AMONG OURSELVES

Newsletter of the Canadian Hemochromatosis Society

March 2001

From Your President...

Our present most exciting development is that our Society has formed a partnership with the Canadian Blood Services. They have promised to make the procedure to donate blood more convenient for Hemochromatotics and eventually to hold specific clinics just for them. Please read their insert in this newsletter.

The office now has 3 part-time staff – Marguie is the Education and Development co-coordinator, Candace is the office administrator and Natasha is her assistant. They are a happy, hard working trio who are ready to cheerfully assist you whenever you write or call.

I am also happy to report that our financial picture is looking much brighter. One of our Directors, Dr. Bill Saywell has been able to obtain many corporate donations. However, they are only one-time donations so we can't depend on them in the future. We all feel that the answer to our continuing existence is to expand our membership. We must do this !!! So please ask your mother, father, brothers, sisters, aunts, uncles and friends to join us. It takes many small drops of water to form an ocean and that is what we must become: an ocean of education and caring so that all HHC sufferers will be diagnosed and treated before the dreaded tissue damage is done. So start e-mailing and phoning to show us what you can all do.

I will close now with two challenges before you. One is to increase our membership and the second one is to attend our AGM.

Charm Cottingham

General Information on Hemochromatosis

What is it? The excess storage of iron in the body.
What is the cause? Primarily hereditary.
Most common symptoms are chronic fatigue, joint pain, irregular heart beat, mood swings and confusion, bronzing of the skin and abdominal pain.
Most common complications are liver and heart disease, diabetes, arthritis and hormonal irregularities.
Tests required for diagnosis are the Iron Profile Blood Test (which includes serum ferritin and transferrin saturation percentage) and genetic testing.
Treatment is phlebotomy therapy (bloodletting) which is ongoing for life-LITERALLY!
Reference reading *The Bronze Killer*

The Next Annual General Meeting

This is to take place on Saturday at 1 pm, May 5th at the Caring Place in Richmond BC. For the past few years only about 20 people have been in attendance. Please help us increase this number. Plan your vacation, days off, etc. so you can attend. On the agenda is the motion to increase membership dues $5.00 across the board. Come and voice your opinion and have some of your urgent health questions answered by one of our Directors, Dr. Sam Krikler.

Awareness Week

We would like all drugstores, labs, doctor's offices, and libraries across Canada to hang a poster and make brochures available during Awareness Week. Please write or email us with their name & address and we will contact them, or you could deliver them personally.

Bronze Killer – New Edition

Marie Warder has added a beautiful gold cover and 42 new pages to the millennium publication of her book. This book is recommended by physicians and clinics all across Canada and in 1991 earned Marie the Canada Volunteer Medal of Honour. The certificate of Honour read in part: " Through Marie's research and most noted book she has educated doctors and the general public about the disease. As a result Hemochromatosis is now recognized as Canada's most common genetic disorder and routine blood tests for the disease may soon become standard diagnostic procedure". The book can be obtained from us by using the order form on the back of this newsletter.

Hemochromatosis In the News

IN PRINT

The Globe and Mail-Dec. 2000
South Fraser Newsletter - Sept/Oct 2000, South Fraser BC
Delta Voice-Oct 2000, Delta BC
Rotary North News - Oct 2000, Sault St Marie ON
Surrey/North Delta Leader– Oct 2000, Surrey BC
Alberta 2001 Calendar of Designated Dates

ON THE AIR

Dr. Samuel Krikler on "HOUSECALLS" NETWORK: (SUNDAY MAY 13, 10:06AM-10:59AM)

CKNW	Vancouver (originating station)
C-FAX	Victoria
CKOR	Penticton
CHOR	Summerland/Peachland
CJOR	Osoyoos
CJOR-1	Oliver
CIOR	Princeton
CKPG	Prince George
CKMK	Mackenzie
# CHQR	Calgary, Alberta
# CHED	Edmonton, Alberta
% CJOB	Winnipeg, Manitoba
+ CKGL	Kitchener, Ontario
+ CFPL	London, Ontario

