hepc.bull

BC's Hepatitis C News Bulletin

"Promoting HCV Wellness"

JUNE 2000 **Issue No. 24**

IS YOUR DONOR CARD SIGNED?

By Amaranth

On April 24, 2000, I attended an evening of celebration and hope for past donors and recipients of, as well as people presently on waiting lists for, organ transplants.

Seven months earlier, on Sept. 23, 1999, at Hamilton General Hospital, after 5 days in a coma, Gerard Dennis Cote ("Inky"), my dear lover and husband died. With great respect, the hospital staff filled out my answers to the 5 page consent forms to "harvest" his organs, because I could not let go of his hands for several hours after he died.

At this "Celebration of Courage" evening in April, I was supposed to receive a medal for that gift of his organs. I almost didn't go. I needed no such medal. In the end, I went, but asked my 16 year old son, Norman, to accept the medal on his father's behalf. It is now Norman's "war medal" to treasure forever, in memory of his Dad's last and greatest battle.

Several things shocked me that night. First was the numbers. I'd envisioned a "graduation-type" medal presentation, with line-ups of hundreds, accepting a quick hand shake with one hand, the medal with the other, and exiting "stage left."

There were only 5 of us. FIVE! I sat aghast, wondering where all the families were from those daily full newspaper pages of obituaries. We live in the Hamilton/

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INFO LINE

Do you need copies of medical articles to show to your doctor, or for any other reason, and don't have internet access? Call us at (250) 361-4808, leave a detailed message of what you need, with your complete name and address, and we'll do our best to send you the appropriate articles. This service is free, other than any long distance charge that you might incur.

NEWS FROM OTTAWA

By Joe Hache

I know what you usually hear from Ottawa but this is NOT bull; it's an article FOR "the *bull*"!

It has turned into an exciting month here in Ottawa. Joey faxed a letter to Ottawa Mayor Jim Watson asking him to proclaim May 1st as Hepatitis C Awareness Day in Ottawa, which he did within days! This was done in support of Peter Stoffer's Bill C-232 to have May declared as Hepatitis Awareness Month (as well as Susan White's great campaign of awareness—way to go, Susan and the many who helped across Canada!). Although we were late, we were glad to join the other cities across Canada. Look out next year! As an aside, Mayor Watson presented Joey with an award at the Ottawa Spirit of the Capital Youth Awards, held just 2 nights later. Again, as you can imagine, hepatitis C was the topic, and even more awareness was raised.

Also on May 1st (good timing!), Joey was the first victim in Canada to drop off his paperwork to the Administrator. Yes, there are real people, in a real office answering those phones. We have had a couple of meetings with them, and I heard good things—things like: "we're in the people business; we're looking at inclusion, not exclusion". They have told me that they will use common sense and really work with people. If they receive a claim that is missing something, they have assured me that they will work closely with the person to get the required paperwork. First impressions were good, but the proof will be in the pudding. If you have problems, check out our new national website at http://www.hepcan.com. Our goal will be to make sure that everyone gets what they are entitled to. No, we don't promise the moon, but if you have a legitimate complaint (or think you do), let us know and we'll do our best to help.

On the subject of the website, this is a website for all Hep C victims. We will advocate for compensation for those excluded by the package, as well as keep tabs on how the administration is handling the claims for those within the package. We will provide a forum of education and support for all, as well as advocate to have May recognized as Hepatitis Awareness Month in Canada. After all, it is only through raising awareness

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FOOD FOR HEALTH

By Will Lawson

There is a saying that advises "Let your food be your medicine." Chinese Traditional and Ayurvedic medicine have understood the medicinal value of everyday foods for many centuries. Modern science has just recently realized that the value of a proper diet goes beyond the mere provision of vitamins, minerals, and fibre.

Here are some common foods and what they do:

- *capaisin, capsicum* in cayenne pepper, habaneros, and serrano chiles: protect DNA from carcinogens, act as an antioxidant, aid digestion and circulation
- *coumarins* in citrus fruits and tomatoes: help to prevent blood clotting and stimulate the body's production of anti-cancer enzymes
- *flavinoids* in citrus fruits, tomatoes, berries, peppers, and carrots: help to prevent cancer-promoting hormones from attaching themselves to normal "healthy" cells, and to inhibit the production of enzymes that cause cancer cell metastases
- *genistein* in peas, beans, and lentils: inhibits estrogen-promoted cancers
- *indole* in Brussel sprouts, broccoli, cabbage, cauliflower, and kale: helps protect against breast and prostate cancers
- *isothiocyanates* in broccoli, sprouts, cabbages, cauliflower, mustards, and horseradish: stimulate anti-cancer enzymes
- *ligmans* in barley, wheat, and flax seed: antioxidant and stimulates enzymes that detoxify cancer cells
- *lycopene* in tomatoes and red grapefruit: antioxidant and helps protect against cervical cancer
- *5-allycysteine* in garlic, chives, and onions: stimulates anti-cancer enzymes and helps block the formation of nitrite in the stomach (but Chinese medicine warns against garlic when there are liver-related eye problems)
- *triterpenoids* in licorice root and citrus fruits: inhibit hormone-dependent steps in formation of various tumours
- *curcumin curcuminoids* in turmeric: anti-viral properties, may aid HIV-compromised immune systems, help to inhibit cancer growth, can reduce cholesterol levels by as much as 30%, can dramatically reduce arthritic pain
- *oligomeric proanthocyandins* in grape seeds,

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☐"I enclose a donation of $_____so that others may receive the bulletin."

