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Canada's Hepatitis C News Bulletin www.hepcbc.ca

BEST MEDICINES COALITION MEETING

by Marjorie Harris, HepHope Reporter

Activity Report

Once again it was a pleasure to be a patient voice at the Best Medicines Coalition (BMC) meetings in Toronto, Canada, November 27th - 28th, 2008. BMC membership grew this year to 23 disease/health organizations from across Canada. Working groups were formed to work on common goals relating to health policy, with the goal of ensuring access to treatments for patients in Canada. Check out the BMC website for organization members and ongoing projects: www.bestmedicines.ca.

Hepatitis C Key Awareness Messages

Marjorie Harris contributed the Hepatitis C Key Messages list compiled by Joan King, editor of the hepc.bull. Please refer to "The List" included in this article. Thanks to Dr David Mazoff from the HCV Advocate, who generously helped with the final edit.

First time BMC attendee Deb Schmitz, executive director Hepatitis C Council of BC, reiterated that access to treatment and care are still big issues for those living with Hep C in British Columbia. Pharmacare treatment criteria remain a major barrier to accessing therapeutics, denying therapy to many who do not qualify under the current restrictive Pharmacare guidelines.

The HCV population is shifting away from persons infected by the blood supply, the IDU group becoming a patient majority. This is a difficult population for politicians to understand because epidemiological data and surveillance for Hep C is poor and lagging behind in B.C., Deb says, creating a gap in the data. Without accurate data, the government's ability to make effective policy decisions is seriously hampered. Advocacy is also very difficult in the absence of complete statistics.

Protect Canada's Health Care System

The BMC fundraising banquet dinner held at the CNE was a great success. It was well supported with 140+ members of the health and pharma communities attending. The event offered a unique opportunity to meet

new contacts and renew old friendships. The guest speaker was CBC Radio and TV News host Rex Murphy, a Rhodes Scholar, and a passionate and eloquent speaker, who showed his brilliance as a master storyteller. His empathy for his fellow man shone through as he recounted memories from his childhood, growing up in pre-confederation Newfoundland, where he witnessed widespread medical misery due to lack of access to healthcare. At that time in Newfoundland, access to medicine and health care was rare in the rural areas, and the possibility of increasing access to care was one major determinant for joining Canadian confederation. The picture Rex painted vividly demonstrated the miracle of modern medicine that we as Canadians enjoy today. He reminded us that the story was quite different only a very few short decades ago, a time when the luck of seeing a nurse or doctor was infrequent, and antibiotics and vaccines were virtually non-existent. He called forth into our hearts and minds a compassionate picture of the healthcare that exists in Canada today and how far we have come. Rex emphasized how Canadian healthcare developed largely based on our sense of neighbourliness, and that as a nation we have a great altruism at the core of our Canadian health care policy. He explained that this great altruism has become a civic virtue

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VITAMIN D: Not Just for Bones

by Alp

This fall I started taking what many would consider "high dose" Vitamin D. I got the feeling I should after listening to a show on CBC radio in which a researcher was speaking about his (and others') findings that the 400 IU Vitamin D a day currently recommended as the daily requirement was in his mind way too low. An IU is an "International Unit".

The fact that certain diseases are more predominant in more northern areas and might be linked to lower sunlight exposure was also brought up, as well as a study in which it was found the average person generates a HUGE amount of Vitamin D during a one-hour sunbathing session. I cannot remember the number but it was at least in the tens of thousands of IU. Vitamin D is created in the skin on exposure to a certain frequency range of UV light, found in sunlight. The question was raised that if the human body generated that much Vitamin D in one hour of sun exposure, then why was the rec-

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MARILYN TIMMS

August 28, 1940-September 26, 2008

Marilyn Timms was one of HepCBC's most faithful members, and we will miss her kind support. She leaves behind another of our favourite people—her daughter, Lori, and her son Rick, along with two grandchildren and many dear friends and relatives. Marilyn had been recently diagnosed with liver cancer, and even though she had a live donor, she was not referred to a transplant team. It was too late. One of the things her friends remembered her for, as we do, was her generosity. Marilyn always included a lottery ticket each time she gave us a donation. Once we won \$5.00! She also was a cat lover, and her family asks that donations in her memory be made to the SPCA.

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(Note: The *hepc.bull* is mailed with no reference to hepatitis on the envelope.)

You may also subscribe on line via PayPal at www.hepcbc.ca

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LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you do not want your letter and/or name to appear in the bulletin.

NEW!! FAQ version 8.1!!

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

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2007; the FAQ V8; the slide presentations developed by Alan Francis; and all of HepCBC's pamphlets. The Resource CD costs \$10, including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

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THANKS!!

