaos, especially when having to deal with hepatitis C on top of it all?

I am taking a course, “Journey into Wisdom”, with Nancy Shipley Rubin, and the month’s theme involves two principles: Grace and Acceptance. I was discussing this with a friend, and we both felt that at the moment of letting go and surrendering, acceptance moves into that “in-between” space. This needs to happen before any step forward can take place. Both surrendering and acceptance are not giving up or giving in, they are moving to a place that is beyond being trapped in either a victim or aggressor standpoint.

Nancy described Acceptance as a sense of grounded objectivity in the Now—the “what is” in the moment. She also said that Acceptance without truth means you live in delusion, and acceptance without compassion becomes apathy. I believe that true Acceptance is from a place of inner truth, and in that space there is peace. We may not be able to change the violent wars and destruction in the outside world, but we do have control over our internal wars.

EFT tapping allows the voice of that constant internal battle to have an outlet. The negative emotions and issues that keep getting pushed back are set free—they say their part and then can be released. When emotions are finally stated, it is like taking the lid off, and the steam can be set free.

If you can come to a place of acceptance, it can release a tremendous amount of pressure and angst inside. Staying in the place of victim is a very heavy price to pay and can be emotionally and physically draining, which exacerbates the whole issue. The sad part is that no one wins. Acceptance is a ticket to emotional freedom.

Here is what an EFT tapping session on dealing with pain could be like: (See www.pivotpoint4u.com for tapping points and a full description of how EFT works)

Tap the Karate Chop (side of the hand) the Set-up phrase (repeated up to 3 times), and then the tapping phrase sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm) is repeated for as many rounds as needed, adding new words or phrases as they come up, until a more balanced feeling is present. Once neutralized, go onto the next set-up and tapping phrase.

Karate Chop Set-up:

“Even though I have this internal battle raging in my body, I deeply and profoundly love and accept myself.”

Tapping a phrase on each point:

This raging war inside of me; I am in such terrible pain; I am so angry at this non-stop arguing; this pain is so frustrating; I will never accept I have hepatitis C; I am so resistant; it’s all “their” fault; they need pay for this not me; I feel so helpless—I’m the victim.

Karate Chop Set-up:

“Even though I am exhausted from this emotional war going in deep inside me, I deeply and completely love and accept myself anyway.”

Tapping a phrase on each point:

I beat myself up so much; I can’t stop the fighting in my head; nothing is working; I am so livid that I have all this pain; I don’t know what to do anymore; this pain is exhausting; I have battled for so long, I don’t know what peace would be like; I can never have peace.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present the following positive phrases can be introduced until it feels complete.

Tapping a phrase on each point:

I choose to release my anger; it feels so good to let this war in my body dissipate; I love the feeling of peace inside of me; I release this angry feeling; I choose to feel calm; I accept where I am at; I release all those battles; I allow compassion to flood my body; I am filled with grace and beauty; I am so grateful for this peaceful feeling.

When there is true acceptance of “what is” in the moment without judgment or apathy,

there is an opportunity for peace. The internal battle has ended. We can’t expect peace to be in our physical world when a war rages on inside of us. I believe that when we can truly create peace in our inner space, only then will our outer world be peaceful. Your road to personal peace can start right this moment with simply tapping away one issue every day with EFT.

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis. You must mention this article, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information: (604) 913-3060 pivotpoint4u@gmail.com

(NEWS—Continued from page 1)

and Copegus, if the appropriate approvals are obtained.

The president and CEO of InterMune, Dan Welch, stated, “With rapid and substantial anti-viral effect at twice daily doses and an excellent safety and tolerability profile to date, ITMN-191 has the potential to be the best-in-class protease inhibitor for the treatment of patients with chronic hepatitis C virus infection.”

Source: www.rttnews.com April 1, 2008

MicroRNA INHIBITION

A new type of drug, developed by Santaris Pharma of Denmark, is hoped to be useful to treat many diseases such as cancer, heart disease, high cholesterol, diabetes, MS, and hepatitis C. The drug interferes with the genetic mechanism in liver cells that maintains a high cholesterol level. This mechanism also happens to allow the hepatitis virus to replicate within the organ.

“Just three injections... reduced cholesterol levels in mice and monkeys by 30 percent, as well as preventing hepatitis C infection.”

When our bodies develop illnesses such as cancer or diabetes, certain chemicals in the body are depleted. The microRNA is altered. “It’s the genetic mechanism by which the proteins change in disease.” By inhibiting this process (microRNA inhibition), those chemicals can be boosted. Laboratory trials showed that inhibition of miRNA-122 prevented the replication of HCV.

Human testing is planned for the latter part of 2008, and testing for HCV testing is planned for 2009. A drug could go on the market in 5 or 6 years.