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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: 2nd and 4th Wednesdays of each month, 7-9 PM, Chilliwack United Church 45835 Spadina. NEXT MEETINGS: June 14th and 28th. Contact: 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: June 20th. Drop in daily for coffee. Contact: Ingrid or Nicky, 335-9167, nickyrussell@sprint.ca

Cowichan Valley Hepatitis C Support Contact: Debbie, 715-1307, or Leah, 748-3432, 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

Enderby HepCURE Meetings: Last Sunday of each month, 2-4 PM, for High Tea, The Raven Gallery, 701 George St. NEXT MEETING: June 25th. Contact: Marjorie, 558-7488, www.junction.net/hepcure/index.html

HepCBC Hepatitis C Education and Prevention INFO Line. Need medical articles? Contact: David, (250) 361-4808, info@hepcbc.org

Kelowna HeCSC Meetings: First Saturday of each month, 2-4 PM, Rose Avenue Education Room, Kelowna General Hospital. NEXT MEETING: June 3rd. Contact: Doreen, 769-6809 or eriseley@bcinternet.com

Kootenay Boundary Meetings: Second and fourth Tuesday of each month, 7 PM, 1159 Pine Ave. NEXT MEETINGS: June 13th and 27th. Contact: Brian, 368-1141, 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: June 8th. Contact: Susan, 245-7654, 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: June 12th. Contact: Dianne Morrissettie, 525-3790.

Parksville/Qualicum 102a-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

Penticton Hep C Family Support Group Meetings: Second Wednesday of each month, 7-9 PM, Penticton Health Unit, Board rooms. NEXT MEETING: June 14th. Contact: Leslie, 490-9054, 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: June 13th. Contact: Sandra, 962-9630 or Ilse, 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: June 10th. Contact: Brad, 295-6510, citizenk@nethop.net

Sechelt Group: **First Meeting**, Wednesday June 7th, 7 PM, Gibsons Health Unit. Contact Bill, 704-9042

Slocan Valley Support Group Meetings: Third Tuesday of each month, 7-9 PM, W.E. Graham Community School Youth Centre. NEXT MEETING: June 20th Contact: Ken, 355-2732, keen@netidea.com

Smithers Contact: Doreen, 847-2132 or aws@mail.bulkley.net

Sunshine Coast NEXT MEETING: Contact: Kathy, 886-3211, kathy_rietze@uniserve.com

Vancouver CLF Meetings: Second Thursday of each month, 7:30 PM, Nurses' Residence, VGH (12th & Heather). Signs will direct you. NEXT MEETING: June 8th. Contact: CLF, 681-4588, or Herb, 241-7766, HMoeller@compuserve.com

Vancouver Morning Support Group Meetings: Last Wednesday of each month, 10:30-12:30, BC CDC Building, 655 West 12th (Park in Cambie St. City Square Mall)**. NO meeting in June or July**. Contact: Darlene, 608-3544, djnicol@attglobal.net, or info@hepcvsg.org.

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, 3402-27th Ave. NEXT MEETINGS: June 14th and 28th. Contact: Sharon, 542-3092, sggrant@netcom.ca

Victoria HeCSC Contact: 388-4311, hepcvic@idmail

OTHER PROVINCES

Cape Breton Hepatitis C Society Meetings: Second Tuesday of each month. NEXT MEETING: June 13th. 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: June 8th. 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: June 8th. Contact**:** Jim 743-0319, tndrhart@idirect.com, or Smilin' Sandi, 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) Parking: Meter parking (underground and surface) roughly $3 per evening. Free street parking. NEXT MEETING: June 15th. Contact: Cathy Gommerud, yzcat@telusplanet.net or Jackie Neufeld, 939-3379

Greater Moncton, N.B. HeCSC Meetings: First Thursday of each month, 7 PM. Place to be changed. NEXT MEETING: June 1st. Contact Debi, 1 (888) 461-4372 or 858-8519, monchepc@nbnet.nb.ca

Halifax Atlantic Hep C Coalition Meetings: Third Saturday of each month, 1-3 PM, Dickson Centre, VG Hospital, Rm 5110. NEXT MEETING: June 17th. Contact: 443-5140 or ahcc@ns.sympatico.ca

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: June 29th. Contact: Rhonda, 295-4260 or hepcnf@becon.org

Hepatitis C Society of Ottawa-Carleton Centertown Comm. Health Centre, 420 Cooper St. (Ottawa) between Bank and Kent St. One on one peer counselling Mon. afternoons. NEXT MEETING: June 20th. Contact: 233-9703 or sue.rainville@sympatico.ca

Kentville Atlantic Hep C Coalition Meetings: Second Tuesday of each month, 6:30-8 PM, Kingstec Campus, Rm 214. NEXT MEETING: June 13th. Contact: 542-4431 or ahcc@ns.sympatico.ca

Kitchener Area Chapter Meetings: Third Wednesday of each month, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. NEXT MEETING: June 21st. Contact: Carolyn, 893-9136 lollipop@golden.net

SQUEEKY'S CORNER

On April 30th HepCBC held its first annual Silent Auction & Benefit Concert. It was a complete success.

All the tickets were sold almost immediately, and, as for the program and the donors, we had nothing but pleasant surprises.

The hall at the Church of Truth was beautiful, and the verger extremely helpful. Everything went off almost without a hitch, thanks to the excellent planning and organising of Alex Olson from the Victoria Symphony, Paul Hyatt, from the Empress Hotel, and Jack McMillan, Linda Styles, David Hillman and Gordon Mastine from HepCBC

Donations for the auction we had aplenty—Dinners for Two at some very fine spots; computer equipment, art prints, clothing, CD's, and other items to spice up your life.

The music…what can I say? All the musicians were either members of, or associated with, the Victoria Symphony, and many, if not most, were also of international repute. The program ranged from medieval recorder and Celtic harp music, to modern tangos; from exquisite soprano duos (the *Flower Duet from Lakme*, by Leo Delibes, which brought tears to many eyes) to the virtuoso violin performances of Jeanette Bernal of the Vancouver Symphony playing *Danse Espanole* by Manuel de Falla, and Pablo Diemecke, the concertmaster of the Victoria Symphony, giving an impeccable performance of Kreisler's *Gypsy Airs*.

