



ME&You

Myalgic Encephalomyelitis Society of British Columbia Support News Winter 2001 Volume #20

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Happy New Year!

Season’s Greetings! Wishing you and your family the best in the New Year. From MEBC

2001 MEBC Annual General Meeting

Date: Saturday, January 27

Place: New Westminster Public Library Auditorium

716 - 6th Avenue, New Westminster

We are pleased to have Disability Advocate Steve Sharpe as our speaker this year. The agenda for the meeting is as follows:

12:15 pm: Registration and Sign In

1:00 pm: Introduction of the Current Board of Directors

Business Discussion

Nomination and Election of Board of Directors

2:00 pm: Special Guest Speaker

3:00 pm: Adjourn

MEBC Executive Director Position Available

MEBC is looking for an Executive Director to take our society to the next level. This role would report to a supportive Board of Directors and would entail recruiting and supporting a management team of volunteers and potentially compensated personnel. It would also include developing and executing a short-term revenue plan and designing a long-term strategic plan. Initially a “work from home” volunteer position, this role is intended to become full-time and compensated.

If you know of anyone who has these skills and would be interested in making a difference for a worthy cause, please contact John Touzel at (604) 990-0929 / 638-4275, fax (604) 990-0947, or jtouzel@attcanada.net

Fighting For Long-Term Insurance Benefits and Winning

An MEBC member provided the following story. The challenges she faced with her illness, the lack of cooperation with her insurance company, and the frustrations she encountered with the medical profession are familiar to those with M.E. What makes this story special is the step-by-step process she used to succeed in getting her well-deserved long-term disability claim approved.

I have had M.E. for over five years. Until that time, I was a healthy, active mother of two who held down a job, worked out at the gym, and

lived a busy and productive life. Shortly after the breakup of my marriage, I began to struggle with the daily activities I had been able to accomplish before. My fatigue increased, and I struggled with the physical aspects of my daily work. Despite sleeping at times up to 48 hours, I would wake completely exhausted. I asked myself, “What is wrong with me?”

My doctor advised me I was in a state of depression. This did not make much sense given I was in a happy, stable relationship, had two beautiful children, enjoyed a number of

Dr. Bruce Carruthers is the Medical Advisor to the MEBC Board of Directors

Mail

**“ME & You”
newsletter team:
Donna Mitchell
Jeanine Madill
Stephen Rye
John Warren**

MAIL

You may send letters, articles, notices, etc. to the editor at MEBC #462 - 916 West Broadway Vancouver, BC V5Z 1K7

or e-mail us at MEandYou@mefm.bc.ca

www.mefm.bc.ca

Please note that letters may be edited for brevity and clarity.

strong friendships, and had a well-paying job. Through many doctors, including a psychologist and a psychiatrist, I did not get better or show any signs of improvement.

After three and a half years, I started seeing another doctor and was diagnosed with M.E. My employer’s Human Resources department suggested I agree to a “rehabilitative program” with the insurance company, to increase the chances of my disability claim approval. My program with the rehabilitative consultant consisted of the following: join a support group, see a naturopath, and enroll in yoga classes. My advice for others is ensuring the insurance company will cover these costs in advance if it is a part of your recovery plan! Otherwise, you will incur costs or find yourself in more debt as I did.

While on leave, my doctor referred me to a rheumatologist whose diagnosis indicated I had most of the Fibromyalgia symptoms and had Chronic Fatigue Syndrome. My insurance company now started to ask more questions about my claim: needing more objective medical evidence, not accepting subjective, self-reported symptoms, and requiring a diagnosis of a specialist rather than that of a general practitioner.

I tried to return to work on a gradual basis, with no success. My health continued to deteriorate. The insurance company promptly cut off payments. After investigating the reason behind this, I discovered the rheumatologist’s report DID NOT state any of the facts about Fibromyalgia or Chronic Fatigue Syndrome. Instead, it suggested my illness was due to depression, and it recommended exercise!

The following is the process I used to fight back. At times it was extremely difficult. However, with the support of my family doctor and the guidance of my M.E. advocate, I pursued my battle against the insurance company.