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Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Margison Bros. Printers, The Four Mile Restaurant, Roche Canada (for special support with our newsletter and phone line), Pacific Coast Net, Royal Bank, Schering Canada, Shoppers Drug Mart, Victoria Bridge Centre, the Victoria Conservatory, and the Victoria Symphony. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com



CUPID'S CORNER

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

To place an ad, write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send a cheque payable to HepCBC, and mail to HepCBC, Attn. Joan, #306-620 View Street, Victoria, BC V8W 1J6, (250) 595-3892. Give us your name, tel. number, and address.

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.

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Got Hep C? Single? Visit:

<http://groups.yahoo.com/group/HepCingles2>

<http://groups.yahoo.com/group/NewHepSingles/>

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

CHAT: <http://forums.delphiforums.com/hepatitiscen1/chat>

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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

(BEST MEDICINES—Continued from page 1)

from which we all benefit, and is a basic theme of our humanitarian nature and our willingness to help a neighbour in need. This sense of civic virtue is not found in many parts of the world today, nor in our own not-too-distant past. Rex firmly reminded us that this core of altruism must be recognized and protected as we seek to make improvements on a healthcare system that is already a modern miracle at hand—a sobering thought to ponder. Thanks Rex!

New Hepatitis C Treatment on 2009 Horizon: **Albuzeron**

I was fortunate to meet a contact who provided an update on the progress of the highly anticipated release of the new hepatitis C treatment, **Albuzeron**. This is a longer-acting interferon alpha that requires only half as many injections as **Pegasys** (peginterferon alfa 2a) and is doing well in clinical paired with **ribavirin**. **Novartis** and **HGS** pharmaceutical companies entered into a worldwide co-development agreement in 2006. **HGS** developed a proprietary albumin-fusion technology to make the interferon alpha long acting. It is expected that **Albuzeron** will be released to the global market in the fall of 2009 after two pivotal Phase 3 trials are complete. For more information visit: <http://www.hgsi.com/albuzerona.html>

In the Spotlight:

Bill C-51 and Catastrophic Drug Coverage

The Best Medicines Coalition's current working groups will cover the following issues: Pharmacists prescribing drugs; Generic Drug Pricing; Federal Special Access Program for medications unavailable any other way for Canadians; and the Federal Common Drug Review, as well as many more related health policy issues. Two of the presentation topics were the following:

- **Bill C-51**: The original **Bill C-51** died with the last election, but will return in a new format this year. The original bill addressed regulation of drugs, herbs, nutraceuticals and natural health products. **Maurice Maher**, Health Canada, Therapeutic Products Directorate, gave an overview presentation as to the scope of the **Bill**, the next steps in the redrafting process and its eventual re-entry into the federal governmental House processes for potential approval. This **Bill** is important to all health communities, as it is often the case that the patient needs better nutrition for sustaining quality of life in the disease or recovery process.

- **Catastrophic Drug Coverage**: "Catastrophic" used in this way refers to the financial burden of drug costs on individuals and families. Presenter **Ron Rosenes**, Vice-Chair, Canadian Treatment Action Council (CTAC), gave an in-depth presentation on a

proposal for a national Catastrophic Drug Coverage program which is a project being developed by CTAC. A report from CTAC compared drug coverage plans from five countries. The report also looked at drug coverage (or lack of) throughout Canada, looking at both federal and provincial level drug formularies. The main theme uncovered was that there is an overwhelming need to extend the breadth and depth of "drug coverage" within all Canadian formularies. It was found that access to drugs varies widely across the provinces, and there is an urgent need across the board for consistent, accessible, affordable, standardized treatment. This project is seen as an important, long-term project that will require the active support of the greater health community over time to bring government policy in line with patient needs.

HEPATITIS C KEY AWARENESS MESSAGES

1989 - 2008
WE ARE STILL WAITING

Hepatitis C is a serious national problem. We need national, long term awareness campaigns, funding and strategies to dispel the myths. We must address medical issues, assure better quality of life, and target high risk groups for infection prevention.

Dispel the myths. Here are the truths:

- There is no vaccine for hepatitis C.
- There is no cure for hepatitis C.
- Hepatitis C does not affect just the liver.
- Hepatitis C can kill.
- Hepatitis C affects people from all walks of life; stigma needs to be replaced with empathy and caring

Address Medical issues:

- Protect Canada's public healthcare system.
- Stop privatization.
- Ensure consistent, accessible, affordable, standardized treatment throughout Canada
- Search for a Cure, not just Band Aid solutions.
- Emphasize therapies for Hep C that do not endanger mental health and vision.
- Deliver **Epoetin** and **Neupogen** treatment to support the patient through the full term of therapy.
- Provide continuing education for doctors, including consultation with patients and renowned specialists world-wide.
- Provide universal testing.
- Ensure proper sterilization and implementation of universal precautions (Medical, Dental, Beauticians...)
- Recognize Hep C as an Official Cause of Death.

