

# HEPATITIS C COUNCIL OF NSW

## Newsletter Backcopies - Editions 1-9

### Preface - A Brief History

The identification of the hepatitis C virus (HCV) in 1988 established a new era in the scientific understanding of hepatitis C, previously known as Non-A/Non-B hepatitis. In stark contrast though, individual people affected still faced confusion and ignorance regarding their condition. A need for community-wide information and support was and remains clearly visible. Professor Geoffrey Farrell of Westmead Hospital recognised this need. He supported the setting-up of a patient support group that inaugurated in November 1991 as the NSW Hepatitis C Support Group. The primary purpose of this group was to provide support for people with HCV, and to represent the interests of such people within the broader community. A toll-free 008 support line involving a network of metropolitan and non-metropolitan volunteer telephone counsellors was established.

The group became incorporated in February 1993, as the **Australian Hepatitis C Support Group**, soon gaining the status of a registered charity. While remaining committed to client support services, the group increasingly began to address public and peer education. The focus of the organisation had begun to include Federal issues as well, such as access to Interferon treatment and social security pensions. Liaison with peer health and welfare based agencies had also increased considerably.

With federal funding submissions rejected, the group could not function on a national level, and in July 1994, the Australian Hepatitis C Support Group reformed as **The Hepatitis C Council of NSW**, moving to its first offices at Belmore St, Surry Hills in Sydney.

1994 also marked the **NSW Health Department's** formal acknowledgment of the Hepatitis C Council's role by providing ongoing funding for the provision of counselling and support services. This marked the beginning of a shared commitment to address HCV need within the NSW community.

In October 1994, NSW Health convened a state **HCV Taskforce**, aimed at identifying gaps in HCV healthcare provision, and proposing strategies that would meet such gaps. The Hepatitis C Council was invited to sit on this taskforce along with other community-based groups and government departments.

In December 1994, we relocated to more suitable office accommodation at Crown St, Surry Hills. In February 1995, NSW Health approved further funding as a contribution to our core operating costs. This has enabled us to provide a more professional and effective service.

# Australian Hepatitis C Support Group Inc

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MARCH '94 (NO. 8)

## A BRIEF HISTORY OF OUR GROUP.

In November 1989, people who were patients at Westmead, discussed the formation of a group.

The group's aims were to support and encourage those people with Hepatitis C, and to raise public awareness of the disease. At the Inaugural Annual General Meeting held on 8 September 1992, the aims of the group were ratified and it was decided to become incorporated. At present there are about 450 members and various sub-groups springing up in all states. The management has changed in that we have lost some of the original members. This is a natural occurrence with voluntary community groups. We need to continually acknowledge the input of those founding members.

## EDITORIAL

### Government Ignores Hepatitis C Yet Again

People with Hepatitis C Virus (HCV), have been denied once again with yet another refusal by the Federal health authorities in November 1993 to list Interferon on the Pharmaceutical Benefits Schedule (PBS). A drug must be listed on the PBS before public funding is made available to finance its use, so that patients do not have to pay for it themselves. Presently, Interferon is only available to patients (at no cost) through the current clinical trials. The very restrictive protocol for these trials and the very high cost of the drug means that most people with chronic active hepatitis C are denied access to this drug. This represents a denial of access to the only approved form of treatment for this widespread and debilitating illness.

In reply to a question in the Parliament, the federal health minister, Graham Richardson stated that the Pharmaceutical Benefits Advisory Committee was not convinced of the efficacy of Interferon for treating hepatitis C without more evidence. He said that more clinical data is needed before precise recommendations can be made and that new drugs should not be adopted on the basis of hope.

The government's consistent refusal to accept readily available and objective evidence in this regard is surprising and disappointing. This policy reflects the widespread public ignorance and antipathy towards the many thousands (some would say close to 100,000) of Australians afflicted by this potentially fatal illness.

