



# hepc.bull

## BC's Hepatitis C News Bulletin

"Promoting HCV Wellness"

MAY 2000

Issue No. 23

### '86 to '90 Compensation Claims

The long awaited claim forms are almost ready to go. I have been told they will be finalised, and the envelopes stuffed and delivered to Canada Post, on Tuesday, April 25<sup>th</sup>, 2000.

**So you had better call the new Administrator, Kerry Eaton, or one of the assistants, to make sure you are on the mailing list!! The new number is 1 (877) 434-0944.**

I have also been told that Canada Post has notified the Administrator's office saying they will have them all delivered within two days! Incredible.

Last week I called the new administrator to introduce myself, and was quite shocked that he had already heard all about me!!! I wonder who told him?

I think we hit it off—me, raising issues of concern and offering to help him understand all I could about this horrible disease. I was also able to tell him about the new *Hepatitis* magazine, and to ask him if he could inform the infected of a list of resources available for those who may like to educate themselves, seeing as how he will have contact with **all transfused**.

The administrator and I also discussed the CBS and tracebacks. It is the feeling of many that we are being held hostage for the traceback results.

What exactly is the situation on the CBS wanting victims of this tragedy to pay them \$16 million dollars to complete the required tracebacks? Why have some individuals been waiting 4 years to hear the results, and why are some being told, despite the traceback being complete, that results would not be mailed out for months because they are too busy?

It was reported last Friday that the CBS is saying they will go back through all the million stored blood samples so that all who received tainted blood would be notified. Who will be paying the bill???

During my call to Kerry, I learned that most blood transfused individuals **will in fact require a traceback**. How else would one prove having received tainted blood? I also learned that there will be *some exceptions* to the rules, but at this point, nothing is written in stone, and details will be worked out as applications test the new system.

The applications you receive on April 27<sup>th</sup> will be to determine **only the level** for which you will qualify. To the best of my knowledge, there will

*(Continued on page 7)*

### NATURAL THERAPIES

*By Will Lawson*

Every person who suffers from a chronic disease would benefit from investigating natural therapies. There may well be a natural way to, if not cure your illness, at least ease the symptoms. For Hep C patients, that means lowering the level of discomfort and minimising organ damage.

But it is a rare medical doctor who will direct you to these therapies. Medical doctors usually will direct a patient only to mainstream, or patent, medicine which has been officially tested and approved for a certain use.

Some medical doctors have no better reason for this than closed-minded conservatism.

Another reason for this is economics. I read somewhere recently that the difference between mainstream and natural remedies is that mainstream remedies offer the promise of profit. No-one is likely to invest in finding, testing, and advertising a plant that grows by the roadside, no matter how potent a treatment it might be. (Instead of saying "natural therapies," try saying "non-profit therapies" for a while. It might help to clear up your thinking.)

So, in order to enhance your well-being between those periodic 15-minute visits with your medical doctor, you may have to strike out on your own into the wide and ancient world of natural therapy. Let your motto be, "There is nothing new under the sun." And while you treat yourself, feel the power.

Here are just some of the promising natural therapies which, since space does not permit it here, merit further investigation: *(Other therapies such as TCM and choice of foods are also natural therapies which can be done at home. I will deal with these in a future article.)*

#### Correcting Blood PH

One symptom that medical doctors tend to ignore is the pH level of the body fluids. For optimal health, the blood pH must be 7.35-7.45, saliva about 7, the stomach 1-2. These are often too low (acidic) or too high (alkaline). A prolonged improper pH level, particularly of the blood, can result in imbalanced electrolytic function, low energy, and disease.

One of the biggest challenges facing cancer treatment and research lies in the ability to penetrate the cell membrane. The positive and negative charges from ions, electrolyte balance, and

*(Continued on page 5)*

### DOES ANYONE IN POWER CARE?

*A Tribute to Bonnie Johnston*

I'm sorry to inform you that Bonnie Johnston passed away unexpectedly this Wednesday morning (April 12, 2000) in Nanaimo, the day after her 38<sup>th</sup> birthday.

She was just feeling tired and went to lie down in bed for a while, but her eleven-year-old son, Zachary, "couldn't wake her up." She is survived by two sons.

Bonnie found out she had hepatitis C over two years ago after she received notification from the Ministry of Health that she may have received tainted blood during two surgeries she had during the eighties. She had a simple blood test and results showed she had the virus.

We will miss Bonnie, her bubbling sense of humour (even when she felt crappy), her infectious smile, her spunky attitude. It was well known that she was a fanatic about candles. Tonight a member at our monthly hepatitis C support group lit a candle for her. The flame danced and flickered mischievously, just like Bonnie's personality.

I want you to know Bonnie was a real lady, not just a statistic or a social security number or a medical number, but a divorced mom who had a lot of financial stress. She was always willing to help, but she was struggling, hoping and waiting in vain for an easier life for herself and her two boys. Her mother says 90% of Bonnie's stress would have been relieved by compensation.

Victims of the 1986-90 tainted blood have been waiting 25 months since the government promised them compensation and they filled out the first forms. They have filled out lawyers' forms, Red Cross forms, blood trace-back forms, disability forms, gone to CPP Tribunal hearings, and then they've waited. Hopelessness sets in for many who have already lost their jobs, homes and marriages. Sorry if this sounds melodramatic, but it's the truth.

What is more sad is that health officials and ministers are aware that all the stress and anxiety caused by waiting is a health hazard to people with hepatitis C. Now government is sending them more large form packages the end of April.

Bonnie was so special. What's going to happen to her children? There are hundreds of stories like Bonnie's. Please light a candle for Bonnie and all the others.

*Susan White, Nanaimo BC*



## SUBSCRIPTION FORM

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

**HepCBC**  
2741 Richmond Road  
Victoria BC  
V8R 4T3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_

Home(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

One Year Subscription: Donation \$10.00

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

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

**Reminder: Any change of address, phone number or postal code, please let us ASAP  
Tel. (250) 361-4808. [hepcbc@pacificcoast.net](mailto:hepcbc@pacificcoast.net)**

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

**SUBMISSIONS:** The deadline for any contributions to the hepc.bull<sup>®</sup> is the 15<sup>th</sup> of each month. Please contact the editors at [hepcbc@pacificcoast.net](mailto:hepcbc@pacificcoast.net), (250) 361-4808. The editors reserve the right to edit and cut articles in the interest of space.

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

**Newsletter Ads:**

\$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.