- I immediately found another specialist and submitted an accurate assessment of my condition. This doctor confirmed I had M.E. and was at risk of developing full-blown Fibromyalgia syndrome.
- I took my partner to my meeting with this specialist to witness the entire conversation.
- I accepted that I had to adjust to a different standard of life and could not return to work.

The insurance company requested an Independent Medical Examination (IME) to review my claim; they would pick the doctor and would not include impact of the IME on my condition the following day. Knowing that this whole process would be fully in favor of the insurance company, I did the following:

- Discussed my situation with the Human Resources department of my employer and explained how the insurance company was treating its employee. With its support and intervention, the insurance company agreed to have a rehabilitative consultant see me the day following the IME to assess my condition.
- Requested that this special approval be submitted to me in writing. I did not want the insurance company to renege on this agreement.
- Gave permission to the insurance company to conduct a search on all the doctors I had seen in the past for the long-term disability forms. This left the hard work to the company and allowed me to save my energy.
- Took a “patient’s bill of rights” to the IME. This legally allowed me to have a witness at the assessment.
- Took a tape recorder to the IME to ensure NO information could be distorted or changed at a later date.
- Had my “witness” sit with me throughout the assessment and to ask questions of the nurse and doctor.
- Taped my question to the doctor before the second section of the assessment began: “Do you believe M.E. is a real disease?” The

response was that M.E. was not actually a disease but a syndrome, a collection of symptoms. I asked if he believed that this collection of symptoms was the result of a viral infection in the brain and is a result of something other than depression. When the doctor would not reply, I spoke into the tape recorder and stated his refusal to respond. When the doctor later said that yes, he did agree M.E. is a real disease, I taped his answer. It was important he be accountable for his assessment of me.

- Had my father witness the follow-up assessment scheduled the next day.

- Stood firm that my illness was genuine during the first and second assessment. I did not let the consultant's incorrect reasons for my fatigue wear me down and stated that I would continue to fight the insurance company even if it meant a court case.

One month later, I was informed that I had been accepted for long-term disability. My battle with the insurance company was completed after seven months. I had won my right to disability benefits and a chance at recovery.

Physician's Column

BY DR. BRUCE CARRUTHERS

(MEDICAL ADVISOR TO THE MEBC BOARD OF DIRECTORS)

ME and the Delegitimation of Illness Experience

This title came to me after reading an article by Norma C. Ware entitled "Suffering and the Social construction of Illness: The Delegitimation of Illness Experience in Chronic Fatigue Syndrome: Medical Anthropology Quarterly 1992; 6(4): 347-361.

"Delegitimation" is a word so hard to pronounce that it could be used as a test for the language difficulties that patients with M.E. experience. It comes from the realm of medical anthropology, and means exactly what it says – that there are varying degrees of medical "reality" in each culture, some of which are considered more legitimate or "real" than others. Since Dr. Ware's article clearly describes the medical/social predicament that so many M.E. patients find themselves in, I would like to discuss it further.

Dr. Ware describes delegitimation as one particular form of non-bodily suffering, which is applied by our culture to illnesses that are regarded as psychosomatic (i.e. the bodily expression of emotional or mental problems).

Our culture considers physical processes as the most "real" and psychological processes "less real" – i.e. of lower reality status, more imaginary and therefore less legitimate. Our culture also implies that we are not to blame for our physical ailments, whereas we bring on our psychological ailments through lapses of will and rational self-control.

It is easy to see how mistaken this process of delegitimation is – e.g. a heart attack is considered by our culture to be "legitimate" even though it was brought on by choice of a sedentary life style and high fat diet. On the other hand, a depression is considered "less legitimate" even if it represents a rational and proportionate reaction to one's life circumstances.

