

# hepc.bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### HUNGRY GHOSTS

*A Reflection by Cheryl Reitz*

GABOR MATÉ, M.D.  
In the Realm of Hungry Ghosts  
Cheryl Reitz

*(Editor: Dr. Maté practiced medicine in East Vancouver for over twenty years, and was the Medical Coordinator of the Palliative Care Unit at Vancouver Hospital for seven years. Now the staff physician at the Portland Hotel, a residence and resource centre for the people of Vancouver's Downtown Eastside, Dr. Maté has had regular medical columns in The Vancouver Sun and The Globe and Mail. HepCBC is proud to have co-hosted a presentation by Dr. Maté in Victoria last July and attended by 680 people.)*

Below is a summary of notes and a few additional thoughts which show how someone completely new to Dr. Maté's ideas experienced his July 30, 2008 Victoria presentation. These certainly are not the exact words of Dr. Maté, and may be a misinterpretation, as I may not have heard what he said correctly, and have not read his books. Hopefully this will start a conversation. I look forward to comments and corrections, especially from others who were there or have read his books:

To those who create policies, look at all the research with a completely open mind, and don't just cherry-pick the studies that support your preconceptions. Then base policies on what this research shows will actually work in the real world, not on some ideal which fails to take our human nature into account. Real security lies on the side of truth, not of comfort.

Addiction is part of human nature, and involves repetitive participation in some behaviour which brings some sort of temporary satisfaction, but has long-term negative effects. Addiction is particularly common in modern culture. Drugs and alcohol have always been around, but cultures kept them for special ceremonial uses, or they were diluted so that they were not harmful. Addiction leads to non-productivity, violence, neglect of children, disease, and early death. A soci-

*(Continued on page 5)*

### BC's HEP C POLICIES

Dr. John Farley, a Vancouver epidemiologist and expert in blood-borne infectious disease, is appalled that Pharmacare is constantly denying coverage for Hep C antiviral drugs for his patients.

"At best, I can say it is indifference to an epidemic of huge proportion," said Farley.

50,000 British Columbians are infected, and 300 new cases are diagnosed each month, by far the highest infection rate in the country. About 40 or 50% of Dr. Farley's infected patients did not get their infection through IV drug use.

"The longer we take to treat them the more advanced it gets and the worse the outcome," he told reporters. The antiviral drugs cure between 45 and 80% of patients taking them, and though the drugs are approved, BC Pharmacare won't pay for the expensive drugs unless the patient's liver enzymes are at a level that shows liver damage. The drugs cost about \$15,000 to \$30,000 per patient, if the person can tolerate the drugs for the entire 6 to 12 months. Typically, enzymes levels fluctuate, so qualifying for treatment is difficult for many people, even when biopsies show a lot of damage. And although Pharmacare will sometimes accept proof from a biopsy, Dr. Farley doesn't have physician privileges at Vancouver General or St. Paul's, so his patients must wait to see yet

*(Continued on page 4)*

### NATALIE COLE



Grammy-winning singer Natalie Cole, 58, has announced that she was among the 180 million people with hepatitis C, according to a statement released in July. The daughter of jazz legend Nat King Cole, she discovered her infection through a routine exam, and believes it was caused by past IV drug use.

Dr. Graham Woolf, professor at UCLA/Cedars Sinai Medical Center, said she had a great response to treatment and is now negative, with a good chance of a cure, but that she has a number of side effects from the treatment. The singer will soon release "Still Unforgettable," as a sequel to her 1991's Grammy-winning CD "Unforgettable... With Love," which includes remakes of some of her father's classics.

Source:

[www.foxnews.com/story/0,2933,383901,00.html](http://www.foxnews.com/story/0,2933,383901,00.html)

### INSIDE THIS ISSUE:

<i>Hungry Ghosts / BC's Hep C Policies</i>	1
<i>Natalie Cole</i>	1
<i>What You Always Wanted to Know / Research</i>	3
<i>Recipe</i>	4
<i>PegCARE/ PegAssist</i>	5
<i>Short-circuit the Pain Cycle</i>	6
<i>The Time is Now / Compensation</i>	7
<i>Coming Up</i>	8



## 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](http://www.hepcbc.ca)

**SUBMISSIONS:** The deadline for any  
contributions to the *hepc.bull*® is the 15<sup>th</sup> of each  
month. Please contact the editors at  
[jking2005@shaw.ca](mailto:jking2005@shaw.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 12<sup>th</sup> 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.