## HOW TO REACH US:

PHONE: TEL: (250) 361-4808  
EMAIL: [hepcbc@pacificcoast.net](mailto:hepcbc@pacificcoast.net)  
WEBSITE: [www.pacificcoast.net/~hepcbc](http://www.pacificcoast.net/~hepcbc)  
HepCAN List [www.egroups.com/list/hepcan/](http://www.egroups.com/list/hepcan/)

**HepCBC**  
2741 Richmond Road  
Victoria BC V8R 4T3

## REPRINTS

Past articles are available at a low cost in hard copy and on CD Rom. For a list of articles and prices write to HepCBC.

## COMING UP IN BC:

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

**Chilliwack BC HepTalk** Meetings: 2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of each month, 7-9 PM, Chilliwack United Church 45835 Spadina. Contact: [HepTalk@fraservalleydir.every1.net](mailto:HepTalk@fraservalleydir.every1.net), or 795 4320

**Comox Valley Liver Disease Support Group** Meetings: Third Tuesday of each month, 6-8 PM, St. George's United Church on Fitzgerald. NEXT MEETING: May 16<sup>th</sup>. Drop in daily for coffee. Contact: Ingrid or Nicky, 335-9167, [nicky russell@sprint.ca](mailto:nicky russell@sprint.ca)

**Cowichan Valley Hepatitis C Support** Contact: Debbie, 715-1307, or Leah, 748-3432, [r\\_attig@bc.sympatico.ca](mailto:r_attig@bc.sympatico.ca)

**Cranbrook** Contact: Katerina Zrdazila 417-2010

**Downtown Eastside Hep C Support Group** Meetings: Each Monday, 6 to 8 PM, Carnegie Center, 401 Main St., Vancouver. Contact: Carolyn, [momma@vcn.bc.ca](mailto:momma@vcn.bc.ca)

**Enderby HepCURE** Meetings: Last Sunday of each month, 2-4 PM, for High Tea, The Raven Gallery, 701 George St. NEXT MEETING: May 28<sup>th</sup>. Contact: Marjorie, 558-7488, [www.junction.net/hepcure/index.html](http://www.junction.net/hepcure/index.html)

**HepCBC Hepatitis C Education and Prevention INFO Line:** Contact: David, (250) 361-4808, [hepcbc@pacificcoast.net](mailto:hepcbc@pacificcoast.net)

**Kelowna HeCSC** Meetings: Last Saturday of each month, 1-3 PM, Rose Avenue Education Room, Kelowna General Hospital. NEXT MEETING: May 27<sup>th</sup>. Contact: Michael, 860-8178, [kellepcsoc@mailcity.com](mailto:kellepcsoc@mailcity.com) or Elaine, 768-3573, [riseley@bcinternet.com](mailto:riseley@bcinternet.com)

**Kootenay Boundary** Meetings: Second and fourth Tuesday of each month, 7 PM, 1159 Pine Ave. upstairs from Lordco auto parts. NEXT MEETINGS: May 9<sup>th</sup> and 23<sup>rd</sup>. Contact: Brian, 368-1141, [k-9@direct.ca](mailto:k-9@direct.ca) or Pat, 364-1555

**Mid Island Hepatitis C Society** Meetings: Second Thursday of each month, 7 PM, Health Unit-Central Vancouver Island, 1665 Grant St., Nanaimo. NEXT MEETING: May 11<sup>th</sup>. Contact: Susan, 245-7654, [mihepc@home.com](mailto:mihepc@home.com), or Rose, 714-1937.

**Mission Hepatitis C and Liver Disease Support Group** Contact: Patrick, 820-5576.

**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: May 8<sup>th</sup>. Contact: Dianne Morrissette, 525-3790.

**Parksville/Qualicum** 201a-156 Morison Avenue, PO Box 157, Parksville, BC V9P 2G4. Open daily from 9AM to 4 PM, M-F. Contact: (250) 248-5551. [dbamford@island.net](mailto:dbamford@island.net)

**Penticton HeCSC** Meetings: Second Wednesday of each month, 7-9 PM, Penticton Health Unit, Board rooms. NEXT MEETING: May 17<sup>th</sup>. Contact: Leslie, 490-9054, [bchepc@telus.net](mailto:bchepc@telus.net)

**Powell River HepC Information and Support:** Contact: Cheryl Morgan, 483-3804.

**Prince George Hep C Support Group** Meetings: Second Tuesday of each month, 7-9 PM, Health Unit Auditorium. Next Meeting: May 9<sup>th</sup>. Contact: Sandra, 962-9630 or Ilse, [ikuepper@pgrhosp.hnet.bc.ca](mailto:ikuepper@pgrhosp.hnet.bc.ca)

**Prince Rupert** Contact: April, 627-7083.

**Princeton** Meetings: Second Saturday of each Month, 2 PM, Health Unit, 47 Harold St. NEXT MEETING: May 13<sup>th</sup>. Contact: Brad, 295-6510, [citizenk@nethop.net](mailto:citizenk@nethop.net)

**Slocan Valley Support Group** Meetings: Third Tuesday of each month, 7-9 PM, W.E. Graham Community School Youth Centre. Contact: Ken, 355-2732, [keen@netidea.com](mailto:keen@netidea.com)

**Sunshine Coast NEXT MEETING:** Contact: Kathy, 886-3211, [kathy\\_rietze@uniserve.com](mailto:kathy_rietze@uniserve.com)

**Vancouver CLF** Meetings: Second Thursday of each month, 7:30 PM, Nurses' Residence, VGH (12<sup>th</sup> & Heather). Signs will direct you. NEXT MEETING: May 11<sup>th</sup>. Contact: CLF, 681-4588, or Herb, 241-7766, [HMoeller@compuserve.com](mailto:HMoeller@compuserve.com)

**Vancouver Support Group** Meetings Last Wednesday of each month, 10:30-12:30, BC CDC Building at 655 West 12th (12th and Ash, next to the Cambie Street City Square Mall- park here) There will be someone outside the building to direct. NEXT MEETING: May 31<sup>st</sup>. Contact: Darlene N., 608-3544, [djnicol@attglobal.net](mailto:djnicol@attglobal.net), or Darlene M., 608-3544, [hepcvsg@canada.com](mailto:hepcvsg@canada.com)

**Vernon HepCURE** Contact: Marjorie, 546-2953 for Hep C information.

**Vernon HeCSC HEPLIFE** Meetings: Second and fourth Wednesday of each month, 10 AM-1 PM, The People Place, 3402-27<sup>th</sup> Ave. NEXT MEETINGS: May 10<sup>th</sup> and 24<sup>th</sup>. Contact: Sharon, 542-3092. [sg-grant@home.com](mailto:sg-grant@home.com)

**Victoria HeCSC** Contact: 388-4311, [hepcvic@idmail](mailto:hepcvic@idmail).

## OTHER PROVINCES

**Cape Breton Hepatitis C Society** Meetings: Second Tuesday of each month. NEXT MEETING: May 9<sup>th</sup>. Contact: 564-4258 (Collect calls accepted from institutions) Call toll free in Nova Scotia 1 (877) 727-6622

**Central Alberta CLF Hepatitis C Support Group** Meetings: Second Thursday of each month, 6-8 PM, Provincial Building, Room 109, 4920 51 St., Red Deer. Enter at southeast entrance. NEXT MEETING: May 11<sup>th</sup>. Contact: Shane, 309-5483.