RESOURCES

M.E. & FM Manual

156 pages, non-profit book on 8 1/2 x 11", two columns, spiral binding, summarized from world wide newsletters, 55 symptoms, 48 drugs, 49 therapies, 47 disability benefits, 67 books, 68 organizations, 230 supportive doctors, C.P.P., long term disability, insurance, legal help, dealing with doctors, coping, Table of Contents, Index and the Index to the "M.E. & F.M. Library Materials". Send \$19 to Doug Shore, 2633 Moorland Street, Abbotsford, BC V2T 3V2 857-1200, ext.9431 (Vancouver); 855-9431 (Abbotsford) e-mail dwshore@home.com WEB www.geocities.com/capitolhill/1544

RESOURCES

M.E. & FM Library Materials

(Issue #3) 5,200 pages of newsletters etc. in the library reference section of Prince George, North Vancouver, Vancouver, South Vancouver, Port Moody, Burnaby, Guildford, White Rock, Abbotsford, Chilliwack, Cranbrook, Creston, Nelson, Vernon public libraries. There are four different 8-hour videotapes available through the Surrey Library system. Contact your local support group leader.

M.E. Victoria Newsletter

M.E. Victoria membership includes a quarterly newsletter, \$20 annual fee.
M.E. Victoria,
RPO Fairfield Plaza,
P.O. Box 50032,
Victoria, B.C., V8S 5L8
Phone 888-543-2666

Why is this? Our culture, based as it is on the ultimate authority of science, “equates the real with the physically observable, and discounts or bypasses altogether the subjective experience of the patient” (op cit. p 356) in such reality distinctions. Since these distinctions have been encoded into the very fabric of our culture, into the habitual reactions of our people, health care professionals and institutions, they become a very powerful cultural force that must be contended with whatever may be actually going on biologically.

Thus a diagnosis that is lower down on the chain of legitimacy will be treated less seriously and considered more frivolous than one that is “really real”. Symptoms that cannot be correlated with a “really real” physical abnormality will be discounted. Disability for a “mental disorder” may be given for a limited time only, and patients with “psychosomatic” labels may be red-flagged automatically.

Pain without a bandage is invisible, and as it becomes chronic it is regarded with more and more suspicion as “unreal”. And fatigue doesn’t even have a bandage. As Dr. Ware’s article points out, this loss of legitimacy is a very real source of suffering additional to what is caused by the illness itself. It also has a very real impact on how patients are treated – they are listened to or dismissed, given treatment or told to ignore their complaints and get on with life, their disability insurance contracts honored or broken, and so on.

In our bottom-line, driven culture it is no wonder that the diagnosis of M.E. is being ‘encouraged’ to join the numerous psychosomatic and/or psychological disorders with their reduced legitimacy. It has been regarded as a modern form of ‘neurasthenia’ or ‘weakness of the nerves’, a diagnosis which was common in Victorian times, but which was later delegitimized into the dustbin of neurosis. Thus our cultural attitudes towards neurasthenia are already set. And since M.E. is similar to neurasthenia, why not treat it in the same way?

But how can you tell whether a tired person in the late 19th century is the same as a tired person in the early 21st? You could only do so if there had been a continuity of the illness over these 100 years. And no one really knows whether that is the case or not.

However, it has been my clinical experience over 44 years of medical practice that while there have always been tired people around, there weren’t many tired in the way M.E. patients are until about the 1980’s. I think that M.E. is a phenomenon new to our time, and that we should stop misapplying the older categories with their built-in attitudes to this ‘emerging illness’.

We have to learn the proper ways to regard M.E. and this will depend on doing appropriate research. In order to do appropriate research we have to break out of the old categories or mind sets. What is needed to bring about in this categorical shift is new work on brain and systems function – work whose results would make it harder and harder to keep the categories of ‘mental’ and ‘physical’ in their old form.

It is you people who suffer with M.E. who know that M.E. is more than just ordinary fatigue and pain. It is a conglomerate of symptoms that come together as a syndrome. It points to a widespread and distributed abnormality that we can’t conceive of in the old terms.

Have patience. Sooner or later the researchers will catch up to your experience and construct an adequate explanation of your illness. But it won’t be in the old terms. And only then will the process of delegitimation begin to reverse.