Our own Joan King, President of HepCBC, managed to fiddle around for most of the evening. First she and Kate Rhodes treated us to some lovely Bartok duos, and then Joan helped treat the audience to the premier of Darren Buhr's *String Quartet #1*, a wonderfully lyrical piece in two movements in which the influence of late German Romanticism was clearly evident.

The Argenta String Quartet (made up of the members of the original Island Chambers Players) treated us to a series of tangos which included a demonstration of this exotic and erotic art.

Also on the schedule was the very popular group Veronica Tangent with the Strung Out Orchestra, known for its upbeat electric-eclectic interpretations of Pop and Beatles tunes, and the HepCats, whose Meow is worse than their bite.

The general opinion was that a good time was had by all, and all were in favour of doing this again next year.

And you're invited!

All the best,

C.D. Mazoff

GREAT NEWS!!

Our dear friend **Sharen Barnard** from Victoria, who received a liver transplant a few years ago, just gave us the news that she has responded to Rebetron, and has tested NEGATIVE!!

Congratulations, Sharen!

***(Donor**—Continued from page 1)*

Mississauga/Toronto "Golden Horseshoe" region. Surely in such a concentration of humanity, organ donation is not so rare as this?

Next were the shocking speeches full of statistics that left me gaping.

- In 1998, 3,582 people in Canada were on waiting lists for organs. 107 died waiting.
- Since then, there's been a 73% GROWTH in the waiting list, but the numbers of donors has stayed exactly the same since 1993!
- In 1999, the organ donation rate in Canada has been (ARE YOU GUYS READY TO GET ANGRY??) 14 people per million deaths!
- In the U.S. up to 27,000 POTENTIAL organ donors (healthy, but hit by cars, etc.) die each year, but the families of only 17% actually donate!
- St. Joseph's Hospital in Hamilton has staff, equipment, etc., to do up to 160 organ transplants per year. Last year they only received enough organs to do 75!

But most shocking and confusing to me was all the endless talk of "courage and heroism" that we "donor families display in our moment of greatest crisis."

WHAT COURAGE? I am no hero. Neither was my husband. He was a very ordinary man, who once loved me, as I did him. And then one day he died, luckily for him as a result of a mercifully quick car/bike accident. He was tired, anyway.

You see, for the last 6 years of his life, Gerard had fought one terrifying battle—hepatitis C. But this illness made us spend many, many evenings discussing death, the dying process, the afterlife, and funeral practices.

He always wanted to be an organ donor. His list of reasons was so long, but I'll only speak of three of them.

Gerard loved "Mother Earth." This was his essence, his philosophy. The existence of every grain of sand, every ladybug, every drop of dew was of personal concern to him. Thus, this environmentalist "tree hugger" would perplexedly ask me "Why would I fret all my days about recycling a piece of paper, or a pop can, but selfishly not recycle me?"

Gerard was also much troubled by, and confused about, the existence of gods, and angels, and heavens, and the afterlife. So his central dogma, his "religion," was all about love. Not the love between lovers and spouses. It was a grander love for all of mankind, that manifested itself in all he did, and all he believed. It was the premise upon which he built his hatred of war and violence, his respect for all races and creeds, his gentle kindness. He was my John Lennon. Thus I understood when he'd say, "After I'm dead, donating my organs to research Hep C, or to actually transplant into Hep C sufferers, will be the only way I'll still have to tell the world that I still love them."

Lastly, Gerard was a terrified man. His Hep C came with huge scary words that sat ever present on his shoulder. Biopsy. Liver failure. Cancer. Cirrhosis. Transplant—all pernicious words that whispered themselves into his dreams. His fate, and that of all Hep C'ers, kept him awake many nights.

It took me a very long time to figure out that he was not at all afraid of death, as a state of being. It was the dying process that scared him; or more precisely, how miserable the medical profession would make that process for him, AND for my son and me.

Gerard would say, "Doctors have it all wrong. As we're dying, they frantically poke and puncture, and cut and connect, and reconnect machines, tubes, arteries and ducts. They torture us sick ones, and leave visions of horror to haunt our loved ones forever. Then once we died, they back off, and become reverent, quiet and gentle. THAT'S ALL BACKWARDS! Noella," he'd

(Continued on page 6)

Thank you for making HepCBC's Benefit Concert & Silent Auction a success:

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Brian Norman

We're going on vacation. There will be no July issue of the *hepc. bull*. Stay tuned for the August 2000 issue!

CLINICAL TRIALS

DEFEROXAMINE DECREASES IRON

In studies with 27 patients with iron overload, Dr. Massimo Franchini and his colleagues in Verona found that patients given deferoxamine had their ferritin concentrations drop from an average of 1631.5 mcg/L to below 1,000 mcg/L in 73% of the patients, and below 500 mcg./L in 42% of the patients, and to normal levels in 26% of the patients. The authors decided that measuring serum ferritin is not an accurate way to measure stored iron. They think **levels of free iron should be measured** to decide if deferoxamine is effective, and that more trials are needed which liver, heart and endocrine functions are taken into account.

Source: WESTPORT, May 08 (Reuters Health) "Bolus of Deferoxamine Reduces Ferritin Levels in Patients With Iron Overload," Dr. Massimo Franchini, et al,. Blood *May 1, 2000;95:2776-2779.*

TWINRIX: HEP A & B VACCINE

There may be a more effective vaccine for both hepatitis A and B. Presently, patients must take 2 or three vaccines for each disease over a period of 6 months. The new vaccine, called Twinrix, is given in three injections over a period of 3 weeks. Besides taking effect more quickly and combining the vaccines, resulting in fewer injections, the vaccine may be more effective. Dr. Jand Juckerman, of the Royal Free Hospital School of Medicine, London, UK, and her fellow workers studied 497 volunteers, some receiving the older vaccines, Havrix, for Hep A, and Engerix-B for Hep B, and some receiving the new Twinrix. All vaccines were given on days 0, 7 and 21. The **Twinrix produced a stronger immune response** in that amount of time. **This may be of benefit to Hep C sufferers, since we often do not respond to normal doses of Hep A and B vaccines**. It is hoped that the new vaccine will be available by the end of the year.