(# - Stations operate on mountain standard daylight time)
(% -Station operates on central standard/daylight time)
(+ Station operates on eastern standard/daylight)

HEMOCHROMATOSIS NOW HAS A FAMOUS FACE

"In his original proposal for the recently published book 'The Other Side of Eden', John Steinbeck IV, son of the famous author, aptly summed up its intent: '***I inherited two Life-threatening diseases from my parents. Due to Hemochromatosis, a Genetic iron retention disease, and alcoholism, I developed cirrhosis by the time I was thirty-four.'"***
This must be the first time that a member of a famous family has admitted openly to being a victim of the disorder.
"Left unfinished at his untimely death, the book has been reconstructed by his wife of twelve years. Interweaving her own reminiscences of her life with John Steinbeck IV, Nancy Steinbeck has created an engrossing account from two perspectives: her husband's memories of his chaotic and adventurous upbringing and her own thoughts on their journey together to make a new life apart from the long shadow of a famous father and a troubled past." (Excerpt from website).

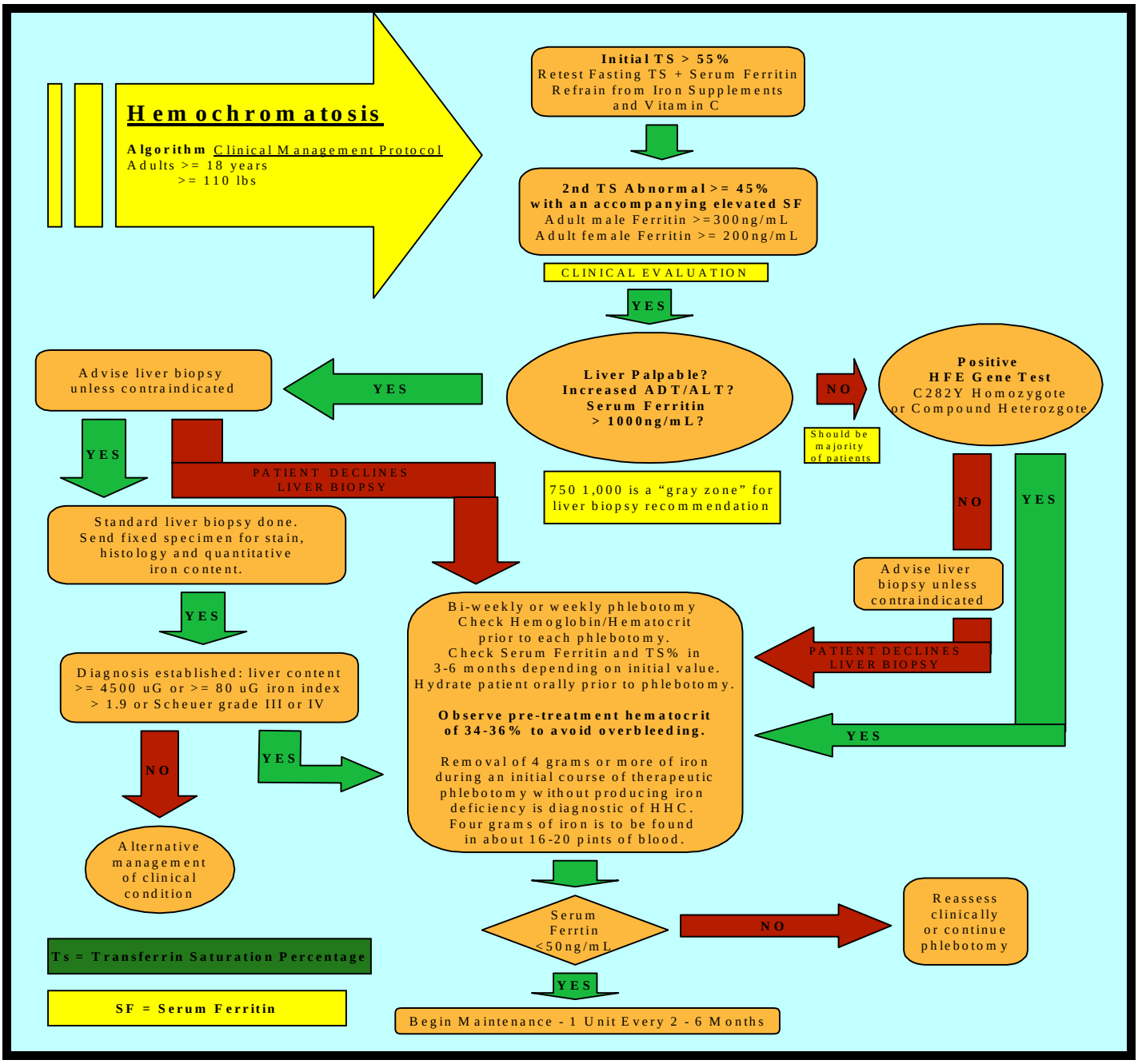
The Canadian Hemochromatosis Society is indebted to Nancy Steinbeck on at least two Counts. Firstly, in the updated version of "**The Bronze Killer: New Edition**" republished just last summer, she contributed an acknowledgment to both Marie Warder and to Shaun Warder our webmaster for all the valuable information she had gleaned from Marie's excellent book and from our society's website. Secondly, she has graciously provided a link to the CHS on her website. We certainly recommend the addition of Nancy's utterly absorbing book to your reading list, not to mention a visit to her website **nancysteinbeck.com.** Once there, be sure to click onto both AUTHORS and LINKS.
Editor's Note: The CHS has already acquired our first new, paid-up member, via Nancy's link to us.
~By Elizabeth Minish, National Vice President, Canadian Hemochromatosis Society