Some of the most internationally respected and leading medical experts in Australia have repeatedly called on our public health authorities to acknowledge the true dimensions of the HCV epidemic, and to ensure that Interferon is made available at public expense as the only feasible strategy to minimise the enormous pool of carriers of the HCV and to alleviate the devastating social dislocation and human pain which this virus is causing in our community.

The results of Interferon trials featuring 10,000 patients world-wide (and 300 in Aust), are readily available for evaluation and there is clear and compelling evidence supporting the long-term medical and economic effectiveness of the drug. It is beyond dispute that a standard course of therapy (3x weekly, for 6 months) results in long-term remission in more than 20% of patients. There is even some evidence that suggests a course

lasting 1 or 2 years results in remission in over 70% of patients.

The treatment of chronic active Hepatitis C with Interferon is being approached in a surprisingly different way than with other forms of medical treatments. Cancer treatments rarely produced 20% cure rates in their first decade of clinical trials. Furthermore, costly treatments for HIV infection were rapidly introduced into Australia and have already been shown to have a minimal impact on that illness.

It defies reason that expensive treatment regimes for HIV which have practically no impact on mortality rates be supported, while at the same time a treatment for HCV which has a certain capacity to significantly reduce mortality, is rejected. It is hypocritical and heartless! Surely all possible treatments for both HIV and HCV should be supported and made available to those people affected.

It is insidious to suggest that this situation exists due to unreliable medical evidence. The real reason why the government sits on its hands while our livers are wasting away is financial cost and an uncaring contempt for people with HCV, many of whom have histories of dependence on intravenous drug usage (est. 40%). Are the authorities fearful of a policy hijacking, as it is rumoured they believe happened with the HIV epidemic? We would hope our elected decision-makers do not make such gross and morally reprehensible value judgements.

The pathetic failure of the health minister and his department to respond in a proper and just manner to the issue of funding for Interferon, as well as their shameful omission to initiate a national public education and awareness

programme, will inevitably result in the continuing unchecked and uncontrolled spread of this virus.

Our group has submitted applications for the funding of three projects. All were rejected by the Federal health department.

Those projects were:

1. The establishment of a national secretariat to coordinate the delivery of services to persons with HCV.

2. The establishment of a national information resource library to provide information to medical practitioners and the general public on HCV issues.

3. A pilot study for a survey on the needs of persons suffering from HCV infection.

The total funding sought for these projects was less than \$125,000, which is a mere pittance when compared to other various health project funding. We are at a loss to understand why these legitimate requests are rejected. The members of the Australian Hepatitis C Support Group must, in the face of such rejection, continue to sacrifice personal resources to provide a band-aid support and information service; a service that should be provided by our state and federal health departments. How long can we last without legitimate government funding? (Perhaps we should call ourselves some sort of sporting club and locate to a marginal seat). How much more pain must be borne before our "caring and democratic" government acts? How many more Australian citizens must be infected before the procrastination stops? When will the federal health agencies stop contemptuously abdicating their responsibilities to the community? A rational comprehensive policy untainted by prejudices and political considerations must be developed without delay.

As our public hospitals become burdened with people suffering HCV-induced cirrhosis and liver cancer, and as the number of deaths rises higher and higher, Australian citizens will turn to their health

authorities and ask "WHY DID THIS HAPPEN?"

## AND NOW, SOME GOOD NEWS

Yes, amongst the chaos of the present funding debacle we are pleased to have been able to have organised another training session for our telephone counsellors. The workshop was held on Saturday, 19 Feb. It went off extremely well with 15 group members, 3 workers from other organisations, the facilitator Barbara Penning and guest speaker Harry Meyer all working together on a day's activities that would interest anyone. The end result was a good grounding in counselling and interpersonal relationship skills.

We want to thank the Western Sydney Area Health Service for the funding which enabled us to provide the speakers, venue and the catering.

Negotiations are under way for the funding of the printing of the notes from the workshop. This will enable us to provide all phone counsellors with this updated copy of support notes. We are currently talking with representatives from different Area Health Services in this regard.