**Durham Hepatitis C Support Group** Meetings: Second Thursday of each month, 7-9 PM, St. Mark's United Church, 201 Centre Street South, Whitby, ON. NEXT MEETING: May 11<sup>th</sup>. Speaker: Billy Potkonjak, Director-Health & Patient Services, CLF. Contact: Jim 743-0319, [tndrhart@direct.com](mailto:tndrhart@direct.com), or Smilin' Sandi, [smking@home.com](mailto:smking@home.com), <http://members.home.net/smking/>

**Edmonton, Alberta Hepatitis C Informal Support Group** Meetings: Third Thursday of each month, 6-8 PM, 10230-111 Avenue, Edmonton, Conference Room "A" (basement) NEXT MEETING: May 18<sup>th</sup>. Contact: Tracey Peddle, [NitNGale@telusplanet.net](mailto:NitNGale@telusplanet.net) or Jackie Neufeld, 939-3379 Parking: Meter Parking (underground and surface) roughly \$3 per evening. Free street parking.

**Hep C Niagara Falls Support Group** Meetings: Last Thursday of each month, 7-9 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thurold, ON. NEXT MEETING: May 25<sup>th</sup>. Contact: Rhonda, 295-4260 or [hepcnfn@becon.org](mailto:hepcnfn@becon.org)

**Hepatitis C Society of Ottawa-Carleton** Centertown Comm. Health Centre, 420 Cooper St. (Ottawa) between Bank and Kent St. We offer one on one peer counselling Mon. afternoons. NEXT MEETING: May 16<sup>th</sup>. Contact: 233-9703 or [sue.rainville@sympatico.ca](mailto:sue.rainville@sympatico.ca)

**Kitchener Area Chapter** Meetings: Third Wednesday of each month, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. NEXT MEETING: May 17<sup>th</sup>. Contact: Carolyn, 893-9136





## WHO GETS TREATMENT?

by Ingrid Anderson

The Rebetrone Combination Treatment is the recommended drug therapy for HCV. If you have HCV, you know about this treatment. There are many issues that have been discussed. Who gets access to the medication? What criteria must be met for Pharmacare coverage? How much of the financial burden must be met by the HCV patient? However, there is one key issue that we have overlooked.

"Persons with Indian Status, do not have to pay for this treatment." I am a Status Indian; I received same day authorization for the Rebetrone Treatment. I am authorized for 48 weeks of treatment. I don't have to pay a dime. I hope that this really makes you angry!

I am no different than you. I have always been a resident of BC. I have HCV, but I do not deserve special treatment.

You are the victims of government discrimination. Discrimination means "treating people differently, negatively or adversely without a good reason." This is unlawful under the Canadian Human Rights Act.

There has been a distinction made between you and me, based on the prohibited grounds of race (ethnic origin). I get treatment at no charge and you are forced to pay or are put on a waiting list.

Some of you have been refused treatment because of you do not meet the Pharmacare guidelines. You are either not sick enough or too sick for treatment. You are being discriminated against because of your mental or physical disability (including previous or present drug or alcohol dependence).

If you have been denied treatment because of your income level, or family income level or are forced to pay a for some of your treatment, then you may be discriminated against because of your marital and/or family status.

This is Canada, "the best place in the world to live," a country that is proud of its reputation for equality and democracy, a country that drops billions to fight for democracy in foreign countries; and yet, Canadians are subjected to Human Rights Discriminations by their own governments.

I hope this article will inspire you to file a complaint. If you want to, please write or call the address below:

Human Rights Commission  
BC Toll Free 1-800-999-6899  
BC Fax (604) 666-2386  
Email info.com@chrc-ccdp.ca  
Website www.chrc-ccdp.ca

I believe that the HCV compensation package, and the federal and provincial government promises of extended healthcare programs are mere diversions, aimed at taking our attention away from the real issue. HCV is killing people all over

this country and our Federal Government is taking no responsibility for the mass murder of its own citizens.

If you wish, send copies of your complaints to me. I would appreciate knowing how many people are willing to go the distance for all HCV victims, because I am. You need access to treatment; we need to fight for it.

Ingrid Anderson  
2168 Laurel St.,  
Terrace, BC  
V8G 4Y4  
(250) 638-8411  
email: SLIDERS@telus.net



## Order Your FAQ's Now

More of Peppermint Patti's FAQ are now available. The new version includes an HIV co-infection section as well as updated Canadian Links. Place your orders now. Over 100 pages of information for only \$2 each plus S&H—but if you can afford more we'll take it. Contact HepCBC at (250) 361-4808, or at the address on page 2, "How to Reach Us."



HepCBC acknowledges the personal donations, donations in kind received to date, and the following for discounts, donations of services, or equipment: The BC Ministry of Health, Steve Orcherton, Fernwood Home Services, Kiwanis, CFAF 1070, AM 900, CompuSmart, Paradon, BC Transit, & Elmer Fudd. We also wish to acknowledge the generosity of the residents of VIRCC, Uncle Dave, the law firm Woods Adair, D. Putsey, John and Shirley Hiley, Cassandra McCollm, Christina M. Reid, and some wonderful anonymous donors. Additional thanks to Margison Bros. Printers, Jerry DeWit, Paul Hyatt, Alex Olson & David Milligan.