Another phase I/II study in two Canadian hospitals showed that **CpG 7909, an immune stimulant, may make the hepatitis B vaccine more active, sooner, and with fewer doses**. This study was sponsored by Coley Pharmaceutical Group. The study used CpG 7909 combined with Engerix-B.

"The first combined vaccine against hepatitis A and B: an overview" .Vaccine 1999 Mar 26;17(13-14):1657-62(ISSN: 0264-410X) Thoelen S; et al., and "Study Results Show Earlier and Improved Immune Protection With Vaccines" May 4, 2000 MedscapeWire Coley Pharmaceutical Group (CPG)

INTERLEUKIN 10 REDUCES FIBROSIS

A study was done on 24 Hep C patients, non-responders to standard IFN therapy, at the University of Florida, Gainesville. The results showed **interleukin 10 (IL-10) reduced liver inflammation and scarring in most of those patients**. The patients took injections of 4 or 8 mcg/kg per day during 90 days. At the end of treatment, 19 of the 22 patients who finished the study had normal ALT levels and their inflammation decreased by 2 points or more in 11 patients. IL-10 caused reductions of collagen and hyaluronic acid in the blood. The **therapy was proven safe and seemed to have few if any side effects**. It did not, however, get rid of the virus. The conclusion was that IL-10 may be useful in the treatment of hepatitis C. More studies are already in progress which will determine the safety and efficacy of long-term IL-10 therapy.

Source: Gastroenterology April 2000;118:655-660. IL-10 Reduces Fibrosis in Patients With Interferon-Refractory Hepatitis C

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ROCHE'S PEGASYS vs. SCHERING'S PEG INTRON

Both Hoffman-La Roche (Roche) and Schering Plough have pegylated interferons to treat Hep C. Roche's version is called "Pegasys", and Schering's is called "Peg Intron". Pegylated IFN stays in the body longer, so the patient only injects the medication once a week. The side effects are similar to those of standard IFN therapy. Both companies have announced preliminary results for their Phase III trials.

Schering's study was a double-blind study, in several centres, with 1219 patients who never received therapy before. The treatment lasted 48 weeks, with half receiving a standard dose of interferon alone. The goal was for the patient to remain negative for the virus 24 weeks after finishing the treatment. 70% had genotype 1, which is the most difficult to treat. 74% had a viral load of more than 2 million copies/ml. The results showed Peg Intron to be more effective than Intron A. It is hoped that a combination of Peg Intron with ribavirin will be more effective still.

The Pegasys trial studied 531 patients with no prior therapy in several centres, including Canada. Around half of the patients received Roche's interferon alfa-2a (Roferon) starting with a high dose for 12 weeks, followed by a standard dose for 36 weeks. The other patients 180 micrograms of Pegasys once a week for 48 weeks. Sixty percent of the patients had genotype 1 in the Roferon group, and 63% in the Pegasys group. Viral loads averaged 8.2 million/ml and 7.4 million/ml, respectively. Fourteen percent on Roferon and 12 % on Pegasys had cirrhosis. Sustained responses were 27% of the Roferon patients, and 66% of the Pegasys patients. The side effects in both groups were similar. The results showed Pegasys to be more effective than Roferon, and equally safe.

None of the studies reported biopsy findings after treatment, and viral loads do not necessarily predict the amount of liver damage present. Apparently, the Peg Intron patients who stopped treatment were not included when percentages were calculated, so the response rates may be overestimated. The Pegasys indicates that all patients treated were included in their sustained response rates. Liver enzyme levels were not reported in either study.

It's hard to make a direct comparison of the two products. **Pegasys looks superior, with a sustained response of 39%, compared to 23-25% for Peg Intron,** but the beginning viral loads were not presented for the Peg Intron study. The sustained response rates for genotype 1 are still unknown. The Peg Intron trial had more than twice as many patients as the Pegasys trial, and the Pegasys trial included a high-dose initial period.

It is **suspected that both treatments will be more effective if they are combined with ribavirin or Maxamine**, or maybe even both. Trials with Schering products began in January 1999. Roche has also begun studies combining Pegasys with ribavirin. Approvals for both treatments are being sought.

The Hepatitis C Action and Advocacy Coalition (HAAC) and other groups are lobbying Roche to request an expanded access (EA) program for Pegasys.

Baker, Ronald, PhD and Harvey S. Bartnof, MD "Promising Results Reported from Trials of Two 'Peg' Interferons for Treatment of HCV Roche's Pegasys shows sustained response rate of 39% compared to 25% for Schering's Peg Intron", http://journals.munksgaard.k/easl/html/home.htm

NEW VICTORIA WOMEN'S SUPPORT GROUPS

let's get together for tea. For more information call Joan: 595-3882

(OTTAWA—*Continued from page 1)*
and educating people that we will stop the spread of this disease. It is also only through awareness that we will get sufficient funding to help those with the disease.

We have people from right across Canada wanting to get involved. This is not meant to be an association that will preach to members, but a coalition of members (individuals and associations) that will share information for the betterment of all. As you'll see on the website, the mission of the site is simple: to provide a Canadian voice for advocacy, education and support for hepatitis C victims.

'Till next time ...