- Implement Best Medicines Practices to prevent the spread of Hep C.

Improve Quality of Life:

- Address how to cope with hepatitis C. (Healthy Choices, Avoiding Toxins...)
- Provide resources for alternative treatments.
- Provide economic assistance for dental, vision, home care, drug costs.
- Provide assistance with disability issues.

Target Special Groups:

Provide information for athletes. (Olympics/steroid and performance enhancers)

Excellent Online Web Resources:

Hepatitis C Education & Prevention Society <http://www.hepcbc.ca/>
HCV Advocate, for Living Positively, Being Well <http://www.hcvadvocate.org/>



STAY-ABED STEW

This is the kind of meal where you throw everything in a pot, wait three hours, and eat it with fresh bread for dunking. Yum!



Ingredients:
1 lb stewing beef
1lb potatoes
1 lb carrots
1lb turnip
1 large onion
1 can tomato soup

Cut everything into

chunks.

Mix it up with the soup. It does not need spices. It makes its own gravy. Bake at 300 F. for three hours. Eat with biscuits smeared with butter. You'll be glad you did.

This recipe is from Karen Stacey of the Happy Liver Society and the Stacey House, which help provide housing for those undergoing liver transplants.

www.happyliversociety.org



(VITAMIN D—Continued from page 1)

ommended DAILY dose only 400 IU?

I started taking about 2000 to 3000 IU a day somewhere around the end of last summer or early autumn. Within about a week or so I noticed an improvement. By December I knew I was onto something. I had gone from having more bad days than tolerable days, and often thinking that I couldn't last much longer, to having more tolerable days, far fewer bad days and even a few straight runs of great days. I won't go into symptoms. My major complaints, I was told by my doctors, didn't fit in with my HCV, and my blood work indicated I should be as healthy as an ox. I'd like to see that ox, I often thought. Poor thing. Not like any ox I could imagine! I felt HORRID more often than not. Perhaps they meant as healthy as an ox that had HCV for 30 years with bouts of chronic pain and insomnia, among other symptoms.

Well, as I said, the last few months have been unusually good for me. I still get bad days, but they are further apart. I hope this trend continues. It has been YEARS since I have felt this good. I think it's the Vitamin D.

Sometime late last November or early December, I found out that a clinical trial is being conducted in which they are going to look at whether adding Vitamin D to standard therapy increases the chances of achieving a sustained virological response (a cure) when added to standard HCV therapy. Look up NCT00804752 at <http://clinicaltrials.gov> website for more info on this trial. The trial outline states that "We hypothesize that patients with chronic HCV have a low level of Vitamin D, and that by raising their Vitamin D levels by adding it to their standard treatment of pegylated interferon and ribavirin, there will be an increase in their sustained virological response."

This info really caught my attention. I had failed several attempts at HCV therapy. Now I found myself feeling better than ever, possibly due to Vitamin D, and I wondered... I think somebody might be onto something here!

It now seems a lack of Vitamin D may not only lead to impaired bone growth, but it may be linked to several other problems such as high blood pressure, TB, cancer, periodontal disease, multiple sclerosis, chronic pain, depression, schizophrenia, seasonal affective disorder, peripheral artery disease and several autoimmune diseases including type 1 diabetes. There is an association between low Vitamin D levels and Parkinson's disease. I have even read that Vitamin D deficiency can contribute to restless leg syndrome and muscle spasms.

I also found that American researchers have confirmed that living with chronic hepatitis C is usually accompanied by a Vitamin D deficiency.

The investigators found the following:

- 92.4 percent of those with chronic liver disease had some degree of Vitamin D deficiency.
- At least 33 percent of participants were severely deficient in Vitamin D.
- Severe Vitamin D deficiency was more common among those with cirrhosis.

Lead researcher Dr. Satheesh P. Nair commented, "Since deficiency is common among these patients, Vitamin D replacement may hopefully prevent osteoporosis and other bone complications related to end stage liver disease."

Vitamin D (actually called Vitamin D3) isn't the whole story, either. Vitamin D is converted by the liver to 1,25-dihydroxyvitamin D3, which is the active form of the vitamin. Vitamin D3 is a pro-hormone. It is not known to have any biological activity itself. Rather, it is the metabolites which are active. In total about 37 Vitamin D3 metabolites have been isolated and characterized.

Those with impaired liver function can have poor conversion of Vitamin D3 into 1,25-dihydroxyvitamin D3 or any of its other biologically active metabolites.

