

*hepcBC.bull*  
**BC CHAPTERS NEWS BULLETIN**  
**HEPATITIS C SOCIETY OF CANADA MAY 97**  
*Issue No. 1*

**WELCOME** to the first issue of the Provincial Newsletter. We're all very excited about this - linking Kelowna, Penticton, Vancouver and Victoria together. Any members who wish to contribute their stories are encouraged to do so. (Please see the box in the next column.) Darlene has arranged for a variety of professions to contribute to the newsletter and the Canadian Liver Foundation will bring us monthly updates. Please help us to continue to produce this newsletter by subscribing today.

**COMING UP:**

**Victoria Chapter**

Meetings: last Wednesday of each month 1 - 3 pm, and again at 7-9 pm, St. John the Divine Church Lounge, 1611 Quadra St. (Entrance through the rear, marked Annex)

**NEXT MEETING:** May 28, 1997 *Afternoon Guest Speakers* from the organization **People with Disabilities**. *Evening Guest Speaker: Dr. Malthouse, Homeopath*

**Vancouver Chapter**

Meetings: First Thursday of every month, 7:30pm, 5745 Wales Street, Vancouver.

**NEXT MEETING:** May 9, 1997. Guest Speaker: Dr. Tom Ehmann

**Penticton Chapter**

Meetings: Third Thursday of every month, 7:00 to 9:00 pm, Penticton Health Unit - Board rooms.

**NEXT MEETING:** May 15th, 1997.

**Kelowna Chapter**

Meetings: Last Saturday of every month, 1:00 - 3:00 pm, Rose Avenue Education Room in Kelowna General Hospital.

**NEXT MEETING:** Saturday, April 26th, 1997

**SUBSCRIPTION FORM**

Please fill out include a check made out to **HeCSC - Victoria Chapter**, Send to:

**Jim Lodge**

**410-831 Dunsmuir Rd.**

**Victoria, BC V9A 5B9**

or FAX to: **(250) 479-5290**

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(A limited number of newsletters will be available free of charge at the meetings)

*The deadline for any contributions to the next issue of hepc.bull is May 22nd. Please contact Joan Diemecke at Tel. and FAX (250) 479-5290 or Darlene Morrow at FAX (604) 987-7396 1203 Plateau Drive, North Vancouver, BC, V7P 2J3 email: [pdiemecke@compuserve.com](mailto:pdiemecke@compuserve.com) or [darmorr@uniserve.com](mailto:darmorr@uniserve.com)*

## HOW TO REACH US:

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## [DR. ERB'S INSIGHTS ABOUT HEPATITIS C:]

According to Dr. Erb, the medical director of the liver transplant program at Vancouver General, the uniqueness of hepatitis C can be summed up in 5 points:

- Hep C is common. It affects 1.4% of the population, or 1 in 70. As a result, Hep C deserves more attention than it has been getting until recently.
- There is a long timeline from initial exposure to end stage liver disease. Most Hep C-infected people remain asymptomatic for most of the disease, with some living 20 or 30 years before symptoms appear. By the time symptoms do appear, the liver has already suffered permanent damage.
- 40% of Hep C patients have no recognizable risk factor. That means that anyone can get it. This is the "biggie", in my opinion. What is the factor in transmission that we aren't yet aware of? Why such a high number?
- There is a simple blood test available now, that makes for an easy diagnosis. That means we're discovering the rest of the iceberg.
- There is now a treatment available. Interferon + Ribavirin works for a small but significant portion of the Hep C population, and as research develops, those results will no doubt improve.

These five aspects of Hep C just reinforce the idea to pull out all the stops in trying to find a more productive maintenance program, and, eventually, a cure for this insidious disease.

According to Dr. Erb, it's going to take 20 years for the medical community to get a handle on this.

The Health Ministry's public awareness program definitely shows that they recognize the scope of this health issue, but let's put our money where our mouth is. That recognition needs to become a commitment to help those who have fallen victim to Hep C.

Each person that has contracted Hep C should have proper managed care from point of discovery forward. If we did that, perhaps fewer patients would develop end-stage liver disease and this would ease the burden on liver transplantation, and save money which could be diverted to increased funding for research.

This proper managed care would include an acceptance of the true ramifications of having Hep C. Without that acceptance by both the public and the medical community, having Hep C will always be harder to deal with than it should be. If one is too fatigued to work, then forcing one to work just exacerbates the problem. Let's try real hard to minimize the onslaught of Hep C until we find a cure.