ALZHEIMER'S AND IRON

An association between brain iron and neurodegenerative disease was made over seventy years ago with the discovery of Hallervorden-Spatz disease. In the last decade a prominent role for iron has been established in other neurodegenerative diseases including Parkinson's disease (PD), Alzheimer's disease (AD), Multiple Sclerosis (MS), Huntington's disease and most recently Friedreich's Ataxia (FA). New advances in Magnetic Resonance imaging (MRI) are making the study of iron status in the brain of living individuals increasingly possible. MRI provides for a more prospective analysis of brain iron and its role in various neurological diseases. As one example, MRI has been used as a diagnostic tool in differentiating data associated with atypical Parkinson's based on the estimation of iron levels in different brain regions.
Although, the precise role for iron in diseases such as Parkinson's and Alzheimer's is being evaluated, the evidence implicating the involvement of iron or proteins involved in iron management is compelling. Many of these disorders are characterized by an abnormal accumulation of iron in disease associated areas. There is mounting evidence suggesting iron mediated oxidative stress is the major contributor to cell death in these disorders.
Iron is stored in the brain in ferritin and iron is transported to the brain and within the brain by transferrin. So the players in the management of brain iron are the same as in other organs. The brain, like the liver, makes its own transferrin. Considering this could be critical in understanding how too much iron can accumulate in the brain.