1,25-dihydroxyvitamin D3 has been found to have an immunological role. 1,25-dihydroxyvitamin D3 seems to modulate immunity principally via regulating T-cell function. Vitamin D Receptor (VDR) has been found to be expressed on virtually every type of cell involved in immunity. The immunomodulatory actions of Vitamin D are elicited through its direct action on T-cell and antigen-presenting cell functions. Thus, 1,25-dihydroxyvitamin D3 may have an important physiologic role in immunoregulation and therapeutic targeting in immune-mediated diseases.

In the kidney, 1,25dihydroxyvitamin D3 is further hydroxylated to 1-alpha,25-dihydroxyvitamin D3, (calcitriol), the most biologically active form of the vitamin.

Vitamin D regulates T cells both directly and indirectly via antigen-presenting cells. When Vitamin D is deficient or signals through the VDR are weakened, Th1 cell actions are intensified, whereas regulatory T cells and Th2 cells are diminished, thus favoring an autoimmune Th1 response. This leads to a pro-inflammatory response!! 1-alpha,25-dihydroxyvitamin D3, (calcitriol), increases regulatory T cells and Th2 cells (anti-inflammatory cytokines)

while suppressing Th1 cell activities. VDRs are required to maintain a physiologic balance of Th1 and Th2 cell responses, and furthermore, in the absence of the VDR, Th2 cell functions are diminished.

I find it very interesting to find that Vitamin D is important in more than just bone growth.

Many of these findings are relatively recent, however I think there has been enough hints about this on radio and the news that G.Ps and hepatologists should be taking notice. I am glad I stumbled onto this and hope I continue to feel as well as I currently do. Fingers crossed.

With the knowledge that those with liver disease may be more susceptible to Vitamin D deficiency, perhaps a test for 1,25-dihydroxyvitamin D3 should be included with our regular blood work and maybe even for those without liver problems!

I also hope that Vitamin D is shown to increase SVR in that clinical trial they are holding in Israel. I wonder, if it does show to be effective in increasing SVR, if it also helps those of African decent who tend not to respond as well to treatment. There are some slight differences in the biochemistry that goes on in Negroid skin that may have an effect on Vitamin D production. Melanin blocks UV light.

Is it safe to take all this Vitamin D? What about toxicity?

A study was conducted with adolescents in which it was found that 2000 IU Vitamin D per day for a year is safe and results in desirable Vitamin D levels.

Further reading:

- <http://ncp.sagepub.com/cgi/content/full/22/3/305>
Nutrition in Clinical Practice, Vol. 22, No. 3, 305-322 (2007) DOI: 10.1177/0115426507022003305
- http://www.hepatitis-central.com/mt/archives/2008/10/hepatitis_c_and_11.html
- <http://vitamind.ucr.edu/biochem.html>
- <http://ncp.sagepub.com/cgi/content/full/22/3/305>
- http://en.wikipedia.org/wiki/Vitamin_D
- <http://vitamind.ucr.edu/biochem.html>

Happy Valentine's Day



HEPATITIS C and TRANSFUSIONS

Anyone who received a blood transfusion or a blood product before 1992 is considered to be in a high risk group for hepatitis C. Blood banks in Canada began screening donors for certain markers as early as 1986, but contaminated blood still found its way through to patients. In May 1990, screening tests for HCV antibodies came into use, and mathematical modeling shows that screened blood might still transmit HCV to 1 in 100,000 to 200,000 recipients—even today. (Source: www.nature.com/nm/journal/v6/n10/full/nm1000_1082.html 2000)

The history of the tainted blood scandal in Canada sounds like the makings of a novel. Unfortunately, it is true.

Late in the 1940's a study was released warning of the greatly increased dangers of Post Transfusion Infection (PTI) with hepatitis in commercially purchased blood and blood sourced from prisons. They determined this by using elevated bilirubin levels to detect the hepatitis. In 1955 Dr. Wroblewski and Dr. Ladue published a paper on PTI hepatitis using tests for elevated ALT and AST values, called surrogate testing. A test to detect hepatitis B was developed. Surrogate testing showed that PTI of hepatitis was still present and it was called non-B hepatitis. A test to detect hepatitis A was developed and surrogate testing confirmed that there was still PTI with hepatitis. There were now three classes of hepatitis: A, B and Non-A/Non-B. HCV comprised 90% of Non-A/Non-B PTI. West Germany adopted surrogate testing in 1965 (testing for elevated ALT and AST levels) to screen out hepatitis non-A/non-B from their blood systems. Other European countries followed suit over the next 15 years.

The Canadian Red Cross banned use of prison blood in 1971. Around 1974 or 5 the term hepatitis C was first coined by Prince but was quickly discarded because it was soon realized that there was more than one non-A/non-B virus.

In 1979 the Canadian Medical Association journal published a complete instruction guide on using surrogate testing to detect PTI of non-A/non-B hepatitis. Then in 1981 world experts in virology such as Dr. Harvey J. Alter pushed for surrogate testing of all blood products in the USA but only some centers like the New York blood center adopted screening.