## REPORT FROM THE BOARD of HepCBC



HepCBC is a member-driven organisation. At our initial strategic planning meeting in March, you, the members, demonstrated this by helping to set short- and medium-term goals that were achievable and realistic. Subsequent to that meeting, the Board was informed by Health Canada that the Society has received a \$5000 grant for "capacity building." We were hoping for (and applied for) a much larger grant, anticipating that we could then rent a small commercial office space and hire an administrative assistant. Unfortunately, this ideal will have to wait. In the meantime we will use the grant money for organisational development and setting up an infrastructure in the hopes that, perhaps next time, we will obtain operational funding. We envision using most of the grant money on Board Development workshops (probably after the Annual General Meeting to be held some time this summer, when you, the members, will decide who you want to serve as directors of your Society), more strategic planning (where *your* involvement is crucial) and volunteer development workshops—all professionally facilitated.

One of the goals which you told us ranked as high priority was setting up working committees of the Board. Committees do the lion's share of the work of the Society and we need to start recruiting volunteers *now* for the tasks that lie ahead. Because we are small (at the moment), the Board thought perhaps three committees would suffice. These would be

- Finance and Fundraising Committee (deals with all aspects of finding money to implement our mandate)
- Human Resources Committee (anything to do with people: i.e., membership drives, recruiting volunteers, coordinating volunteers; organizing socials for the membership)
- Education Committee (anything to do with raising public awareness about Hep C, including public speaking; and organizing information seminars on living well with Hep C until there's a cure)

Obviously, some of these functions are going to overlap. Feel free to sit on more than one committee if you want. We are in the process of organizing another strategic planning workshop where board and committee structures and relationships will be developed with *your* in-put. Remember: these are just suggestions at the moment. Each committee will need to set terms-of-reference (and we have a template for doing that); will need to recruit members to serve on the committee; and will need to submit a report to the Board (and we also have a template for that).

Please get in touch with Joan King (jking2000@home.com) or David Mazoff (361-4808) for more information on how you can be an active participant in your organisation

David Hillman, Director

## TREATMENT

### COMBO NON-RESPONDERS

Around 70 to 85% of people exposed to HCV will develop chronic disease. Only 15% to 20% can be expected to respond to a 12- to 18-month course of interferon therapy. With the combination of ribavirin and interferon, response (normal ALT and PCR negative) increases to approximately 40%. Obviously, a large proportion of patients are non-responders, and still run the risk of progressing to cirrhosis and liver cancer. Options for these patients include **higher doses, more frequent dosing**, changing to a **different form of interferon, retreatment with a combination** of interferon and ribavirin, **interferon with phlebotomy** to decrease hepatic iron stores, long-term, **low-dose "maintenance"**-type therapy; and watchful waiting with frequent follow-up. "In the absence of long-term, large-scale clinical trials to support these modalities, physicians must exercise their best clinical judgment and individualize treatment to suit the patient's condition, needs, and preferences."

Source: Available options for treatment of interferon nonresponders. Bacon BR, Department of Internal Medicine, Saint Louis University School of Medicine, Missouri 63110-0250, USA. PMID: 10653461, UI: 20117186

### IMPORTANCE OF IRON LOAD

In a patient with hepatitis C, the higher the iron load, the lower the response rate to interferon. Iron produces oxygen radicals which may kill liver cells. In a study, investigators looked at the relationship between iron load and the amount of fibrosis, or scarring, in the liver in hepatitis C patients by testing serum iron, ferritin, transferrin saturation and serum markers of hepatic fibrogenesis in 102 patients with HCV and in 81 healthy people. In hepatitis C virus patients (studied before alpha-interferon treatment) a score for portal inflammation, necrosis and fibrosis was applied to liver biopsy. The resulting data suggested that **even a mild increase of iron load stimulates the formation of fibrosis in the liver, making the damage from the virus even worse.**

Source: Hepatogastroenterology 2000 Jan-Feb;47 (3):220-5 Role of iron load on fibrogenesis in chronic hepatitis C. Casaril M, Stanzial AM, Tognella P, Pantalena M, Capra F, Colombari R, Corrocher R, Istituto di Patologia Medica, Policlinico Borgo Roma, Università di Verona, Italy. PMID: 10690612, UI: 20155202



" How the government can provide Rebetrone, which can cause hemolytic anemia, and not ensure that those taking it have equal recourse to antioxidants which can prevent this complication boggles the mind..."

## CLINICAL TRIALS

### VP50406

ViroPharma and the Wyeth-Ayerst Laboratories have begun a phase I trial, using healthy human volunteers in the UK. The study will evaluate the safety of product candidate VP50406, a small molecule given by mouth, which is hoped will block RNA replication enzymes of the hepatitis C virus.

Source: [www.viopharma.com/Pipeline/HepC.htm](http://www.viopharma.com/Pipeline/HepC.htm)

### ZADAXIN TREATMENT FOR LIVER CANCER

On March 22, SciClone Pharmaceuticals announced that the U.S. Food and Drug Administration (FDA) granted Orphan Drug Status to Zadaxin for the treatment of liver cancer, giving SciClone U.S. marketing exclusivity for seven years, and tax benefits and exemptions from FDA application fees.

A U.S. Phase 2 Trial is planned for late 2000, based on a previous Italian study combining Zadaxin with TACE, which resulted in an increase in survival compared to a group receiving TACE alone. Patients who received the combination showed an increase in peripheral blood immune cells, fundamental in the destruction of cancer cells, with no increase in side effects.

Zadaxin significantly enhances the immune system's ability to recognize and destroy cancerous and infected cells. Zadaxin now is approved for marketing in 19 countries, principally for treatment of hepatitis B and hepatitis C. SciClone has filed for Zadaxin marketing approval in 18 additional countries.

Source: [www.sciclone.com](http://www.sciclone.com)

### NEW VICTORIA WOMEN'S SUPPORT GROUP

Let's get together for tea.



For more information call  
Joan: 250-595-3882

## RESEARCH

### NKNT-3 CELLS

Many hepatitis C patients die each year waiting for a "new" liver. Scientists have come up with an idea of transplanting liver cells to keep patients alive while they are awaiting transplant. This has been done in the past, but until now, it has been impossible to isolate a sufficient number of liver cells. In a recent study, scientists genetically manipulated human liver cells in test tubes and transplanted these NKNT-3 cells into the spleen of rats who had 90% of their livers removed. The rats were given medicine to suppress their immune systems. The NKNT-3 cells **saved the rats' lives and made their livers work normally.** The scientists were able to grow millions of these cells, treated in such a way as to prohibit their uncontrolled growth, which would be like a cancer. This therapy would not get rid of the hepatitis C virus. Experiments in humans are not yet planned.