WHEATGRASS

By Will Lawson

Wheatgrass is grown from wheat berries. Harvest the wheatgrass after seven days of growth. Then, since its fibre is indigestible by humans, liquefy 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 (HepC 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) www.californiacleanse.com/health.html

Look For Me On The Wind
by Bonnie April Johnson

Look for me on the wind
When I have left this earthly plane
Look for me on the wind.
Look to the ocean's angry surf,
And know that I am there.
Look to the forest, and in each lush tree
Find comfort in my presence.
Feel the sun, its deepening warmth,
And know that I am near.
I'll live on in your tears, your laughter, and in your heart
Your memories will hold
The essence of what and all I was.

Only a Bridge
by Bonnie April Johnson

Only a bridge, transcending to a higher greater plain.
The sorrow is on this side, for those who still remain.
Only a bridge, built upon the secrets of God's plan.
A journey we shall all be taking, be it woman, child or man.
Only a bridge, cemented in the certainty of fate.
Our loved ones on the other side, so patiently they wait.

After Bonnie passed away, her mother, Flo, gave me permission to share these poems of Bonnie's with you today. Susan

A TIP FROM BRUCE

By BruceDevenne

Here is a health suggestion for anybody, but a necessity for people with liver problems. The liver filters out the vast majority of toxins we ingest, even those we breathe in. To assist the liver and reduce its workload, observe the following:

Whenever and wherever possible, avoid using sprays. This includes kitchen cleaners, pesticides, paint and any other chemicals. When painting, even with a brush, use latex or water based paints wherever possible, and avoid any and all sprays. If you must use them, wear a respirator. This is not simply a dust mask, which simply picks up relatively large air-borne particles. With a proper respirator, you can't even smell the substance you are working with. They are available at Canadian Tire for $35-$45. I prefer the rubber face mask style, myself. I even wear mine when spraying the lawn outside. I look like a big bug, but it takes a large load off of my liver.

(**FOOD FOR HEALTH**—*Continued from page 1)*

grape skins and pine bark (pycnogenol) (OPC's) and vitamin C in large doses (5+grams/day): very powerful antioxidative effects

- bilberry: treats a variety of disorders of the eye and helps to increase the flexibility of capillaries
- green and other teas: may inhibit cancer growth and protect the heart
- mushrooms: maitake can experimentally block cancer growth and may enhance immune function; shiitake can help to lower cholesterol; reishi may prevent certain cancers and may lower blood pressure and cholesterol levels
- *L-cysteine* (which in turn produces the free-radical fighter *glutathione*), *ginko biloba* (neurotransmitter conditions), *selenium, superoxide dismutase (SOD), olive leaf extract,* and *zinc*: promising anti-oxidants

Anti-oxidants in foods

The following is a list of foods rich in the assortment of anti-oxidants. Select from the broadest variety of these foods. People with blood clotting disorders (stroke, phlebitis, pulmonary embolisms) or who are on blood thinning chemotherapy for cancer or other blood thinning drugs (warfarin/coumadin, heparin) should limit intake of Vitamin K-rich dark leafy greens and high doses of Vitamin C, as these enhance clotting ability.

- *beta carotene*: in apricots, peaches, papaya, mango, all darkly coloured fruit (blue, black, ollalie, raspberries), sweet potatoes, yams, carrots, collard greens, kale, chard (red and white), mustard greens, beet greens, spinach, pumpkin, spaghetti squash, acorn squash, kobucha squash, Italian yellow squash, yellow summer squash sweet and hot red and green peppers, dark orange/red and darkly coloured leafy green vegetables
- *vitamin C*: in guavas, oranges, grapefruit, tangerines, tangelos, sweet and hot red and green peppers, cantaloupe, papaya, strawberries, Brussels sprouts, rose hips.
- *bioflavenoids*: in the white pulp lining the peel of citrus fruits, the white core of grapefruit, buckwheat groats, kasha
- *vitamin E*: in wheat germ/oil, soybean/oil, sunflower seeds/oil, corn oil, safflower oil, almonds , pumpkin seeds, cashews, flax seeds, beans/legumes (slight)
- *selenium*: in Brazil nuts, puffed whole wheat, whole grains (wheat, rye, oats, barley, millet, quinoa, amaranth, triticale, rice), tuna (light), oysters (cooked), chicken liver (cooked), clams (canned), mussels (cooked), garlic, onion
- *glutathione*: in avocado, asparagus, watermelon, grapefruit, oranges, strawberries, peaches, okra, white potatoes, squash, cauliflower, broccoli, raw tomatoes, garlic, onion
- *quercertin*: in yellow and red onions (not white), shallots, red grapes (not white), broccoli, Italian yellow squash, yellow summer squash
- *ubiquinone-CO-Q-10*: in sardines, mackerel, peanuts, pistachio nuts, soybeans, walnuts, sesame seeds
- *SOD*: in liver (chicken, calves, beef), sprouted wheat and other grains (raw or steamed only), brewer's yeast
- *spices*: basil, chili peppers, clove, cumin, ginger, licorice, marjoram, nutmeg, pepper, peppermint, sage, spearmint, turmeric

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

WHO'S WHO AT HEPCBC

Joan King, ARCT, President

Joan, a Hep C sufferer, served on the HeCSC, Victoria Chapter steering committee from 1995 to 1999, where she was in turn Librarian, Phone Committee Head, and Secretary/Treasurer. Joan also gave birth to the *hepc.bull* and the HepCBC pamphlet series. She helped form the Trials and Research Group (HepC TRG), and was one of the founders of the HepCAN list. Besides her activities as a member of the Victoria Symphony, and as a violin teacher at the Victoria Conservatory of Music, she has two grown children and a new grandson. Her dream is that a cure be found.

Gordon Mastine (Major, ret'd), Vice-president

Gordon is a retired, staff-trained Canadian forces field officer. Over the past 12 years, Gordon has volunteered with several community and church organisations, including the Navigators. He is dedicated to justice for all Hep C victims, and to finding a cure.