### HOW TO REACH US:

**EDITOR:** Joan King  
**PHONE:** (250) 595-3892  
**FAX:** (250) 483-4041  
**EMAIL:** [jking@hepcbc.ca](mailto:jking@hepcbc.ca)  
**WEBSITE:** [www.hepcbc.ca](http://www.hepcbc.ca)

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

### 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](mailto: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 Fran-  
ciscus; 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 surgery  
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](http://www.dialadietitian.org)

Dietitians of Canada: [www.dietitians.ca](http://www.dietitians.ca)

## THANKS!!

HepCBC thanks the following institutions  
and individuals for their generosity: The late  
John Crooks, A-Channel News, The Ocean,  
JackFM, Health Canada, Community Living  
Victoria, Provincial Employees Community  
Services Fund, Pat Winram, Kate Rhodes,  
Lori FitzGerald, Fatima Jones, Michael  
Yoder, Chris Foster, Judith Fry, Ernie, Bruce  
Lemer, and the newsletter team: Tanya,  
Beverly A., Diana Ludgate, Alp,

Please patronize the following businesses  
that have helped us: Top Shelf Bookkeeping,  
Thrifty Foods, Margison Bros. Printers, The  
Four Mile Restaurant, Roche Canada (for  
special support with our newsletter and  
phone line), Pacific Coast Net, Royal Bank,  
Schering Canada, Victoria Bridge Centre, the  
Victoria Conservatory, and the Victoria  
Symphony. Heartfelt thanks to Blackwell  
Science for a subscription renewal to  
[gastrohep.com](http://gastrohep.com)



## 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 15<sup>th</sup> 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://forums.delphiforums.com/HepCingles/)

[http://groups.yahoo.com/group/PS-Hep-  
HepCingles2](http://groups.yahoo.com/group/PS-Hep-HepCingles2)

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

[www.hcvanonymous.com/singles.html](http://www.hcvanonymous.com/singles.html)

[www.hepc-match.com/](http://www.hepc-match.com/)

[www.hepcinglesonline.com/](http://www.hepcinglesonline.com/)

CHAT: [http://forums.delphiforums.com/  
hepatitiscen1/chat](http://forums.delphiforums.com/hepatitiscen1/chat)

If you are receiving this newslet-  
ter by snail mail and have a com-  
puter and/or internet access,  
please consider switching to our  
pdf version. All you need is Adobe  
Acrobat Reader, free at this site:

[www.adobe.com/products/acrobat/  
readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)

Just send your email address to  
[jking@hepcbc.ca](mailto:jking@hepcbc.ca) and say, "Send  
me the email version, please," and  
you, too, can enjoy this newsletter  
in glorious colour, free of charge.



### BE PART OF THE TEAM!

We need people to **summarize arti-  
cles**. HepCBC needs **telephone bud-  
dies**, a **librarian** and 2 people to help with  
our website. Please contact us at 250-595-  
3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

### PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

## SPONTANEOUS CLEARANCE

Past studies have shown that about 10% to 50% of those infected with HCV clear the virus with no treatment (average 25%). Unfortunately, determining the numbers is difficult since most people have no symptoms when they are infected. More women clear the virus than men. Spontaneous clearance is also higher in those who have symptoms of acute liver disease which are thought to indicate a strong immune system. Spontaneous clearance usually occurs within 4 months of infection, may take as many as 18 months, and in some cases may occur even later.

Two recent studies have provided more data. In the first, 67 HCV+ adults, 67% IVDU, were studied. 19% knew the source of their infection and 18% of that group reported high-risk sexual practices (sex before age 15, more than 6 partners, prostitution or sex with a prostitute, homosexual partners or partners who were IVDUs or HCV+). It was decided that those with acute infection were those who became HCV+ within a year of a previous negative test, or tested positive for antibodies with symptoms, or those infected through medical error (iatrogenic risk). Of these patients, 18% had cleared the virus with no treatment by the time they were re-tested at 6 months. 34% of the women cleared the virus compared to 3% of the men. The results were similar to those found among transfusion recipients.

In another study, 157 children found to be HCV+ between 1990 and 2001 (most infected through transfusions), were studied. Clearance was defined as having 2 or more positive HCV antibody tests but no HCV. In this study, 28% of the children cleared the virus with no treatment. The younger children had a higher clearance rate. The children infected at birth had a 25% clearance rate. Normal ALTs were related to clearance.

Source: [www.hivandhepatitis.com/hep\\_c/news/2007/121107\\_b.html](http://www.hivandhepatitis.com/hep_c/news/2007/121107_b.html)

## EARLY TREATMENT

HCV patients who are treated within a few months of being infected usually have a fast immune response, which helps eradicate the virus, according to Canadian research study published in the Journal of Virology. Only about 25% of patients get rid of the virus without treatment. Treatment is usually only effective in about 50% of cases, but those treated early have a 90% or more chance of getting rid of the virus. The research studied a group of IVDU before and after they were

exposed to HCV. The results show how important it is to diagnose the disease quickly.

