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Canada's Hepatitis C News Bulletin

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STIGMA: HEPATITIS C AND DRUG ABUSE

By Janetta Astone-Twerell, PhD, et al.

Hepatitis C virus (HCV) is the most common chronic blood-borne infectious disease in the United States, with nearly 4 million people infected. In addition to the physical challenges HCV presents, this illness carries with it a stigma that negatively impacts the quality of life for infected individuals. Some of these negative consequences include reduced self-esteem, diminished mental health, less access to medical care, and fear of disclosing a positive status, with the latter often resulting in limited social support at a time when it is sorely needed. This disease-related stigma is also likely to contribute to hesitancy on the part of some medical providers to treat people infected with HCV.

In attempting to understand such stigma, it is useful to refer to Goffman who has written extensively on the subject. He, along with other researchers, has developed a list of attributes for those diseases that have the greatest level of stigma. Included in this list of attributes is that: (a) the disease is progressive and incurable, (b) the symptoms cannot be concealed, (c) the public is not adequately informed about the disease, and (d) a person with the disease is perceived to be responsible for having it. Using this list of attributes, Herek argued that HIV is one of the more highly stigmatized illnesses, because it possesses each of these attributes. Certainly, the very same argument can be made with regard to HCV. First, HCV is a progressive disease, and current pharmacological therapy (a combination of pegylated interferon and ribavirin) does not successfully clear the virus in all individuals who complete treatment. Second, although HCV can remain asymptomatic for decades, the most severe consequences of the virus are often difficult to conceal. Third, community awareness of HCV is unfortunately quite low. Even many health care providers and substance abuse treatment staff who frequently interact with those dealing with HCV-related issues have little

knowledge about the virus and remain unaware of the true impact and implications of the disease. Fourth and finally, many people who have HCV infection are judged to be immoral and are blamed for having the disease. The "blame" and "immorality" associated with HCV is primarily a result of the fact that most cases of infection now occur through the sharing of contaminated injection drug use equipment. In fact, injection drug users (IDUs) constitute nearly two-thirds of those with new HCV infections.

The implicit connection between HCV infection and drug use causes HCV-positive people to often be viewed as having made poor choices: that is, they are seen as having "chosen" to engage in illicit and dangerous behaviors that resulted in their contracting a serious illness. Subsumed under the label of "drug user," these individuals are deemed immoral and tainted. Notably, this debilitating stigma impacts HCV infected people regardless of how they actually contracted the virus, whether through contaminated blood products, the reuse of unsterilized equipment, accidental needle prick, through sex, or through the use of injection drugs during a season of life that has long since past. What's more, people who contracted

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Peppermint Patti's **FAQ Version 8.1** is **NOW AVAILABLE**. Version 8 is available in **FRENCH** and Version 7.1 is available in **SPANISH**. The **ENGLISH** version includes the latest treatment information and research from 2008. Place your orders now. Over 140 pages of information for only \$12 each. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

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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.

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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

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the virus via drug injection and continue to use drugs are marginalized and discriminated against on the basis of their drug use as well as their HCV status. This “double” discrimination leads to social isolation, stress, and increased barriers for individuals who need to access critical HCV education, testing and medical care and support.

Also troubling is that this “double stigma” occurs among drug users who are addressing their addiction by attending a substance abuse treatment program. This disturbing fact was illustrated through in-depth interviews with staff and clients at 11 drug treatment programs throughout the United States conducted by the STOP HEP C project. This project, funded by the National Institute on Drug Abuse (NIDA), examined what drug treatment programs are doing for their clients concerning HCV. During an interview at one of the participating programs, a client unwittingly raised the specter of this “double stigma” when he referred to HCV as the “junkie disease.” Many other clients at these programs raised the issue of this dual stigma, reporting that even though they were addressing their addiction and complying with the rules of recovery, they were still experiencing discrimination from practitioners outside of the treatment program. While the 2002 NIH Consensus Statement on hepatitis C clearly states that drug users should not be denied HCV treatment solely on the basis of their addiction, medical providers who have not been trained in the addictions field are unlikely to understand that drug users can often benefit from HCV treatment. In fact, a number of HCV-positive clients who participated in the STOP HEP C project described occasions in which practitioners in the community discriminated against them because of their drug use history. One client in a residential program was referring to his primary care physician when he said:

“He (her primary physician) said ‘You don’t qualify, I mean it’s people like YOU.’ And I said ‘people like me?? What?? Drug addicts??’... He said ‘they won’t take you; you’re not a candidate (for the HCV treatment).’”