Thank you for your generous donation to our newsletter
White Paper Company for donating the paper
9990 River Way, Delta, BC V4G 1M9

UBC Study by Dr. Darrin Lehman

DID YOU PARTICIPATE IN A RESEARCH STUDY IN 1995? A University of British Columbia research team is currently extending their study of people in the Lower Mainland who have Myalgic Encephalomyelitis. Thanks to many members of MEBC, this research project, which was begun in 1995 with the support of the Social Sciences and Humanities Research Council, collected valuable information from 105 people coping with Myalgic Encephalomyelitis. Drs. Kenneth Hemphill, Christine Davis, and David Mandel (then Ph.D. candidates), conducted the project under the supervision of Professor Darrin Lehman of the Department of Psychology, UBC.

Five years later, the research team is seeking to contact as many of the original set of participants as they can, with the objective of understanding how the participants are currently coping

with either their continuing illness or their life following recovery, as well as furthering our understanding of the impact of this illness on people's lives. Participation during this part of the study is completely voluntary, and would involve about 1 hour of your time to complete a mail-in questionnaire. All of the information provided will be held in the strictest confidence, and anonymity will be assured. If you participated in the 1995 study, which involved an interview and completion of questionnaires, and would be willing to provide some valuable follow-up information to increase our knowledge about the impact of M.E. on people's lives, or if you would like more information about the study, please contact Tracy Lindberg, M.A. at tracylin@interchange.ubc.ca or (604) 822-5121.

Your participation would be extremely valuable and greatly appreciated!

Mediation as Part of the Litigation Process

BY TIM LOUIS – BARRISTER & SOLICITOR, TIM LOUIS AND COMPANY

The other day I was describing my first few mediations as a very young lawyer. I reminded myself of an old fable about the wind and the sun engaging in a contest to see who could succeed in getting a man to take off his coat. The wind began to blow and the man, feeling a chill, pulled his coat tighter around him. The harder the wind blew, the tighter the man did up his coat. Eventually, the wind tired and it was the sun's turn. As the temperature warmed, the man loosened his coat at first. And then, as it became even warmer, he undid his coat and finally took it off.

At trial, aggressive and affective cross-examination of the insurance company's witnesses strengthened my clients' cases. Closing arguments that exposed the flaws in the insurance company's argument did the same. He who battled most fiercely won!

However, my first few mediations were far less successful as I continued to treat them as trials, rather than using the warmth of persuasion, like the sun. Mediation is not trial. With no judge present, the party to be persuaded is the insurance company. The mediator rarely makes recommendations and, in those few cases where she/he does, the recommendation is not binding on the parties. I now treat mediations much differently.

RESOURCES

National ME/FM Action Network

\$25 Annual fee, Newsletter every two months.
3836 Carling Ave.,
Nepean, ON K2K 2Y6
(613) 829-6667
www3.sympatico.ca/me-fm.action/

Legal/Research Package

Send \$25 cheque payable to
Marj van de Sande,
Director of Education
(National ME/FM Action Network)
151 Arbour Ridge Circle NW
Calgary, AB T3G 3V9
Tel/Fax: (403) 547-8799
E-mail:
vandesam@cadvision.com

Research

Legal

RESOURCES

Rogers Cable

Rogers and other cable companies in B.C. now have a selection of conferences on tape that they can show on your local cable station.

Contact your station and ask about the 1991 M.E.B.C. conference, the June 1994 Nightingale conference held at John Oliver High School, the October 1, 1995 conference at Burnaby South Sr. Secondary School, and two separate F.M. programs, the first entitled "F.M. 101" the second Rogers "Community Connections" November 14, 1995. Also the Les Simpson video produced by Shaw cable.

The Parents and Youth Web Site

www.geocities.com/youthcanada/first.html

Very often, the insurance company's adjuster has had no live contact with my client and "knows" my client only through his file. You would be surprised how often a live person with Myalgic Encephalomyelitis or Fibromyalgia describing a typical day puts a human face on what was until then only words in a file. Therefore I typically prepare my clients to speak as much as possible at the mediation.

Another consideration about mediations: while lay witnesses are always helpful at trial, they are equally important at mediation. Unfounded suspicions by the insurance company can very often be dispelled by neighbors and relatives who see my clients on a regular basis and can recount first-hand the difficulties my clients are experiencing.