In the Alzheimer's diseased brain, the normal processes of iron homeostasis (balance) in the brain are disrupted. Most studies have found an increase in iron in the brain in AD, frequently in those regions of the brain which are particularly vulnerable to damage. The characteristic change in the brain in AD is the formation of microscopic plaques. Iron is densely associated with these plaques and studies are in progress to determine the relationship of iron to the formation of the plaques. Iron imbalance will promote oxidative stress. Evidence for the idea that iron is promoting oxidative stress in AD brains is supported by a report that taking large amounts of the antioxidant vitamin E may slow the progression of AD. In one study in which the iron chelator Desferal was given to AD patients the progression of dementia associated with AD was delayed. These observations are limited and controversial but they clearly warrant further study. We should consider that limiting the iron might lessen the need for antioxidant intervention in AD.
Transferrin is a protein that is responsible for mobilizing iron within the brain. There is an increased frequency in the appearance of another genetic subtype of transferring in some individuals with Alzheimer's. This is an interesting observation that requires further genetic screening analyses. This variant form of transferring is believed to be associated with an increase in oxidative stress. Again, we find we return to the theme of increased iron-induced oxidative stress as a contributor to AD.
Ferritin is the iron storage protein in all organs including the brain. In normal aging, iron levels increase in the brain and ferritin levels increase at the same rate. In AD, however, iron levels increase as they do in normal aging, but ferritin levels fail to keep pace. The discrepancy between iron and ferritin levels is greatest in those areas of the brain which are most damaged in AD. The consequence of not having sufficient amounts of ferritin to store the age-associated accumulation of iron would be an increased vulnerability to oxidative stress. The mechanism by which iron could accumulate without a coordinated increase in ferritin is one of the areas of study in my laboratory.

courtesy of Iron Disorders Institute
James Connor, Ph.D.
Neuroscientist, Penn State University



Important Ferritin Reference Ranges

Ferritin	Adult Males	Adult Females
Normal Range	up to 300ng/mL	up to 200ng/mL
In treatment	below 100ng/mL	below 100ng/mL
Ideal maintenance	25 - 75ng/mL	25 - 75ng/mL

Adolescents, Juveniles, Infants & Newborns
of normal height and weight for their age and gender

Males ages 10 - 19	23-70ng/mL	Infants 7 - 12 months	60 - 80ng/mL
Female ages 10 - 19	6 - 40ng/mL	Newborn 1 - 6 months	6 - 41ng/mL
Children ages 6 - 9	10 -55ng/mL	Newborn 1 - 30 days	6-40ng/mL
Children ages 1 - 5	6 - 24ng/mL		

M a i l b a g

We have taken the liberty of excerpting from some of the many letters we received from our readers. Thank you all for writing.

I was diagnosed as having Hemochromatosis over 10 year ago and currently have a phlebotomy every 4 months. I was diagnosed by fluke really! My sister is a lab tech and had been feeling very run down, so she ran a test on her blood to see if she was suffering from low iron. The test turned out to be one of the highest iron readings they had ever seen in their lab. About this same time my mother-in-law got really sick and was diagnosed as diabetic. While she was in the hospital her doctor found that her liver was enlarged, so they did a biopsy and diagnosed her as having hemochromatosis. While talking with my doctor on my next visit I told him about my sister's weird blood test and my mother-in-law's illness and how my mother told me she had an uncle with this same illness. Needless to say, he decided to run tests on me just to be on the safe side. My test showed elevated serum ferritin levels (but not alarming levels), so they decided to check me regularly to keep an eye on them. When the levels became high enough I was started on phlebotomy therapy. My sister also was diagnosed and started on phlebotomies. Now my husband also undergoes phlebotomies. He was diagnosed about 5 years ago. Since learning of this disease we have found signs on both sides of our family – my grandfather died after being diagnosed with chronic hepatitis. They removed his spleen but he died in the hospital of a heart attack. We believe he had undiagnosed HHC. Also we've found a cousin of my mother's who is being treated for hemochromatosis. We still find that relatives we try to warn about this tend to ignore the warning or they go for iron tests and say, "I was tested and I don't have it." They don't really get that you have to continue getting tested. Maybe more public awareness will help them get the picture.