J.R. McMillan, Secretary

Jack McMillan is a lawyer with the firm Wood-McMillan. Jack served on the Board of Directors of the Inter-Cultural Association of Greater Victoria for eight years—six years as treasurer and two years as president—from 1988 to 1995.

Linda Styles, Treasurer

Linda has been a volunteer with many organisations, including the Intercultural Association and Women in Need. She is currently an employee of the Provincial Employees Community Service Fund, a non-profit organisation of the BC government.

David Hillman, MA, MAC, Director at large

Founding Director of Victoria Persons with AIDS Society; served as Secretary to the Board for three terms; developed and maintains the only comprehensive HIV/AIDS treatment information library on Vancouver Island.

Dr. C.D. Mazoff, PhD, DipTh, Executive Director

David, the author of two books, and numerous essays, articles, and reviews, has taught at several universities, including Concordia, McGill, and University of Northern BC. David (*aka "squeeky"*) was also an active recreational triathlete and community volunteer. Since his diagnosis with HCV, David has been involved with HeCSC in Montreal and in Victoria, where he was Chair. He designed the HepCBC website, established the HepCAN list, put the hepc.bull online, designed an effective database, and manages the computer network. David is also co-author of the HepCBC pamphlet series and designed the Bus Ad campaign. He has been active in the community as an educator and fundraiser.

HEPCBC ANNUAL GENERAL MEETING

Please join us for our first Annual General Meeting, to take place on Wednesday, July 12, 2000, in the Woodward Room, Begbie Building, Royal Jubilee Hospital in Victoria, from 7 to 10 PM.

Please remember: Only registered members of HepCBC can vote—no exceptions. There will be a members' list and voting cards at the door. Having a paid subscription to *hepc.bull* is **not** the same as being a registered member of HepCBC. A person must register for membership at least 30 days prior to the AGM in order to vote.

"If I can worry endlessly about recycling pop cans and paper, why wouldn' t I recycle me?"
--Inky

ASK THE ADVOCATE

CPP DISABILITY BENEFITS
The Canada Pension Plan disability benefits appeal system, Part 3:

WHEN IS A DISABILITY "PROLONGUED"?

by Sheila Puga, Community Law Clinic, Vancouver
©Legal Services Society

Once the minister has established that an applicant meets the minimum qualifying period (MQP), he or she goes on to determine whether the applicant's disability is severe and prolonged, as defined under section 42(2)(a) of the Canada Pension Plan Act. When is a disability considered prolonged?

Section 42(2)(a)(ii) states: "a disability is prolonged only if it is determined in prescribed manner that the disability is likely to be long continued and of indefinite duration or is likely to result in death."

A disability will be considered prolonged, therefore, only if it is either (a) "long continued and of indefinite duration"; or (b) "likely to result in death." Of these two tests for "prolonged," the second is the most straightforward. If the medical condition is likely to result in death, such as some forms of cancer or AIDS, then the condition will be considered prolonged. The more difficult task is determining what "long continued" and "of indefinite duration" mean.

To find the answer to this question, let's review some past decisions of the Pension Appeals Board (PAB). Published PAB decisions can be found in the *Canadian Employment Benefits & Pension Guide Reports*, published by CCH Canadian Ltd. (cited here as CCH). CCH publishes various decisions in which the PAB has addressed a number of important issues under the legislation, including the interpretation of key sections of the act.

The Pension Appeals Board has refused to define "prolonged" as any specific length of time.

(Continued on page 7)

***(Donor**—Continued from page 3)*

beg me, "please let me die surrounded by peacefulness, and love and gentleness and respect. Then when I'm gone, leave the room, and let the doctors do all their slicing and dicing. My spirit won't feel it then. You won't have to witness it. And others can live as a result of it."

When I first rushed into the emergency ward on Sept. 18, I had only two refrains for any white lab-coated lapel I could grab. First I'd say "He has Hep C. Get gloves on. Use all the precautions." My next sentence to everyone was "If he doesn't make it, he's a donor." I knew this would get him the best of care, as they'd try to keep those vital organs working and viable, whether for him, for the researchers, or for those on waiting lists.

There was no soul wrenching, no courage, no decision, and certainly no heroism. There was only the FACT of HIS decision, made years earlier, that he'd communicated to me so often, and with such clarity.

I was no courageous heroine. I was merely his voice.

Signing an organ donor card is not enough. Hospital staff are all rushing about, too frantic to search for a card. (We couldn't even find Gerard's wallet after the accident!) Doctors MIGHT be asking your family, and they'll be wasting precious time trying to ask tactfully and gently. It should not be this way. How simple the process would be if the decision is made AND CONVEYED long before it has to be implemented. Being a donor was as much a FACT about my husband, as being Gerard Cote.

Gerard's now a forgotten, ordinary man to the rest of the world. But to me and to my son, he is our hero. He is the standard of morality that we try to emulate. Both our organ donor cards are signed. And in the meantime, we eat carefully, exercise well and stay healthy to keep those organs in good shape FOR YOU, our fellow humans. We will be there for you, after we die. That is how we will say to each of you "I still love you!"

I am so honoured, and humbled to have learned this morality from this gentle man.

Noella R. Baker,
Oakville, Ontario, Canada.

"Donating my organs for research and transplant would be the ONLY way I'd have to tell the world that I still love them."
---Inky

WHERE HAS ALL OUR FUNDING GONE?

British Columbia Projects - April 28,2000

1. East Kootenay Community Health Services Society in North Cranbrook - $149,362 to develop a three-year **Hepatitis C** education initiative.

2. Bulkley Valley **AIDS** Society in Smithers - $140,789 for **Hep C** prevention and support.

3. West Kootenay/Boundary **AIDS** Network Outreach and Support Society in Nelson - $136,071 for **Hep C** support, prevention and education.