## UPDATE ON GROUP DIRECTION

At a meeting of representatives from the Australian Hepatitis C Support Group Inc and the WA Hepatitis C Support Group Inc, held in Melbourne on 30 October last year, it was proposed that the following matters be put for the consideration of members for ratification and implementation.

Firstly, that members of the WA group become members of the Australian group at a token membership fee to be determined by consultation between the groups. The West Australians would remain as members of their state group. This move would add more than 100 members to the Australian

group and render it more of a national organisation. This larger group should benefit from improved resources and be more able to address problems created by the Hep C virus when dealing with the federal government.

Secondly, that the management structure of the federal group be changed at its next general meeting. The proposed new management will include President, Vice-President, Secretary, Treasurer and a Public Officer. These proposed positions will be filled by general election by all general members. The changes will mean the abolition of the current positions of general ordinary committee members and the introduction of an ordinary member structure composed of two members from each state where sub-groups have been formed. States and Territories having no formal sub-group will have non-voting spokesperson rights.

These measures are considered necessary to create a more effective national organisation. There are some practical difficulties in implementing the proposed changes, but they are not major obstacles.

The President of the Australian group therefore submits these proposals for consideration.

Warren L. Wright (President)

## GET A PEN, GET INVOLVED

A project everyone may like to become involved with is that of documenting case histories. These will form part of our information bank to be drawn on when lobbying and accessing the media (if you have any concerns about your private life being on prime time television, see below).

If you are interested, write your story using up to three or four A4 pages and send it to us. Don't forget to tell us how you found out you had contracted the virus, your reaction and how you have dealt

with your situation since. Mark your letters "Att. Paul Harvey".

In compiling the stories, we will use no surnames, we will use fictitious first names, we will change doctor's names and we will change suburb names. In short, total anonymity. Get it going, get writing.

## TESTING & VIRUSES, IS OUR BLOOD SAFE?

The biggest threat to health associated with blood and blood products, according to a report in New Scientist (Issue no. 1908, Jan '94), is that of contamination by viruses. While donated blood is screened for Heps A, B & C and the HIV virus, and blood products are heat or solvent treated, these safeguards are not infallible. Errors in screening occur because of the window period involved in virus detection (the time delay before our body starts to manufacture enough noticeable antibodies in response to any virus). This window period can be as long as 12 months for HIV, but is usually between 4 and 6 months for HCV infection.

Other failures during screening are caused by human error. The head of the European Centre for the Epidemiological Monitoring of HIV/AIDS (Paris), feels that one half of the cases of hepatitis transmitted by screened blood & blood products in Europe are due to window period undetected viruses and the other half are due to simple human error.

Problems also arise with virus inactivation processes. Vaccinations injected into muscle tissue to protect against Hepatitis A have caused no known infections. But the same molecules isolated in a different way and given intravenously have transmitted Hepatitis C at least 40 times.

In addition, even since the introduction of inactivation processes for a blood clotting agent used by haemophiliacs, about 20 haemophilia patients in Europe

have contracted HCV from infected clotting agents due to failures in the viral inactivation process.

The medical director of Britain's National Blood Authority states that blood products are 'extremely safe'.

The risk of contracting HIV from blood products in Britain is about 1 in 1,000,000. In France, Spain and Switzerland the HIV risk is about 1 in 500,000 and it is estimated that there have only been about 12 cases of HIV transmission by screened blood products since 1985.

The risks for contracting hepatitis through this route are far greater however, with the risk of contracting Hepatitis B at 1 in 20,000 and that of Hepatitis C being 1 in 13,000.

Further, while there have only been 2 known cases of HIV transmission through screened blood, transfusions infect at least 10 and possibly 100 patients with Hepatitis C each year. (These figures are research estimates, as it is impossible to find the exact numbers of people infected via blood and blood products).

New technologies offer some hope of reducing such infections, but there other strategies available to public health authorities if they want to improve the safety of the blood supply.