~D.R., Kelowna BC

I was diagnosed in Sept. 1982 at the National Defence Medical Centre after complaining of many problems and then only because my older brother had just been diagnosed in BC. During my stay, they took blood tests every morning for at least one week. Then they performed a liver biopsy. The doctor set out a regimen of weekly phlebotomies for a year and then every two weeks until I was discharged in 1984. It was a civilian doctor who found that I had developed acute anemia. I was unable to hold a job. At present I have monthly serum ferritin tests usually followed by phlebotomies. My haemoglobin is also tested. The last test was performed in Sept. 20/2000. At that time my iron was elevated but my haemoglobin was slightly low. So my doctor opted not to bleed me that month. I have never had the genetic test. My children were sent out of town to be tested but the doctor they saw said they were too young to be tested. They are 12 and 14 years old. I read in the book "Bronze Killer" that children can be tested at the age of 12 yrs. on page 125. It's my opinion that this book and your newsletters should be mandatory reading for all doctors. As far as the army doctor giving me iron pills for fatigue, I guess I will never know why he did that without proper investigation.

~ W.J, Parry Sound ON.

Ottawa Area Support Group

If interested in meeting and talking to families affected by hemochromatosis please contact Marjorie Lounder:
Phone: 613-739-9277 E-mail: jlounder@magma.ca

Dear Doctor;
More than 1 year has passed since I luckily came to you for chelation therapy for my varicose veins. Both my husband and I were impressed with the thorough examination and consultation you gave us before we started our therapy. We had never had that much time spent with us (with other doctors we had been to before). I feel you saved my health and my life when you advised me to have a test to screen for hereditary Hemochromatosis. I know I would never have been diagnosed if it wasn't for your knowledge and diligence. Let me tell you, most doctors are completely ignorant of this common disease, which I am convinced is because there are no DRUGS involved in the treatment.
I want to let you know that not only did you save me from a slow poisoning with iron, but you have also saved my brother and sister, who have been diagnosed as homozygotes. Other members of my family have been diagnosed as carriers and are therefore now aware of the importance of monitoring their spouses and children. My brother's health has improved considerably after having his iron levels reduced. My sister is now in treatment and is also having a thyroid problem addressed.
The CHS has helped me to understand this disease and like them, I seem to be driven to increase awareness of it with anyone that will listen, because I know most people are not lucky enough to have a doctor like you who knows about the proper tests. So therefore again your diagnosis of me will probably help more people than we will ever know.

~D.O, Saltspring Island BC

E-mail Message

We have been members of the Society for a number of years. My husband has hemochromatosis and has had both his hips replaced. His symptoms were severe arthritis. Because of my husband's diagnosis we were able to save his brother who was suffering from heart failure and diabetes.

~P.K, Lacombe AB

Tips from Suzanne Schmiddem:

- Arthritis- MSM Cream or capsules (bio available sulfur) - spread cream with capsules broken into it on obviously affected joints/ muscles.
- To Increase protein intake during phlebotomies - scramble egg whites plus flavourings.
- Take 1/4 tsp. of polyphenol powder (extract of green tea) before eating an iron rich meal.

L e t t e r s t o t h e E d i t o r

If you would like to share your experience, comments, concerns or suggestions with other members of the Society, consider submitting a letter to the editor for inclusion in this bi-annual publication. Since space is limited, please keep your comments relatively brief. In order to publish as many letters as possible, we retain the right to edit your contributions for length.

Donate your Zellers Points!!

A great big thank you to all of you who have donated your points to us. Our first big goal of the TV/VCR has been reached. We are now striving for future acquisitions to improve our office environment and efficiency. To donate your points to the Society, take our card number which is 850 639 047, then go to your local Zellers and complete the necessary form.

Members in the Spotlight

Rick Plumridge: Profile

I was born in 1946 in Vancouver, B.C., the middle child of three, with two sisters. I have lived in the lower mainland of B.C. all my life, working in the Delta Fire Department for 26 1/2 years, the last 5 1/2 as a Captain.

When I look back, the first symptoms of HHC was arthritis in my hands. I was in my middle thirties when I was diagnosed with rheumatoid arthritis. I controlled the pain with medication and laser treatments to my knuckles. This continued for over ten years when I asked my family doctor for a re-evaluation by a rheumatologist. He did a very thorough examination, which included multiple blood tests. These tests showed a serum ferritin of 1800 and an transferrin saturation of 99%. I was urgently referred to an internist who arranged for a liver biopsy. This biopsy showed a lot of iron stored in my liver, but no damage to the organ.