Another client spoke about a dentist who refused to treat her because she told the provider that she was HCV positive and in drug treatment. Interviews with staff at these programs also underscored the stigma associated with their HCV-positive clients, and a number of staff noted that they were aware of the discrimination their clients face when dealing with providers in the community because of their substance abuse issues. One staff person at a methadone program said that negative attitudes among providers toward HCV-

positive drug users, *“...kind of shuts the doors for many of our patients for access to [HCV] treatment...”*

Even within the treatment program, many clients who [were] identified as HCV-positive associated feelings of “embarrassment” and “shame” with their disease. This further decreased their sense of self-worth and self-esteem, preventing or delaying many of them from disclosing their serostatus to the treatment staff. In addition, clients were concerned that having their HCV positive status disclosed would result in alienation by their peers. Further compounding the problem, some clients told us that they had specifically avoided using available HCV services at their drug treatment programs in order to keep their status unknown, while still others described staff who seemed knowledgeable and apathetic about their HCV-related concerns. These latter clients interpreted the staff’s behavior as evidence that the staff did not care or did not have the time to deal with HCV-related issues. As one client put it, “the staff just don’t give a shit about us.”

What makes testimonies like these so regrettable is the fact that drug treatment programs are among the few places where underserved clients have access to information about HCV and to HCV-related services. The good news is that some clients had positive experiences with staff at their programs who they believed genuinely cared about them and were committed to helping them with their HCV-related concerns, even advocating for them with medical providers in the community. Some clients related how the medical staff was helpful in explaining their symptoms and helping them with the side effects of the HCV medications. Another client told us how she felt cared for by the nurse who repeatedly reminded her to make the necessary medical appointments to deal with her HCV. She said:

“... And I feel it from her that it’s not nagging... It’s actually genuine... she cares. Yeah, that she genuinely cares about me. Which is, you know, it’s strange because you don’t always get this kind of support from your own family... You know, to get it from somebody. So, I appreciate it.”

As a result of these findings, the STOP HEP C project was funded by NIDA to create, implement, and evaluate an HCV training for drug treatment program staff. The training provides comprehensive information about HCV, as well as: a) the

importance of having staff advocate with community providers on behalf of clients who need HCV-related medical services; b) the likelihood that clients taking HCV medications will experience difficult emotional and physical side effects; c) the importance of communicating with clients about HCV in a way that motivates and supports them, while decreasing their feelings of denial and/or resistance; and d) drug treatment staff’s potential role in supporting and offsetting the stigma and discrimination that clients are likely encountering in addressing their HCV concerns. Staff who have participated in the training have indicated that it has improved their understanding of the difficulties that their clients face, and enhanced their competence to convey HCV information to clients and to support them with their HCV-related issues.

Whether within or outside of the drug treatment program, the discrimination and devaluation of identity associated with HCV-related stigma does not occur naturally. Rather, these effects are created by individuals who, for the most part, generate the stigma as a response to their own fears. Interventions to reduce stigma are crucial for improving care, quality of life, and emotional health for people living with HCV. Studies show that stigma can be reduced through a variety of intervention strategies including increasing knowledge about the disease, counselling, coping skills acquisition, and/or increasing contact with infected or affected individuals. As Treloar, Hopwood, and Loveday indicate, the continued marginalization of HCV-positive individuals

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HepCBC is now officially part of iGive.com. You can now shop at www.igive.com and you can donate at the same time. All you have to do is go to the iGive website: www.igive.com. Then you choose the organization you want to support.

iGive works in two ways. If you do your shopping through iGive, a percentage of what you buy goes to HepCBC (or other charity or organization of your choice). If you use the iGive search feature, 2 cents goes to the organization every time you use their search engine. It’s that easy! And it’s free to register with them. They have over 680 stores, including the ones where you would probably shop anyway, like The Gap, Staples, Best Buy, eBay, Expedia... and all from the comfort of home. No long line-ups!