Source: [www.upi.com/Health\\_News/2008/08/12/Early\\_treatment\\_key\\_to\\_treat\\_hepatitis\\_C/UPI-15141218575002/](http://www.upi.com/Health_News/2008/08/12/Early_treatment_key_to_treat_hepatitis_C/UPI-15141218575002/) Aug. 12, 2008

## PROGRESSION

Some researchers in Japan studied the difference in progression rate of fibrosis between 49 Hep B patients and 21 Hep C patients with high ALTs who each had at least 2 biopsies a year apart. All the patients were untreated. They found that the ALT "was an independent variable correlating with fibrosis progression." The progression of fibrosis was found mostly in patients who had continuously elevated ALTs even for a short period of time. In patients with an ALT over 70, fibrosis could progress as much as one stage in 4 or 5 years. (Stage 4 is cirrhosis.)

Source: *J Gastroenterol.* 2008;43(6):484-91. Epub Jul 4, 2008

[http://www.ncbi.nlm.nih.gov/pubmed/18600393?ordinalpos=8&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/18600393?ordinalpos=8&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum)

## SVR = CURE

The word "cure" is still controversial. A study was done in France, and the results were presented at the EASL conference in Italy in April of this year. 278 patients who had an SVR (Sustained Viral Response) were followed from 6 months to 17 years. They were tested for HCV-RNA in their blood serum yearly, and all remained undetectable (1050 samples). None of the 71 patients tested showed HCV in peripheral blood mononuclear cells (PBMCs), and none of the 38 patients who provided liver samples showed the presence of virus, either. Antibodies were tested in 142 of the patients, and they decreased from an average of 93±21 IU per ml before treatment to 45±21 IU per ml in the last sample given. The stage of fibrosis noticed in the 92 patients with before-and-after-treatment biopsies showed 57% improving, 32% remaining stable, and 11% getting worse. Cirrhosis regression was seen in 70% of the patients. The study indicates that "SVR is associated with HCV eradication and progressive decrease of anti-HCV."

Source: [www.natap.org/2008/EASL/EASL\\_77.htm](http://www.natap.org/2008/EASL/EASL_77.htm)

## GETTING RID OF CIRRHOSIS

Researchers in France studied 96 Hep C patients with early cirrhosis (stage Child's A), proven by biopsies. They all received treatment, and 36.4% achieved an SVR. A 2<sup>nd</sup> biopsy and further follow up showed that getting rid of the virus "provides enormous benefit in terms of survival and prevention of liver-related events." Even so, liver-related events, (ascites, encephalopathy, variceal bleeds, peritonitis, liver cancer or death from liver origin) did occur in about 10% of cases, even in responders, and in about 40% among the non-responders. Three of the sustained responders did not get rid of their cirrhosis, and developed liver cancer. There were no deaths among patients whose cirrhosis was reversed during the 10 years of follow up.

Source: [www.natap.org/2008/EASL/EASL\\_78.htm](http://www.natap.org/2008/EASL/EASL_78.htm)

## RESEARCH

### VCH-759

A group of researchers in Quebec studied the oral drug VCH-759, a non-nucleoside HCV inhibitor (a thiophene 2-carboxylic acid derivative), in a phase Ib clinical trial, in genotype 1a and 1b patients, and found it produced a rapid reduction of viral load of 1.5 log<sub>10</sub> or more during the first 2 days of treatment, in all the patients. The treatment lasted 10 days. There were basically two types of response: SVR or breakthrough. The study shows that it will probably be necessary to combine the drug with another to prevent resistance.

Source: [www.natap.org/2008/EASL/EASL\\_54.htm](http://www.natap.org/2008/EASL/EASL_54.htm)

### GLYCOFERON

Alios BioPharma is working on improving pegylated interferon, minimizing any disadvantages of the drug, without losing its potency, which is especially important, since non-responders are unlikely to respond to re-treatment. The pegylation process reduces the potency of the IFN, unfortunately. Previous non-responders may, however, have more positive results if a more potent IFN is included in the combination treatment.

The process the company uses changes the amino acid sequence of the IFN, "increasing the molecular weight and hydro-dynamic

(Continued on page 4)

## CHICKEN CHILLI



1Tbs vegetable oil  
1 ¼ lb boneless, skinless chicken breasts,  
cut into 1/2" cubes  
1 package chilli powder  
2 8-oz. cans tomato sauce  
1 14.5-oz. can kidney beans, drained  
1 11-oz. can whole kernel corn, not drained  
1 tsp ground cinnamon

Heat oil over medium-high heat.  
Add chicken and cook 5-6 minutes, stirring  
occasionally until lightly browned.  
Stir in remaining ingredients.  
Bring to a boil.  
Cover and simmer 10-15 minutes, stirring  
occasionally.  
Serve with a pinch of chopped chives or a  
sprinkle of low-fat cheese.