Source: Naoya Kobayashi, Toshiyoshi Fujiwara, et al., Prevention of Acute Liver Failure in Rats with Reversibly Immortalized Human Hepatocytes Science 287: 1258-1262.

### DYNAVAX ISS

Scientists at Triangle Pharmaceuticals and Dynavax Technologies are trying to develop immunostimulatory pharmaceutical candidates intended to be used to modulate the human immune response for the treatment and prevention of serious viral diseases such as hepatitis C virus (HCV). Their theory is that **immunotherapy, such as theirs, should be combined with chemotherapy for better results.** Their technology is called Dynavax ISS. Immunostimulatory sequences (ISS) are short sequences of synthetic DNA which activate the immune system to fight viruses and avoid allergies. They have been used successfully in animal models to fight infections.

SOURCE Triangle Pharmaceuticals, Inc. <http://www.tripharm.com>. PRNewswire April 4

### HEPATITIS C RESEARCH IN NEWFOUNDLAND

Immune Network Research Ltd. is beginning research at a Canadian university, to explore the application of its immunomodulation program to develop a possible new therapy for hepatitis C infection. The company has already been working with HIV infection, and believe that a similar approach may work with Hep C. Dr. Michael Grant of Memorial University, Newfoundland, Canada, will spearhead this research program.



Contact: Immune Network Research Ltd., Ron Kertes, 604/222-5541 rkertes@immunenet.com, <http://www.immunenet.com>

(NATURAL THERAPIES—Continued from page 1)  
pH are strong factors in the ability or inability of the cells to absorb and utilize nutrients.

The amount of oxygen that is available for use by cells is also critically important. A shift in pH will affect the metabolic energy of cells, resulting in a lowering of available oxygen (anaerobic state). Bacteria, fungi, viruses, and disease (including cancer cells) thrive in anaerobic cells, but cannot survive in aerobic (oxygen-rich) cells.

To correct the body's pH levels, detoxify and have an appropriate diet and vitamin intake. Use known alkaline and ash foods and vegetable juices to support desired changes in pH levels.

Germanium, Cesium, and B-15 (Pangamic Acid) accelerate change from anaerobic to aerobic environment. Bio-electromagnetic technology, used in conjunction with homeopathic herbal tinctures enhances the trans-membrane potential of electrolyte delivery.

Protein (especially animal), wheat, rye, rice, oats, and barley all tend to increase acidity.

Bicarbonate is used by the body in the salivary glands and pancreas to alkalize the saliva and the liquid food/chyme that comes out of the stomach. The alkalinity of the saliva is partially dependent on the amount of calcium, magnesium and bicarbonate able to be ingested, absorbed and secreted into the saliva. Calcium and magnesium alkalize the body by buffering acidic elements. Beware of using over-the-counter remedies to do this.

Root vegetables (beets, carrots, daikon, yams, sweet potatoes, turnips, rutabagas, radishes, onions, kohlrabi) increase system alkalinity. Alkaline grains include millet, amaranth, teff, quinoa and buckwheat.

#### Detoxifying

The liver is the chief organ of detoxification. When it is malfunctioning, toxins remain in the body to be absorbed into the bloodstream. This is one of the causes of fatigue, brain fog, and increased susceptibility to disease.

Hep C patients have to be strictly careful about what they allow into their bodies through diet (pure water, organic food, full nutrition) and from the environment. They commonly have to work at maintaining efficient elimination as well.

These are critical concerns, but they are seldom enough. Regular, specific detoxification measures can help to redress this deficiency. These ancient practices are neither complicated nor painful.

A weekly sauna, detoxification baths, skin brushing, and a daily 45-minute walk enhance circulation and the elimination of toxins through the skin. Drinking plenty of liquids daily is crucial. And a 1-week detoxification diet 2 or 3 times yearly will help too.

Detoxification is a specialty of Victoria naturopath Dr. Peter Bennett. His readily available book, *The 7-Day Detox Miracle* (1999) is a thorough introduction, but certainly not the only one. Dr. Morton Walker has written a book, *Olive Leaf Extract*. Those who are plagued by constipation might ask their naturopath about a product called Thymucin.

Because their livers are delicate and have special needs, Hep C patients should seek advice on any diet they are contemplating. Any form of fasting is usually not advised.

#### A simple and traditional liver cleanse:

- 2 oz. extra virgin, cold-pressed olive oil
- ½ peel only of an organic lemon
- ¼ teaspoon cayenne pepper (optional)
- 2-4 oz. pure water

Blend on high for 1 minute. Drink every other day for 2 weeks.

#### Milk Thistle

The common milk thistle, *sylibum marianum*, has been used at least since the time of the Greeks to aid humans with digestive conditions and to facilitate elimination.

The active therapeutic ingredient (silymarin) is found in the seeds. Silymarin protects intact liver cells and stimulates protein synthesis, a key factor in new liver cell development. It also benefits the kidneys.

#### Aloe vera

Hep C and AIDS are both viral infections which get past the human immune system.

*Medical World News* (December, 1987) reported a study by Dr. H. R. McDaniel which found that "A substance in the Aloe plant (acemannan) shows preliminary signs of boosting AIDS patients' immune systems and blocking the human immune-deficiency virus' spread, without toxic side effects."

Sixteen subjects took 1,000 mg. a day of the drug for three months. Six patients with advanced cases of AIDS showed a 20% improvement in symptoms, while less seriously ill patients improved by an average of 71%.

A 1988 study by Dr. T. Pulse using 20 oz. dosages of stabilized aloe vera juice showed similar results.

Aloe vera is also credited with anti-inflammatory capabilities comparable to the common anti-inflammatory drugs prednisolone and indomethacin.

#### Bentonite clay

Bentonite is a native, colloidal, hydrated aluminum silicate. It occurs as a very fine, odorless, pale buff or cream-coloured powder, free from grit, and has a slightly earthy taste. It is highly adsorbent. It has a long history of use as a bulk laxative and detoxifier, and for the relief of diarrhea.

Although it is insoluble in water, it swells to approximately 12 times its volume when added to water. To drink it, mix 50 gm into about 1 litre of water.

Bentonite carries down large numbers of bacteria and absorbs toxins of all sorts, and apparently the putrefactive and proteolytic bacteria. It is also used virologically to purify and eliminate viruses. If overused, it can remove beneficial nutrients from the alimentary canal, but you're unlikely to do that. Otherwise, it is not dangerous.