In the spring of 1985 the federal government licensed an anti-hemophilia agent called Haemate P. It was heat treated using the "wet method" which killed both enveloped and non-enveloped viruses. This product sat on the shelves, unused. It didn't show up in Nova Scotia until 1992-93 and many patients never heard about it until years later, after being told they were infected. One young man was diagnosed with hemophilia A in the fall of 1986, over a year after this product was licensed, but he was given untreated cryoprecipitate for the first four years of his life with the result that he has chronic hepatitis C—when there was no need whatsoever.

In 1986, with a supply of HIV-tested product in

their possession, but unable to get anybody to guarantee payment to cover the cost of destroying the untested dangerous product they had in stock, the Canadian Red Cross dispensed the untested product to be used before the safer product would be dispensed. Things were not changing very fast in the transfusion area.

The USA became the last of the industrialized nations to adopt surrogate testing to screen their blood supply for non-A/non-B hepatitis. Canada joined Spain and Japan in refusing their citizens this extra measure of safety.

Tests by Harvey J. Alter in 1988 showed PTI of hepatitis non-A/non-B to be twice as high in Canada as in the United States despite the USA's use of commercially purchased blood.

Finally in 1992 a test for the Hep C virus was introduced. Prior to this they were looking only for surface antigens and/or antibodies in the blood. The following year, the Canadian Federal Government announced the creation of the Commission of Inquiry on the Blood System in Canada. The preliminary public hearings began for the Krever Inquiry, and the first witnesses were heard. The public hearings ended in 1995, and the Federal Court hearings began in 1996. It was ruled that Judge Krever was free to assign blame, if he wished, to 14 Red Cross officials and three from the federal government. It forbade the inquiry from making allegations against 47 other people. In November of 1996, the Government of Nova Scotia and the Red Cross were sued by five individuals including young hemophiliacs kept on Cryoprecipitate when Haemate P was available. In the Krever Report, published in 1997, Justice Horace Krever recommended compensation for all victims of tainted blood in Canada, without prejudice. The report was ignored.

In 1998, Allan Rock, then Justice Minister, announced a compensation package, which excluded pre-86 and post-90 victims and was riddled with clauses that required the victims to accept all responsibility for the package while forgiving all past and future wrongdoings by the government and its agencies. The process involved in filing a claim was so complicated that it exhausted and confused the victims. Class Action lawyers appeared and the victims vanished. The lawyers came out with a package that would enrich themselves by over \$50,000,000. Payment to the lawyers occurred well before any victim saw a penny. In September of that year, the Canadian Red Cross filed for bankruptcy.

A one billion dollar lawsuit was launched against the federal government, Connaught and Continental Pharma Cryosan in 1999, for importing and manufacturing US prison plasma and exposing thousands to HIV and HCV. Crawford Class Action Services was appointed as administrator for the '86-'90 settlement. That spring, the National Convention on CJD Infected Blood Products was held in Toronto. The Federal Department of Health decided to re-release the contaminated products, despite the World Health Organization's recommendations

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PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-payment they might have, whether through their provincial coverage (i.e., Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimbursement. The income maximum is \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 1-866-872-5773

PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

COMPETITION!

HepCBC is looking for writers for the next issue of the *hepc.bull*, and is willing to pay \$50.00 for a featured article. The article should be original, consist of 500 to 800 words, and of course, be about hepatitis C. It may be, for example, about the author's experience with hepatitis C, a study (with references) on some aspect of the disease, or a call for action. Submissions should be in by the 15th of next month, *stating interest in the bonus*. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

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

February is a month that overflows with love. It's Valentines Day, and hearts and romance are everywhere you look. Lots of couples plan romantic dinners and give lovely gifts to show their affection. When people share their love, it's a beautiful thing.

Most of us lead busy lives in a fast-paced world. After long hours at the job, there are all the other day-to-day activities that take up our time and energy. We are usually the last on our own list of being taken care of.

When was the last time you gave a gift of love to yourself? When was the last time you looked in the mirror and acknowledged or even cared about the person looking back at you? When was the last time you had kind thoughts of yourself? If you can't answer, it's time to change.

I'm not suggesting you run away from responsibilities and head to a week-long pampering spa, although that would be divine. What I am suggesting is capturing moments.

When you look in the mirror stop for just a moment. Who do you see? Is that a positive experience or not? If you are not able to look your self in the eye, tap with EFT. When you do say something kind to your self, what does it bring up? If it's not a positive experience or you are unable to say anything kind, tap with EFT. If you choose to do something nice, like taking yourself out for a "coffee date" but feel guilty or selfish, tap with EFT.

Sometimes life gets so busy that we forget who we are. We lose connection to that childlike innocence of joy and self acceptance. It is time to start taking steps to get to know that part again.