Perhaps some of you have heard that Natalie Cole, a fellow hepatitis C sufferer, needs a kidney transplant. She has been receiving treatment for her kidneys since September. Luckily, her sister Timolin, is a match, and is planning to donate a kidney to her.

I often have wondered why so many people I run into with hepatitis C also have kidney problems. Are the problems related? We know that hepatitis C does not affect just the liver... Can the HCV affect the kidneys, as well? Just how does Hep C treatment affect the kidneys?

Little is known, unfortunately, about the relationship, if any, between Hep C and chronic kidney disease, but there has been some research indicating that glomerulonephritis (a disease that damages the glomeruli, the parts of the kidney that filter blood) and HCV infection can be linked. Researchers presented results of a study called NHANES III (Third National Health and Nutrition Examination Survey), in which they did a survey of 15,029 people to find out how many had both hepatitis C and problems with their kidneys. They were looking for albuminuria—an indicator of kidney damage—and the Estimated Glomerular Filtration Rate, or eGFR, which can detect kidney disease in early stages. The results showed that “while there was no association between HCV infection and low eGFR, the researchers did notice that albuminuria among those over age 40 is associated with hepatitis C.”

Often specific viruses will cause a typical kind of disorder. Collapsing focal sclerosis (scarring) is often found in patients with HIV, while HBV causes membranous glomerulonephropathy (disease of the kidneys' glomeruli), and HCV causes membranoproliferative glomerulonephritis (damaged kidney function caused by inflammation and changes in the kidney cells).

Some researchers believe that the immune system, responding to a certain virus, produces antigens and antibodies that may collect in the kidney, first taking up residence in the filtration system.

If we, like Natalie Cole, have both diseases, what can we do? It's difficult. HCV treatment can damage the kidneys. Sometimes it's hard to know if the kidney problem is due to the hepatitis, or due to the treatment to get rid of the virus. What is thought to happen is that the hepatitis C virus mutates quickly to evade the immune system. The disease then becomes chronic, and the body's antibodies can increase over the years of infection and over-stimulate the immune system. That can cause the production of

monoclonal rheumatoid factor, which can produce cryoglobulinemia. Cryoglobulins are antibodies that for some reason become solid when exposed to cold. They can form a gel-like substance that can block the kidneys and the blood vessels all over the body, and cause inflammation of those blood vessels (vasculitis). This condition can cause kidney failure. Certain tests of the glomeruli show immunoglobulin deposits with a typical ring-like formation of particles which are probably related to the virus.

In a study of 34 HCV-positive patients (Johnson et al), 73% of those with symptoms of cryoglobulinemia were found to have that disease. Cryoglobulins were even found in 47% of those without symptoms. Those affected are usually between the ages of 40 and 50, so they have often had Hep C for years. The symptoms include purple-coloured spots on the skin, clotting problems, and joint pains. Many sufferers have protein and blood in their urine, and half develop kidney problems, usually mild, but in 20%, the problems can be serious. High blood pressure is experienced by 80%, but even so, only 15% develop end-stage kidney disease.

Researchers (Tarantino et al) followed 105 patients who had cryoglobulinemic glomerulonephritis (try saying that 5 times in a row!) for over a quarter of a century, back when antivirals weren't available. The treatment back then consisted of plasma exchange, steroids, and cell-killing substances (cytotoxins). The study ended over a decade ago, and 49% of the patients survived. The others died of heart or liver disease and infection. Fifteen of the patients had chronic kidney failure. Two of the patients had spontaneous remission. The researchers examined the original samples of blood from 34 of the patients and 85% were HCV-positive.