4. Northern Interior Regional Health Board in Prince George -$136,071 for **Hep C** prevention.

5. **AIDS** Resource Centre (ARC) Okanagan & Region in Kelowna - $136,162 for **Hep C** education awareness, prevention and support.

6. **AIDS** Vancouver Island in Victoria - $100,022 for IVDU education for those infected with or at risk for **HCV.**

7. Coast Garibaldi Health Services Society in Gibsons - $44,770 **Hep C** support and education in the Powell River region.

8. North Island **AIDS** Coalition Society/ Courtenay - $45,357 for **hepatitis** support in Comox, Courtenay and northern Vancouver Island.

9. Various Community Based Organizations - $40,000 for 9 organizations in Victoria, Penticton, Ladysmith, Armstrong, Vernon, and the Lower Mainland for **Hep C** support activities and resource distribution.

Source: Nanaimo Daily News

DUSTY HILL DIAGNOSED

ZZ Top's bassist Dusty Hill has been diagnosed with Hep C. The group has postponed its planned European tour. Dusty stated that his prognosis is very good, and he hopes to return to work. The group reports that Dusty's plans include "new and advanced drugs and extended rest," and a complete recovery.

ZZ Top had played around 100 concerts on its 30th anniversary tour when Dusty Hill complained of fatigue and saw a doctor.

Source: Reuters, Friday May 12 07:49 PM EDT "ZZ Top Scraps Euro Tour"

THE CO-INFECTION SECTION

By C.D. Mazoff, PhD

My trip up to www.hivandhepatitis.com this week found two very interesting articles. The first, "HCV Infection Prevalent in 35.6 % of Broad-Based HIV Positive Patient Cohort in US," by Ronald Baker, PhD, shows that HIV patients aged 40-49 years represent a high-risk group with more than 50% having active HCV infection, and that 100% of those in the study with a CD4 count below 100 cells per microliter were co-infected with HCV.

Baker's article is based on a report Kenneth Sherman, MD, presented at an oral session of the *10th International Symposium on Viral Hepatitis and Liver Disease* in Atlanta (April 9-13, 2000). One of the major points was that until recently there was no data to confirm the widely recognized fact that HIV positive individuals are at higher risk for infection with HCV.

The conclusions of the study are that "based on the results of HCV testing of the study sample, **35.6% of HIV positive patients in the US may be co-infected** with HCV," and that **"broad-based screening for HCV in HIV positive patients is warranted."**

In the second article, "Co-infected Patients May Have False Negative Antibody Tests for HCV," Harvey S. Bartnof, MD, reviews a report from researchers from the University of Iowa who found a 6% rate of false negative HCV EIA antibody tests in 275 HIV positive persons who had a positive test for HCV RNA (George S and others. "Antibody negative HCV infection in HIV-positive individuals." Abstract 127, *10th International Symposium on Viral Hepatitis and Liver Disease*; April 9-14, 2000; Atlanta, Georgia). There had been some concern that, due to immune dysfunction associated with HIV infection, the HCV EIA test might be negative in patients truly co-infected with both viruses, but that the positive HCV RNA test would indicate active HCV infection, even though the antibody test was negative

The study did not find any associations between HCV RNA positivity/HCV antibody negativity and each of the following: CD4 count, HIV RNA level, age, gender (sex) or ALT (alanine aminotransferase, liver enzyme) level. However, it showed that among HIV positive/HCV antibody negative persons, there was a higher rate of injection drug use among HCV RNA positive persons (18%) than among HCV RNA negative persons (7%).

Despite limitations to the study (recent infection in the "window" period, and unavailability of multiple blood samples, and the use of an in-house, rather than a standardized test kit), Dr. Bartnof feels that the findings are provocative and call into question the standard of using only an HCV antibody test to screen HIV positive patients for HCV co-infection. In short: **HIV patients should be screened for HCV using a PCR test**.

*(***DISABILITY BENEFITS***—Continued from page 6)*
However, the term "long continued" implies a condition that is more than transitory.

Whether or not a disability is prolonged will always depend on the particular facts of each case. Those facts must reveal, at the very least, an element of uncertainty in the duration of the condition (see *Minister of National Health & Welfare v. George Beaulne* [1982], #8888, CCH, pages 6597 - 98). The purpose of the legislation is not to provide compensation during the period of recovery from an injury. Rather, the question that we should ask is whether the applicant has a medical condition that prevents him or her from performing a substantially gainful occupation now, and that is likely to persist for an indefinite period of time (*Minister of Human Resources Development v. Josephine C. Scott* [1998], #8716, CCH, pages 6397 - 98).

In *Ann Lauzon v. Minister of National Health & Welfare* (1991), #9202, CCH, pages 6203 - 06, the PAB held that, to establish that a disability is prolonged, the medical prognosis at the time of treatment must be unable to project whether the applicant will, within a foreseeable and reasonable time, recover enough to be able to pursue or engage in some form of work, or substantially gainful employment. In other words, if a return to the workforce, in any capacity, within a reasonable time, is medically uncertain, then the disability may be considered prolonged (page 6204). If, on the other hand, the medical prognosis is that the person will be able to return to the work force within a reasonably foreseeable time, then the disability cannot be considered prolonged.

So, what happens in a case where the medical evidence suggests the person will recover sufficiently to return to the workforce within a specific time, but he or she does not? Again, the particular facts of each case must be carefully considered.

In *Arthur M. Ward v. Minister of National Health & Welfare* (1989), #8570, CCH, pages 6056 - 57, the PAB found that the medical evidence clearly indicated that the applicant was expected to recover within a specified time frame. However, the recovery period was extended because of continuing symptoms. In making its determination in this case, the PAB held that the postponement of the recovery period from time to time due to persistent symptoms does not mean that the applicant's disability existed for a long continued and indefinite period. Of note in this case is that the applicant's disability prevented him from working for eleven months.