When emotions are triggered or you are not able to take even baby steps, EFT helps to create a bridge to release the negative self talk and move to a calmer place of self acceptance. EFT allows you to speak your truth but without judgment. Building or re-establishing a relationship takes effort, time and patience, but the reward of internal peace and freedom are well worth it.

Here is what an EFT tapping session on steps toward self acceptance could be like: (See www.pivotpoint4u.com for tapping points and a full description of how EFT works)

Tap the Karate Chop (side of the hand), the Set-up Phrase (repeated up to 3 times),

then the Tapping Phrase Sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm), and repeat for as many rounds as needed, adding new words or phrases as they come up, until a more balanced feeling is present. Once neutralized, go on to the next set-up and tapping phrase.

Karate Chop Set-up:

"Even though I am really good at taking care of everyone else, I don't know how to take care of just me, and I deeply and completely love and accept myself."

Tapping a phrase on each point:

I don't deserve to be taken care of; I don't have time for myself; There is so much to do; I am selfish for wanting something just for me; I can't find that joyful part of me; I am a total failure; I am ashamed of my hepatitis C; It's just too hard; I can't take care of myself.

Karate Chop Set-up:

"Even though I don't know how to love and accept myself, I deeply and profoundly love and accept myself anyway."

Tapping a phrase on each point:

I can't accept myself as I am; I'm not worthy of love; I am worthy of love; It's easier to take care of others; I can learn to accept myself; I don't deserve love; What if I can start to like myself in little ways?; I will never learn to be kind to myself; I choose to be loving to me.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present, the following positive phrases can be introduced until it feels complete.

Tapping a Positive Phrase on each point:

It feels so good to have this inner peace; I love this feeling of serenity; I allow beauty to radiate from inside me; I care deeply for myself; I choose to be self loving; It feels so good to be kind to myself; I adore all parts of me; I am compassionate to myself; I am so grateful for this peaceful feeling.

All relationships take work, involving communication, being kind, and spending quality time together. The most important relationship you can have is with yourself, and when you create that state of inner peace, acceptance and love, then all those good things overflow to the other important people in your life. It is easier, and a lot more fun, to give from an overflowing cup than trying to take water from an empty well.

With EFT tapping, you can start building

or enhancing that quality connection with yourself. Since February is all about love, it's a great time to start filling up your inner cup, and it makes the sharing so much more enjoyable!

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis. You must mention this article, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information: (604) 913-3060 pivotpoint4u@gmail.com

 Amore / Love

AVI: HEP C WORKSHOPS

Over the next month, part-time AIDS Vancouver Island educator Hermione Jefferis will be organizing and co-facilitating some hepatitis C workshops developed to target higher risk groups such as sex workers, drug users, youth, and, people of aboriginal and First Nations heritage.

On the weekend of February 14th and 15th those participants, along with the rest of our community, will be welcomed to attend further workshops about Hep C at Begbie House at 1550 Begbie Street in Victoria, BC. We are planning to have doctors, nurses, nutritionists, community support workers, and complimentary health practitioners available to provide relevant information about Hep C transmission, treatment options, and Hep C co-infection with HIV. As well as some hands-on experiences with acupuncturists, massage therapists, nutritionists and other healthcare providers, we will also talk about the skills you need to become peer supporters, and we will share ideas about good self-care when living with a chronic illness.

There will be healthful food provided and possibly bus tickets for those who need them. Pre-registration is required, and a limited number of seats are being offered.

For more information, to refer someone, or to pre-register, please contact Hermione at 250-384-2366 or email her at hermione.jefferis@avi.org. Details will be posted at www.avi.org as things get firmed up. AVI offices in Courtney/Campbell River and Port Hardy will also be running Hep C workshops. This Valentine's Day, make a date to come and learn more about Hep C and how to take good, loving care of yourself.

of 1998. That summer the Canadian Blood Services (CBS), which replaced the Red Cross, told people they might have to pay for safer blood products out of their own pockets. They requested permission to be added to the lengthy list of those allowed to dip into the Hep C compensation pool. It seemed like everybody except the victims with Hep C were in the pool. In the meantime, the Canadian government was stating that the blood system was as safe as it could be. Also in 1998, The Supreme Courts of BC and Ontario were hearing arguments for and against the proposed '86-'90 settlement, and Quebec announced pre-'86/post-'90 compensation, and began the payouts in the year 2000. The lawyers went to court to request a payment of \$52.5 million, even though they had already been advanced 4 million dollars. Their request was approved in all three jurisdictions. The claim forms were sent out to '86-'90 potential claimants. Ontario upped aid to pre-'86/post-'90 hepatitis C victims to \$25,000. The Red Cross pre-'86/post-'90 victims voted on a \$79 million package. In 2001, Manitoba announced approval of compensation of \$10,000 for each victim infected pre-'86/post-'90. Also in 2001, the RCMP announced there would be no charges in the destruction of documents. The Supreme Court of Canada upheld the guilty verdict against the Canadian Red Cross. Politician and physician John Hamm of Nova Scotia told the victims of tainted blood that he would not spend the "care not cash" money on them; rather, it would go to general revenue. Around this time the \$79-million Red Cross-led settlement for Hep C tainted blood victims was approved by an Ontario judge.

