



July 27, 2010

Prisoner Correspondence Project Collective

C/O

Mr. Liam Michaud

Re: Information (submission) requested.

Dear Liam;

I would like to introduce myself, my name is Denis Carrière, I'm 45 years of old and I'm serving a term of 9 years for illegal confinement assault with a weapon and fraud and reproducing a seal of court. I am infected with Hepatitis Genotype "A1" I have been declared to have full blown liver cirrhosis (F4 as per the Test de Paris) and now I'm at my 3rd treatment attempt. I was originally diagnosed in 2001 while I was living and giving blood in the US and It was determined that my infection was a result from an attempt to provide first aid to other inmates in trouble in 1995 at Collins Bay Institution (Ontario). Since I had a serious condition of Psoriasis and when I came in contact with the blood of an injured inmate, I contracted Hep "C". Now I went from the non peligated Interferon "alpha a" with no success in 2001-2002 and then re-treatment with the Pégatron (peligated Interferon "alpha 2b") in 2004-2005 again without success and now with the Pegasys peligated Interferon "alpha 2a" since March of this year (2010). What is important is the fact that now I am incarcerated as a result from not receiving proper support emotional support after having been told in June of 2005 that there was nothing else they could do to help me and that I was just going to die from this disease. This is what happened.

I am an aboriginal person what we call (Anishnabe) from the Algonquin First's Nation. I could not accept the fact that my doctors had let me down a second time. When I was doing my 2nd treatment in 2005 and that the testing was still coming back positive but with an increase in infection level, my treating specialist told me that there was nothing else to do at this time and unless new treatment could be developed, that I was most likely going to die from my infection. I became more and more isolated from everyone, I became to sick to work (both physically and emotionally) I started to drink alcohol to take away the physical pain I was felling. On March 25th 2007. I suffered a stroke and the sock of it just pushed me over the edge. I started to use drugs again after 17 years of being clean and sober. I isolated from the world until I lost it all.

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On day after drinking and drugging alone in my apartment to loose myself from my nightmare and once in a stated of extreme confusion and paranoia, thinking that I was being followed, I t took a hostage, tied him up, assault ed him until he convinced me that he was not following me at all. I untied this person and let him go once convince that I had imagined the whole thing. As you can clearly see that I really needed help in accepting this situation and deal with my anger and fear of dying.

I was arrested, pleaded guilty and was sentenced to my present 9 year sentence. Once arrived at the Correctional Services of Canada's regional processing unit in Millhaven institution in January 2008. I asked for help in dealing with my infection and emotional state. I was classified and process into the system by it wasn't until the end of the year that I even seen a Microbiologist so I could have an evaluation for treatment in regards to my Hep C. I finally met Dr. Jean Robert where he diagnosed me with terminal state of Hep C (late Stage Cirrhosis) and that he prescribed for me a "a Survival Treatment" with Pégatron (peligated Interferon "alpha 2b"). CSC shortly fired him and reneged in providing my any treatment what so ever stating that society wasn't going to want to provide with a 3rd treatment (this was stated to me by Julie Bergevin Ass-Warden of La Macaza's Institution.). You can imagine the surprised I felt and the let down of course.

I spoke with my Aboriginal Elder Maria Camps who was contracted by CSC to assist us aboriginal inmates here and she was told not to get involved in this matter since it was not of her duties to provide such support??? They also finished by firing her as well because she spent to much time trying to change the system in her attempt to culturally sensitize them in dealing with aboriginal people. The biggest problem that CSC has is not respecting the holistic approach and methodology that we First Nation people use. It has been a continuing problem just to get the proper care for me. I qualified for the CSC legislation on Hospice Palliative Care and CSC has done everything not to offer me this care. I qualified as per CSC legislations for Aboriginal Spiritual Diets and again CSC found ways around it (It cost too much!) I have been provided a treating physician who has no recognition as Specialist in the filed of infectious disease, gastroenterology or even advance course in these fields. An investigation was conducted at he Quebec College of Physician and it was proven that Dr. Sylvie Vézina only ad a General Practionner (GP) certification. This was proven problematic for me since after having prescribed to me a Pegasys treatment (peligated Interferon "alpha 2a) and having been on this medication for almost 4 months, I met with Dr. Desgané a referred Dermatologist in St-Jérôme for my extreme skin condition and he determined that the Pegasys treatment should have never been prescribed to me as it was clearly counter indicated in case like mine. (Existing problems such as such as late stage liver infections; previous heart conditions, severe Psoriasis conditions, previous treatment with Interferon medications).