One such possibility is that of minimising the use of blood products in the first place by utilising autologous transfusions where the patient's own blood is collected and used.

The blood supply is certainly safer than it used to be, but according to the British National Blood Authority, there will probably never be a reliable test for early infection (inside the window period), that is cheap enough to screen donated blood.

## NSW TO GET CO- ORDINATOR AND OFFICE.

Funding has finally been approved by the NSW Government for the position of NSW coordinator.

Unfortunately, the amount approved falls significantly short of that requested. This will limit the effectiveness of the co-ordinator who will now be mainly confined to metropolitan regions and employed on a part time basis. Our submission sought funding so that the co-ordinator could have operated statewide on a full time basis. Our executive was left with little option as to dealing with the shortfall of funds but has taken steps which we hope will it aside enough money to fund a number of special projects to help meet the ongoing needs of people with HCV. One part of these projects will be a needs survey which will be used to produce a detailed directory of services and others, will correlate with the strategic plan with which the new co-ordinator will be entrusted: ie, to identify our HCV related needs, to then identify community resources that would help meet those needs, to highlight the gaps between needs and resources (and to develop strategies that address those shortcomings), and finally, to identify the requirements for the future effective operation of our organisation. If you would like to voice your opinions as to the nature of the proposed projects, you should contact the new co-ordinator. We hope to appoint the co-ordinator by late March, please phone in around then.

Although CEIDA (Centre for Education and Information on Drugs and Alcohol) has offered to assist in the distribution of information in rural areas, it is extremely unfortunate that country people will be denied personal contact with their co-ordinator. The full time co-ordinator we initially envisaged would have been able to visit country areas, liaise with members, help set up and maintain support groups, and facilitate both workshops for counsellors and information nights. These services should be accessible to all NSW members regardless of their geographical position. You can

voice your disapproval of the funding shortfall by writing to your local MP, your area health manager, or most importantly, the NSW Minister for Health, Ron Phillips. You will find appropriate addresses in the NSW supplement.

We are about to open an office at 21 Belmore Street, Surry Hills. As previously mentioned, the new phone number will be (02) 212 1854. The new office will greatly assist the operation and add to the stability of our organisation. All members will benefit from this move.

If you want to assist in the running of this office, please contact John on (02)692 9560.

The appointment of the NSW co-ordinator has been long overdue and obviously much more is needed in dealing with the needs of people affected by HCV. Still, this development represents the first positive recognition of our predicament by the NSW government; and with the opening of the office, we can set our sights more firmly on making positive gains for people affected by HCV.

This year we will run at least one meeting to discuss the operations of the group and proposed lobbying activities. These activities need your involvement. If they are to have the desired impact we need your input. If everyone writes the letter a month, we will see more funding and resources coming our way. If you are silent you will be forgotten. Politics works like that. Your organisation is your voice, so support it. Attend the proposed meeting to discuss direction for the year. Contact the co-ordinator for information about how you can contribute. Remember we only ask at the least a letter or two a month.

## FEDERAL LOBBYING.

Your executive was very busy last year, writing to every federal politician in Australia, contacting (by phone and/or letter) many state

politicians, and establishing links with journalists and utilising press coverage. We submitted three proposals for federal funding, none of which was successful. Consequently, we will continue to press the federal government for the creation of a federal secretariat or co-ordinator, and funding.

## MAN WINS HCV RELATED COMPENSATION CASE.

In a recent NSW court case a person with Hepatitis C was successful in claiming workers compensation when the presiding judge agreed with medical evidence that stress from a work accident had exacerbated the illness.

The employer had disputed liability over the worsening of the Hepatitis C.

However, the presiding judge in the Compensation Court agreed with Professor John Dwyer that stresses associated with the injury "led to some acceleration of the deterioration of his liver injury".

Your executive will endeavour to find out more about this judgement. Hopefully, this legal precedent will open up other avenues for people with Hepatitis C.