(Continued on page 7)

(NEWS—Continued from page 6)

Sources: www.guardian.co.uk/science/2008/mar/27/medicalresearch1 March 27, 2008
www.telegraph.co.uk/earth/main.jhtml?view=DETAILS&grid=&xml=/earth/2008/03/26/scigenes126.xml March 26 2008
www.independent.co.uk/life-style/health-and-wellbeing/health-news/drug-lowers-cholesterol-and-fights-hepatitis-c-801226.html March 27, 2008

A REBEL

After probably 21 years of infection, Mary Findley, 56, of Eugene, Oregon, cured herself of Hep C using a drug for Parkinson's disease. She was not willing to take interferon partly because of the price, the side effects, and the length of therapy. She did some research and finally found a doctor willing to treat her "off label" with amantadine when she threatened to buy it in Mexico. The cheaper drug is not without side effects: dry mouth, jitters, irritability. She also stuck to using natural foods and exercise, and hot baths to rid her body of toxins.

Thomas Griffith, a naturopathic doctor from Olympia, pointed out that many patients are not good candidates for interferon therapy. He treats his patients with alternative therapies that do not interfere with prescription treatment, which might include silymarin (milk thistle). He warns, "And be careful of the supplements you buy - some of the ones with raw materials from India or China could have contaminated products in them."

In spite of having a high viral load (1.2 million copies), Mary has now been HCV negative for 5 years. She feels great. "There are times I'm glad I was born in Missouri and [am] as stubborn as their mules."

Source: <http://hcvnews.blogspot.com/2007/07/woman-tries-unusual-drug-for-hepatitis.html> July 11, 2007



LIVER SONNET

by Rev. Aurelian Giles

O quiet hero, I know that you hurt.
Exhausted and ignored, you do your best
Never to destroy, but to convert
The poisons; now you're tired and wish to rest.
And when I hear you crying in the night,
I would but hold you gently and cry too.
Healing prayers and mantras I would recite,
And to soothe the fires, I'd sprinkle sweet dew.
Some may think it foolish, giving away
To sentiments for Livers, as if pain
Were the reserve of Lovers. To them I say
Lovers come and go like summer rain.
And, of Livers or of Lovers, which of the two
Would you say is more steadfast, Loyal and true?



CANADIAN POWeR

Pegatron Prospective Optimal Weight-based Dosing Response Program

Presented at the 58th AASLD, Boston, Nov. 2-6, 2007 and the Annual CDDW/4th CASL Winter Meeting, Montreal, Feb. 29-March 3, 2008

The efficacy of pegylated interferon (Peg-IFN) plus ribavirin as therapy for hepatitis C was established in large, multinational and rigorous clinical trials. The applicability of results from major clinical trials to the mainstream treatment setting remains largely unexplored. The Canadian POWeR Program was a prospective, open-label observational study conducted at 138 academic and community clinics across Canada between 2002 and 2007. Nearly 2000 treatment-naïve patients received therapy in the POWeR Program, making it the largest single Canadian study of its kind.

The POWeR Program demonstrated efficacy of Peg-IFN alfa-2b plus ribavirin in Canadian clinics and a heterogeneous population outside a comprehensive trial setting. Overall, the 54% sustained virologic response (SVR) rate was nearly identical to major clinical trials. In particular, genotype 1 (G1) patients achieved 42% SVR, while G2 and G3 patients achieved 79% and 72% SVR, respectively. Low relapse rates of 12% (all genotypes combined) and 17% (G1 alone) were also observed amongst the 1800 patients who completed the study protocol.

The POWeR Program's findings also highlight the importance of treating hepatitis C early in the course of disease. Overall SVR rates according to fibrosis stages F1, F2, F3 and F4 (cirrhosis) were 66%, 56%, 40% and 29%, respectively. The impact of advanced fibrosis and cirrhosis (scores F3-F4) on SVR was largely evident in G1 patients. In G3 patients, SVR was negatively impacted by cirrhosis, whereas the response of G2-infected patients did not vary according to fibrosis level.

The "real life" nature of the POWeR Program arms patients, physicians and nurses with confidence about the treatment journey. As responses to HCV therapy are affected by level of fibrosis, the best chance of success is achieved by treating early in the course of disease. Furthermore, the study underscores the successful treatment outcomes achieved in mainstream clinics and with a broad patient population across Canada.

References:

P. Marotta et al. AASLD 2007, poster #254
R.J. Bailey et al. AASLD 2007, poster #246
P. Marotta et al. CDDW/CASL 2008, Poster #256
J. Robert et al. CDDW/CASL 2008, Poster #255

COMPENSATION

LAW FIRMS



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

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1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/hepc/intro.html

David Harvey
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca

Roy Elliott
Roy Elliott Kim O'Connor LLP
hepc@reko.ca www.reko.ca

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

Canadian Blood Services Lookback/Traceback & Info
Line: 1-888-462-4056

Lookback Programs, Canada: 1-800-668-2866

Canadian Blood Services, Vancouver, BC

1-888-332-5663 (local 3467) or 604-707-3467

Lookback Programs, BC: 1-888-770-4800

Hema-Quebec Lookback/Traceback & Info Line:

1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario

1-800-701-7803 ext 4480 (Irene)

Irene.dines@Blood.ca

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

http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html

ADMINISTRATOR

1986-1990

Administrator 1-877-434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crowco.ca
www.pre86post90settlement.ca
Settlement Agreement: http://www.reko.ca/html/hepc_settlement.pdf

COMING UP IN BC/YUKON:

Armstrong HepCURE Contact: 1-888-437-2873 Phone support.