Usually clients are unable to afford the cost of expert witnesses, such as doctors and vocational consultants, to attend personally at a mediation. In my experience, a simple solution to this problem is to make arrangements with my clients' expert witnesses in advance of mediation to be available by way of telephone during the mediation should the insurance company or lawyer wish to speak with them. A speakerphone at the mediation allows my clients' witness to "attend" at little if any cost to my clients.

A final point about mediation: sometimes even the sun will not succeed. If we do not like the insurance company's offer at the end of the mediation, we are still free to proceed to trial, having become much more aware of the insurance company's position.

Disability Insurance Limitation Periods

BY LAWRENCE E. PIERCE

Lawrence Pierce is with the law firm Pierce Law Group in Vancouver. He practices in the area of personal injury and disability insurance. He has won several judgments in BC Supreme Court against disability insurance companies for their failure to pay benefits. ME & You welcomes the advice he provides our readers.

If you are suffering from a disabling illness you may have a policy of disability insurance through your work place. There are a number of important dates that you have to be aware of when dealing with a disability insurance company.

The most important date is the one-year period from the date that the insurance company says they will not pay, or from the date they stop paying. There are exceptions to this, however, and it is important that you consult a lawyer as quickly as possible after the insurance company

says "no".

For example, if your disability insurance company paid you for a period of time, and then cut you off. If you continued to be totally disabled, you may have a good claim even though years have gone by since you were cut off. There is a Supreme Court of Canada decision, which has been applied in BC, which states that once a disability insurance company pays, and if the claimant remains totally disabled, then the claims against the insurance company can be made at any time.

In Memory of: We wish to thank Mabel Walter for the donation made in memory of Margaret Howell.

Insurance companies will also suggest that you file an “appeal” of their decision to turn you down. Often this is just a delaying tactic by the insurance company to try to get you beyond the one-year period of time. So, as soon as your

claim has been denied, you should contact a lawyer. Many lawyers will do long-term disability cases on a percentage basis so you do not have to provide any up front money to sue.

Basic Coping Skill – Support

BY STEVE SHARPE – COUNSELLING PSYCHOLOGIST

ME & You is pleased to have Dr. Steve Sharpe offer his advice regarding coping skills. He has been involved in counselling for forty years starting in the school system, then into colleges and finally in private practice. The past few years he has focused more in the area of environmentally caused illnesses.

My writings will be directed primarily at the victims of the illness rather than the healthy. The focus of my columns will be on the following:

- What type of support is needed?
- Where can you get support?
- What is the place of the family?
- What can you do to help yourself?
- What can you expect in terms of feelings, thoughts, and emotions?
- What specific service can a counsellor provide? What is the cost?

A basic coping skill is support. There are different methods such as a support group, a therapy group or one-on-one sessions with a therapist.

Support groups can be extremely beneficial if they are well organized and know their purpose and limitations. They are generally led by peers and have the purpose of giving moral support or opening an avenue for expression. Some may be therapeutic but that is not their main focus.

Therapy groups also offer support but their purpose places more emphasis on healing of emotional pain. A person trained in group processes and psychological dynamics leads these sessions.

Whichever avenue is selected, it is up to the injured person to make the first step in getting support.

Peer Review of M.E./FM Clinical Definitions on Schedule

LYDIA NELSON – PRESIDENT, ME/FM ACTION NETWORK

The Canadian ME/FM Clinical Definitions and Treatment Protocols are scheduled to be peer-reviewed on March 30th to April 1st, 2001. The sub-committee have now chosen the doctors who will sit on the peer-review panel and we

are awaiting confirmations from the chosen doctors. Once a consensus has been reached, preparations will take place to have the results published in a Canadian medical journal.