*Calories 245, Carbohydrate 25g, Protein  
25g, Fat 5g, Cholesterol 45mg, Sodium  
1051mg*

Source: [http://www.jennycraig.com/food/recipes/  
details/88/result](http://www.jennycraig.com/food/recipes/details/88/result)

### (RESEARCH—Cont'd from p 3)

radius of the protein" by introducing glycosylation sites into the protein. This process can be applied to different types of IFN. Right now, the company is working on consensus interferon, now sold by Three Rivers Pharmaceuticals (Infergen). It appears that the resulting product is 3 logs<sub>10</sub> more potent than Peg-IFN alfa 2a, demonstrating improvements in plasma exposure and serum half-life. It is hoped that clinical trials for non-responders will begin in about 18 months.

Source: [www.natap.org/2008/EASL/  
EASL\\_46.htm](http://www.natap.org/2008/EASL/EASL_46.htm)

### P1101

PharmaEssentia has released data about its longer-lasting Peg-IFN alpha, which may reduce the need for an injection to every two or more weeks, rather than once a week. The company says theirs is a purer drug, with better quality control. It has only one isomer, compared to 8 to 14 found in the other two peg-IFN drugs. The treatment should be less expensive. It has been tested in monkeys, and the drug remained detect-

able in all 4 animals for 14 days, which compared favourably to the other peg-IFN drugs. Clinical trials are scheduled.

Source: [www.canbiotech.com/newsUrl.asp?  
nId=236081](http://www.canbiotech.com/newsUrl.asp?nId=236081) June 18, 2008

### FUTURE STRATEGIES

On the last day of the EASL meeting, a panel discussion took place concerning new HCV drugs. The life cycle of HCV was discussed, as were several vulnerable areas of the virus which might be targets for new drugs. The researchers discussed the future of HCV therapy and two hypotheses emerged:

- Hypothesis 1: Immune stimulants combined with antivirals will eradicate HCV.
- Hypothesis 2. Multiple (more than 3) antivirals will eradicate HCV.

Hypothesis 1 suggests that the first step of treatment would be IFN + RBV + an antiviral. The second step would be IFN plus two antivirals. The third step would be IFN substitutes, and the panel indicated a need for improving the IFN or other immune stimulants (TLR agonists, therapeutic vaccines).

Hypothesis 2 suggests that IFNs and immune stimulants may not be needed. The first step would be the same. The second step might be either as above, or RBV plus 2 antivirals. Step 3 could be 3 antivirals.

Source: [www.natap.org/2008/EASL/  
EASL\\_44.htm](http://www.natap.org/2008/EASL/EASL_44.htm)

### ASPIRIN: ANOTHER REASON

Mexican researchers, recalling that salicylates (sodium salicylate and aspirin) prevent the reproduction of flaviviruses like dengue and Japanese encephalitis, decided that, since HCV is also a flavivirus, they would study the effects of acetylsalicylic acid (ASA or aspirin) on HCV, using a cell culture system. They found that ASA suppressed HCV-RNA and protein levels by almost 58%. Their findings suggest "that the anti-HCV effect of ASA in the Huh7 replicon cells is due to its inhibitory effect on COX-2 expression, which is mediated in part by the activation of MEK1/2/p38 MAPK." It may be useful to add ASA to treatment for HCV.

Source: May 2008 [www.ncbi.nlm.nih.gov/  
pubmed/18393288](http://www.ncbi.nlm.nih.gov/pubmed/18393288)



(BC's HEP C POLICIES—Continued from page 1)  
another specialist.

Dr. Farley told reporters what we with Hep C have known for years: "The guidelines are out of date and are contrary to what experts now know about hepatitis C. I think this is entirely unacceptable for the magnitude of the epidemic we are dealing with. Somebody does not get it."

Unfortunately, George Abbott, Health Minister of B.C. insists that the criteria are set by experts, coverage is adequate, and the guidelines are a "safeguard for patients." He also disagrees with Dr. Farley's report of the importance of the Hep C problem in B.C., and says it's unfair to call it an epidemic. He does admit it's a big challenge and points out the \$100 million a year dedicated to "identifying, preventing and treating Hep C."

Farley warned that the cost of this disease will be higher when people start missing work and needing hospital care and transplants, which now cost at least \$100,000.

"That adds more cost to our health care system," he said. "And I find that abhorrent as a taxpayer. As a physician I find that it is unethical that we should not be providing the [biopsy] service."