Today, treatment of glomerulonephritis in the HCV+ patient still involves plasma exchange to get rid of cryoglobulins. The steroids and cytotoxins curb the immune response. Newer immunosuppressants like intravenous rituximab (Rituxan) are proving more effective, even resolving the virus in previous non-responders to Hep C treatment. Now, of course, we have peg-IFN and ribavirin (standard treatment) to eradicate or at least hopefully suppress the HCV. It is recommended that the kidney disease be treated before administering Hep C treatment.

In many cases Hep C treatment doesn't work. Either the patient wasn't able to tolerate the treatment, was treated too late, wasn't given, or refused treatment, didn't comply with the dose schedule, or simply did not respond. Some of those patients face death...

or a liver transplant.

Unfortunately, not all patients have willing, healthy relatives who are a perfect match, like Natalie Cole does, and there is a great shortage of donor kidneys, so some hospitals are transplanting kidneys from HCV+ patients into those in need of a kidney who also have Hep C. This practice probably doesn't help the Hep C, but is better than hemodialysis at sustaining life.

Hep C treatment is tolerated poorly among end-stage kidney patients, but at least today's standard treatment (pegIFN + RBV) is more effective, more easily tolerated, and increases survival rates. The ribavirin is often reduced in kidney patients, since they seem to eliminate the product more slowly than other patients do. Treatment prior to transplantation is preferable to post-transplant treatment.

Doctors note that patients on dialysis who took interferon alone in the olden days often did better than those with healthy kidneys. They speculate that the interferon stayed in the body longer because of poor kidney elimination. (I wonder if the virus could have been partially removed during hemodialysis). There isn't much data about treatment of patients on dialysis with today's standard Hep C therapy, other than it seems encouraging.

Let's hope that Natalie Cole does very well with her kidney transplant.

Sources:

<http://www.medindia.net/news/Natalie-Cole-To-Undergo-Kidney-Transplant-To-Fight-Hepatitis-C-46647-1.htm>

<http://jasn.asnjournals.org/cgi/content/abstract/17/4/1168> September 27, 2005

<http://www.ccjm.org/content/74/5/353.full.pdf+html>

http://www.hivandhepatitis.com/hep_c/news/2008/092308_a.html



**MAY:
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**WHAT ARE
YOU
OR YOUR GROUP DOING
TO FIGHT THIS
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WORLD HEPATITIS DAY 2009

Call for Proposals for World Hepatitis Day Events in Canada

The Canadian Society for International Health, the Canadian Liver Foundation, the Canadian Hemophilia Society, and the Canadian Ethnocultural Council, are urging interested groups to get together in their individual locations to organize a public event on or near May 19, 2009. They can provide materials and resources. Send them a one-page proposal and if approved, they will provide you with access to a toolkit of support materials to help you with your activities, and will send you promotional resources to hand out at your event.

Criteria:

- Your organization is encouraged to collaborate with one or more groups.
- The proposal must aim to raise awareness of hepatitis B and C in your province/territory or city.

When you submit your proposal, please provide permission to post details of your activity or event on the website. The aim is to build energy and synergy amongst all the groups and ideas for others to adopt.

Please send your one-page proposals (one-pager) to WHD@csih.org by April 14, 2009, so that you may receive promotional items by early May. Please include your mailing address.

Note: There will be a limited supply of items so they will be allotted on a first-come, first served basis.



(STIGMA—Continued from page 3)

will not only continue to place a heavy burden on those infected with the virus, but will also obstruct efforts to address the growing HCV epidemic. It is imperative that future research examines HCV-related stigma, and develops effective strategies for overcoming negative perceptions of the disease. Certainly, HCV trainings that target local schools, hospitals, drug treatment programs, and other similar community organizations may help to eliminate, or at least reduce, the compounded stigma associated with HCV.

Acknowledgements: Funding for this study was provided by grant number R01-DA13409 from the National Institute on Drug Abuse.