I promptly commenced weekly phlebotomies, the first two at the local hospital and since then at home as my wife is a registered nurse. After much bureaucratic shuffling, we now obtain the phlebotomy supplies free of charge. I had weekly phlebotomies for eleven months and have since been on maintenance of about 5 per year so I can keep my ferritin level below 50.

In 1997 I was diagnosed with a mitral valve murmur, which, after getting worse for a year, has remained constant and is currently not a major problem. This heart murmur requires me to take antibiotics before certain dental and medical procedures because of the potential for further valve damage. Yearly I have extensive liver function tests including a liver ultrasound and an echocardiogram.

My immediate family has all been screened for HHC, and I am the only one with the condition. Gene testing has shown that both my parents are carriers and I, of the three children, am the only one with HHC. It also showed that my daughter is a carrier. Some of my extended family has been tested with no other cases of HHC found.

When I was first diagnosed, I was depressed about my future. I was alone with my condition, knew nothing about it and had some difficulty finding much information on it. A few months later I noticed an article in Reader's Digest about "The Bronze Killer" by Marie Warder, which prompted me to get in touch with the Society. I joined the Society in 1996, became a Director shortly after, and now am the recording Secretary. I feel that my involvement in the Society is important in that I am kept up to date with new research etc. and can advocate for others newly diagnosed with HHC. I spend some time at UBC as a volunteer patient and I am happy to say that between 1997 when I started and now the awareness by medical students of HHC has increased dramatically.

My hemochromatosis has been one of the dips in the roller coaster of life. There can be serious conditions associated with HHC, I have been fortunate to have only a few minor ones that can be controlled with medication. I feel fortunate that, as serious as this is, that I am as well off as I am. I think back to the first diagnosis with relief that I didn't hear "Get your affairs in order, you have six months to live". Earlier diagnosis would have spared me a lot of arthritic pain but with the help of the Society, more doctors are becoming aware of HHC and its symptoms to allow them to respond earlier to this condition.

HEMOCHROMATOSIS UPDATE:

Other Forms of Hemochromatosis

The C282Y mutation in the HFE gene is found in about 85% of people of European ancestry with hemochromatosis. The genes responsible for iron overload conditions in other ethnic groups have not yet been identified. However, two new forms of hemochromatosis, unrelated to HFE, have been identified recently. Two families with non-HFE related hemochromatosis have been shown to have mutations in the transferrin receptor gene on chromosome 7. In families with Juvenile hemochromatosis, where severe iron overload is found in people in their teens and twenties, the condition has been linked to a gene, not yet identified, located on chromosome 1. Genetic tests for these two other forms of iron overload are not yet routinely available. Some testing will be done on a research basis only for people who fit the study criteria. These are 1) clinical diagnosis of hemochromatosis 2) negative for C282Y mutation 3) fasting transferrin saturation > 60% or 0.6 For further information email kidsug@interchange.ubc.ca.

Iron Overload in Childhood

There are two different forms of hemochromatosis now known to cause iron overload in children. Occasionally, young children with two copies of the C282Y mutation in the HFE gene on chromsome 6 may have very high iron saturations and high ferritin. Other young children have had severe iron overload associated with a gene probably on chromosome 1. This form is called juvenile hemochromatosis. The specific gene for juvenile hemochromatosis has not yet been identified. A study of childhood iron overload in families where both parents have at least one copy of the C282Y mutation, is underway at the Children's & Women's Health Centre of British Columbia. Families who may be interested in participating may email kidsug@interchange.ubc.ca for further detailed information about what is involved.