In another case, *Minister of National Health & Welfare v. Ronald G. Perchak* (1989), #8565, CCH, pages 6048 - 50, the PAB found that the applicant did have a prolonged disability when the expected recovery did not occur. In this case, the applicant had sustained a traumatic below-knee amputation. He did not recover enough to return to work within six months as originally predicted. His recovery was plagued by numerous complications. The PAB concluded that his disability was prolonged, not because he had sustained a permanent amputation, but because he had demonstrated to the PAB that he had not recovered enough from his injury to return to any

(Continued on page 8)

PENTICTON CLAIM FORM PARTY

Hi All,

We had a very successful first Hepatitis C 86 to 90 Claim Form Party—complete with red and yellow balloons! I am thrilled to report we had 25 claimants attend. I supplied photocopied claim forms, 3 dozen pencils, white out, and a sign-in sheet. We brought water and muffins.

Of those attending, three had not received any claim forms, and eighteen received two sets of claim forms. Only four received a single set of forms.

All were transfused. No haemophiliacs attended our "party."

Folks traveled from Kamloops, Vernon, Keremeos, and Princeton, not to mention Summerland, Peachland and Kelowna.

I was careful to explain that I was simply a "facilitator" and that I possessed no special talents, and I could in no way guarantee them compensation. I was just there to assist a process.

It took the full 3 hours to work through page by page, answering questions as we went along. There was only one question that I could not answer: What if the victim is receiving a WCB pension as well as medical and benefits for an **industrial accident,** and as a result of that accident was transfused with HCV? Do they have to report this on TRAN 1 - Page 3 - Section E - # 22 and #23?

Most questions concerned individual forms. Everyone came armed with lots of medical records, but few had what they needed.

Only some of those attending had PCR's done. Few even knew what they were!!

I have a problem with the way the claim forms are written on TRAN 2 - Treating Physician. In Section C it states "Each HCV Infected Person must have either a positive HCV Antibody Test or a positive PCR Test acceptable to the Administrator to be eligible for compensation. These tests also establish entitlement to one of the two lower compensation disease levels (the Administrator will arrange for a PCR test to be performed if it is necessary to determine a disease compensation level and if an acceptable test has not already been performed)."

I (and others) interpret this to mean there is a "choice," but does not clearly state that, without a PCR test being done, one would only receive **level one** benefits. A PCR test is a "must," not a "choice," and, for victims, can mean the difference between $10,000.00 and $30,000.00!

These forms directed at the Physician should clearly identify the fact that everyone in line for compensation **must have a PCR test done**. There is no way to determine Level Two Qualification without it!

I want to add, the reason I decided to host this event was that I believed many elderly and infirm would find this process overwhelming. I was not surprised, then, that 21 of the attendees were over the age of 65!

We supplied a Commissioner of Oaths complete with bible to swear each person, and, as I knew all the attendees, I signed as a witness. The party ended at 4:00pm and, I believe, everyone went home a little wiser and a whole lot more relieved!

Thanks to Robin for bringing a case of water!!!

Looking forward to doing it again, in Victoria.

Regards,

Leslie

*(***DISABILITY**—*Continued from page 7)*

type of work within a reasonable and foreseeable time.

In *Minister of Employment & Immigration v. Gaspich* (1994), #8539, CCH, pages 6016 - 18, the PAB noted that when the applicant applied for disability benefits in 1990, the medical evidence suggested that she would eventually be able to return to some type of work. However, the evidence presented to the PAB indicated that she had not recovered and remained disabled. In essence, the PAB found that surgery and treatment had failed to achieve the desired and anticipated results. In addition, more recent medical evidence was not definitive about her future. Therefore, the PAB concluded that her condition was prolonged.

As all of this suggests, whether a medical condition is considered "prolonged" will always depend upon the particular case facts. The fact that a medical condition is of a long duration (i. e., it will last several months or years) is not enough on its own. It must also be established that the condition is of indefinite duration. That means there must be a degree of uncertainty about when the applicant will be able to return to some type of work. If both of these factors can be established, then the condition will probably be considered "prolonged."

REPORTED CASES OF NEWLY DIAGNOSED INFECTIONS IN BC IN 1997:

AIDS 43
HEPATITIS C 8286

http://cythera.ic.gc.ca/spansweb/ndis/c_dis_e.html

THIS JUST IN:

The Victoria signing party was a huge success. Between 40 and 50 people showed up and everything went smoothly. Thanks so much to Leslie for undertaking this exhausting project, and to all those involved in the calling and planning of this event. Special thanks to Jack McMillan for helping in an official capacity—*pro bono*—and to Sue White, Dave Fitzgerald & Trisha Plunkett for getting the members to show up. Ron Thiel could not attend since he is quite ill. Please keep him in your thoughts and prayers.

PS: the Administrators did not attend because, as they said, there is "no budget to cover costs."—squeeky

COMPENSATION

BRITISH COLUMBIA

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: (604) 609-6699 Fax: (604) 609-6688

Before August 1, 1986 or 1990-1991
David A Klein/ Klein Lyons
Legal Assistants: Lisa Porteous and & Candace Wall
Vancouver, BC (604) 874-7171, 1-(800) 468-4466, Fax (604) 874-7180

also:

William Dermody/Dempster, Dermody, Riley and Buntain
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
Toronto, Ontario
Phone: (416) 595-2300, Fax: (416) 595-0527

TRACEBACK PROCEDURES:

INQUIRIES-CONTACT:

The Canadian Blood Services
Vancouver, BC
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, or help with a lookback, contact:
Leslie Gibbenhuck Tel. (250) 490-9054
E-mail: bchepc@telus.net
She needs your name, address, birth date, transfusion dates, and traceback number.

National Compensation Hotline: 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 info@hepc8690.com