Vancouver Coastal Health Authority spokesperson Gavin Wilson says that there can be complications from liver biopsies, and there must be a process in place to ensure that there are enough doctors available if the patient should have to be admitted to the hospital.

"Where are the folks that are supposed to be responsible? What are they doing?" Dr. Farley asked. "Sometimes I wonder why the heck I entered medicine. I cannot give the patients what I was trained to do."

Source: [www.cbc.ca/canada/british-columbia/  
story/2008/07/28/bc-hepcdoctor.html](http://www.cbc.ca/canada/british-columbia/story/2008/07/28/bc-hepcdoctor.html)

## HepCBC

### ANNUAL GENERAL MEETING

**Wednesday, Sep 10, 2008  
6:30 PM**

**Woodward Room  
Begbie Bldg  
Royal Jubilee Hospital  
Victoria, BC**

**INFO: 250-595-3892, info@hepcbc.ca**

### AGENDA:

1. Approve minutes of AGM 2006
2. Set number of directors,
3. Election of those directors

AGM to be followed by a presentation by nurses from the PerCuro Clinic and refreshments.

**(HUNGRY GHOSTS— Cont'd from page 1)**

ety with a high degree of drug or alcohol addiction would not thrive over time, so it is not something generally seen in traditional cultures.

During Dr. Maté's long experience in Vancouver's lower Eastside, he has concluded that people who become addicted to drugs have usually suffered psychological or physical abuse, abandonment, or neglect early on in life. Often this pattern occurred over two or more generations within families. Interestingly enough, the same part of the brain evaluates/experiences both physical and psychological abuse. Victims of psychological abuse or abandonment thus experience the same kind of pain as those who are physically injured. These children engage quickly in "defensive detachment"—an emotional shutting down in order to prevent future pain, i.e., if all you feel is pain, it is better not to feel at all.

It is particularly bad for infants or children to experience abuse or neglect, since their brain requires a nurturing environment and connection with a mother, or mother figure, in order to develop properly (particularly important for natural endorphin and dopamine production and developing related brain circuitry). Endorphins are naturally produced and shared between the mother and child during holding, nursing, stroking, rocking, talking, laughing, and singing, etc. If these are not properly developed, these people will be unable to produce enough of their own endorphins and dopamine, and will seek some other way of killing the pain they feel. Abuse of drugs, alcohol, and even suicide may seem logical solutions to this situation.

The human brain, fortunately, does have some plasticity, which allows it to continue to develop over time, so with the right conditions, these people may eventually be able to lead normal productive and happy lives. To transcend their suffering, people need a nurturing environment. To be able to listen to advice, listeners need to feel respected by the speaker. Only in the presence of compassion will people allow themselves to see the truth, and to dissolve the curtains of shame that separate them from others.

During the question/answer period which followed, it was particularly powerful to hear from the young woman who had been born into a set of triplets, all of whom had become addicted to cocaine in the womb, and were adopted immediately after birth. Though she and her two siblings suffered terribly from the experience of addiction and withdrawal (including convulsions and many other severe physical/emotional problems which affected her entire developmental process), they did not become addicts, and are all now successful adults. Maté told her he thought it was probably because she had been

loved and nurtured early and sufficiently enough by her adoptive parents.

Maté's conclusion was that most substance addiction would disappear from modern society in about 20 years if we could collectively do the following things:

- 1) Decriminalize drug use (but neither glamorize nor market it).
- 2) Treat the users of drugs with compassion and respect, offering them treatment and other alternatives when they are ready.
- 3) Teach about the importance of a strong parent-child bond as a public health issue, particularly emphasizing the earliest mother-child time of intense nurturing during pregnancy and infancy.
- 4) Make sure that we as a society do all we can to support and help parents—especially mothers—feel secure, respected, healthy, and happy in their role as caregivers to their babies and children.

That's my take on his theories. I haven't read his book yet, so if any of this sounds interesting, I guess you should read it. I know I will! I wonder how many of us would not have hepatitis C if some addict had somehow received better nurturing during infancy. And, by following Dr. Maté's advice, how many people could we prevent from becoming drug addicts, and/or getting hepatitis C in the future? It's an interesting concept, anyway.

**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).



**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: 1-866-872-5773

**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 15<sup>th</sup> 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

# SHORT CIRCUIT THE PAIN CYCLE WITH EFT

by Karen Hodson, BA, EFT-ADV, EFT Practitioner

This is the 12<sup>th</sup> segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

Pain is a part of our lives. It can teach us very valuable lessons. I know that it is not a good idea to touch a hot stove. My pain memory has taught me that important lesson. There can also be pain when I start a new exercise routine where muscles are stretched in new ways, but I know it is strengthening my body in a good way.