RESOURCES

BC FM Society
PO Box 42504,
New Westminster, BC
V3M 6H5

The Self-Help Resource Association of B.C.
Gives training for support group facilitators.
303-1212 W. Broadway,
Vancouver, BC
V6H 3V1
Phone (604) 733-6186
Fax (604) 730-1015

The B.C. Coalition of People with Disabilities
#204-456 W. Broadway
Vancouver, BC
V5Y 1R3
Phone 875-0188
Fax 875-9227
1-800-663-1278
www.bccpd.bc.ca
Annual membership fee of \$10 includes the “Transition” magazine, 8 times yearly.

Legal

Tips for Living

Bits & Pieces

Note: Consult your physician before trying any treatments or therapies presented in this newsletter.

Advocacy Access and Canada Pension Plan Disability Benefits

BC COALITION OF PEOPLE WITH DISABILITIES – (604) 872-1278 / 1-800-663-1278

Advocacy Access provides an expert one-on-one CPP disability benefits advocacy service to people with all disabilities. Because CPP disability benefits is a pension system and not an income tested program, it has a number of advantages: Unlike provincial disability benefits, CPP disability is not asset or income tested. Receiving income from other sources (with the possible exception of employment income) will not disqualify you from receiving CPP disability benefits. Unlike provincial disability benefits, you will keep your CPP disability benefits if you become involved in a dependent relationship – e.g. if you get married. Most people receiving provincial disability benefits will still get a top-up from the Ministry. This means that you will not lose your medical coverage and annual bus pass when you qualify for CPP disability benefits.

You do not have to apply for CPP early retirement benefits at age 60 if you are already receiving CPP disability.

You can attend school or perform volunteer work without jeopardizing your CPP disability benefits.

If you move to another province, your CPP disability benefits go with you. Although CPP income is taxable, recipients can apply for the disability tax credit from Revenue Canada.

Phone Advocacy Access for information about CPP disability benefits, and for one-on-one assistance with applications, appeals, tribunals, and Pension Appeal Board cases. Advocacy Access also provides assistance with provincial Disability Benefits.

Youth and M.E.

BY KATE ANDERSEN, M. ED. – YOUTH CONSULTANT, NATIONAL ME/FM ACTION NETWORK

Kate Andersen has recovered considerably from M.E. She works as an educational consultant in Early Intervention, a parent counselor, and teaches distance educational courses for the School of Child and Youth Care at the University of Victoria. She welcomes all communication from youths with M.E. and their families. She can be reached at katejandersen@home.com

RECENT INITIATIVES

“When I attended a Board meeting of a group of adults with M.E. some years ago, I told everyone that my daughter might also have the illness. I was moved, but not surprised, to see tears come to the eyes of the adults at the table. Only an adult who has suffered this illness can fully appreciate how devastating it must be for the young. I was deeply touched.”

This story was reported to me some time ago and serves to remind us that many young people suffer from M.E./FM. Over the past two years Mary Ellen, Special Projects Manager of the Network, and I have been working on the Child and Youth Initiative. We have been compiling information regarding the illness in children and youth; we have set up a web page (<http://www.geocities.com/youthcanada>); and we are corresponding with researchers and parent advocates, and reaching out to Canadian youth with M.E./FM and their families.

RESOURCES

DAWN

(Disabled Women's Network)
PO Box 22003
Brandon, MB R7A 6Y9
Phone toll-free:
1-877-450-9476

Nightingale Research Foundation

Publishes pamphlets, books, and research.
121 Iona St.,
Ottawa, ON K1Y 3M1
Fax: (613) 523-1958
E-Mail:
nightingale@nightingale.ca

Under the guidance of Mary Ellen (a former teacher now homebound with M.E), a group of other Canadian teachers with M.E./FM have been working on a Sourcebook for Teachers to be distributed by the National ME/FM Action Network some time early in 2001. The Medical Editor of the Sourcebook is Dr. David S. Bell, the world's leading pediatric researcher on the illness. Assisting Dr. Bell and the Network team is Mary Z. Robinson, U.S. parent advocate. Details will follow in a future newsletter once the book has been published.

INFORMATION ABOUT M.E. IN YOUNG PEOPLE

To date there have been no epidemiological studies of Canadian youth with M.E. We can only guess as to their numbers from looking at U.S. figures on Chronic Fatigue Syndrome. After the CFIDS Association of America challenged them on the reported low incidence of CFS in young people, the US Centers for Disease Control re-examined their data and did find a higher prevalence than they previously reported. The new figure being 116 per 100,000.