## VICTORIA GETS OFFICE.

Through the kind auspices of the Fairfield Infectious Diseases Hospital, the Victorian branch now has an office out of which to operate. The new address is c/o.

Fairfield Infectious Diseases Hospital.  
Yarra Bend Rd.  
Fairfield, Victoria. 3078  
Ph. 280-2317 (bus. hrs)  
776-0298 (a.h.)

This move has enabled us in Victoria to keep a closer liaison with research facilities and the Public Health System.

We look forward to a very productive 1994.

## DESIGN COMPETITION.

Anyone who has artistic inclinations might be interested in this quest for a new poster. A prize is being offered to the three best entrants. You will win double passes to their nearest Hoyts cinema, to see a movie of your choice.

At the least, the posters need to state our group name, telephone number, and address.

The designs should be on either A4 or foolscap size paper.

I can just sense those creative juices flowing Australia-wide already. (I've got a couple of ideas myself). Good luck everyone! We hope to announce the winners in the next newsletter... Ed.

## CONTRIBUTIONS PLEASE.

The Australian Hepatitis C Support Group is a community based organisation. This means that although day to day operations are handled by a management committee and executive, the organisation is for all members. This newsletter is not simply a means of your executive contacting you, it is a vehicle of communication for all members. We welcome and support any contributions to this publication. Whether you want to write a 'letter to the editor', or a poem or short article, we want it in these pages.

(The views expressed in this publication are therefore not necessarily those of the Australian Hepatitis C Support Group, and we reserve the right to refuse to publish materials which are considered racist, sexist, or negatively prejudicial.)

Remember, your organisation is open and democratic. This

newsletter gives us all a voice. A chance to put our points of view across whether it be regarding politics, Social Security government funding, family hassles, or our own organisational structure.

So much written on Hep C in the daily papers and discussed on TV is crap. Don't let this bring you down, write in and tell it like it really is.

Community based groups and organisations are encouraged to reproduce and reprint the material in this publication. We also encourage the copying of this material for educational purposes.

## LETTERS TO THE EDITOR.

This is your space everyone, so send in those letters. They should be no more than 200 words.

### Smashed Dreamless.

warming in a heated room  
in a love nest yourselves to.. swoon  
with toddlers put to sleep the..  
dream  
shot down in fierce abandon

now thoughts rush through  
as though you've never.. known  
them  
they crush with speed each.. other  
a car thats lost 'control'  
and all that would unfold  
wrecked, smashed..  
and broken down  
no dreams, no hope, just fury  
psycho on the run  
not knowing what or who..  
or where  
pressing slamming vicious.. inner  
there  
and this with that abandon  
no time to reason, not the.. season  
on and on and on  
a mind thats lost control  
no warming in a heated room  
no love-nest with yourselves.. to  
swoon  
no toddlers and no dream

Robert Hellmund.

## NSW SUPPLEMENT.

## THE NSW "VISION FOR HEALTH".

The following information comes from the NSW Health Department's Corporate Plan for the NSW Health System (1992).

This strategic plan is based on a primary mission:  
to improve the health of the people of NSW.

The plan's primary goals are to:

- 1) Improve the health status of the community through public health services and prevention and promotion programs.
- 2) Ensure the delivery of appropriate health care services.
- 3) Ensure services are delivered in an efficient and effective manner.

The stated principle challenge facing this system is to develop and implement strategies that:

- 1) Improve health outcomes &
- 2) Contain the cost of health services.

One stated strategic path is that of research.

"Support medical research and emerging medical technology where there is a clear gain towards preferred health outcomes."

Another is that of communication.

"Encourage informed debate amongst stakeholders [citizens] in the community."

To meet primary goal no 1, the NSW health system aims to reduce the incidence of preventable deaths. Key result aims relating to this goal include some dealing with infectious diseases. "Infectious diseases are a major cause of disability in NSW".