This article is reprinted here with the kind permission of the HCV Advocate. References can be found here: <http://www.hcvadvocate.org/hcsp/articles/Stigma.html>



Our Plans for World Hepatitis Day

HepCBC, along with its WHD partner AIDS Vancouver Island, hopes to raise awareness not just on May 19th but also throughout the month of May. HepCBC will be participating in the following campaigns outlined below:

- HepCBC has written to the city of Victoria to proclaim May as “Hepatitis Month”.

- HepCBC will be distributing ribbons as well as donation boxes throughout the city (pharmacies, grocery stores, etc.) advertising “Hepatitis Month” as well as World Hepatitis Day. Ribbons will be attached to cards with information on testing, general statistics on hepatitis, and World Hepatitis Day.

- The day before WHD is Victoria Day. HepCBC will participate in the parade and participants will be wearing “Am I number 12?” gear and will be giving away information on hepatitis C, hepatitis C ribbons and stickers.

- We plan to have a ribbon ceremony at our legislative buildings on May 19th. AVI and HepCBC will participate together in making a giant ribbon of yellow and red in front of the legislative buildings, with candles to honor those who are currently affected by HCV and those who have been affected by HCV. Media will be invited to the event.

- HepCBC as well as volunteers from other organizations will be located at various busy public spaces (in front of legislative buildings, in front of city hall, downtown core, public libraries, etc.) with pamphlets, gifts (i.e. WHA materials, ribbons, stickers and candy).

- We hope to utilize World Hepatitis Day as the kick off for our peer support program, including monthly support sessions and a “buddy/mentor” system.



PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-payment 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 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

EFT TAPPING FOR RELEASING SABOTAGING BELIEFS

by Karen Hodson, BA, EFT-ADV EFT Practitioner

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

Beliefs help us to define and understand our world so that it makes sense to us. We all have beliefs. We can fiercely defend our beliefs and despite being firmly entrenched in a particular story, those beliefs can change. There was a time when everyone believed that the world was flat and we now know that is not true.

Our unique beliefs provide structure and a framework to help us understand our lives and feel safe. We turn on the autopilot and go about our day knowing that this is how life works. Some beliefs are logical and universally accepted by everyone—the tides come in and go out. It may be an emotional belief that is not true such as “this always happens to me”.

Beliefs are learned and it can be a positive or negative experience depending on the people in our life, the environment, as well as timing. We are unconscious of most of our beliefs and yet they rule all aspects of our lives. As children we acquired beliefs that served us at that time. The belief that a hot stove will burn is a good one to keep. There are other sabotaging beliefs that we need to let go of which are usually unconscious, emotional, and no longer work for us as adults.

The belief that it is not safe around angry men may have felt true as an innocent two year old girl which may have morphed into a belief that it's not safe around “all” men. If this belief, which is not true, is still held as a grown woman, then the chances of having a loving and intimate relationship with a man is challenging. It feels safer to keep a belief that is not working than change and risk the unknown. We fear letting go of our beliefs.

The disruption can occur in all areas of life because the required change may be connected to an old emotional belief. I can't have the following because it is not safe:

- Optimum Health (lose weight, stop smoking, eating healthier, exercising more)
- Financial Freedom (getting out of debt, building savings, appropriate spending)
- Great Career (building success, accepting promotions, doing what you love)
- Loving Relationships (wife/husband/partner, friends, family, co-workers)
- Creativity (art, writing, music, gardening, cooking, travel)

If an unconscious old belief is sabotaging your life, it's time to look at your beliefs. Are you willing to let go of your story? If yes, you can tap with EFT. Look at your patterns, review childhood memories, when you were scared or did not feel safe, your “yes but” responses. Tap on the emotional triggers that come up and the fear of releasing that belief. When you feel peace, you have released that which no longer serves you.

Here is what an EFT tapping session on steps toward Releasing Sabotaging Beliefs 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) then the Tapping Phrase Sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm, liver point) and repeat 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 these sabotaging beliefs and I don't know how to release them, I deeply and completely love and accept myself.”