Pain can also be a living hell. I asked Joan, editor of the *hepc.bull*, who has hepatitis C, what some of the common issues that she had to deal with might be. "I see so many people turning to painkillers, which may further damage the liver and cause more pain. We have headaches, joint pains, stomach pains, pains in the liver area, and muscle pains [when] a healthier approach might be just or almost as effective."

Taking drugs such as painkillers is one option to relieve the pain. Unfortunately the relief is often temporary, and it can create a vicious cycle of abuse on our bodies. It starts with the convenient solution of popping a pill to eliminate the pain. When the drugs wear off, more pills are popped, more chemicals build up in an already weakened body, and the cycle continues. Medicine has an important role and purpose. It can save lives. But what if there is another option that supports well being and is also fast, easy and actually benefits the body instead of robbing it of its vitality?

EFT is one solution to release pain that anyone can use because the EFT tapping can be done in the moment, does not require any special equipment, and it's easy to do. It often produces great results in a very short time. EFT is not intended to replace medicine, but rather to provide a complimentary tool for pain relief—both physical and emotional. It is the individual's responsibility to know when to use EFT appropriately and responsibly.

For example, I have used EFT tapping on myself and others for pain relief of headaches. Even intense migraine headaches can disappear in just a few rounds of tapping! Using EFT to help reduce the emotional anxiety associated with all the pain in your body can bring relief through the releasing of the pent up emotions. If EFT is only used to help relieve the stress while taking drug treatment, then that alone is a huge benefit.

Here is what an EFT tapping session on stepping into the unknown could be like:

(See [www.pivotpoint4u.com](http://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), 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 all this pain in my body, I deeply and profoundly love and accept myself."

### Tapping a phrase on each point:

All this pain in my body; My joints ache so much; My muscles hurt when I do the simplest tasks; My body feels like its falling apart and I can't put it back together again; I'm so angry at my body; Why won't it work properly? This hepatitis C is eating away at my body; I just want to be free of all this pain.

### Karate Chop Set-up:

"Even though I have this merciless pain in my body, I deeply and completely love and accept myself anyway."

### Tapping a phrase on each point:

I'm so resentful of healthy people; My body has betrayed me; I want to make peace with my body; I don't know what freedom from pain is like anymore; I used to know what joy felt like; What if I can remember joy again?; There is just too much pain; My body hurts so much; But what if I can feel bliss again?

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 all this pain; It feels so good to let this peaceful feeling in; I love all this joy inside of me; I release these painful feelings; I choose to be healthy; I allow happiness to flood my body; It feels wonderful to be free; I am filled with love and light; I am so grateful for this joyful feeling.

We all have pain come into our lives at some time. It can be seen as lessons learned, detours or adventures on our pathway, and either blessings or curses. EFT is a wonderful tool to help move through and release the pain—physical, emotional pain. When the underlying emotional pain is reduced or even eliminated, that's where deep healing occurs. There is a wise old saying that "pain is inevitable, but suffering is optional." It's all about choice.

*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](mailto:pivotpoint4u@gmail.com)

or [www.pivotpoint4u.com](http://www.pivotpoint4u.com).



## HAPPY LIVER SOCIETY

The Happy Liver Society is officially opening a Liver Suite near Vancouver General Hospital to assist eligible liver transplant recipients during their treatment.

Most transplant recipients are required to remain in Vancouver for about 8 weeks for follow-up care. Since few people could ever afford an eight-week stay in a Vancouver Hotel, The Happy Liver Society was created to assist with this critical need.

The Happy Liver Society now has a one bedroom apartment available.

If you are on the transplant list and need accommodations afterwards, or want more information, call us at 604-732-7117.

Thank you!

Karen Stacey



When we wanted an atomic bomb, cost was no object. We created a town, rounded up the top brains in the world, handed them a blank cheque, and said, "Do it!" People around the world are infected with, or die from, diseases such as Ebola, hepatitis, cancer and AIDS. Why can't we apply the same attitude towards saving people that we did in destroying them?

Between China and London, during the 2008 and 2012 summer Olympics, the two countries have spent in excess of \$60 billion dollars for a total of 4-6 weeks of sporting events.

If there is this kind of loose cash around for a sporting event, why can't the world, collectively, come up with \$80 billion dollars in a pool, divide it into four pools of \$20 billion each, round up the top ten world experts in each field, and say, "Do it!". Instead of working in secret, hoping to be the first company to discover a vaccine or cure and make millions, these people could be working together and pooling their expertise, research and knowledge like they did at Los Alamos.

What would be the result? What was the result at Los Alamos? Years of work and research were accomplished in months. I firmly believe that, if the Los Alamos model were applied to the diseases of the world, the same results could be accomplished.