"Targets:

- 1) To attain 95% immunisation rates in 2 & 5 year old children for vaccines against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps and rubella.
- 2) To reduce the incidence in neo-nates [newborn children] of Hepatitis B by 90%.

3) To decrease the incidence rate of HIV by 15%."

Looking at these policy statements, we have to ask:

*Why is Hepatitis C so invisible?  
Where is the informed community debate?  
Where is the commitment to research and technology?  
Where are the community education campaigns aimed at reducing transmission?*

Again, we emphasise, write to your local member or the two NSW ministers:

Ron Phillips.  
Minister for Health Services  
Management.

John Hannaford.  
Minister for Health and Community  
Services.

Address your letters for these ministers

The Ministry.  
Level 20,  
Goodsell Building.  
Chifley Square,  
Sydney. NSW. 2000

The address of your local member is in your telephone book.

## SPECIAL FEATURE HEPATITIS C & DISCRIMINATION

Some members have reported cases of discrimination on the grounds of their Hep C status. Particularly, this has been happening in the provision of medical care (isolation), and dental care (refusal). Such discrimination is unlawful and complaints may be made to the Commonwealth Disability Commissioner.

These complaints can be made by the person discriminated against, or by someone else acting on behalf of that person.

Most States and Territories have anti-discrimination laws which also

cover disability and complaints can be made at this level.

Legal advice should always be sought if you are thinking about making a complaint. Action should be taken promptly after the discriminative act, as there are time limits as to making complaints. Most community legal centres can help you.

### **JUST WHAT IS DISCRIMINATION?**

Discrimination means treating someone with a disability less favourably than someone else in the same circumstances.

### **IS HEPATITIS C A DISABILITY?**

A disability includes physical or intellectual conditions as well as the presence in the body of a disease causing organism (such as the Hep B, Hep C, or HIV viruses).

The Commonwealth Disability Discrimination Act came into force on 1 March 1993, and since then, discrimination based on disability is unlawful and people who are discriminated against can complain to the Human Rights and Equal Opportunity Commission.

Under the law, people can only be asked questions about their disability if it is for a non-discriminatory purpose. In some cases, where transmission of the virus may be possible, the employer may need to make necessary adjustments to work practices.

### **WHAT AREAS ARE COVERED?**

Only certain areas of public life are covered. These include the following areas.

Employment,  
Education,  
Access to premises,  
Accommodation,  
Buying/selling land or property  
Club membership,  
Administration of  
Commonwealth laws and  
programmes,

Provision of goods and services (eg. banking, insurance, entertainment, transport, professional or trade services, or services provided by government bodies.)

### **INSURANCE.**

Insurance and superannuation schemes can impose different conditions or refuse cover for people with certain disabilities, but only if this is justified by special evidence (actuarial data).

### **HARASSMENT.**

It is unlawful to harass anyone on the basis of their disability in employment, education, or the provision of goods and services. It is also unlawful to harass or discriminate against associates of persons having a disability.

### **DISCLOSURE OF HEP C STATUS.**

You are not obliged to tell anyone of your Hep C status unless there is a risk of passing on the virus, or the law specifically requires disclosure.

You should advise your doctor and your dentist of your condition, and you should also check that your dental clinic uses heat sterilisation techniques with its equipment.

### **LEGAL ADVICE.**

Contact your nearest office of the Australian Legal Aid Commission, and also your nearest community legal centre. (In Sydney, contact the Redfern Legal Centre on 698-7277. Ask for Louise Blazejowski, Solicitor).

### **EXAMPLES OF DISCRIMINATION.**

A person with Hep C makes an appointment with a dentist without disclosing their Hep C status. If that person then attends the dentist for treatment, discloses their Hep C status and the dentist refuses treatment, it is discrimination.

A person tells their employer that they have been diagnosed with

having Hep C and their employer dismisses them even though there is no risk of the virus being passed on to anyone else, in the course of their work. This again is discrimination.