AIDS Vancouver Island HCV support

♦ **Campbell River:** Drop in, harm reduction, support, education. Contact: 250-830-0787, leanne.cunningham@avi.org

♦ **Comox Valley** 355 6th St. Courtenay; Contact Phyllis 250-338-7400 phyllis.wood@avi.org Drop in, harm reduction, support, education.

♦ **Nanaimo** Info: Contact Anita 250-753-2437 anita.rosewall@avi.org

♦ **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) 7070 Shorncliffe Rd, Contact Tom, 250-949-0432 tom.fenton@avi.org. Education, harm reduction, support, drop-in kitchen.

♦ **Victoria** 1601 Blanshard St., 250-384-2366 info@avi.org Harm Reduction.

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

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggrimstad@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 250-748-3432 r-l.attig@shaw.ca

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca

♦ **Victoria:** Drop-in/Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 250-595-3892

♦ **Fraser Valley:** Support/info 604-597-3881

Kamloops AIDS Society of Kamloops (ASK) Living Well HIV/HEPC Peer Support Group, each Thurs. 11-2 PM, 433 Tranquille Rd. Office 250-376-7558 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 250-768-3573, eriseley@shaw.ca, Lisa 1-866-637-5144, ljmorrell@shaw.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact Cindy 250-756-4771 midislandhepc@hotmail.com

Nakusp Support Contact. Contact Vivian 250-265-0073 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, 250-505-5506, information@ankors.bc.ca, www.ankors.bc.ca/ alex@ankors.bc.ca

New Westminster Support Contact Dianne Morrissette, 604-525-3790 before 9 PM. dmorrissette@excite.com

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dccnet.com

Powell River Hep C Support Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact: Rosemary rosemary.moran@vch.ca 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387 ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) (250) 295-4442 or Beverly at (250) 499-8877 batlas@telus.net

Prince Rupert Hep C Support Group **NO MEETING IN MAY.** 3rd Mon. monthly, 7-8:30 PM, boardroom at Northern Health's Public Health Unit. Contact: hepcprince Rupert@citytel.net

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca <http://health.groups.yahoo.com/group/Network-BC/>

Slocan Valley Support Group Contact Ken 250-355-2732, ken.forsythe@gmail.com

Smithers: Positive Living North West 2nd Wed monthly, 12 PM, 3862 Broadway Ave contact Lucy 1-866-877-0042

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@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061; vandu.org www.vandu.org

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

Vancouver Hepatitis C Support Group 7-9 PM:

2nd Thurs. monthly, 1199 Main St. near Sky Train -Terminal & Main,

3rd Wed. monthly, VGH, Lauener Room, LP2809, near Sassafras Cafe, Jim Pattison Pavilion, South.

4th Wed. monthly, St Paul's Hospital, meeting room across from gift shop. Drop-in sessions at Blenz have been suspended. Contact Gordon 778-898-7211, ohmygodyes@canada.com if you want to talk or meet for coffee.

YouthCO AIDS Society HepCATS #205-1104 Hornby St., Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Contact 250-542-3092, hecsc@hepc.vernon.bc.ca

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



OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact Jeanie info/appointment jeanievilleneuve@hotmail.com

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contact Sandi smking@rogers.com <http://creativeintensity.com/smking/>

Hamilton Hepatitis C Support Group 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman: (519) 967-0490 or hepcnetwork@gmail.com. <http://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, kehl@talkwireless.ca

Owen Sound Contact Debby Minielly, 1-800-263-3456, 376-9420, Ext. 257, dminielly@publichealthgreybruce.on.ca www.publichealthgreybruce.on.ca/

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

St. Catharines Contact Joe 905-682-6194 icolangelo3@cogeco.ca

Sudbury Circle C Support Group 1st Tues. monthly. Contact Ernie (705) 522-5156, hepc.support@persona.ca or Monique (Hep C nurse) 705-691-4507.

Toronto CLF First Mon. monthly Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjak@liver.ca

Thunder Bay Hep C support. Contact Janet Adams 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug Users Nationally undun@sympatico.ca

York Region Hepatitis C Education Group 3rd Wed. monthly, 7:30

PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653 info@hepcyorkregion.org www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307

ATLANTIC PROVINCES:

Saint John & Area: Information and Support. Contact Allan Kerr 506-633-4817 kerrs@nbnnet.nb.ca

Cape Breton Island, NS The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486 info@hepatitisoutreachsociety.com.

PRAIRIE PROVINCES:

Regina, Saskatchewan HepC SK Contact Doug 306-545-1628 hep-c.regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hep-c.regina/>

HeCSC Edmonton Contact: Jackie Neufeld 780-939-3379.

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. Each Tues. 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Last Tues. monthly: Speaker Meeting. Everyone is welcome. 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

If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca by the 15th of the month

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