Get the top people in vaccine, DNA, communicable diseases, and gene splicing. Put them together with the funding, and within a few years we would have a big part of these diseases beat.

How do we get the governments of the world to kick in what is pennies for most of them and apply a team effort to saving and curing people, rather than destroying them or hosting short-term sporting extravaganzas?

If you agree with the ideas contained in this article, copy it and fax, email or snail mail it to your MLAs, MPs, Health Ministers, Prime Ministers, Senators, Congressmen, and Presidents and ask them, "Why not?" Let's give maximum effort for the good of the total population. It is an idea whose time is now.

Also, please sign the petition calling on world governments to do something:

<http://www.petitiononline.com/10661492/petition.html>

Bruce Devenne  
b1devenne@ns.sympatico.ca



**Find your MP  
by using your postal code:**

<http://www2.parl.gc.ca/Parlinfo/Compilations/HouseOfCommons/MemberByPostalCode.aspx?Menu=HOC>

**All MP's:**

<http://www2.parl.gc.ca/Parlinfo/Files/Parliament.aspx?Item=0d5d5236-70f0-4a7e-8c96-68f985128af9&Language=E&Section=MembersOfHouseOfCommons>

**White House:**

<http://www.whitehouse.gov/contact/>

**US House of Representatives:**

[http://www.house.gov/house/MemberWWW\\_by\\_State.shtml](http://www.house.gov/house/MemberWWW_by_State.shtml)

**US Senators:**

[http://www.senate.gov/general/contact\\_information/senators\\_cfm.cfm](http://www.senate.gov/general/contact_information/senators_cfm.cfm)



**There is NO vaccine for hepatitis C!**

Hepatitis C is spread by blood-to-blood contact. 251,000 Canadians are infected with hepatitis C, and because there are often no symptoms, 95,000 of them don't know it.\*



**Are you Infected? It's a Simple Blood Test.**

For more info or support



**Call HepCBC  
595-3892  
www.hepcbc.ca**

\*Stats from Public Health Agency of Canada Hepatitis C

**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](http://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](http://www.lauzonbelanger.qc.ca)

Roy Elliot  
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](mailto: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](http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html)

**ADMINISTRATOR**

**1986-1990**

Administrator 1-877- 434-0944  
[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)  
[www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf](http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf)

**Pre-86/Post-90**

Administrator 1-866-334-3361  
preposthepc@crowco.ca  
[www.pre86post90settlement.ca](http://www.pre86post90settlement.ca)  
**Settlement Agreement:** [http://www.reko.ca/html/hepc\\_settlement.pdf](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 Sarah 250-338-7400 sarah.sullivan@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](mailto: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](mailto:ldlong@shaw.ca)

**HepCBC** [info@hepcbc.ca](mailto:info@hepcbc.ca), [www.hepcbc.ca](http://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](mailto:ask@telus.net) 1-800-661-7541 [www.aidskamloops.bc.ca](http://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](mailto:eriseley@shaw.ca), Lisa 1-866-637-5144. [ljmorte@shaw.ca](mailto:ljmorte@shaw.ca)

**Mid Island Hepatitis C Society** 2<sup>nd</sup> Thurs. monthly, 7 PM. Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact midislandhepc@hotmail.com

**Nanaimo Hepatitis C Treatment Peer Support Group** Meetings 1st & 3rd Thurs. Monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. [hepcxpeer-support@hotmail.com](mailto:hepcxpeer-support@hotmail.com)

**Nakusp Support** Contact. Contact Vivian 250-265-0073 Claire@columbiacable.net

**Nelson Hepatitis C Support Group** 1<sup>st</sup> 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](mailto:information@ankors.bc.ca), alex@ankors.bc.ca [www.ankors.bc.ca/](http://www.ankors.bc.ca/)

**New Westminster Support** Contact Dianne Morrissett, 604-525-3790 before 9 PM. [\[rissettie@excite.com\]\(mailto:rissettie@excite.com\)](mailto:dmor-</a></p></div><div data-bbox=)

**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** 2<sup>nd</sup> Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387 [ilse.kuepper@northernhealth.ca](mailto: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** Contact: [hepcprincerupert@citytel.net](mailto:hepcprincerupert@citytel.net)

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

**Slocan Valley Support Group** Contact Ken 250-355-2732, [ken.forsythe@gmail.com](mailto:ken.forsythe@gmail.com)

**Smithers: Positive Living North West** 2<sup>nd</sup> 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](mailto:catriona.hardwick@vch.ca) or Brent, 604-740-9042 [brent.fitzsimmons@vch.ca](mailto: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](http://vandu.org) [www.vandu.org](http://www.vandu.org)

**Vancouver:** Pre/post liver transplant support Contact Gordon Kerr [sd.gk@shaw.ca](mailto:sd.gk@shaw.ca)

**Vancouver Hepatitis C Support Group** 7-9 PM:

2<sup>nd</sup> Thurs. monthly, 1199 Main St. near Sky Train -Terminal & Main.