## **HEPATITIS C IN PRISONS**

Correspondence has been received from people with hepatitis C in prisons seeking information about the illness. There is little information about hep C in prisons and access to interferon is even more limited.

Hepatitis C, like HIV, is especially of concern in prisons because of the occurrence of injecting drug use, and the difficulties in obtaining new injecting equipment (needles and syringes are not officially available in Australian prisons. Needle cleaning agents such as bleach are available in most prisons though they are not provided specifically for this purpose).

There are some educational programmes in respect of HIV/AIDS but it is not known whether these programmes extend to Hepatitis C. In any event, suggestions have been made that the needle cleaning techniques promoted in HIV/AIDS safe injecting programs are not effective in respect of Hepatitis C.

The introduction of non-custodial sentencing options for offenders with drug injecting histories, and the expansion of prison drug rehabilitation programmes would be appropriate and sensible strategies for the prevention of Hepatitis C transmission.

## **ATTENTION VICTORIAN MEMBERS**

An important seminar is being held soon.

"BEAT THE BLUES, AND LIVE"

with Di McGreal.

7.00 to 9.00 pm  
Thursday, 21 April.  
Fairfield Infectious Diseases  
Hospital,  
Yarra Bend Rd. (off Heidelberg  
Rd.)  
Fairfield.

This seminar presents a valuable approach to stress management and getting on with your life. Do yourself a favour, make sure you come along.

There will be a nominal fee.

\$2 - members

\$3 - non-mem. concession

\$5 - non-members

We can all learn something, see you all there!

## SA LIBERALS TARGET HEALTH, WORKCOVER

When state parliament convened on February 9, it started to bring home the dramatic changes the new Liberal government intends to make in favour of employers, at the expense of the public and workers.

The most recent changes include productivity-based health systems and the slashing of Workcover claims.

Changes to the health system from July 1 mean that hospital funding will be linked to the number of operations and the type of operation each hospital performs.

Health minister Michael Armitage claims this represents 'innovation and incentive'. The implication is that the quicker a hospital can deal with patients, the more funding it will receive. With productivity being measured in much the same way as it is on a factory floor, patient care will resemble production-line processing. Mr Armitage basically admitted this when he stated that the more 'efficient' hospitals would attract more funding and the less efficient would have to increase their efficiency.

Promoting the 'casemix' system, the minister said '...hospitals should be rewarded if they become competitive'. Casemix is not limited to Liberal governments; the system is also marked for use by the federal Labor government.

The current operating vision for the NSW health system has a similar theme with economic rationalism prevailing. Are we all heading down the same rocky, direction-less road the British health care system is travelling, following blindly the Thatcher-led, American-inspired model of free market health?

As well, the SA government proposes cuts to workers' compensation cover for injury and stress. This will result in many workers being left without compensation. This is very topical for us all, bearing in mind the recently handed down NSW worker's comp decision.

Stress related claims will become virtually impossible.

NSW Area Health Directory.  
Telephone or write to your local Area Health CEO.  
(A draft letter follows).

Northern Sydney Area Health Service (AHS)  
Dr Stuart Spring.  
Ph. 438-8418  
Fax (02) 436-2978  
Executive Offices (Level 4),  
Royal Nth Shore Hosp.  
Pacific Hwy,  
St Leonards. NSW. 2065

## SAMPLE LOBBYING LETTER.

John Hannaford,  
Minister for Health and Community Services.  
The Ministry.  
Level 20,  
Goodsell Building.  
Chifley Square.  
Sydney. NSW. 2000

31 February, 1991

Dear Mr. Hannaford,

I am suffering Hepatitis C and am perplexed as to why I cannot access Interferon through the pharmaceutical benefits scheme. This drug is the only recognised treatment for this illness and at this stage, my only hope for recovery. Can you explain this situation?

Also, is there any state or federal body co-ordinating a response to this (in my case), debilitating illness?

Yours faithfully,  
(your name).

*Don't forget to send in those contributions. Talk with you soon .. eds.*