#### Wheatgrass

Wheatgrass is grown from wheat berries. Harvest the wheatgrass after seven days of growth. Then, since its fibre is indigestible by humans, liquify it in a juicer. Drink 1-2 oz. daily. You can buy it in tablets too.

Wheatgrass is said to help cleanse the blood, organs and gastrointestinal tract, stimulate metabolism and bodily enzyme systems, and stimulate and normalize the thyroid gland.

It has an abundance of alkaline minerals (said

to reduce acidity in the blood), vitamins, amino acids and enzymes. It is high in calcium, iron (Hep C patients, beware), potassium, and magnesium, and also contains sodium and a variety of trace minerals such as selenium and zinc.

Wheatgrass juice is high in vitamins A, B, and C, and also contains vitamin E.

Some 17 amino acids can be found in wheatgrass, including such essential amino acids as lysine, leucine, tryptophane, phenylalanine, threonine, valine, and isoleucine. It also contains arginine, glutamic acid, histidine, serine, and tyrosine.

Studies since 1978 in Japan, Oregon, and Texas have indicated that wheatgrass prevents illness, decreases the severity of cancer, detoxifies the liver and blood, strengthens the immune system, neutralizes pollutants, and strengthens cells. Applied externally, it can reduce itching.

Source: *The Institute (News Articles & Educational Data)* <http://www.californiacleanse.com/health.html>

## NEW HEALTH MINISTER Michael Farnworth

Minister of Health and  
Minister Responsible for Seniors

NEW DEMOCRATIC PARTY

E-mail: [Mike.Farnworth.Office@leg.bc.ca](mailto:Mike.Farnworth.Office@leg.bc.ca)

Office: 124, Parliament Buildings

Victoria, B.C. V8V 1X4

2567 Shaughnessy Street

Port Coquitlam, B.C. V3C 3G3

Phone (250) 387-5394

Phone (604) 941-4001

Fax (250) 387-3696

Fax (604) 775-1148

#### EDUCATION

B.A., Geography, Simon Fraser University.

#### COMMUNITY INVOLVEMENT

Railway worker, CP Rail; geological survey assistant, MIM PLC Australia; Gulf Oil NWT. Mr. Farnworth was executive assistant to Port-Moody-Coquitlam MP Ian Waddell. Alderman, City of Port Coquitlam, 1983-1990; appointed Minister of Employment and Investment on February 18, 1998. Prior to that Mr. Farnworth served as Minister of Municipal Affairs and Housing from January 1997. Mr. Farnworth was first elected in the constituency of Port Coquitlam in 1991 and was re-elected in 1996. Mr. Farnworth previously served as Chair of the Select Standing Committee on Economic Development, Science, Labour, Training and Technology and as the Parliamentary Secretary to Health. Mr. Farnworth has been a resident of Port Coquitlam for over 25 years and attended Simon Fraser University, where he obtained a bachelor of arts degree.



## MAY: HEPATITIS AWARENESS MONTH

The bill to declare May as Hepatitis Awareness Month has cleared all the hurdles so far and is doing very well for a private members' bill. It is no longer put in the weekly draw. Because of the 100 signatures it has in support, it is "outside the order of precedence," and is third in order to be read in the House.

The two bills before it are both considered votable bills and this is where it gets complicated. (It's government. What else can we expect?) Each of the two bills before it, because they are votable bills, get 3 hours each of debate time in the House, BUT the three hours are allocated as follows: Each one gets ONE hour, then goes to the bottom of the pile (30 bills), rises through the thirty bills on top of them in the pile, gets debated for another hour, goes back to the bottom of the pile, rises through the pile of thirty for their final reading and vote...THEN Bill C-323 goes before the house.

The only way to speed this up is to have the government adopt the bill. Peter's office advises that they plan to pressure the government in some way to have it passed before this May.

Bruce DeVenne

### Canada Hep C Candlelight Memorial Day

#### British Columbia:

**Nanaimo:** City Hall, 7:30 PM. Contact: Susan, 245-7635, susan.white@home

**Vancouver:** City Hall, 12th and Cambie, 7:30 PM. Contact Carol: momma@vcn.bc.ca

**Vernon:** Justice Park (27th St & 32nd Ave), 7:30 PM. Contact Marjorie: mharris@junction.net

**Victoria:** Legislature lawns, Parliament Buildings, 7:30PM. Contact Bob: 388-4311 or details@direct.ca

#### Elsewhere in Canada:

**Kitchener, ON:** Contact: Carolyn: 893-9136

**Fredericton, NB:** Contact Sandi sandik@learnstream.com

**Greater Moncton, NB:** City Hall at 7:30 PM Contact: Debi: debihepc@nbnet.nb.ca

**Halifax, NS:** Grand Parade Grounds, 7:30 PM. Contact: Bruce: 863-6376 or bdevenne@sprint.ca

*On behalf of the United States Hepatitis Alliance (USHA), you are invited to the second annual*  
**Hepatitis C**  
**Awareness Day Rally**

**When:** Monday, May 1, 2000, noon - 3:00 PM

**Where:** Myrtle Edwards Park  
3130 Alaskan Way West  
Seattle, Washington

**Contact:** Ane (206) 324-0873

## CITY OF NANAIMO PROCLAIMS

### May 1st 2000 - Hepatitis C Candlelight Memorial Day!

*Come one, come all to a peaceful healing ceremony.*

May 1, 2000

7:30PM outside in the parking lot of Nanaimo City Hall

**THIS IS NOT A DEMONSTRATION - but a PEACEFUL MEMORIAL for all hepatitis C victims who have died, and to support those with hepatitis C, to share and educate.**

All politicians from all political parties, all church leaders, doctors, nurses, respite care and home support care workers, hospital workers, friends and families of hepatitis C are invited to come and support, share and learn.