In a new study that looks not only for classic CFS but also fatigue-like syndromes, researcher Dr. Karen Jordan reported at the April 10 CFS ICC meeting that four of the first 370 children contacted by her telephone surveyors have "CFS-like" problems. (Source: Frank Albrecht, Ph.D. from <http://www.cfids.org/yo>)

Private Member's Bill Supporting Complementary Medicine

Public support is being requested for this health issue. The following information is from a July 6, 2000 News Release.

VICTORIA — Victoria-Hillside MLA Steve Orcherton today introduced the Medical Practitioners Act Amendment Act, a private member's bill enabling medical practitioners to practice complementary medicine without penalty from the College of Physicians and Surgeons of British Columbia.

"The College of Physicians and Surgeons across Canada has a long history of interfering with the patient's right to choose doctors who practice complementary medicine," said Orcherton. "This bill allows doctors who view complementary medicine as an appropriate treatment for their patients to practice these methods without fear of harassment."

Complementary medical therapies are treatments free from the side effects of drugs and surgeries,

such as environmental medicine, acupuncture, homeopathy, botanicals, orthomolecular medicine (vitamins, minerals), and chelation therapy.

"There is an increasing patient population who suffer from chronic or hard-to-manage illnesses," said Orcherton. "Many of these people have received many different kinds of treatment before finding the therapy that works for them. Alternative health care often provides the best option.

"It's time for doctors and society at large to recognize that complementary medical therapies are an important component of health care. This bill moves our health care system into the 21st Century by recognizing that complementary medical treatments are appropriate and supported by the public."

Contact information:
Steve Orcherton, MLA Phone: (250) 387-2337
New Democratic Caucus Communications
Phone: (250) 387-0094 / Fax: (250) 387-4680

Report on Fall 2000 Events

BY BRIAN SCHMIDT

Oct 16, 2000 Focus on the Family broadcast a radio program on Chronic Fatigue Syndrome featuring three women with the disease and a physician. Gives healthy people a better understanding of CFIDS. For a tape, contact Focus on the Family, Phone: (604) 539-7900 Fax: (604) 539-7999. E-mail: letters@fotf.ca

Oct 25, 2000 Richmond Art Gallery celebrated a bookwork by Deborah Koenker, an artist with M.E. Her bookwork captures her 1999 installations of "Adrift: a sculptural installation" which captures the experience of living with M.E. Available from Richmond Art Gallery for \$8.00. (604) 231-6457.

Nov 4, 2000 Dr. Bruce Carruthers gave a lecture to 40 people in Vancouver on new ideas regarding M.E. His talk covered treatment ratings, diagnostic difficulties, and neurological systems involved. Dr. Carruthers has developed a simple test to determine cognitive impairments which he is currently researching before training doctors in this diagnostic method.

MEBC is a non-profit society with an annual membership fee of \$20.00

Charitable registration: (BN) 13117 3239 RR0001

The main focus of the Myalgic Encephalomyelitis Society of British Columbia is to help those suffering with M.E. (also known as Chronic Fatigue Syndrome). We also want to reach those with FM, MCS, and GWS.

Portions of "ME & You" may be reproduced for personal use without the specific permission of the Board of MEBC.

Any original articles may be reproduced by other non-profit organizations as long as the item is clearly attributed to the original author and contact information is included.