Many thanks to Dr. Erb for his help and insight. The issue of Hep C is a complicated one, and his five points do help to put it into greater perspective.

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## **[MEMBERSHIP REPORT FROM JIM LODGE]**

As this issue is now a B.C. Newsletter and the mailing has gone from 210 to close to 400, it is important that the lines of communication are kept fine tuned at all times, for Joan Diemecke to do a good job of producing each issue. In future issues I will keep my blurb short so as to allow more people access to the Editor. Any ideas, please let us know. Thanks.

Reminder:- Any change of address, phone number, Postal Code or if you no longer wish to receive the Newsletter, please let me, or your phone contact, know at your earliest. It saves our meagre funds. Thanks.

**(250) 386-8227      Jim Lodge**  
**Vice-chairperson & Membership**  
**e-mail:- [ut301@freenet.victoria.bc.ca](mailto:ut301@freenet.victoria.bc.ca)**

## **VOLUNTEER NEEDED**

A volunteer is needed in Victoria to accompany one of the members of the steering committee into the prisons to speak with inmates with Hep C. The person should have Hep C, be comfortable working with the inmates, and be well informed about Hep C. Call Joan Diemecke at 479-5290, or email: [pdiemecke@compuserve.com](mailto:pdiemecke@compuserve.com)

## **NATUROPATHIC TREATMENT OF HEPATITIS C**

by Dr. David Bayley, BScK., N.D.

**[This month - below:] PART ONE: Clinical Indications for the use of Lipotropic Factors.**

**[In an upcoming issue, watch for:] PART TWO: Vitamins and minerals.**

**[In an upcoming issue, watch for:] PART THREE: Homeopathic preparations.**

*Vis Medicatrix Naturae* (The healing power of nature) is the guiding principle for Naturopathic Medicine. Naturopathic Physicians (ND's) receive the same four years of premed as MD's and the same four years of basic medical training. MD's go on and receive further training in disease care in hospital settings where as ND's receive extra training in Clinical Nutrition, Chinese medicine, physical therapy, spinal manipulation, homeopathy, botanical medicine and counseling. Naturopathic treatment of chronic diseases like Hepatitis C is very successful because it supports the body's own defense and repair mechanisms.

The liver is a complex and remarkable organ. It acts as a blood reservoir and destroys bacteria and endotoxins. This protects us from infections and poisoning by our own waste. The liver destroys antigen antibody complexes which protect us from allergies and autoimmune diseases. It also stores vitamins and minerals, produces bile, removes steroids and protects us from drugs, pesticides, and other toxic chemicals. The liver has many other functions as well so it is easy to understand how any impairment of liver function can lead to ailments associated with hepatitis.

In many cases of Hepatitis C liver enzymes are normal on lab tests yet the patient feels unwell. This is due to subclinical hepatic dysfunction. Subclinical means that one or many of the above mentioned liver functions is impaired but not enough to register on a lab test.

In chronic hepatitis, inflammatory changes can lead to bridging fibrosis, which can lead to cirrhosis.

**PART ONE:** Several substances offer significant liver protection: antioxidants, membrane stabilizing compounds, choleric, ( stimulate bile secretion of liver ), compounds that either enhance or inhibit certain functions of the liver microsomal enzymes, and compounds that prevent depletion of non-protein sulfhydryl compounds such as glutathione.

A diet rich in dietary fiber increases cholesterol and bile acid circulation in and excretion from the liver. Antioxidants such as Vitamins C and E, zinc and selenium are essential in protecting the liver from free radical damage secondary to viral activity. Methionine is an essential sulfur-containing amino acid. Methionine works in conjunction with vitamin B12 and folate to help protect the liver from damage from alcohol, endotoxins, steroids, drugs, chemicals and viral hepatitis.

Clinical studies have demonstrated that oral administration of liver hydrolysates (extracts) can be quite effective in the treatment of chronic liver diseases, including chronic active hepatitis. Numerous scientific investigations into the efficacy of liver extracts have demonstrated that these extracts possess a lipotropic effect, promote tissue respiration and liver regeneration, and have anti-fibrotic activity. It is fibrotic activity secondary to viral activity that leads to cirrhosis of the liver.

Dandelion is one of the best liver remedies, both as food and medicine. It has a Vitamin A content higher than carrots. Studies in humans and laboratory animals have shown that dandelion enhances the flow of bile, improving such conditions as liver congestion, bile duct inflammation, hepatitis, gallstones and jaundice.

Catechin is a flavonoid formerly known as Vitamin P. It has demonstrated a variety of liver protective actions possessing antioxidant, free radical scavenging, choleric, membrane stabilizing and immunostimulatory effects. Catechin has been shown to be quite effective in treating a variety of acute and chronic liver diseases, including viral hepatitis.

The common milk thistle plant (*silybum marianum*) contains some of the most potent liver protective substances known. *Silybum's* effect in preventing liver destruction relates to its ability to inhibit factors that are responsible for the damage (free radicals and leukotrienes). The most exciting effect of *silybum* components on the liver is their ability to stimulate protein synthesis. The result is an increase in the production of new liver cells to replace the damaged old ones. In human studies, *silymarin* has been shown to have significant positive effects in treating cirrhosis and chronic hepatitis.

Lack of space prohibits discussion of the full scope of Naturopathic treatment of Hepatitis C. Suffice to say there is huge potential for invoking the body's natural healing ability. I strongly recommend that the use of the above mentioned substances be done so under the supervision of a Licensed Naturopathic Physician.

Stay tuned for more on vitamins, minerals, and homeopathic medicines.

**David Bayley, BScK., N.D.**

**Dr. Bayley can be reached at the Delbrook Naturopathic Clinic in North Vancouver at 986-9191.**

## **NIH CONFERENCE CONCLUSIONS/RECOMMENDATIONS**

*(From press notes copied by Cindy T.)*

This is a list of the conclusions and recommendations that resulted from the NIH (National Institute of Health) Consensus Conference held last month in Bethesda, MD:

**1)** Hepatitis C is a common infection with a variable course which can lead to chronic hepatitis, cirrhosis, and hepatocellular carcinoma. The course of illness may be adversely affected by various factors, especially alcohol consumption. Therefore, more than one drink per day is strongly discouraged in patients with Hepatitis C and abstinence from alcohol is recommended.

**2)** EIA-2 should be the initial test for the diagnosis of hepatitis C. In low-risk populations, supplemental RIBA-2 and/or HCV RNA PCR testing should be performed. In patients with clinical findings of liver disease, qualitative HCV RNA PCR can be used for confirmation.

**3)** Liver biopsy is indicated when histologic findings will assist decision making regarding patient management. In patients who are not to be treated with antiviral therapy initially, liver biopsy can be repeated to assess disease progression.

**4)** HCV genotyping may provide useful prognostic information, but at present must be considered a research tool.

**5)** Because of assay variability, HCV RNA PCR testing must be interpreted cautiously. Rigorous proficiency testing of clinical laboratories performing this assay is recommended.

**6)** Currently available therapy for chronic hepatitis C is clearly indicated for patients who have persistently abnormal ALT (>6 months), a positive HCV RNA, and liver biopsy evidence of septal fibrosis and/or moderate to severe necroinflammatory changes. Patients with milder histological disease, compensated cirrhosis, or age under 18 or over

60 should be managed on an individual basis or in the context of clinical trials. Patients with decompensated cirrhosis should not be treated with interferon, but should be considered for liver transplantation. Patients with persistently normal ALT should not be treated outside of clinical trials. Treatment with interferon is contraindicated in patients with major depressive illness, cytopenia, active alcohol use or illicit drug use, hyperthyroidism, renal transplantation, or autoimmune disease. Therapy should not be limited by mode of acquisition, risk group, HIV status, HCV RNA levels, or genotype.

7) Since 12 month regimens with interferon are more successful in achieving sustained responses, initial therapy with interferon alfa (or it's equivalent) should be 3 million units thrice weekly subcutaneously for 12 months.

8) Nonresponders to interferon therapy can be identified early by assessing the serum ALT level and presence of serum HCV RNA after 3 months of therapy. If the ALT level remains abnormal and the serum HCV RNA remains detectable, interferon therapy should be stopped, as further therapy is unlikely to produce a response. Nonresponders should not receive further therapy with interferon alone, but should be considered for combination therapy or enrollment in investigational protocols.

9) Patients who relapse should receive retreatment with their original therapy or combination interferon-ribavirin therapy, preferably in a clinical trial.

10) Patient support groups should be encouraged.

11) Hepatitis A and B vaccination is recommended for all HCV positive patients.

12) In health care settings, adherence to Universal precautions for the protection medical personnel and patients is essential.

13) HCV-positive patients should refrain from donating blood or semen. Strategies should be developed to identify prospective blood donors with any prior history of IVDU. Such individuals must be deferred from donating blood. In some situations, the use of organs and tissues from HCV-positive individuals may be considered.