~ Dr. Gillian Lockitch, GEM Program Dept. of Pathology BC Children's Hospital

HEMOCHROMATOSIS LAPEL PIN

The pins are 5/8-3/4 of an inch in size and are available for sale for $5. Order yours now using the form on page 8.

a big thank you to our donors...

Terrance Allen
Vernon Alstad
Russell Andrews
Army,Navy,Air Force Vets #284
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Cheryl Bartell
Effie Bates
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Linda Neil
Barry Nowlin
Lois Odber
Darlene O'Donnell
Ontario Hydro Employees
Geneva Ensign-Langin
Fernando Espinosa
Jeanne Fairn
A E Farnsworth
Gisele Ferguson
Helen Finn
Ruth Fitchett
Leslie Fraser
Bernice E Gaddy
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Royal Can Legion Br 61
Royal Can Legion Br 98
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Merle & Donna Sandford
R L Sather
William Saywell
Suzanne Schmiddem
Margaret Selkirk
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Ruth Spencer
Karl Sponagel
Marjorie Staples
Juanita Stedel
Willy Steudel
Anna Stevens
Steveston Ladies Aux #284
Lester G Stewart
Robert J Stewart
Gladys E Stuart
John Sworder
Dorothy Tallis
Marc Theurillat
Brian Thiessen
Stuart H Thow
Arthur Tompkins
Isobel Tracksell
Canada Trust
Glen Tull
Audrey Turbett
Dianne Unger
United Way Burnaby
Elma Unrau
Norman Valgardsson
John Valiquette
Elaine Van Veenen
Sheila Veilleux
Chris Verner
L & B Waddell
Murray D Waddell
Ronald E Walker
Shannon Wang
Diana Warren
Virginia Warwick
John Wenzel
Gene Westnutt
Whalley Legion Br 229
Hedy White
D M Whitfield
Natasha Whitty
Dan Willard
Donald L Williams
Elizabeth Williston
David Winn
Karen Wollenweber
Patrick Wright
Donald Zabzinski
Dennis Zerb
Erwin Zerr
Herbert Zerr

.....Thanks to all who responded to our special mailout last fall.

Special Donations

"As both an individual with hemochromatosis and a director of the Society, I was terribly concerned that financial difficulties might actually lead to the closure of the Society. I therefore made a special plea to individuals and corporations with which I was personally familiar to ask for their support. The following individuals and corporations responded generously. This is a one time only appeal that cannot be easily repeated and the Society will only survive if those of us with the disorder or our family and friends donate as generously as we can".

Westcoast Energy Inc
Robert Wyman
CIBC Bank
Ebco Industries Ltd.
Diamond Foundation
Canfor
Trans Alta Utilities Corp.
Gibralt Capitol Corporation
Christopher Investments Ltd.
Toronto Star
Liberty Investments Ltd.
Lohn Foundation
HSBC Bank
Ebco Metal Finishing LP
The Joseph Segal Family Foundation

~Dr. Bill Saywell, Director– Canadian Hemochromatosis Society

Memorial Remembrances of Loved Ones

Our deepest condolences to the families and friends who have lost loved ones and our thanks to the many listed below who have sent memorial gifts.

In Memory of Douglas Brown
Glenn Elliott, Gertrude Black

In Memory of Tina Cathcart
Friends & Family

In Memory of Darcy Drab
Beatrice & Edward Drab, Donna L Drab, Danae L Drab, Deserae L Drab

In Memory of Charles HannaFord
Robert Stewart

In Memory of Quin Hagen
Rosemary Hagen

In Memory of Lawson Kaake
Lorraine Kaake

In Memory of Percy Livingstone
Frances Welwood

In Memory of Harry Stanley Keeler
Freda Nielson, Patricia Mather, Mr. & Mrs. James Fyfe, Paul Jones, Robert Burns, Lorne & Helen Knowlton, Lawrence & Jean Beasley.

In Memory of Stephen Innes Ker
Arthur & Audrey Clark, Sally McLarty, Andrew & Patricia Ker, Margaret & Bob Montgomery, Eric & Mary Earnshaw.