- Hepatitis C victims live in every city, town, health region, territory and province of Canada.
- There needs to be an **Awareness of, and education about, treatment and prevention of hepatitis C**
- We need an **awareness** of the problems HEPATITIS C victims face daily.
- The Central Vancouver Island Health Region has over 2700 reported cases of hepatitis C.
- There have been over 36,000 reported cases of hepatitis C in British Columbia.
- **BC has the highest hepatitis C rate in the whole western world.**
- In the absence of a cure or a vaccine, **education** is our only defence against hepatitis C.
- **In the absence of any media campaign** we must tell people to get tested and **educated**.
- **Education about prevention** is Canadians' only defence against the hepatitis C virus.
- **If you've EVER** had a blood transfusion before 1992 or used IV drugs, been tattooed, or shared cocaine straws, get tested if you've not been well.
- **In the absence of sufficient funding**, the only way hepatitis C groups can get **education, awareness and tolerance** is through local **support**.
- **Sharing information** with people about **prevention** of hepatitis C will help **stop the epidemic** from spreading.
- Hepatitis C is a potentially fatal health threat to Canada's youth and it's **TOTALLY PREVENTABLE**.
- Please come out, but if you're too sick and can't get out, please light a candle at home (with parents' permission.)
- **Be peaceful** in respect of those who are ill and have still come out to show support, and for survivors of those who have died from hepatitis C. Do not make a mess, please, and keep children off flower beds.
- **It's better to light a candle than curse the darkness.**
- Thank you to Nanaimo Mayor, Gary Korpan who granted us permission us to meet at the parking lot of City Hall.

Contact: Susan 245-7635



### ANTI-OXIDANT VITAMINS DELAY RIBAVIRIN-RELATED ANEMIA IN PATIENTS ON COMBINATION THERAPY

Patients on combination therapy who took the antioxidant vitamins C and E delayed the onset of anemia. Hemolytic anemia is a serious side effect of combination therapy, attributable to the ribavirin component in the combination. This complication necessitates a reduction in the ribavirin dose for about 15% of all patients, according to Edward Piken, M.D., Director of Research at South Bay Gastroenterology in Torrance, California.

"Patients become anemic: they feel short of breath, become weaker, are unable to do their normal workload," Dr. Piken says. One hypothesis is that ribavirin accumulates in red blood cells. "The red cells, because of the medications, are under what's called an oxidative stress, and the red cells break down at an earlier point in their life cycle."

To investigate a solution to this problem, Dr. Piken enrolled 12 previously untreated HCV patients in a study to look at the effects of antioxidant vitamins on anemia. Patients received 1,200 milligrams of ribavirin daily along with 3 million units of interferon alfa-2b three times a week. They also took two common over the counter vitamins daily - 1000 milligrams of vitamin C and 800 IU (international units) of vitamin E. "We chose them because they have essentially no side effects, and many people are already taking them," Dr. Piken says. Results were compared to a control group of 14 relapse patients who received combination therapy without any antioxidants.

According to Dr. Piken, patients receiving the antioxidants showed an initial benefit from the

*(Continued on page 7)*



## CUPID'S CORNER

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

To place an ad: Write it up! Max. 50 words. Deadline is the 15<sup>th</sup> of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send cheques payable to **HepCBC**, and mail to **HepCBC, Attn. Squeeky, 2741 Richmond Road Victoria BC V8R 4T3**. 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 HepCBC cannot be held responsible for any interaction between parties brought about by this column.*

Ad No. 16  
Attractive, healthy, working male seeks female companion and/or roommate 28-38 yrs. Newly renovated 2 bedroom house. Great kitchen, garden, yard, etc. Fernwood area in Victoria

## DEAR DOCTOR

**Q:** Dear Dr. Peltekian: Are there any tests (preferably non-invasive) to measure portal pressure, other than waiting around for a variceal bleed, that is? --B. in Calgary



**A:** The best way of measuring the portal pressure is to put a needle in the spleen (very invasive.) This used to be an old way of measuring the pressure in the portal vein. Nobody does it any more.

The second best is measuring pressure via a catheter through the jugular vein and threading into the hepatic vein. Of course in more advanced cases, simply checking for the presence of varices (through endoscopy) may be sufficient.

In more advanced cases, you will see evidence of portal hypertension by means of ultrasound dopplers.

Finally, if you have a drop in platelet count (due to an enlarged spleen) it may reflect some evidence for portal hypertension.

### Disclaimer

*The above represents answers to specific questions. In no way is it meant or should it be taken as diagnosis of any individual's problems or treatment of those problems. In all cases see your local hepatologist in these matters.*

--Dr. Kevork M. Peltekian, MD, FRCPC

## 1,000,000 BLOOD SAMPLES TO BE TESTED

Canadian Blood Services plan to test one million samples of stored blood for hepatitis C in order to decide who will receive compensation for being infected with tainted blood.

The samples are stored in Toronto and Winnipeg, and the testing will enable victims to trace their infections back to a certain unit of blood.

In an interview, one of the lawyers dealing with compensation issues pointed out that compensation cannot be paid on the basis of someone saying, "I've got HCV and I was infected in the class period," pointing out the need for evidence.

No one seems to know why the blood samples were frozen and stored, but now they are considered an invaluable resource in determining who shall receive compensation. Only those who can prove they were infected between 1986 and 1990 will receive checks. Application forms are to be mailed out April 25.

*Source: Bueckert, Dennis: One million stored blood samples to be tested for hepatitis C, Associated Press April 14, 2000*

**In 1999, B.C. spent more than \$10 million on community-based HIV/AIDS programs and services.**

**How much did it spend on HCV?**

### (ANTIOXIDANTS—Continued from page 6)

vitamins, but that benefit declined by the end of three months of treatment. The antioxidants "appear to delay the onset and severity of the anemia, and patients receiving antioxidants do not require [ribavirin] dose reductions, compared to 22% of the people in the control group," he says.

Dr. Piken says the results merit further research. "We plan to run a larger study and also are currently making a decision on which type of antioxidant to use," he says. "We would like to use more bio-available and perhaps stronger antioxidants. The forms of the vitamins, particularly C, could be improved to a more bio-available vitamin C."

Source: <http://www.highlights.wellweb.com/article10.html>

(COMPENSATION CLAIMS—Cont'd from page 1) be no inclusion for wage loss, out of pocket, caregiver or any other expenses on this application. Once you are notified for which level you qualify, you will be required to submit further applications for other amounts. I sure hope one does not have to waive rights to sue, just to find out what they will qualify for at the next stage!

This puts children in a precarious position. Most parents will agree they want to find out where their children qualify and what exactly compensation means to them, before agreeing to anything. All this application will tell them is which level the child is at. It is my understanding that the level payments will be put into trust with the provincial trustee, and that minor children (and families) will not see a cent.

So when do families get reimbursed for the costs they have incurred as a result of Federal government, Provincial government and Red Cross poisoning? Well, that could be the sixty four thousand dollar question. No one seems to know.

As you may be aware, we were forced into personal bankruptcy 15 months ago when mounting medical related expenses (and loss of a second income) struck our family. We lost our home, as well as other possessions.

We are lucky my husband has a job as a police officer, with a steady income. It is not much (to support five persons, two with special needs), but it does help keep this family afloat!