Tapping a phrase on each point:

I don't know my sabotaging beliefs; I do know what is not working in my life; All these negative beliefs; They are just not working; I don't know how to release them or even where to start; I am so stressed; How will I ever transform these negative beliefs?; I feel so overwhelmed; I don't like my negative stories; I am such a failure.

Karate Chop Set-up:

“Even though I don't know all of my sabotaging beliefs and the story behind each one, I deeply and profoundly love and accept myself anyway.”

Tapping a phrase on each point:

All these beliefs; They are running and ruining my life; But they provided structure in my life; I don't want to let go; Who will I be without my story?; What if I can't release my old beliefs?; What if I can replace them with new positive beliefs?; I don't deserve anything positive; I do deserve new beliefs; I release those old outdated stories.

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 Positive Phrase on each point:

It feels so good to let go of these outdated beliefs; I love this feeling of freedom; All this calmness radiating from inside me; It feels so good to have this inner peace; I love this feeling of serenity; I embrace beliefs that support me; I choose to be joyful; I release all that negativity; I am grateful for this peaceful feeling; I choose to trust in new beginnings.

Our beliefs are who we are and we will always have them. I encourage everyone to clear out the cobwebs of old beliefs and embrace new positive beliefs that work for you. Spring cleaning always feels better once the old is released. This quote sums it all up.

“Healing may not be so much about getting better, as about letting go of everything that is not you; all of the expectations, all of the beliefs, and becoming who you are.”

- Rachel Naomi Remen

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



SCRAMBLED EGGS WITH SMOKED SALMON

Ingredients:

- 2 whole eggs
- 4 egg whites
- 1 oz smoked salmon, cut into thin strips
- Black pepper
- Dill or chopped chives for garnish

Preparation:

Whisk eggs and egg whites together. Coat a nonstick skillet with cooking spray. On a low to medium heat, gently cook eggs until curds begin to form. Use a flexible spatula to move the eggs around. Just before the eggs are set, stir in the salmon. Remove from heat promptly. Serve with a toasted whole wheat English muffin. Serves 2

Source: <http://lowfatcooking.about.com/od/breakfastandlunch/r/eggssalmon.htm>

PHARMACEUTICAL COMPANIES MERGE

In case you haven't heard already, **Schering-Pough** has been bought by **Merck** for \$41 billion dollars. Schering produces Pegetron.

Roche, producer of Pegasys, has finally succeeded in taking over **Genentech**, acquiring the 44% of the company it didn't already own for \$46.8 billion.

As if that weren't enough, **Vertex**, developer of the polymerase inhibitor telaprevir, now in phase 3 trials, and protease inhibitors VX-813 and VX-985, is acquiring **ViroChem Pharma**, which is developing two polymerase inhibitors — VCH-222 and VCH-759. The company is planning a phase 1 trial later this year combining telaprevir with a ViroChem polymerase inhibitor. This combination is called a STAT-C combination regimen.

Pfizer has bought **Wyeth** for \$68 billion.

There is speculation that Sanofi-Aventis, AstraZeneca, and GlaxoSmithKline might consolidate sometime in the future, given the current economic situation.

Source: natap.org

NEW HEP LISTSERVE

The Food and Drug Administration is launching a new hepatitis list serve to provide updates on safety and regulatory issues related to hepatitis B and C products as they become available (rather than on a regularly scheduled basis).

You can subscribe by copying and pasting the link below into your browser:

http://service.govdelivery.com/service/subscribe.html?code=USFDA_99

HEMOPURIFIER

Aethlon's Hemopurifier has shown significant viral load reductions in a trial of subjects with HCV or HIV who took a 4-hour treatment every two days during one week, for a total of 3 treatments. The results varied between 60% and 95% viral reduction at three days after the last treatment.