3<sup>rd</sup> Wed. monthly, VGH, Lauener Room, LP2809, near Sassafra Cafe, Jim Pattison Pavilion, South. Contact Gordon 778-898-7211, [ohmygodyes@canada.com](mailto:ohmygodyes@canada.com) if you want to talk or meet for coffee.

**YouthCO AIDS Society HepCATS NEW ADDRESS: 900 Helmcken St, 1<sup>st</sup> floor, Vancouver** 604-688-1441 or 1-877-YOUTHCO [www.youthco.org](http://www.youthco.org) Support program manager: Renaud Boulet [renaudb@youthco.org](mailto:renaudb@youthco.org)

**Vernon HeCSC HEPLIFE** 2<sup>nd</sup> & 4<sup>th</sup> Wed. monthly, 10 AM-1 PM, The People Place, 3402-27<sup>th</sup> Ave. Contact 250-542-3092, [hecsc@hepc.vernon.bc.ca](mailto:hecsc@hepc.vernon.bc.ca)

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

## OTHER PROVINCES:

### ONTARIO:

**Barrie Hepatitis Support** Contact Jeanie [info/appointment](mailto:info/appointment) [jeanievilleneuve@hotmail.com](mailto:jeanievilleneuve@hotmail.com)

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

**Hamilton Hepatitis C Support Group** 1<sup>st</sup> 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](mailto: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](mailto:hepcnetwork@gmail.com) <http://hepcnetwork.net>

**Kingston Hep C Info HIV/AIDS** Regional Service. Contact 613-545-3698, [hars@kingston.net](mailto:hars@kingston.net), [www.hars.ca](http://www.hars.ca)

**Kitchener Area Chapter** 3<sup>rd</sup> 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](mailto:bc.cats-sens@rogers.com) or Mavis 519-743-1922 [elroy222@rogers.com](mailto:elroy222@rogers.com)

**Niagara Falls Hep C Support Group** Contact Rhonda 905-295-4260, [kehl@talkwireless.ca](mailto:kehl@talkwireless.ca)

**Owen Sound** Contact Debby Minielly, 1-800-263-3456, 376-9420, Ext. 257, [dminielly@publichealthgreybruce.on.ca](mailto:dminielly@publichealthgreybruce.on.ca) [www.publichealthgreybruce.on.ca/](http://www.publichealthgreybruce.on.ca/)

**Peel Region** (Brampton, Mississauga, Caledon) Contact 905-799-7700 [healthlinepeel@peelregion.ca](mailto:healthlinepeel@peelregion.ca)

**St. Catharines** Contact Joe 905-682-6194 [jcolangelo3@cogeco.ca](mailto:jcolangelo3@cogeco.ca)

**Sudbury Circle C Support Group** 1<sup>st</sup> Tues. monthly. Contact Ernie 705-522-5156, [hepc.support@persona.ca](mailto: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](http://www.liver.ca). Contact Billie 416-491-3353, [bpotkonjak@liver.ca](mailto: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](mailto:undun@sympatico.ca)

**York Region Hepatitis C Education Group** 3<sup>rd</sup> 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](mailto:info@hepcyorkregion.org) [www.hepcyorkregion.org](http://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@nbnet.nb.ca](http://kerrs@nbnet.nb.ca)

**Cape Breton Island, NS** The Hepatitis Outreach Society Support Group 2<sup>nd</sup> Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486 [info@hepatitisoutreachsociety.com](mailto:info@hepatitisoutreachsociety.com).

### PRAIRIE PROVINCES:

**Regina, Saskatchewan HepC SK** Contact Doug 306-545-1628 [hep-c.regina@accesscomm.ca](mailto: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 [wahas@telus.net](mailto:wahas@telus.net) [www.wahas.ca](http://www.wahas.ca)

**Manitoba Hepatitis C Support Community Inc.** Each 2<sup>nd</sup> & last Tues. monthly, 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](mailto:info@mbhepc.org) [www.mbhepc.org](http://www.mbhepc.org)

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

If you have a Canadian HCV support group to list here, please send details to [info@hepcbc.ca](mailto:info@hepcbc.ca) by the 15<sup>th</sup> of the month.

**Peppermint Patti's**  
**FAQ Version 8!!**  
Download it now, FREE  
[www.hepcbc.ca/faqsenglish.htm](http://www.hepcbc.ca/faqsenglish.htm)  
All you ever wanted to know about Hep C. Latest research!