In 2004, Federal Health Minister Dosanjh announced that the federal government would negotiate with representatives of people infected with HCV through tainted blood received "outside the window". Then in 2005 the Canadian Red Cross was formally sentenced for distributing blood products contaminated with HIV and hepatitis C. A court in Hamilton, Ontario, fined the agency the C\$5,000, the maximum allowed. The trial of Dr. Roger Perrault, the doctor at the centre of the tainted blood scandal, began in Toronto in 2006, after months of legal wrangling and delays. In 2007, Judge Mary Lou Benotto acquitted Former Canadian Dr Roger Perrault, along with Dr John Furesz, Dr Donald Wark Boucher, Dr Michael Rodell and Armour Pharmaceutical on all counts in Ontario Superior Court. Soon after, the forgotten Hep C victims from "outside the window" were granted a settlement of 1 billion dollars compensation. People began to see part of that money in 2008, twelve years after the Krever Investigation.

It remains to be seen how infections of our blood supply with yet-to-be-discovered organisms will be handled.

If you wish to find out more about the issues of government cover-ups and the trade in prison blood, please email Bruce DeVenne at b1devenne@ns.sympatico.ca Many thanks to Bruce, who compiled most of the data in this article, which he kindly contributed to HepCBC's FAQs.



What we do.

The Hepatitis C Council of British Columbia is incorporated under the Society Act as the Pacific Hepatitis C Network. The following is an excerpt from our constitution which outlines our purpose as a society:

CONSTITUTION OF THE PACIFIC HEPATITIS C NETWORK

1. The name of the Society is the Pacific Hepatitis C Network.
2. The purposes of the society are:
 - To provide education and support to people living with HCV, their families, HCV-focused community-based organizations and healthcare providers.
 - To provide opportunities for the sharing of information and mutual support that lead to reduced numbers of new HCV infections and improved health and treatment outcomes for people living with HCV
 - To increase community awareness and understanding of HCV and its effects upon people.
 - To provide a strong, central voice for people living with HCV within the organizational structure of the Pacific Hepatitis C Network, through the use of a Positive Forum, composed of HCV-antibody positive individuals (people who have been or are currently infected with the hepatitis C virus) which meet to set key priorities for all members to consider.

We provide information and support for people who maintain Peer Support groups but we do not run the groups.

We provide information to and network with health care professionals and Health Authorities throughout the province.

We advocate for improved treatments & fair access to health care.

We work with organizations such as The World Health Organization, & The Best Medicines Coalition to set and prioritize standards of care for those infected with Hepatitis C and their caregivers.

We look at government issues surrounding all aspects of this disease.

Our Annual Conferences focus on a different theme each year within our guidelines as listed above. Past conferences have focused on treatment issues and peer support, counseling and harm reduction etc.

By coming together at these conferences we extend our networking and increase awareness of the Council and its purpose. We are an umbrella organization in that we provide information, advocacy, and health management resources. Our research is credible and is the result of consultation with professionals and the dedicated work of our Board of Directors. Health guide information is compiled from experience shared by many people living with this disease and is provided to you for your use in offering peer support.

Our website contains resources to further assist people infected with and affected by Hepatitis C. Please visit us at: <http://www.bchepcouncil.ca>

Wendy Mackay, Co-chair, HCCBC, President PHCN

LAW FIRMS

1986-1990

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699
Fax: 1-604-609-6688

Pre-1986/Post-1990

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/class/settled/hepc/

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

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

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 – 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

Canadian Blood Services Lookback/Traceback & Info Line: 1-888-462-4056

Lookback Programs, Canada: 1-800-668-2866

Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 3467) or 604-707-3467

Lookback Programs, BC: 1-888-770-4800

Hema-Quebec Lookback/Traceback & Info Line:
1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario
1-800-701-7803 ext 4480 (Irene)
Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline

1-888-530-1111 or 1-905-953-7388
Mon-Fri 7 AM-10 PM EST
345 Harry Walker Parkway, South Newmarket, ON L3Y 8P6 Fax: 1-905-953-7747

CLASS ACTION/COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
Health Canada Compensation Line: 1-888-780-1111
Red Cross Compensation pre-86/post-90 Registration: 1-888-840-5764

Ontario Compensation: 1-877-222-4977
Quebec Compensation: 1-888-840-5764
http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html

CLAIMS ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crowco.ca
www.pre86post90settlement.ca
Settlement Agreement: http://www.reko.ca/html/hepc_settlement.pdf

COMING UP IN BC/YUKON:

Armstrong HepCURE Contact: 1-888-437-2873 Phone support.