Source: www.earthtimes.org/articles/show/aethlon-medical-announces-significant-viral,745248.shtml



TAP (Travel Assistance Program) was created to help residents of BC to access health care services that they cannot obtain unless they travel. In other words, if you have to travel to get access to specialists in Vancouver, for example, the TAP program will pay for, or give you discounts for your travel costs, such as ferry fares, for you, your vehicle, and for an escort, if one is needed. Please ask your doctor for a form to complete.

You also need to contact MSP to verify your eligibility and to receive a confirmation number before you travel (Phone number below).

You are eligible if you are a BC resident enrolled in the Medical Services Plan, and your travel expenses aren't covered by other insurance policies. There are certain regulations, for example arriving at the ferry terminal, one hour before departure.

This program doesn't include meals, accommodations, car expenses, or local transportation. You must make your own travel and accommodation arrangements. You may obtain more information by calling MSP at 1-800-661-2668 from 8:30 am to 4:30 pm, Monday through Friday. You may also call 387-8277 in Victoria.



HEP C WORKSHOPS

HEP DART 2009: Frontiers in Viral Hepatitis

6-10 December 2009 - Kohala Coast, Big Island, Hawaii <http://hepdart.com>

5th International HIV and Hepatitis Co-infection workshop

4-6 June 2009 - Lisbon, Portugal
[virology-education.com/index.cfm/t/5th International HIV and Hepatitis Coinfection workshop/vid/4F1F5D72-E309-EE61-77D184FE76C3EEF8](http://virology-education.com/index.cfm/t/5th%20International%20HIV%20and%20Hepatitis%20Coinfection%20workshop/vid/4F1F5D72-E309-EE61-77D184FE76C3EEF8)

4th International Workshop on Hepatitis C, resistance and New Compounds

25-26 June 2009, Boston, MA
More information available soon
www.virology-education.com/index.cfm/t/Workshops/vid/9E7DF720-C09F-296A-61AF086697A2263C

4th International Workshop on Clinical Pharmacology of Hepatitis Therapy

27 June 2009, Boston, MA
More information available soon
www.virology-education.com/index.cfm/t/Workshops/vid/9E7DF720-C09F-296A-61AF086697A2263C

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/class/settled/hepc/

David Harvey
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca/cms/index.php?page=108

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

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

CLAIMS 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. **NEW ADDRESS: 1371 C - Cedar Street, Campbell River, BC V9W 2W6.** 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

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 604-576-2022

Kamloops AIDS Society of Kamloops (ASK Wellness Centre) HIV/HEPC Peer Support Group each Thurs. 11-2 PM, 433 Tranquille Rd. 250-376-7558 Support/ Referral. info@askwellness.ca 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. ljmortell@shaw.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM, (Location to be arranged.) 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

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

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-

505-5506, information@ankors.bc.ca
alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Diane Morrissett, 604-525-3790 before 9 PM. dmorrissett@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 Contact: Dolly 250-627-7942 hepcprince-rupert@citytel.net

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@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

Smithers: Positive Living North West Contact the Prince George group, please.

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@vandu.org www.vandu.org

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

Vancouver Hepatitis C Support Group Contact 604-454-1347 or 778-898-7211, or call 604-522-1714 (Shelley), 604-454-1347 (Terry), if you would like to talk or meet for coffee.

YouthCO AIDS Society HepCATS 900 Helmcken St, 1st floor, 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, hepsc@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 for info/appointment jeanievilleneuve@hotmail.com

Sandi's Crusade Against Hepatitis C/Durham Hepatitis C Support Group Contact Sandi: smking@rogers.com www.creativeintensity.com/smking/ <http://health.groups.yahoo.com/group/CANHepC/>

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 elroyem22@rogers.com

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

Owen Sound Info and support. Contact Debby Minielly, 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, 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 reneeaurio@hotmail.com

ATLANTIC PROVINCES:

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/>

Edmonton Contact: Jackie Neufeld 780-939-3379.

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

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. 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-

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

REPORT ADVERSE EVENTS

Report problems with medical products, including product use errors, product quality problems, and serious adverse events.

www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm

