



hepc.bull

BC's Hepatitis C News Bulletin

"Promoting HCV Wellness"

June 1999

Issue No. 13

SPARE TIRE?

by Joan King-Diemecke

So you need another reason to lose those extra pounds, do you? Well, I may have just the information to motivate you.

An article appeared in last month's issue of *Hepatology*, called "Fibrosis in Chronic Hepatitis C Correlates Significantly With Body Mass Index and Steatosis," by Luke F. Hourigan et al., of the University of Queensland in Australia.

The article says that steatosis, or fatty liver, is common among those of us battling "The Dragon," but that its role in the progression of the disease has not been decided. The authors studied 148 untreated Hep C sufferers, measured their body mass, checked them for diabetes, asked them about their use of alcohol, measured the iron in their livers, and did PCR tests to determine their viral load. Sixty one percent of the patients had fatty livers. The investigators, taking into account those factors, found "a highly significant relationship...between steatosis and body mass index." Fibrosis seemed to correlate to the age of the patients, as well as to fatty deposits. The authors concluded, "These findings suggest that increasing body mass index has a role in the pathogenesis of steatosis in chronic hepatitis C and that **steatosis may contribute to fibrosis.**"

In another article in the same issue, Arthur J. McCullough, M.D. agrees with the findings, and states, "Although sustained weight loss may be difficult to achieve, **weight loss decreases both hepatic steatosis and visceral fat** and, therefore, should be vigorously pursued. It should be emphasized that **rapid weight loss may actually worsen liver injury**, so gradual weight loss should be the goal."

Hepatology, April 1999, p. 1215-1219, Vol. 29, No. 4

The Myth about MTH-68/b

Or

Why did the Chicken Cross the Road?
(to catch another virus)

Several people have written me privately wanting to know my opinion about MTH. So rather than do this over and over individually, I am hoping this short article will suffice.

Recently there has been quite a stir over MTH-68/b, a "vaccine" made from a chicken virus in Hungary, by a Dr. Csatory. This "vaccine" is supposed to work against cancers, and Hep B & C. I am very concerned about people getting their hopes up over nothing with this stuff.

This story also made the rounds last year about this same time. After a while it was labeled a hoax. While I'm not convinced it is/was a complete hoax, it may turn out to be... or maybe not. It's just much too early to tell.

What I CAN tell is that the studies and reports are extremely misleading. All this has been done outside the USA, in Hungary. Not even early trials have been approved or scheduled in the USA.

My primary concern with what I've seen published so far is the very poor use of key terms, such as "remission," "relapse" and so on, WITH-OUT any definition of terms. This is both misleading and dangerous.

Also, and perhaps even more misleading, is that the study clearly talks about ACUTE hepatitis B & C, but the reports on the study just say "hepatitis C," implying there is no difference! There is a HUGE difference between "acute" and "chronic" Hep C, and the effectiveness of any therapy for these disease states. Chronic hepatitis is much harder to treat, while about 15-20% of acute cases resolve spontaneously with no treatment at all, and never progress to "chronic."

How many persons who have hepatitis C were ever diagnosed as "ACUTE"? It's uncommon to see it happen under circumstances of a reliable diagnosis. It is often found along with hep B, which is much more severe in its acute stages.

Additionally, CHRONIC hepatitis C varies widely in its response to treatment—age, viral genotype, length of infection, viral load, degree of fibrosis or cirrhosis and other complications. This "paper" deals with none of these factors, and lacks credible controls of many variables.

[\(Continued on page 6\)](#)

AT-HOME HEP C TEST

by Joan King-Diemecke

The US government has approved a home test for hepatitis C. There are, as we know, a few drugs to treat hepatitis C, so doctors have begun to campaign for all people at risk to be tested. The Food and Drug Administration approved Home Access Health Inc.'s "Hepatitis C Check" in May, so people may choose to have an anonymous, at-home test, rather than go to a clinic. A special lancet is used to prick a finger. A few drops of blood are placed on special paper and mailed to Home Access Health's laboratories. The lab returns the results within four to ten business days, and the company offers counseling and referrals to physicians. The test can tell whether or not a person has ever been infected with hepatitis C, but it can't tell if the virus is actually present or active. About 15% of people who are infected can spontaneously clear the virus. People who test positive with the at-home tests should see a doctor to find out if the virus is actually present. The at-home test will be available in the US in June, and is expected to cost under \$70, Home Access said. It doesn't require a prescription.

ORGAN DONATION PAMPHLETS

We are enclosing pamphlets about organ donation, in hopes that your family members will consider filling them out. The rules for signing up have changed, and the sticker on the back of peoples' drivers' licenses is no longer sufficient. Please take the time to give the pamphlet to someone you love, and order more if you can. By doing so, you may save lives—perhaps yours or mine.

"... in HCV carriers, alcohol consumption, even with low alcohol intake, increases viremia and hepatic fibrosis. Chronic HCV carriers should be advised to avoid regular alcohol intake."

Françoise Degos, M.D., Ph.D., Hôpital Beaujon, Clichy, France

DONATION FORM

Please fill out & include a cheque made out to
HeCSC - Victoria Chapter. Send to:

**Hepatitis C Society of Canada
Victoria Chapter
926 View St.
Victoria, BC V8V 3L5**

Name: _____

Address: _____

City: _____ Prov. ____ PC _____

Home (____) _____ Work (____) _____

One Year Subscription: Donation \$10.00

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

I am applying for a grant." _____

"I would like to make a donation so that others may receive the newsletter without charge" _____

(A limited number of newsletters will be available free of charge at group meetings, as well.)

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

SUBMISSIONS: The deadline for any contributions to the hepc.bull is the 15th of each month. Please contact: **Joan King-Diemecke at (250) 388-4311**, joan_king@bc.sympatico.ca, **Darlene Morrow at 1203 Plateau Drive, N. Vancouver, BC, V7P 2J3**, hepcbc@home.com or **C.D. Mazoff at squeueky@pacificcoast.net**

The editors reserve the right to edit and cut articles in the interest of space.

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

Newsletter Ads:

\$20 for business card size ad, per issue.

There will be a maximum of 4 ads in each issue, and the ads will be published if space allows. Payments will be refunded if the ad is not published. Ads are also posted to the Web.

Hepatitis C: An Alternative Look

Hepatitis C Society of Canada
5th Annual Conference

Saturday, May 29, 1999, 8:30 AM-6:00 PM
Carlton Room, Days Inn Toronto Downtown
30 Carlton St., Toronto

Registration fee: Members \$20.00

Non-members \$35.00
(includes lunch)

Contact: 1-800-652-4372 or (416) 979-5855

COMING UP IN BC:

Castlegar/Grand Forks/Trail Contact: Robin, 365-6137

Chilliwack Contact: David, 792-3467

Comox Valley Liver Disease Support Group
Meetings: Third Tuesday of each month, 7 PM, downstairs, Island Health Unit building. NEXT MEETING: June 15th. Contact: Ingrid or Nicky, 335-1711 or Jeanne Russell ebus96@island.net

Cowichan Valley Hepatitis C Support Services is in desperate need of a meeting place. Contact: Debbie, 748-5450, dduncan@olink.net, or Leah, 748-3432, r_attig@bc.sympatico.ca

Enderby HepCURE Meetings: Last Sunday of each month 2-4 PM, for High Tea, The Raven Gallery, 701 George St. NEXT MEETING: June 27th. Contact: Marjorie, 558-7488. www.junction.net/hepcure/index.html

Kelowna HeCSC Meetings: Last Saturday of each month, 1-3 PM, Rose Avenue Education Room in Kelowna General Hospital. NEXT MEETING: June 26th. Contact: Michael, 860-8178 or eriseley@bcinternet.com

Kootenay Boundary Meetings: NEXT MEETING: May 27th, 7 PM, 1159 Pine Ave. Trail, above the Lordco Auto Parts store. Contact: Pat, 364-1555, or Brian, 368-1141.

Nanaimo HeCSC Meetings: Second Thursday of each month, 7 PM, Health Unit-Central Vancouver Island, 1665 Grant St. NEXT MEETING: June 10th. Contact: Helen, 245-8759.

New Westminster Support Group Meetings: Second Monday of each month, 7:00-8:30 PM, First Nation's Urban Community Society, Suite 301-668 Carnarvon Street, New Westminster. NEXT MEETING: June 14th. Contact Dianne Morrisette, 525-3790.

Parksville/Qualicum 1-291 East Island Hwy, Parksville. Open daily from 9AM to 4 PM, M-F. Contact: (250) 248-5551. dbamford@island.net

Penticton HeCSC Meetings: Second Wednesday of

each month, 7-9 PM, Penticton Health Unit, Board rooms. NEXT MEETING: June 9th. Contact: Leslie, 490-9054, bchepec@bc.sympatico.ca

Prince Rupert Contact: April, 627-7083.

Princeton Meetings: Second Saturday of each Month, 2 PM, Health Unit, 47 Harold St. NEXT MEETING: June 12th. Contact: Brad, 295-6510.

Quesnel Contact: Elaine, 992-3640.

Richmond Meetings: Fourth Tuesday of each month, 7 to 9 PM, Westminster Health Unit, 7000 Westminster Hwy, Main Floor, Room 3. NEXT MEETING: June 22nd. Contact: Carmel at Richmond Health Unit, 279-4069.

Sunshine Coast Meetings: First Thursday of each month, 7:30 PM, Coast Garibaldi Health Unit in Gibsons. NEXT MEETING: June 3rd. Contact: Karen, 885-6413. karen_felske@sunshine.net

Vancouver CLF Meetings: Second Thursday of each month, 7:30 PM, Nurses' Residence of VGH (12th and Heather). Signs will direct you. NEXT MEETING: June 10th. Contact: the CLF, 681-4588 or Darlene N, 685-3813 or email djnicol@ibm.net or hepcbc@canada.com

Vernon HepCURE Meetings: 1st Tuesday 12-2 PM and 3rd Tuesday of each month, 6-8 PM, the People Place, 3402-27th Ave. NEXT MEETINGS: June 1st and June 15th. Contact: Marjorie, 558-7488. www.junction.net/hepcure/index.html

Vernon HEPLIFE Meetings: 2nd and 4th Wednesday of each month, 10 AM-1 PM, The People Place, 3402-27th Ave. NEXT MEETINGS: June 9th and June 23rd. Contact: Sharon, 542-3092. sgrant@attcanada.net

Victoria HeCSC Meetings: Last Wednesday of each month, 1-3 PM and at 7-9 PM, Steve Orcherton's Office, 2736 Quadra (at Hillside) NEXT MEETING: June 30th. Contact: 388-4311. hepcvic@pacificcoast.net

White Rock Support Group: Meeting Room #2, Peace Arch Hospital. Contact Lisa Peterson at 538-8704.

REPRINTS

Past articles are available at a low cost. For a list of articles and prices, write to the hepc.bull, via Darlene Morrow at 1203 Plateau Drive, N. Vancouver, BC, V7P 2J3, hepcbc@iforward.com

THANKS!!

Victoria Chapter HeCSC acknowledges the personal donations, donations in kind and memorial donations received to date, and the following for discounts, donations of services, or equipment: JJ Camp, David Klein, Bruce Lemer, David Anderson, Steve Orcherton, Barbara McVagh, United Commercial Travelers, PECSF, CFA 1070 Radio, Pacific Coast Net, Island Internet, Inc., Microsoft of Canada, Jim Pattison Group, Paradon Computers, and CompuSmart. We also wish to acknowledge an anonymous agency which has generously supplied us with government surplus computer equipment, London Life, Uncle Dave and some wonderful anonymous donors.

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<http://www.pacificcoast.net/~hepcvic/hepcvic-1.htm>

hepcan@egroups.com

Reminder: Any change of address, phone number or postal code, please let your phone contact (in Victoria) or your chapter secretary know ASAP

HeCSC Victoria Tel. (250) 388-4311

hepcvic@pacificcoast.net



SQUEEKY'S CORNER

I do wonder what people in government are up to—this includes health ministries, both federal and provincial, and those in their employ, the doctors and nurses who are supposed to protect the public interest.

The general impression out there seems to be that once compensation is paid out, Hep C is a closed deal. According to the CBS, the blood supply has been clean since 1990, although I have met many post-1990 transfused victims; according to Dr. Heathcote at a recent conference, which Joan, Darlene and I attended, there is a cure—although when I asked her to send some of these cured people to our meetings so we could meet them, she balked, didn't explain satisfactorily her definition of a cure, and changed the subject; according to many local GP's, the disease is only a minor affliction, and anyone who gets it now or in the future is a drug user—and who can believe them? So most GP's aren't too keen about helping you fill out disability forms. In short, the general attitude toward those with hepatitis C seems to be, "Quit wasting my time. I have better things to do."

Well, I for one put all of this down to a rare disease called "golf ball in the head-itis," for how else can I explain this inability to comprehend the latest studies in hepatology.

Here are two from the *American Journal of Gastroenterology* 1999 May;94(5). One, "A case-control study of risk factors for sporadic hepatitis C virus infection in the southwestern United States" (1341-6), concludes that "A history of sexually transmitted disease, heavy alcohol intake, the presence of tattoos, and a history of needlestick exposure were identified as risk factors for sporadic hepatitis C in this

case-control study. If we include all patients with a history of blood transfusion or injection drug use, only 2% of the total 477 HCV patients had no identified risk factors."

The second study, "Musculoskeletal pain and fatigue are associated with chronic hepatitis C: a report of 239 hepatology clinic patients" (1355-60), concludes that "Musculoskeletal pain and fatigue are frequent in hepatology clinic attendees, particularly those with hepatitis C and are unrelated to severity of liver disease, route of infection, or interferon therapy."

Couple these studies with the recent *Quality of Life Survey* by Drs Hogg, Schechter et al., and you would think that there would be a massive initiative on the epidemiological front, but there isn't. Mr. Rock's promise of "Care not Cash" has not yet materialised, and more and more Canadians are suffering financial hardship as a result of this progressively disabling disease and our governments' uncaring response.

While massive amounts of monies are being injected into corporate bailouts and foreign aid, little to none is redirected into research for HCV. Most cities in Canada are without proper liver clinics, and there are no national or provincial strategies in place for dealing with the growing hepatitis C crisis.

Thus, while studies such as those cited above point toward the need for community caution, they are just the tip of the iceberg. Other obvious risk factors are still not being investigated—visits to the dentist, the risk of a haircut, and who knows what else. Of course to question these other areas for contagion would probably alienate most of the golf partners—and, frankly, who wants to play alone?

Life is such a beach!

HEP C QUILTS SIDE BY SIDE AT LAST!!

We are expecting to have the privilege of the presence of both the Canadian and the US Hepatitis C Quilts at our HepFest in July. The Canadian quilt was put together originally by Leslie Gibbenhuck and is being shipped by HeCSC, head office. The American quilt has been assembled by Marie Stern, and its travel expenses are sponsored by Schering.

This will be an historical event. We hope that all of you will make squares to send back with the quilts.

Quilt squares need to be exactly 12" x 12". This includes the margins. Use red or yellow cotton cloth, but if you want to use a different material, that's okay too. It's just easier to sew on the cotton, and cheaper for everyone, too. Be creative and do what you want for your square. It makes it more personal this way. If you have absolutely no creativity then you can do your hand in the opposing colour. Write your name, date of possible inception and anything else you would like to write. You are welcome and encouraged to submit a square for each quilt.

If you would like to host a quilt-square making bee, or attend one, call 388-4311 and sign up. We have a few samples and some paint.

"...alcohol misuse may enhance the replication of HCV."

M. Sawada, Kanazawa Medical University, Japan.

First Annual North West HepFest Victoria, BC July 16-18th

- **A Fun Run.** This year marks the second "Run for Life," a 5 km walk, jog, run event to be held at Lochside Park (Saanich) on July 18th at 9am.
- **A Raffle.** We hope to raise funds to continue the work here in Victoria—the *hepc.bull*, our pamphlet series, the FAQs, etc. Some of the items we hope to raffle off are: a car, computer equipment, and anything you might want to bring along—and no, Joan, squeaky is not up for grabs.
- **Speakers.** We shall be having a **Transplant Forum**, on the morning of the 17th with Ed Conroy, and Uncle Dave and the Prankster from down South, and an explanation of the recent *Quality of Life Survey* by Dr. Bob Hogg of St Paul's of Vancouver in the afternoon. We have also invited Leslie Gibbenhuck and her son Jarad, who will be having his birthday at the same time, and Steve Graham from the HEP project in Seattle. We hope as well to have some politicians, and maybe we will have a Rally at the Provincial Legislature.
- **Music, Food & Fun.** Bring your instruments, bring your friends and bring some food.

The Hepatitis Strategy for BC, Part II

Report by Darlene Morrow

This is the continuation of an article which appeared in last month's hepc.bull

Obstacles • The Players

The patient and community, the Ministry of Health both acute and prevention, St Paul's HIV, VHHSC (Vancouver Hospital Health Sciences Center), V/RHB (Vancouver/ Richmond Health Board), CHS, BCCDC (BC Center for Disease Control) Surveillance, CBS (Canadian Blood Supply), Pharmacare, Federal Surveillance, St. Paul's Lab, UBC Teaching, BCCDC Lab, Viridae, PHO, Other Regional Boards

Service Delivery Models

-vertical - integration (centralized or provincial coordination-what and why)
-horizontal - regional

Operational Models Will Include:

-government
-hospitals
-communities
-etc.

INSTITUTES - PHYSICAL BUILDINGS

Advantages Disadvantages

-critical mass -loss of autonomy
-shared expertise -bureaucracy
-pooled resources -assignment of credit
-intellectual stimulation -development of individual reputations
-multi disciplinary
-institutional -exclusion of non groups

Virtual Networks

-do not need mortar and bricks
-use existing expertise and infrastructure
-develop and evolve

We can use the flow of information to map the network. We must have a mandate and resources for a virtual network. This includes an executive which must involve the community and control and manage information. The next steps are funded by the Vancouver Richmond Health Board. We need interim guidelines and an interim executive to assess existing resources and submit a comprehensive proposal.

Project success or failure depends upon:

-senior leaders must launch and delegate
-project champion must be committed, understood and be trusted
-there must be tension for change
-solution development is external
-project has to be properly explored at all levels
-funding
-there must be flexibility in the technology as well as flexibility politically
-small pilots can collect honest reactions from people.

5 Steps

1. Brokered, lead and supported
2. Proposal-coalition of what we have and where we want to go
3. Network-balance, coordination and autonomy
4. The process should be information flow based

(people, database linkages and innovative)
-communication is of the utmost importance
-clinical care-phase-registry to full electronic record
-surveillance
5. Interim guidelines are critical-showcased the process.

The overall message here is that we, as members of the hepatitis C community, must get involved. We must write letters to the politicians, and lobby governments to provide funding for these initiatives to occur. We are the driving force and as such we must be organized and speak with clear voice. Get involved NOW. The executive committee is already looking for community members to sit on various working groups. Please give us your name and number. WE need representation on all levels. If we do not meet this criteria, we cannot complain about the finished result. You can contact me at (604) 987-7378 or by email at hepcbc@home.com

" There is a correlation between HCV RNA levels and amount of alcohol consumed."

E.R. Schiff, Magazine: Hepatitis Weekly: June 23, 1997

RECIPES, PLEASE

Want to be in print?

We are trying to compile a cook book of quick, easy, low fat, nutritional recipes, preferably original, to raise funds for the Victoria chapter. Please submit your recipes, and your brief story, if you'd like, to Joan at (250) 595-3882.

Victoria Members:

Not getting phone messages each month?
We may not have your correct phone number on our database. Please call us at 388-4311, and leave your name and number.



Barbara McVagh
Suite 380, 3795 Carey Road
Victoria, BC V8Z 6T8
Tel (250) 475-1100

Freedom 55
The freedom to choose.
The power to get there.

Think You Can't Afford Rebetrone?

C.A.R.E., The Canadian Advisory Reimbursement Exchange is the reimbursement assistance number for patients who were prescribed Rebetrone. There is a very easy to read booklet available. The new dedicated line is 1-800-603-2754 extension 2121. The people at C.A.R.E. are fully bilingual and available from 10:00 AM to 6:00 PM Monday to Friday Eastern Standard Time. After hours, patients can leave their name and number, and a medical professional will call them back the next day.

Everything is always confidential!

Concerns like these will be answered:

- I don't know who is supposed to pay for my REBETRON
- I don't think I have coverage
- I have no coverage and I can't afford to pay for it myself
- I have insurance but I can't afford my co-pay or deductible
- I have insurance but they won't pay for REBETRON
- My government plan is too complicated for me to understand
- My government plan only pays for a portion of my REBETRON and I can't afford the rest
- They tell me that my REBETRON is not covered, what do I do now?

Visit HepNet at <http://www.hepnet.com>

Peter Caveny

Another of our soldiers has fallen. Peter Caveny, 51, passed away on February 12 in Kitchener, after a long battle with hepatitis C which he probably contracted from blood received in the 70s and 80s. His wife, Carolyn, who runs the local support group, continues the fight for him. She and a number of siblings, nieces and nephews survive him. Memorial donations to HeCSC-Kitchener or to the Blessed Sacrament Roman Catholic Church would be appreciated as expressions of sympathy.

**\$\$ IF YOU LIKE THIS
BULLETIN PLEASE
HELP US.
WE CANNOT CONTINUE
WITHOUT YOUR
SUPPORT \$\$**



Photo by Bob Edwards

RALLY

By Ron Thiel

It was a bright sunny day today, but there was a cold wind blowing across the front of the Legislature. Perhaps this is nature's way of counteracting all the hot air inside. We started arriving at 11 a.m. and ran into our first problem. Security wouldn't co-operate because we "hadn't gone through the protocol office." I explained that I went in person last week and filled out the necessary form, which I was told they didn't have in their office. After a number of phone calls, we got things straightened out. We had faxed the media last week and I called them all this morning to remind them, but the television people didn't show up, which was a pity, as we had a skit that was ideal for TV. There were a couple of photographers there, and a reporter from the *Times-Colonist*. Maybe Canadian Press will have something on the wire.

We had a mock-up coffin with one of our members laying inside, grasping a copy of the Canadian Bill of Rights. The Reaper, with his signs TAINTED BLOOD—THE GRIM REAPER CALLS and BON JOUR I'M COLLECTING FOR THE LIBERALS hanging round his neck, stood behind the coffin, and in his best French accent said, "We must consider the pain and suffering of the people of Kosovo, we must consider the civil rights of the people of China and we must consider the civil rights of the people of Cuba," at which point the "corpse" sat up and waved her copy of the Canadian Bill of Rights and said, "What about my pain and suffering? What about my civil rights?" to which The Reaper replied, "Shaddup. You're just a Canadian!" and pushed the "corpse" back down in the coffin.

After this there was condemnation of the blood brokers and their bloody trade—that they were nothing more than an international Mafia, making their profits on the backs of their suffering victims. Particular emphasis was given to Continental Pharma Cryosan and their terrible record. Also condemned were government regulators who failed in their sacred duty towards their fellow human beings. Following this, a one-minute silence was held in memory of all the victims of these criminals, worldwide.

Two members of the N.D.P. government

spoke to us: Steve Orchardton and Ed Conroy, who himself is a victim of Hep C, and has had two liver transplants. There seems to be a slight softening of the attitude of the BC government. Murray Coell, the M.L.A. for Saanich and the Islands, said a few words. I noticed that he was wearing one of our ribbons.

We had just about finished when the wind got up and it started to shower—not a bad rally, except for the absence of much of the media, but then this is Victoria, remember. This is the city where the reporters think that a scoop is something to pick up doggie doo with!

About 35 people showed up for the Rally and I would like to thank them all for their support. Special thanks to Darlene Morrow for traveling over from Vancouver, and to those members who drove down from Nanaimo to support us. We should however be able to get more than 35 people out, given the size of our membership—and considering that squeeky wasn't there. We are never going to win this struggle if more people aren't prepared to stand up and be counted!



USHA RALLY IN OLYMPIA WASHINGTON

Lama Kunga Palmo at the podium, "Uncle" Dave on the right, and squeeky taking the photo—no not the one in the picture—ninny!

"Total lifetime alcohol consumption is a risk factor for the progression of liver disease caused by HCV."

Dr. Paul Desmond, St. Vincent's Hospital, Australia.

NEW HEPATITIS HANDBOOK

The new, revised edition, *Hepatitis Handbook* by Mathew Dolan has now been published in the USA - it covers a wide range of topics and is very informative on the subject of Hep C. It can be ordered by calling 1-800-337-2665, or through book shops. The American ISBN is: 1-55643-313-1.



SISTER HCV Rally on Capitol Steps

A nation-wide rally for more awareness and research on the hepatitis C virus was held on the steps of 22 United States capitols and one Canadian provincial capitol on Monday, May 3, 1999. This effort was organised by the United States Hepatitis Alliance.

Here in Washington State, the rally was organised by Lama Kunga Palmo who also does work for the Seattle based Hepatitis Education Project.

The marchers gathered on an unusual sunny, warm morning at Sylvester Park in Olympia, Washington, at 9:30 AM. A much welcomed TV crew from KING News was on hand to film and interview participants. At 10:15 the rally crowd of about 60 people with their signs marched, tottered and staggered the six or so blocks to the Capitol steps where informational materials on HCV and treatment were set out on tables. Protesters who could not walk were able to park in front of the steps and join us. Washington State generously provided a podium and amplification system for rally speakers.

The first speaker was Dr. Russel Alexander, an expert in the field of epidemiology, a member of the board of HEP and former director of the King County Public Health Department, who spoke to us about the Silent Epidemic.

Next was our brother HCV fighter from the Victoria Chapter of the Hepatitis C Society of Canada, David Mazoff (*squeeky*), who gave us an overview of the progress of the proposed look-back and compensation program in Canada. David also informed us that a sympathy rally by our Canadian brothers and sisters was being held on the steps of the British Columbia Legislature in Victoria.

Dr. William Wulsin spoke to us about alternative approaches in conjunction with traditional treatment of HCV. Transfusion free surgery to avoid transmission of disease by transfusion was the topic of Linda Howard, RN, and David Lang talked about the difficulty of obtaining SSDI for those disabled by HCV. Chaplain Terry White spoke about the astoundingly high prevalence of HCV infection among prisoners and the need for outreach. Concluding the event was Steve Graham, president of the Hepatitis Education Project, who spoke about outreach and support group networking. All speakers were available for questioning until 12:00 noon, when the rally disbanded just in time for a big black cloud to blow in and rain started.

Governor Gary Locke, Attorney General Christine Gregoire, and Representatives Barlean, Benson, Ruderman, Schmidt, Edmonds, Radcliff, Delvin, Haigh and Ogden answered the plea for support from USHA for this event. USHA plans to have another rally next year, so if you missed this one, be sure to mark your calendars!

Best regards

"Uncle" Dave Lang dave77@emeraldnet.net



CUPID'S CORNER

This column is a response to requests for a personal classified section in our news bulletin. Here is how it works:

To place an ad: Write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send cheques payable to **HeCSC Victoria Chapter**, and mail to **HeCSC, Attn. Squeaky, 926 View St., Victoria, BC V8V 3L5**. Give us your name, tel. no., 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 HeCSC cannot be held responsible for any interaction between parties brought about by this column.

Ad No. 10

Respectful, respectable man (49) but looks younger who is very active and loves life. I'm 6' tall, 210 lbs. and considered nice looking, emotionally and financially secure and non-symptomatic. I won't let Hep C rule my life and am looking for a positive female to share a long-term happy life together. Vancouver area.

Ad No. 11

Would like very much to begin a new friendship via letters, or in person, with an HCV positive man. I am an upbeat, kind-hearted, enthusiastic female, late 40's who delights in seaside walks and derives great pleasure in nature's endless array of offerings! A good sense of humour a definite plus. BC please.

Ad No. 12

Male, artist, musician, age 48, Hep-C pos., seeking woman who is open to the future and believes it still holds the seeds of mystery. Preference given to fringe dwellers and musicians. Working with kids has been my chosen profession. I'm great with kids, but poison to the parental ego.

(THE MYTH—Continued from page 1)

Finally, although I could point out several other concerns, this work has yet to be accorded any credibility in the USA or the more advanced European nations. Csatory's organization is on a fishing expedition for money. They are looking for funding, grants, research money, etc. I hope they get it if it proves worthy.

Even if the work should prove to be something worthy of pursuit, it would be many years for it to gain even phase 1 or 2 trial status, not to mention the critical phase 3 studies which must be conducted in the USA.

What this appears to be is much ado about nothing. If this chicken-virus anti-viral vaccine is going to have any impact for us, it will be at least 5 or 10 years down the road, that is, unless one wishes to travel to Hungary and ask to be put in a study.

I'd be very cautious about getting hopes too high or rushing out to invest in this sketchy and questionable "research."

Sorry, if I stepped on anyone's toes, but I have to call them as I see them, and that's the view from here. ☺

*Jere Hough, S. Florida jlhough@prodigy.net
Mr. Hough is an HCV-disabled, retired teacher and businessman, and is an HCV patient advocate and activist. His wife Polly teaches critical care nurses.*

MAY: MAKE IT HEPATITIS MONTH!! SUPPORT BILL C-508

Shortly after finding out I had hepatitis B and C, I heard about May being International Hepatitis Awareness Month. It seemed like a good idea and an easy one to bring about—simply talk with the Federal Health Minister. I was wrong.

I raised the issue at a meeting we had with Mr. Dingwall, and followed up with letters, only to be told a national organisation had to request it, in order for it to be done.

Before I could get into a debate on it, Dave was unemployed and Rock was Health Minister. In one of his letters to me, he said that it had to be a private member's bill. So I got nowhere there.

Finally I met with Peter Stoffer, our NDP MP. On May 5 Peter introduced Bill C-508 calling for the official and permanent recognition of May as Hepatitis Awareness Month. The response from the members of HeCSC and the HepCAN web as well as my own mailout list was fantastic.

MP's were contacted and came forth to offer their signatures, and by the time this is published, I hope to see the bill back through committee and into the House, awaiting debate. Once it is back in House, I will check to see what, if anything, we can do to speed it up and will advise you.

Thanks to everyone who wrote, faxed, called or e-mailed his/her MP in this matter, and a public thank you to Peter Stoffer, NDP MP from Halifax, Sackville.

*Bruce Devenne
Hepatitis Nova Scotia
bdevenne@sprint.ca*

SURGICAL WAIT LIST

Every year in BC, more than 400,000 hospital-based surgeries and treatments are performed, ensuring most patients get the care they need within a reasonable time frame. But for some people, the waits are too long.

The Ministry of Health recognises the impact wait times can have on the lives of patients and families. By increasing funding and improving access to wait list information, the Ministry is taking action on Wait Lists and has made reducing wait lists and improving health care a priority.

This web site provides information to help you understand wait times and to help you explore options to receive surgery in a more timely way. Before you consider any changes to your treatment, it is important you discuss any information you get from this web site with your family doctor or your specialist.

This web site explains wait lists and allows you to get data on wait times by surgical category, by hospital, and by physician. As more hospitals participate in the Surgical Wait List Registry, more information will be available.

To find information about wait times for your surgery or your area, please visit

Phone 1(800) 465-4911
<http://www.hlth.gov.bc.ca/waitlist/>

"... alcohol abuse and chronic HCV infection are independent risk factors for developing cirrhosis. These two risk factors together greatly compound the odds of developing cirrhosis, especially at high levels of alcohol use."

Howard J. Worman, M. D., Columbia University

CONGRATULATIONS DARLENE



May 16, 1999. Great News: Liver biopsy of August 97 showed a Grade 3 Stage 3 - chronic active hepatitis conclusion with a "vague impression of nodularity although no definite cirrhosis - portal tracts are greatly enlarged by fibrosis with portal-portal and portal-central fibrous bridging." I was put on a one year regime of Intron A as the specialist said it was very important to try and stop the fibrous bridging. Biopsy of April 30, 1999 shows a marked decrease in the piecemeal necrosis and the fibrosis appears to be arrested at this time - conclusion of pathologist was to downgrade me to a Grade 1 Stage 2. This was very good news and I am so happy to be able to share it with you. Stay well. Darlene Nicolaas

- Any questions - you can e-mail me at djnicol@ibm.net

JOEY'S SPEECH

April 28, 1999 on the steps of
Parliament in Ottawa

For those of you who don't remember, Joey Haché is the 16 year old boy with hepatitis C who biked across the country last summer.

Today is April 28, 1999—one year later, and I have some questions for the government: Has compensation been paid for 86-90? NO! Mr Rock has said, "Care, not cash," for the victims outside 86-90. Is there more care? NO! Have programs been set up? NO! What has the RCMP found out? What happened to my petition? I've got 5,000 more signatures! Have victims been forgotten? Well, the Federal Liberals have forgotten you. But I want victims across Canada to know that not everyone has forgotten them. Fellow victims haven't. Opposition members haven't.

Premier Mike Harris of Ontario has shown the leadership that PM Chrétien has failed to do. Days after the vote here in Ottawa, he said that he would do the right thing and compensate all victims of tainted blood. So, recently, has Premier Bouchard of Quebec.

Thousands of Canadians were poisoned. They were poisoned through no fault of their own. Canadians like me, a kid. Canadians who are mothers, fathers, sons, daughters, neighbors ... Canadians. Who was at fault? Who made the decisions that allowed us to be poisoned? We'll probably never know. People lie. Documents were shredded. And a lot of politicians don't care. Well, I care. Yes, I'm eligible for the compensation package. But thousands are not! Is that fair? I don't think so. They were poisoned. As Toronto Mayor Mel Lastman said: "I went into the hospital and came out sicker. I trusted the system." So did thousands of others. Who did we trust? The people who were elected to look after the system. Was there negligence? I think so. So do the thousands of others that were poisoned! Do the politicians care? Some do.

Every opposition party in the House of Commons bonded that day. They were unified in their belief that Canadians should be treated equally. There were no two-tier victims with them. There were victims—period. They were doing what they sworn to do. They were doing their job ... and they cared! But, as was shown one year ago today, the majority of politicians do not! They turned their backs on fellow Canadians, fellow Canadians who were poisoned, fellow Canadians who trusted in the system. There was negligence that caused me and thousands of other Canadians to become poisoned.

I told Prime Minister Chrétien and Health Minister Rock that I would be their conscience until they did the right thing and compensated all Canadians who contracted Hep C through tainted blood. Well, one year has gone by. I'm starting to think that they don't have a conscience. Maybe they are not capable of doing the right thing. One year ago today, the Liberal Government turned its back on Canadian victims, and Health Minister Rock said the file was closed. Well it's not. One

year ago, 19% of victims were eligible for compensation. Today, thanks to Ontario and Quebec, almost 60% of tainted blood victims will get some sort of compensation.

But there is hope! I have a letter from Premier Theriault of New Brunswick, dated January 5, 1999, that states: "We will continue our efforts to find the most appropriate response." I also have a letter from Premier Binns of P.E.I., dated Feb 11, 1999, and he states that: "We are continuing to examine funding options." But I have a personal question, if that compensation package is so good. I have a letter here from a lawyer saying he is on the class action. In it, he suggests I might be better off outside the class. My question to Mr. Rock and the lawyers: "What's going on?"

Today is the anniversary of the day that the Federal Government turned its back on Canadians—on Canadians who trusted it. This bag contains poison. You know what's in there? My blood. But this bag also represents the blood of poisoned Canadians across Canada. Until the Federal Government does the right thing and ensures that all victims of tainted blood get compensation, this blood is on your hands. I will return here every April 28 to remind the Liberal Government: "I'm still here, and I remain your conscience."

Joey Haché

April 28, 1999 on the steps of Parliament in Ottawa

PS - The bag was a saline solution filled with water and red food coloring. It also contained a few drops of Joey's blood to represent the poisoned blood across Canada. Reporters were told this!

Kitchener News

We have about 80 people on our contact list at present and ever growing. As of December 1998 there were 663 diagnosed people in our immediate region with HepC so you can see we have a long ways to go to getting in touch with these people. It is very hard due to the confidentiality issue. We have links with all the major databases in the area and between them and the National Office and individual referrals is where the new people come from.

Our monthly meetings are currently held the 3rd Wednesday of every month at the K-W Elks Lodge, 38 Bridgeport Rd. in Waterloo at 7:30 PM. We average between 12 and 20 at these meetings. Depending on what subject we are discussing or what guest speaker we are having, that is about the right number to handle.

I have several very dedicated members who attend the meetings regularly, unless their health does not permit, and then a number who attend infrequently. We encourage family participation as these people need the support at home and the family members need a better understanding of the disease and what is happening and support and encouragement.

Carolyn Caveney Tel. (519) 893-9136

BRIAN'S STORY "THE BEGINNING"

*New Support Group in the Kootenay
Boundary Area*

They say the "C" in Hep C stands for confusion. Boy, are "they" right. **Confusion** from the doctors, **confusion** from family members, **confusion** at the labs, and **confusion** on the World Wide Web. Since I was diagnosed in January of this year, I've been **misinformed, misled, misdiagnosed**, and even downright **lied** to. The only thing that seems consistent is that we (the "heppers") are all telling the same story, and we have all experienced the same things to varying degrees.

My question is **WHY**, if over a quarter of a million Canadians are diagnosed with this very nasty little bug, and only God knows how many more are carrying it, that there is no **consistent** standard of care? No **consistent** way of handling blood samples, or transporting them for lab testing? Procedures for following up testing vary from doctor to doctor. Some will give you the world, while others won't give you a PCR!! **We're told that we have Hep C and that's it.** Any other information we have to get from places other than the medical community.

Do I sound mad? You're damn right. I'm mad as h*##! It seems that because Hep C is "slow moving," we are not supposed to worry. There wasn't even an active support group here in the Kootenay Boundary Area. **Well, there is now!! And we are growing stronger.** Our next meeting is Thursday, May 27th, at 7 PM at 1159 Pine Avenue Trail, above the Lordco Auto Parts store. Come on, all you Kootenay Boundary Heppers. Let's band together and fight this thing! Let's get educated and support each other. **"WE DON'T CARE HOW, WE CARE ABOUT NOW"**.

For more info you can call Pat at 364-1555, or Brian at 368-1141. Watch for future meeting notices in clinic offices and the weekly COF-FEE MATE.

SUPPORT IN EDMONTON

Hi David—

We meet usually every third Thursday of the month. Our contact person is Jackie, at (780) 939-3379.

And hey, THANK YOU for all the wonderful brochures and HepCBC bulletins. They'll go out this Thursday at our meeting. Our meetings are INFORMAL, and are of a support group nature—not political. Our web site is:

http://www.egroups.com/list/dragons_den/ and is for local HCV'ers who would like to share/talk about anything.

Tracey Peddle

A DAY TO REMEMBER

I usually have trouble remembering dates—anniversaries, birthdays—things like that. But April 28th is a date that I will never forget. That's the day Jean Cretien returned from Cuba to force his liberal caucus to vote against their conscience and the expressed conscience of their constituents, to vote against opening up compensation to people with hepatitis C who were pre-1986 victims of tainted blood. This, for me, was a turning point in history. From that point on, even the illusion of Canadian democracy vanished.

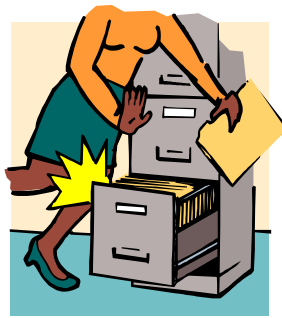
Consider: - the shredding of documents - the appointing of a "lawyer" as "Health" minister - the perverse notion of compensation born from the backroom discussions of government officials and lawyers, never once seeking to understand the needs of the infected and affected - the ugly spin-doctoring designed to paint all victims of tainted blood as undeserving of healthcare and the support of their country and its government - dictating votes in the House of Commons in the face of public opinion and good conscience - cost/benefit analysis with human life that is nothing more than a death sentence; the abandonment of Canadian citizens to some perverse notion of fiscal responsibility - the ongoing manipulation of money and accountability that only seems to benefit the government and the Canadian Red Cross.

At a recent public forum, I asked a representative from Health Canada when people sick with hepatitis C might expect to see some real changes to our health care system (to aid people with the virus and to prevent others from getting it). She suggested, "Maybe by the Fall, September or October." Two years post-Krever, and we are still nowhere. Astonishing... lack of federal leadership in this country has cost us democracy and lives. They have left everyone at risk! How could we possibly do any worse.

It is important to remember that most, if not all, of the progress that the victims of tainted blood have made came from the grass roots level. I mean the local chapters and individuals who just got out there and made their voices count. The letters to editors, the demonstrations on Parliament Hill, your presence in the face of government, the cross country cycling by a teenage youth who epitomized the selfless and generous qualities of those who really have something to offer this country. When a government or an organization stops listening to its people, we all lose. We must continue to fight and insist that government and organizations that claim to represent us do so. Remember April 28th, 1998. We must attempt to elect people into leadership positions who have a keen desire to represent the people who put them there.

Bob Manser, Ottawa

The editors apologize for the cuts in this article, particularly those comments pertaining to the parallels between the Federal Government and the BOD of HeCSC.



TRACEBACK PROBLEMS?

Some of you have reported having trouble getting hospital records for your transfusions. Here are some tips from Gary Joneson and Bruce Devenne, from the HepCAN list (Thanks, guys!):

1. Go to the hospital records department and request your COMPLETE hospital record, not just blood records. They are required to keep records for 10 years. They must get them to you in 30 days. If they can't be found, check under other names, such as maiden names, hyphenated names, etc. Keep copies of everything!!
2. If the hospital says the records were destroyed, ask for written confirmation as to the date they were destroyed and why.
3. Make a written request to every doctor you have seen in the last 15 years for any blood work records that may be available and any follow-up to treatment they may have recorded. Doctors are required to keep records for only 7 years in BC, but some keep them for a long time.
4. The Red Cross supposedly has a record of EVERY transfusion (on microfiche) that has taken place in BC since 1981. If the person has a date when the operation took place, s/he should also make a written request to the Red Cross (or as they now call it, the CBS). One must be very firm and determined when searching for these records, as there does seem to be some reluctance to look very hard. Keep copies of all requests.
5. Check at the local blood bank that supplies the hospital in question. They should have records.
6. Last resorts:
 - Ask your doctor to request them.
 - Tell your local Hep C Chapter
 - Call the Office of the Information and Privacy Commissioner, (250) 387-5629, tell them you have done the above, and ask for an investigation since you have been refused your complete records.
 - Go to the press with any proof you have.
 - Go for your records accompanied by the RCMP.

CLASS ACTION SUITS:

BRITISH COLUMBIA

Camp Church and Associates
Sharon Matthews / Kim Graham
4th Floor, Randall Building
Vancouver, BC V6B 1Z5
1-(888)-236-7797



Grant Kovacs Norell
Bruce Lemer
Grosvenor Building
930-1040 West Georgia Street
Vancouver, BC, V6E 4H1
Phone: (604) 609-6699 Fax: (604) 609-6688

Before August 1, 1986
Klein Lyons
David A Klein
805 West Broadway, Suite 500
Vancouver, BC V5Z 1K1
(604) 874-7171 or 1-(800) 468-4466
(604) 874-7180 (FAX)

also:

Dempster, Dermody, Riley and Buntain
William Dermody
4 Hughson Street South, 2nd Floor
Hamilton, Ontario L8N 3Z1
(905) 572- 6688

The toll free number to get you in touch with the Hepatitis C Counsel is 1-(800)-229-LEAD (5323).

ONTARIO AND OTHER PROVINCES

Pre 1986/post 1990
Mr. David Harvey
Goodman & Carr
200 King Street West
Suite 2300
Toronto, Ontario, M5H 3W5
Phone: (416) 595-2300
Fax: (416) 595-0527

CLASS ACTION FOR CHILDREN

Poyner Baxter Blaxland
Jim Poyner or Ken Baxter
Tel. (604) 988-6321
Fax (604) 988-3632
poyner.baxter@bc.sympatico.ca

or

Siskind, Cromarty, Ivey and Dowler
Michael Eiazenga
Tel. (519)672- 2121 Local 332
Tel. 1-(800) 461-6166

TRACEBACK PROCEDURES:

INQUIRIES-CONTACT:

The Canadian Red Cross Society
4750 Oak Street
Vancouver, BC, V6H 2N9
1-(888) 332-5663 (local 207)

This information is for anyone who has received blood transfusions in Canada, if they wish to find out if their donors were Hep C positive.

CLASS ACTION/COMPENSATION

If you would like more information about class action/compensation, you can contact:
Ron Thiel Tel. (250) 652-0608
E-mail: thielron@pacificcoast.net
National Compensation Hotline
Tel. 1-(888) 780-1111

MEETING TIMES AND LOCATION

We still have not been able to find new meeting facilities, so we are limping along in hopes of finding a suitable location for a fresh start in the early fall. In the meantime call (613) 233-9703 for the time and location of summer meetings.

We are planning a summer barbecue and social evening for late July or early August. It will be held in a local park in early evening, hopefully before the mosquitoes come out. This would be a good time to meet members of the Ottawa group outside the trappings of a more formal meeting. Expect an announcement in the next newsletter.

DO WE REALLY NEED A NATIONAL SOCIETY?

Over the last couple of years the question of the need of a national association has repeatedly come up. "Why can't we go it alone?" or "What has Toronto done for us except interfere and take a lion's share of our dues?" or, heard most often, "We help organise rallies and supply bodies for protest demonstrations on Parliament Hill, and Toronto not only does not thank us, but hardly ever answers our mail or requests for information." These are very legitimate questions, reflecting a high level of frustration. Many get the impression that the National Office is a Toronto centred one-man band, throwing crumbs to the hinterland on occasion. Strong opinions, but someone has to say it the way it is perceived by many.

On the other hand, sober discussion and thought concludes that, yes, we do need a body to co-ordinate our efforts directed at the federal level, and provide a united national voice for our plight and our message. But what kind of organisation should that be, and what role should it fulfil? This, naturally enough, leads to the areas of responsibility of both a national office and local chapters.

With a responsive and astute central office and chairperson in support, we concluded that issues of a "personal and helping" nature are best left to local chapters. These activities would include support groups, liaising with local governments, counselling of a firsthand nature, community public relations, information dissemination and contact with regional media people.

As for a national office, it is easier, first, to describe what it should not be. It should not be dominated by any one person directing a mostly compliant Board of Directors. It should not have any past or present ties to any political party, perceived or real, nor be wary of ruffling the feathers of people in high places. A national organisation, such as the Hepatitis C Society of Canada, is ESSEN-

TIAL to co-ordinating our efforts, such as: promoting public awareness about the dangers and scope of hepatitis C, pressuring public officials for recognition of the health and social problems facing ALL hepatitis C sufferers, and seeking social and criminal justice.

Our local discussions led us to believe that a national organisation must be responsive to local chapters through a dedicated and proactive Board of Directors consisting of independent thinkers, not owing loyalty through friendship or favour to anyone but the members they represent. An organised National Office would pull together national advocacy efforts, political action, legal issues, fund raising, country-wide publicity and awareness programs, and act as liaison with the media on national and international matters touching on hepatitis C. A key role for a central effort would be the active aid and support of regional groups.

Yes, we desperately do need a national body to speak for us—but a true NATIONAL organisation. There have been widespread complaints about the national office of the Hepatitis C Society, many justified. However, we here in Ottawa realise that without the efforts of the Society, no matter how unresponsive, secretive and autocratic the stewardship seems to many people, much of the modest progress made to date on political, compensation and legal fronts may not have happened without this central effort. Much remains to be done, but let's not throw out the baby with the bath water by denigrating the idea of the Society as a whole. With an open, responsive, collective and accountable leadership, we can do many things we cannot do working in isolation.

OTTAWA HEP-C "HOTLINE"

The Ottawa Chapter "Hot Line" is proving quite popular. Perhaps it is too pretentious to call it a "Hot Line" because we do not have enough volunteers to answer it on anything resembling a full-time basis, so most callers leave a message. We do try to get back to them as soon as possible, however. We have been averaging close to 100 messages a month, and many of them are first time callers who discovered our number in the phone book. It is gratifying that we can offer help to people who feel they have no place to turn when faced with the devastating news that they have been diagnosed with hepatitis C. In some ways it is one of the most valuable services we provide, considering public information is so scanty from both governments and the medical community. If you, or anyone you know, has questions regarding Hep C, please feel free to call our line at (613) 233-9703.

HEPATITIS C COUNSELLING

Individual counselling is provided at our office at 116 Nepean Street, Room 221, on Monday afternoons by appointment. Jo-Anne Manser has recently completed an extensive course on counselling and will be spelling Sue Rainville off on alternative weeks for the next few months. If anyone has a hepatitis C related

problem they wish to discuss in private, please call our line at (613) 233-9703 for a time and date.

PUBLIC PRESENTATIONS

Over the past year the Ottawa Chapter has developed a slide presentation on hepatitis C that we have presented to several groups. This information session takes about thirty minutes and is followed by a question and answer period. We have tried to keep the "show" simple and straightforward, providing general Hep C information as to cause, symptoms, prognosis, prevention, and treatment. A deliberate effort was made to stay away from medical and technical jargon. We have also tried our best to keep politics and compensation out of the presentation.

The Ottawa Chapter offers this service to any group of more than ten interested people within a 100 Kilometre radius of Ottawa. To date we have made presentations to university classes, social clubs, health care professionals and other health groups such as ours. We see this as an important contribution to spreading our message about the perils of hepatitis C. Anyone interested in viewing this presentation is asked to call our Ottawa office.

ONTARIO COMPENSATION

Ten thousand dollar compensation cheques have been arriving in the last several weeks, from the Ontario Government, for those who contacted hepatitis C from tainted blood pre-1986. From the distribution pattern observed, priority seem to be going to those who have clear-cut cases of infection from blood transfusions, with no other sources of infection. Applications for compensation from others who may have indicated other sources of possible infection, as well as from blood products, appear to be getting closer scrutiny, although this does not mean they will be necessarily turned down. Another group that appears to be having a problem with compensation are those who had transfusions pre-1986 and also during the period covered in the proposed federal compensation package. It is possible they might have to wait for the federal payout. If you have applied for compensation you will get a phone call from a nurse in the Ontario Health Ministry who may question you extensively on the source of your infection. We advise you be co-operative and truthful. These people are only doing their job, and, for the most part, are polite and helpful. Just for the record, it appears the number of applications for compensation were considerably lower than the 10,000 expected, being closer to 7000.

PETITION
TO THE HOUSE OF COMMONS
IN PARLIAMENT ASSEMBLED

We, the undersigned residents of Canada, draw the attention of the House to the following:

THAT, hundred of thousands of Canadians suffer from hepatitis;

THAT, increased awareness/education of *hepatitis, the disease, its history and effects on the daily lives of the wounded, the sick and their loved ones*, will assist in curtailing increased hepatitis cases;

THAT, the increased awareness/education of *hepatitis, the disease, its history and effects on the daily lives of the wounded, the sick and their loved ones*, will assist in improving the lives of many Canadians who suffer from hepatitis;

THAT, increased awareness/education of *hepatitis, the disease, its history and effects on the daily lives of the wounded, the sick and their loved ones*, will encourage governments to work will all involved toward bringing forward real solutions to the victims of this disease.

THEREFORE, your petitioners call upon Parliament to support Bill C-508, An Act to provide for Hepatitis Awareness Month, ensuring that throughout Canada, in each and every year, the month of May shall be known under the name of **“HEPATITIS AWARENESS MONTH.”**

Signatures

Addresses

(Sign your own name. Do not print.) (Give your full home address or your city and province.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Please return to Peter Stoffer, M.P. c/o House of Commons Ottawa, ON K1A 0A6 (postage free)