14) To avoid transmission in persons with multiple sexual partners, safe sexual practices, including the use of latex condoms, should be strongly encouraged. In monogamous long-term relationships, transmission is of low likelihood and therefore no changes in sexual practices are recommended. In such cases an individual's decision to modify sexual practices should follow a discussion of the potential risks of transmission. It is recommended that sexual partners of infected patients should be tested for HCV antibody.

15) In households with an HCV-positive member, the sharing of razors and toothbrushes should be avoided. Covering of open wounds is recommended. It is not necessary to avoid close contact with family members or to avoid the sharing of meals or utensils.

16) Pregnancy is not contraindicated in HCV-infected individuals. Perinatal transmission from mother to baby occurs in less than 6% of instances. Breast feeding is considered safe. Babies born to HCV-positive mothers should be tested for anti-HCV at 1 year.

17) Needle exchange programs are of proven benefit in reducing parenterally transmitted diseases. Expansion of such programs should be considered in an effort to reduce the rate of transmission of hepatitis C.

## **VIRAGEN, CANADIAN RED CROSS TO CREATE NATURAL INTERFERON PROGRAM**

WESTPORT, Apr 02 (Reuters) - Viragen, based in Miami, Florida, announced on Tuesday that it will collaborate with The Canadian Red Cross to develop a natural interferon program for Canada. A formal agreement has yet to be signed between the two parties.

Charles F. Fistel, executive vice president of Viragen, said, "We are gratified that Viragen was awarded this significant opportunity. This is in line with our international mission to ultimately provide therapeutic treatment to patients in need.

**Source:** <http://www.reutershealth.com/news/docs/199704/19970402inb.html>

**Submitted by:** Darlene [darmorr@uniserve.com](mailto:darmorr@uniserve.com)

## **? HEPATITIS C SOCIETY - U ASK**

*Natalie Rock, RN, BSN*

*Hepatology Clinical Research Nurse*

*Dept. of Medicine U.B.C.*

*Vancouver Hospital Div. Gastroenterology*

**Dear Natalie,**

**What is the procedure a doctor should follow once his/her patient is diagnosed with hepatitis C, 1) if the doctor is a GP and 2) if the doctor is a gastroenterologist.**

**Signed: Alice**

1) A person is diagnosed with Hepatitis C when the blood test for Anti-HCV is positive. However, this test cannot

distinguish between acute infection and chronic infection for it only tells us that the person has been exposed. Once this test has become positive it is not necessary to repeat it for it will not change over time. The family physician will initially monitor the patient by physical examination and laboratory assessment of liver enzymes AST and ALT (which show inflammation of the liver), the bilirubin, prothrombin time, and albumin (which assess liver function).

Patients who have no signs or symptoms of liver disease, and whose AST/ALT do not exceed 1.5 times the upper limit of normal should be monitored by the family physician annually. Patients who should be referred to a Gastroenterologist/Hepatologist are those who have either signs or symptoms of liver disease, whose AST/ALT are consistently elevated 1.5 times the upper limit of normal over a six month period, whose liver function tests are abnormal, and/or when there is uncertainty about disease activity.

**Dear Natalie,**

***What can I do about the depression that comes from taking interferon?***

**Signed: John**

Before one embarks on taking Interferon the treating physician should counsel the patient about potential side effects that may occur while on treatment. Having this knowledge may prepare you for the times when you experience feeling down or depressed for you can remind yourself that it is a side effect of Interferon and not blame yourself. It is also helpful to share with those close to you that you may experience these feelings so that they may understand and give you support. Preexisting depression should be assessed and measures to diminish the likelihood of reoccurrence (i.e.: counseling, support groups, antidepressants, etc.) should be implemented before starting treatment. The key for some people is to determine what factors "trigger" their depression. Insight into this will enable and empower the person to make changes in things that affect or promote feelings of depression such as thought patterns, lifestyle, work situations, relationships etc. It is important to talk to your physician and/or nurse about the depression you are experiencing so that they may fully assess your situation to determine whether or not treatment should be continued and whether there are physiological or biochemical reasons that may contribute to the depression. They will also be able to recommend options available for your particular situation such as counseling, support groups, and/or antidepressants.