AIDS Vancouver Island HCV support
♦ **Campbell River:** Drop in, harm reduction, support, education. Contact: 250-830-0787, leanne.cunningham@avi.org
♦ **Comox Valley** 355 6th St. Courtenay; Contact Sarah 250-338-7400 sarah.sullivan@avi.org Drop in, harm reduction, support, education.
♦ **Nanaimo** Info: Contact Anita 250-753-2437 anita.rosewall@avi.org
♦ **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) 7070 Shorncliffe Rd. Contact Tom, 250-949-0432 tom.fenton@avi.org. Education, harm reduction, support, drop-in kitchen.
♦ **Victoria** 1601 Blanshard St., 250-384-2366 info@avi.org Harm Reduction.

Boundary HCV Support and Education. Support, education, presentations. Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggrimstad@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 250-748-3432 r-lattig@shaw.ca

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca
♦ **Victoria:** Drop-in/Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 250-595-3892
♦ **Fraser Valley:** Support/info 604-597-3881

Kamloops AIDS Society of Kamloops (ASK) Living Well HIV/HEPC Peer Support Group, each Thurs. 11-2 PM, 433 Tranquille Rd. Office 250-376-7558 Support/ Referral. ask@telus.net 1-800-661-7541 www.aidskamloops.bc.ca

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, eriseley@shaw.ca, Lisa 1-866-637-5144. ljmortell@shaw.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM, (Location to be arranged.) Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Peer Support Group Meetings 1st & 3rd Thurs. Monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. hepctxpeer-support@hotmail.com

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

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506, information@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Diane Morrissette, 604-525-3790 before 9 PM. dmorrissette@excite.com

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dccnet.com

Powell River Hep C Support Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact: Rosemary rosemary.moran@vch.ca 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse.250-565-7387 ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) 250-295-4442 or Beverly at 250-499-8877 batlas@telus.net

Prince Rupert Hep C Support Contact: Dolly 250-627-7942 hepcprince-rupert@citytel.net

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca <http://health.groups.yahoo.com/group/Network-BC/>

Slocan Valley Support Group Contact Ken 250-355-2732, ken.forsythe@gmail.com

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

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources, contact Catriona, 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 brent.fitzsimmons@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061; vandu@vandu.org www.vandu.org

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

Vancouver Hepatitis C Support Group 7-9 PM: 3rd Wed. monthly, VGH, Lauener Room, LP2809, near Sassafras Cafe, Jim Pattison Pavilion, South. Contact Gordon 778-898-7211, ggcoburn@canada.com to confirm, or if you want to talk or meet for coffee.

YouthCO AIDS Society HepCATS 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Contact 250-542-3092, hecsc@hepc.vernon.bc.ca

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 bloodties@klondiker.com

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact Jeanie info/appointment jeanievilleneuve@hotmail.com

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

Hamilton Hepatitis C Support Group 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman: 519-967-0490 or hepcnetwork@gmail.com. <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, hars@kingston.net, www.hars.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact: Bob 519-886-5706 bc.cats-sens@rogers.com or Mavis 519-743-1922 elroy222@rogers.com

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

Owen Sound Info and support. Contact Debby Minielly, 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, dminielly@publichealthgreybruce.on.ca www.publichealthgreybruce.on.ca/

Peel Region (Brampton, Mississauga, Caledon) Contact 905-799-7700 healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194 jcolangelo3@cogeco.ca

Sudbury Circle C Support Group 1st Tues. monthly. Contact Ernie 705-522-5156, hepc.support@persona.ca or Monique (Hep C nurse) 705-691-4507.

Toronto CLF First Mon. monthly Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjak@liver.ca

Thunder Bay Hep C support. Contact Janet Adams 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug Users

Nationally undun@sympatico.ca

York Region Hepatitis C Education Group 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653 info@hepcyorkregion.org www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307 reneeaurio@hotmail.com

ATLANTIC PROVINCES:

Cape Breton Island, NS The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486 info@hepatitisoutreachsociety.com.

PRAIRIE PROVINCES:

Regina, Saskatchewan HepC SK Contact Doug 306-545-1628 hep-c.regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hep-c.regina/>

Edmonton Contact: Jackie Neufeld 780-939-3379.

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

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Everyone is welcome. Contact Kirk: 204-772-8925 info@mbhepc.org www.mbhepc.org

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca

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

REPORT ADVERSE EVENTS

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

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