He determined that in cases like mine, the Pegatron re-treatment was the only option since my pre-existing conditions. Being a specialist himself who has worked with Dr. Jean Robert a world renowned Microbiologist and Community Infection Specialist, he was well being an educated and experience person who is clearly capable to make such observation and recommendations to Dr. Vézina who is simply a GP. So you can easily understand the difficulties one can live with being incarcerated in a CSC institution.

Here are the specific Aboriginal related problems that I seen here within the CSC:

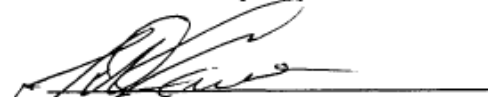
- ✓ Elders are told not to get involved in the health care related issues even if it is a recognized holistic approach for Aboriginal people. This is clearly counter productive since CSC has put in place a “Démarche de Bien Être menant a une réinsertion social axe sur la santé et la sécurité: Stratégies pour la santé des Autochtone”. A document that brings focus on specific aboriginal related health issues such as: HIV, VHC infections, Diabetes, Heart conditions since that the Aboriginal population within CSC institutions is represented a rate of 17.2% of all federally incarcerated inmates, comparing that the aboriginal population in Canada represent only 4% of adult population.
- ✓ When it comes to proper care, CSC at this location used to contract Dr. Jean Robert a world renowned “Microbiologist and Infectious Disease specialist” but now (since may 2008) has let in go to replace him with a simple general practitioner at a lesser cost who allows herself to be dictated to course of treatment to initiated due to CSC budget restrictions.
- ✓ CSC had the obligation to provide the best possible care to all its inmates under the CCRA Act but opted to cut corners by limiting the option of medications required for treatment and as to the length the treatment would late. 24 week instead of 72 weeks for treatment of Hep C.
- ✓ CSC has decided not to allow Aboriginal Traditional Elders within medical consultations meetings because they stated that it created a difficult situation for them in matter of cross cultural understanding and holistic approach.
- ✓ Medication is selected by total cost and not as per medically recommended course of treatment I.e. re-treatment for Hep C has been declared to succeed better with the Pegatron Tx since the molecules where significantly smaller which in turn allowed an easer rated of absorption into the liver compare to the much bigger molecule of Pegasys Tx. But the cost of Pegatron Tx is roughly \$ 975.00 each two week supply (\$ 70,200.00 per complete Tx) compared to \$ 459.00 Pegasys Tx for two week supply (\$ 33,048.00 for complete Tx) . CSC is saving over \$ 37,132.00 per each individual Tx at the expenses and the consequences it has on their patient’s health in order to save a few \$\$.
- ✓ In 2005-06 that infection rates for Aboriginal inmates had clearly a higher rate of infection of commutable disease: HIV 1.39 %, Hep “C” 18.44 % compared to non aboriginal being HIV 0.7 % and Hep “C” 11.88 %.
- ✓ Today’s (2010) infection rate has climbed; for Aboriginal inmates the rate of infection of commutable disease: HIV 2.54 % , Hep “C” 37.29 % compared to non aboriginal being HIV 3.74 % and Hep “C” 28.8 %.
- ✓ 68% of individuals incinerated Aboriginal at La Macaza failed their Pegasys Treatment due to improper dosages of Ribavirin/Copegus tablets of Antiviral medication (1200Mg Vs 1600 or higher Mg doses) or duration of treatments 12-24 week’s Vs 24-72 weeks as per the international Treatment directives for Treatment (Tx) and Re-treatment (re-Tx).

- ✓ I had to wait for over 1 ½ years for CSC to allow a re-treatment (Nov 2008-Feb 2010) even though CSC knew it was for a life maintenance Tx since I was late stage Cirrhotic. I was ordered a Liver Biopsy in June 2009 and as of today (July 28th 2010) I still haven't received this biopsy. Good thing that I previously received a Liver Biopsy in 2001 and again in 2004 to clearly determine that I had liver cirrhosis!

To conclude, I have been diagnosed with late stage Liver Cirrhosis due to Hepatitis C infection since 2001 and now I am diagnosed to finish my days due to lack of proper treatment and support in the care of CSC. I have seen many other individuals here who have been attempting to receive proper care for their contagious disease and the same result happened all the time. We are told that society would not really care about us and her health related problems. We are told that society does not want to bare the cost of repetitive expensive treatment for people who is not really contributed to them.

It is my most sincere wish, that this letter bring serious awareness to all that may get to ear my words and that the next person who makes the mistake and ends up incarcerated like me, gets to received what I have not and by a small chance they get the proper medical care they needs in order to not finish like I am doomed to receive.

In traditional respect



Denis Carrière,

P.s You can use this letter in the most effective manner you deem fit.