When can we expect reimbursement for loss of income for 12 years, so that I could care for Jarad and take him to over 400 medical appointments? When can we expect reimbursement for thousands of out of pocket related medical expenses for 12 years? What exactly will we receive, if anything? We estimate that hepatitis C has cost our family over \$400,000.00.

Jarad's getting money for level 5 illness will not begin to touch what we have incurred to date. Nor do we feel we should touch his money!

Jarad will be twelve in July. He has his whole life ahead of him and has to make his level payment of about \$120,000.00 last his lifetime. He will never qualify for life insurance, nor will he ever qualify for mortgage insurance. He will be subjected to medical costs should he get sick while traveling outside of Canada because travel insurance may be unavailable to him, and he has no idea what his future will hold.

This family has born the brunt of his illness long enough. We have been paying out for almost 12 years because of **criminal negligence**. If we are to believe the hype surrounding "'86 to '90 compensation" lately in the media, we would believe relief will be given to the whole family right away. We shouldn't have to reapply down the road, when the next set of application forms become available, whenever that may be.

I would gladly have paid the extra for the testing in 1988, but then the government didn't bother to give me a choice. They chose not to test the blood, and our family has been paying ever since. Will it ever stop?

Just my thoughts...

Leslie Gibbenhuck  
P.O. Box 21058  
Penticton, B.C. V2A 8K8 (250) 490-9054

## BIOPSY CAN REVEAL IVDU

Are you applying for compensation because of a transfusion, but you have also used IV drugs? Think twice. Biopsies can occasionally indicate the presence of talc crystals in the liver, which can give you away. Talc crystals in the liver have been associated with IV drug abuse. Drugs are sometimes "cut" with talc, and it can lodge in the liver. In a study by Dr. Sherman, 109 patients were studied. They went through a careful evaluation of risk factors. Then they had a liver biopsy, and the liver samples were reviewed and examined for the presence of talc. Nine of the 109 patients showed the presence of talc, but only two of those patients had admitted to IV drug abuse during the evaluation. Three more admitted to IVDA after being confronted with the results of the biopsy. Seventeen of the patients admitted to IVDA during their evaluation, but did not have talc crystals in their liver samples. Interestingly enough, "despite these findings, a significant proportion of patients still have no identifiable risk factor for HCV acquisition."

*Source: Am J Gastroenterol 1995 Dec;90(12):2164-2166, Talc in the liver of patients with chronic hepatitis C infection. Sherman KE, Lewey SM, Goodman ZD University of Cincinnati Medical Center, Ohio PMID: 8540508, UI: 96097941*



## DISTRIBUTION OF CLAIMS FORMS

The transition of administering claims to the newly appointed Administrator is nearing completion and we are now in the process of finalizing the claims forms and obtaining court approval of claims processes, notices of settlement and the advertisement of the settlement. The Administrator has advised that, subject to court approval, claims form packages will be in the mail by April 25, 2000. They will be sent to all persons who contacted our office and gave us permission to transmit their names and addresses to the Administrator. If you have moved since you contacted our office, or have not contacted our office, but would like to receive a claims form package, please call the Administrator at 1(888)726-2656.

*Camp Church & Associates  
1-(888)-236-7797*



## WHO'S GETTING THE MONEY?

With all the self-praise that the liberals are passing out over the fine job they did in looking after the people with hepatitis C from the blood, members of the general public spoken to recently were surprised to learn that no Hep C victim has seen a cent.

Before Christmas 1998, secondarily infected HIV people got millions out of the fund, the cost of removing the health minister's foot from his mouth. The class action lawyers, destitute I'm certain, got money to pay their expenses. I'm sure that other companies involved in the paper shuffle have also received money, but not the victims for whom the fund was intended.

Even the money set out for Hep C education and support organisations is finding its way to everybody else but us. The few Hep C organizations lucky enough to get any funding got \$5,000, while fifty times that, \$250,000 is being handed to the already heavily financed AIDS organisations. You would think, with 300,000 Canadians having the disease Hep C, that there would be people able to look after this for themselves. Of course there is an equation here. Those that got little or no money are the ones yelling rape over what the Liberal government has done to the victims of the blood system: the total elimination of the pre-'86 and post-'90 from compensation, despite Krever's recommendations, the numerous clauses in the package that re-victimise the '86 to '90 group, and the particularly sleazy manner in which they've dealt with the children.

What the government has done to Canadians infected through years of criminal neglect of the blood will be a blot on the Canadian way of life, and those involved in its creation for decades to come.

*Bruce DeVenne  
1-(902)-863-6376  
bdevenne@sprint.ca*

## PENTICTON CLAIM FORM PARTY

The Pentiction Hepatitis C Support group invites you to attend our '86 to '90 Claim Form Party. We will be celebrating at the Pentiction Health Centre on Saturday, May 6th, 2000, from 1-4 PM. On hand we will have "experts" to walk you through the application process (it is about 30 pages of instructions and 10 pages of writing). We will have a volunteer lawyer on hand to assist with any questions you may have.

Please bring your application and a photocopy of it, pencils and erasers, and a snack. Everyone is welcome to attend!!!

For further information, please contact Leslie Gibbenhuck (250) 490-9054.

## COMPENSATION

### BRITISH COLUMBIA

Grant Kovacs Norell  
Bruce Lemer  
Grosvenor Building  
400- 900 Howe Street  
Vancouver, BC, V6Z 2M4  
Phone: (604) 609-6699 Fax: (604) 609-6688



Before August 1, 1986 or 1990-1991  
Klein Lyons  
David A Klein  
Legal Assistants: Lisa Porteous and Candace Wall  
1100 - 1333 West Broadway, Vancouver, BC V6H 4C1  
(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

### 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.

RCMP Task Force TIPS Hotline (Toll free)  
1-(888) 530-1111 or 1 (905) 953-7388  
Mon-Fri 7 AM-10 PM EST

### CLASS ACTION/COMPENSATION

*If you would like more information about class action/compensation, you can contact me:*

*Leslie Gibbenhuck Tel. (250) 490-9054  
E-mail: bchepec@telus.net*

*Anyone who has started a lookback and wants it completed, let me know. I need your name, address, birth date, transfusion dates, and traceback number and they have guaranteed us they will move on it right away!!!*

National Compensation Hotline  
Tel. 1-(888) 726- 2656

### ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1(888)726-2656 or 1 (877) 434-0944. [www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)