In Memory of Gordon McGrath
Jane E. McGrath

In Memory of Duncan McPherson
Winnifred Brundige, Jim & Elaine Whitson, Chris & Margaret Leclair

In Memory of Keith Meadows
Yolande Mara

In Memory of Sheila Patterson
Patricia Rogers

In Memory of Robert Pinsonneault
Robert & Nancy Lozon, May Pinsonneault Jeannette Hewer, Gayle Stocking & Family, Jack & Barb Bellamy,Debbie & Jay Scruton, Dawn & Ken Crawford, Ron & Gail Johnston, Mark Hay, Bill & Michele Bechard, Derek McNeil, Michelle Thompson, John & Judy Hooper, Jim & Sandy Hogan.

In Memory of John Schmidt
Brian & Laura Schmidt

In Memory of Ed Schultze
Kay Belanger

In Memory of Ken Sharp
Mr. & Mrs. Thurston, Quality Rewind & Tool Inc., Donald Kerr, Bill &Verna Sharp & Family, Joan Pongoski

In Memory of Vernon Smith
Bonnie Smith

In Memory of Robert Stephenson
Diane Stephenson

In Memory of Dave White
Valerie Hill

Welcome to our New Members

Jenny Barnes, Scarborough ON
Esther Berryman, Pitt Meadows BC
Elayne Brielsman, Blind Bay BC
James Brown, Fenelon Falls ON
Howard Cordick, Richmond BC
Linda Cox, Sechelt BC
Kathryn Cushing, Toronto ON
Priscilla David, Montreal QC
Pat Depodesta, Coquitlam BC
Effie E Dewar, Fredericton NB
Cindy Dunlop, Nepean ON
Daryl Fate, Gull Lake SK
Betty Flaherty, Gravenhurst ON
Shelley Frentz, Red Deer AB
Bernice E Gaddy , Osoyoos BC
Ray Gleeson, Thunder Bay ON
Molly Ann Greenwood, Nanoose Bay BC
Paul Hergot, Westbank BC
George M Howarth, Richmond Hill ON
Kerry & Carol Kergan, Langley BC
Johan Kieft, Sicamous BC
Ray Kynoch, Revelstoke BC
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May W Pinsonneault, Chatham ON
Annette Pirro, Burnaby BC
Colin A Plint, Fonthill ON
Brian Pratt, Sorrento BC
Diane Ratel, Kelowna BC
John A Rozzini, Fredericton NB
Jean Saloranta, Toronto ON
Nancy Sather, Vancouver BC
Melanie Schick, Belcarra BC
Bonnie Smith, Eyebrow SK
Roy Smith, Cobourg ON
Mary Stets, Qualicum Beach BC
Mel Upperborn, Kelowna BC
Judy Villeneuve, Courtice ON
P Gregory Watts, Vancouver BC
Skip Whitfield, Cobble Hill BC
Judy Wilson, Calgary AB

L a s t B u t c e r t a i n t y n o t l e a s t ....

We would like to extend our special thanks for the printing and distribution of this newsletter to Tom Rogerson from the Knights of Phythias, Sidney Branch.

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Thank you to Ann Higgins for our New Photocopier.

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Many thanks to all the Seymor Ladies who earned a substantial donation for us from Elections Canada

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We appreciate the efforts of family members and friends who support those with hemochromatosis. It's often the partner and/or family member who acts as an advocate and even donates to our society.

Your Support Helps Raise Awareness of Hemochromatosis

03/2001

Canadian Hemochromatosis Society ✍ 272 - 7000 Minoru Boulevard ✍ Richmond, BC ✍ V6Y 3Z5
Tel: (604) 279-7135 ✍ Fax: (604) 279-7138 ✍ E-mail: chcts@istar.ca ✍ http://home.istar.ca/~chcts
Toll free number (outside Vancouver and the Lower Mainland): 1-877-BAD-IRON (223-4766)

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