**Editor's note: Clinical Trials Patients are being randomly assigned to either a Amantadine and Interferon trial or a Ribavirin and Interferon trial. For more information, you should contact Natalie at Dr. Anderson's office at (604) 876-5122.**

## **MEDICAL CONFERENCES IN GASTROENTEROLOGY AND HEPATITIS C**

**April 25-26, New Orleans, LA,** "New Directions in the Management of Chronic Liver and Hepatobiliary Disease - A Primer for the Gastroenterologist." Contact: Atlon Ochsner Medical Foundation, Danielle DeGrushe, Continuing Medical Education Department, 1516 Jefferson Highway, New Orleans, LA 70121 USA, Phone 504-842-3702, Fax 504-842-4805.

**April 27-29, St. Louis, MO,** "7th Annual Scientific Meeting of the Society for Healthcare Epidemiology of America (SHEA)." Contact: SHEA Meetings Dept., 875 Kings Hwy, Suite 200, Woodbury, NJ 08096-3172, Fax 609-853-0411.

**May 3, 1997, New Haven, CT** The symposium "Hepatitis C: Looking to the Future" For More Info: Connecticut Chapter of the American Liver Foundation (203) 397-5433

**May 4-8, Miami Beach, FL,** "97th General Meeting of the American Society for Microbiology (ASM)." Contact: American Society for Microbiology (ASM), Meetings Dept., 1325 Massachusetts Avenue NW, Washington, DC 20005-4171, Phone 202-942-9297 or 202-942-9206, Fax 202-942-9267.

**May 10-14 Washington, DC** "Digestive Disease Conference" American Gastroenterology Association U.S. Slack Inc, 6900 Grove Road, Thorofare, NJ 08086-9447 USA Tel: 609-848-1000 Fax: 609-848-3522

## **RECIPE CORNER**

### **Cream of Curried Vegetable and Split Pea Soup**

#### **Puree**

**1+ cups yellow split peas**

**1 tsp. tumeric**

**4+ cups water**

Put ingredients in pot and bring to boil. Stir often. Cook over medium heat, partially covered for 40 minutes.

Cover, reduce heat and continue cooking for 20 minutes. This should make 4+ cups of puree, add water to bring to that quantity. Set aside.

**1 tsp. oil**

**1 cup milk**

**1 T curry**

**28 oz tomatoes, sliced**

**1 finely chopped onion**

**4+ cups of puree**  
**2 finely chopped carrots**  
**1 tsp. black pepper**  
**2 stalks finely chopped celery**  
**1 tsp. salt**  
**1 cup of water**  
**chopped coriander for garnish**

Heat oil in Dutch oven. When hot, add curry and immediately add the onion, carrots and celery. Sauté the vegetables, stirring often, 5 minutes. Add 1 cup water, the tomatoes, puree, pepper and salt. Cover and cook over low heat until the vegetables are tender, about 10 minutes. Add milk and more water to bring to consistency you like. Heat thoroughly and garnish with coriander. Serves 6.

## **DISCLAIMER:**

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

## **NEWS BREAK:**

On May 1st, the Victoria Chapter will be opening an office at its usual meeting place, St. John's Anglican church on Quadra, upstairs. The telephone number will be 388-4311. We hope this will allow us to better serve the needs of our Hep C community, and provide easier access to library material. The official opening will be announced in the next newsletter.

## **RESPONSE TO A VICTORIA NEWSPAPER ARTICLE - 17/4/97**

The Hepatitis C Chapter of Victoria congratulates the B.C. government on having the courage to inform people who received blood transfusions between 1985 and 1990 of possible Hepatitis C infection. In our opinion, however, this welcome first step needs to be followed by a second.

People who received transfusions prior to 1985 may also be infected with the virus. We strongly urge individuals experiencing troubling and often unexplained health symptoms to be tested as well. These symptoms can include chronically low levels of energy, persistent "fluishness", loss of appetite, nausea, migrating joint and muscle pain and periods of clinical depression - complaints often attributed to other, less serious maladies, by a largely under-informed medical profession. However, up to 70 percent of patients may lack symptoms in the early stages, which could last five to ten years. Infected individuals can be unaware of their disease until they develop serious complications.

Though many doctors and other medical officials do not have a good understanding of the Hepatitis C virus, the victims themselves are often acutely aware of their failing health long before the true culprit is officially diagnosed. One member of our group went to the doctor for ten years complaining of severe energy loss. She was misdiagnosed and given medication that may actually have aggravated the effects of the virus. Another member's wife complained about debilitating symptoms to her doctor for years and was told that it was 'in her head' and 'due to her change of life'. Five years later, she died of esophageal bleeding.