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Support Groups

Abbotsford	Doug	604-857-1200 x9431	Port Coquitlam	Lydia	604-941-3131
Armstrong	Sharon	250-546-6176	Port Moody	Laila	604-944-0911
Burnaby	Jean	604-525-0951	Port Moody	Reiner	604-941-9902
Castlegar	Deena	250-365-8312	Prince George	Deborah	250-562-7876
Chilliwack	Maureen	604-792-7973	Richmond	Linda	604-277-7450
Coquitlam	Reiner	604-941-9902	Richmond	Irene	604-271-5470
Coquitlam	Laila	604-944-0911	Sechelt	Dr. Lynch	604-885-3133
Cranbrook	Diana	250-427-4327	Surrey	Joan	604-878-7707
Creston	Jane	250-428-5159	Teachers	Ian	250-247-7381
Dawson Creek	Carol	250-787-9722	Terrace	Joy	250-635-4059
Delta	Tina	604-946-2285	Terrace	Eileen	250-635-9415
Fort St. John	Carol	250-785-4897	Trail	Wendy	250-368-6103
Fort St. John	Wendy	250-785-4897	Tsawwassen	Tina	604-946-2285
Fort St. John	Susan	250-827-3731	UBC Students/Area	Michelle	www.mefm.bc.ca
Gabriola Island	Ian	250-247-7381	Van. - Mid Main	Margit	604-708-9234
Kelowna	Sharon	250-765-1636	Van. FM West Side	Wendy	604-732-8764
Kelowna	Julie	250-764-0024	Vanderhoof	Patricia	250-567-9324
Kimberley	Diana	250-427-4327	Vernon	Cecile	250-545-2998
Ladner	Tina	604-946-2285	Vernon	Eve	250-549-2468
Langley	Marlena	604-532-9947	West Vancouver	Janis	604-980-3852
Mission	Doug	604-857-1200 x9431	West Van	Wanda	604-926-1842
Nanaimo	Scott	250-758-5352	White Rock/Surrey	Cathy	604-536-0669
Nelson	Deena	250-365-8312	ME Child Advocate	Kate	katejanderson@home.com
New Westminster	Jean	604-525-0951	ME Kids & Teens	Sarah	604-937-0517
North Vancouver	Janis	604-980-3852	ME Parents Contact	Elinor	604-937-0518
North Vancouver	Wanda	604-926-1842	ME Nurses Contact	Pat Woods	604-929-0566
Pitt Meadows	Lydia	604-941-3131			



Myalgic Encephalomyelitis Society of British Columbia

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BC toll-free: 888-353-MEBC (6322)
www.mefm.bc.ca MEBC@mefm.bc.ca

MEBC MEMBERSHIP APPLICATION FOR PROFESSIONALS
For Medical, Mental Health, Legal, and Home Care Professionals

Applications and payment/donations may also be made on our website: www.mefm.bc.ca

Please indicate your professional status:

- M.D.: General Practitioner
M.D.: Specialist
Naturopath
Chiropractor
Physio- or Massage Therapist
Psychiatrist
Psychologist
Social Worker
Counselor
Lawyer
Public Health / Home Care Nurse
Parish Nurse
Home Support Worker
Other (specify):

Professional's Name: Qualifications:

Organization, Clinic, or Law Firm:

Address:

City: Province: Postal Code:

Telephone: Web Site:

Fax Number: E-Mail:

ENCLOSED: CHEQUE FOR \$20 Membership Fee and/or \$ Tax Deductable Donation

DATE: SIGNATURE:

Please fill in the sections below relevant to your profession. Indicate in the comment section at the bottom how MEBC can be of help to you, and indicate areas in which you are willing to be of assistance to MEBC. Thank you for your interest and involvement.

ALL PROFESSIONS:

May we refer ME/FM patients to you? Yes No If so, may we publish your name? Yes No

Approximately how many ME/FM patients do you deal with in your practice? ME FM

DOCTORS/ HEALTH CARE:

Do you diagnose patients for ME? Yes No FM? Yes No

LEGAL:

Do you handle: ME legal matters? Yes No FM legal matters? Yes No

Do you offer ME/FM patients free initial consultation? Yes No

MENTAL HEALTH:

Do you treat patients with ME? Yes No FM? Yes No

Do you counsel patients with ME? Yes No FM? Yes No

or provide assessments relevant to ME / FM? Yes No

HOME CARE:

Do you provide home care assessments or home care services for ME/FM patients? Yes No

Please add any ADDITIONAL COMMENTS (and names of other professionals who may be interested in MEBC)

Three horizontal lines for additional comments.

Contact Us