The general population must be alerted to the dangers of this deadly virus. Although a well-publicized and fortunate minority will not show any symptoms, the majority afflicted will become chronic. This larger group of infected individuals, estimated at between 70 and 90 per cent, will experience a very noticeable decline in the ability to participate in even ordinary activities of daily life. NBC reports label Hepatitis C the "Stealth Disease"; it often comes on without warning, but pay attention to it, because it is affecting millions and killing thousands". Lives are devastated and careers ended. Many become unable to work or function normally in any way. Recent Capital Region District (CRD) figures show that 1800 are presently infected in Victoria, 6000 estimated in B.C. and 300,000 - 500,000 in Canada.

Statements made through the media by a number of people in the medical profession tend to minimize the virulence of this disease and even imply that it may be curable. There is only treatment. Unfortunately, this treatment has many unpleasant side effects. Only ten to twenty-five per cent experience a sustained biochemical remission, usually lasting no more than six months after the treatment is discontinued. On the other hand, if left untreated, Hep C can lead to cirrhosis,

liver failure and possibly liver cancer.

## VICTORIA UPDATE:

On May 3rd, members of the Victoria Chapter will be gathering at Hillside Mall, Mayfair Mall and Broadmead Village, seeking donations for the Victoria Chapter of the Hepatitis C Society of Canada to help fund its role as a support agency and advocate for those inflicted with the virus. Every person making such a donation, no matter how small, will receive a red and yellow ribbon, symbolizing the plight of its sufferers.

*By DB*

**Victoria Chapter HeCSC acknowledges the personal donations, donations in kind, memorial donations, discounts, and donations of services from: Monk Office Supply and CFAx 1070 Radio.**

## VANCOUVER CHAPTER UPDATES:

The Vancouver Chapter has been busy this last month. We have formed an Executive Steering Committee with Herb Moeller, Audrey Ostaf, Greg Calcutta and Darlene Morrow. Interested in joining? Call Herb at 241-7944. We meet on the first Thursday of the month. At the April meeting Herb Moeller was nominated as Chair of the HeCS- Vancouver and Darlene Morrow as co-chair. We also put together the mission statement for the chapter which includes the following:

1. Increase public awareness through education.
2. Reach more people with Hepatitis C.
3. Fund Raising

We satisfied number one this month by attending the silent vigil that was held in Victoria on March 26. Kudos to Victoria!! We met with the Health Minister and followed this up with letters reminding her of the government's commitments to us that day.

In an effort to meet number 2 we have done the following:

--placed ads in both the *Vancouver Sun* and *The Province* advertising the monthly meetings.

I have created a website, HepC BC, on the internet that publishes both the newsletter and the times of the monthly meetings. This site also includes many resources for people with HCV and can be seen at

<http://www.geocities.com/HotSprings/5670/>

--made up flyers/posters to put in doctor's offices, community centers, and on any other bulletin boards. We'd like your help with this. Material will be available at the monthly meeting. HeCSC pamphlets -to be distributed to Public Health Clinics and Doctor's offices. We'd like your help with this. Material will be available at the monthly meeting.

We would like to invite our members to get more active in our cause. I personally feel much less like a victim when I am proactive. We would like to form two member committees for fund raising, managing a small library and resources. Help us help you. Call Herb at 241-7766.

### **Got the Interferon Blues?**

Come and see Dr. T. Ehmann speak at our May meeting. Dr. Ehmann is a clinical psychologist, counseling patients suffering from depression.

## FROM THE OKANAGAN

Dear Members,

I am really excited that after 15 months of letter writing and perseverance, last Friday the B.C. Hepatitis Foundation finally received charitable status designation by Revenue Canada. This means we in B.C. can fundraise, apply for lottery licenses, and bingos and give out tax deductible receipts for all donations. Due to high bills which we could no longer afford, we had to cancel our toll free number, but if income improves we may be able to set up a new one. This is very exciting news.

I am also going to be in Castlegar to oversee the first hepatitis C information evening for the area. It will hopefully get enough members to become a chapter in the near future.

The HeCSC next board meeting will be coming up on May 31, 1997 in Toronto. A lot of very valuable information should be shared with the group.

Jo-Ann Manser of Ottawa and I are off to Tyson's Corner, Virginia on June 27th and 28th, 1997 - to attend a Chronic Viral Hepatitis: Emerging Issues and Research Directions symposium.

It should be very interesting, and we are very excited about attending all of the workshops and bringing back as much information to everyone as possible.

I am really sorry to see Lisa gone from HeCSC. I for one will really miss her English (and French) rendition when I call.

Take care... Love, Leslie