

# Hemophilia Headlines

FALL 2002

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## Another Successful Summer Camp!

BY MONICA DICKEY

Record attendance, great weather, awesome activities and a wonderful staff helped make Camp Tapawingo 2002 one of the best years yet!

The staff started their weeklong camp experience wet, with everyone taking part in a whitewater rafting experience down the North Santiam River.



HFO camp staff enjoys the North Santiam River

After the rafting trip, it was back to Tapawingo, where we enjoyed pizza and a chance to get better acquainted with one another before the campers began arriving the next morning. The evening was rounded off with some stand-up comedy from our own Brian Craft.

Sunday brought a little liquid sunshine and a group of 53 campers, 12 of whom were "first timers!" After everyone settled into their cabins, the rest of the day was spent taking swim checks, getting into color teams and taking camp pictures. That

night, to help everyone feel comfortable, Brian Craft led us in "ice-breakers," and we had a great campfire program with our new friends Pat ("Big Dog") and Brian ("Boa") of Team Synergo.

Monday brought the start of a busy week. The wake-up bongos came bright and early at 7 am every camp morning, thanks to our ever-faithful Jim "Bongo" McDermott.

Big Dog and Boa brought one of this year's newest and most popular activities – a "mini" ecological series. This included learning various animal tracking techniques, plant recognition, stream



Stream exploration

exploration and water conservation sessions. All of the groups came away with more knowledge and understanding of our ecosystem, as well as the

*(continued on page 4)*

### TABLE OF CONTENTS

In Memory .....	2
West Nile Virus .....	3
Annual Meeting at the Zoo .....	6
Parent Support Group .....	7
Financial Assistance Available .....	7
Lab Work 101 .....	8
Factor VIII Usage .....	10
Dues, Memorials and Contributions .....	11
AIDS Memorial Service .....	12



# In Memory: Bruce Robert Dessellier

It is with heavy hearts that we pass along news of the death of Bruce Dessellier, a friend, mentor and longtime member of the Oregon hemophilia community. Bruce died October 14, 2002, from liver disease due to Hepatitis C contracted from tainted clotting factor products. A memorial service was held Friday, October 18, in Woodburn, Oregon.



Bruce Robert Dessellier

Bruce was diagnosed with severe Factor VIII deficiency when he was a toddler. Growing up, he was very active in the Boy Scouts, eventually achieving the rank of Eagle Scout. He credits Scouting with allowing him to have a "normal" childhood in spite of his hemophilia. In high school, he was the Boys' Basketball Team manager.

Bruce graduated from Oregon State University, earning dual bachelor's degrees in Business and Geology. During summer breaks from college, he worked at Crater Lake as a tour boat operator. After graduating, Bruce went to work as a geologist for an oil exploration company and worked all over the United States and in Europe. In the late '80s he began work as a hydrogeologist for the State Department of Environmental Quality, monitoring ground water around landfills.

In 1987, Bruce was diagnosed HIV positive from tainted clotting factor used to treat his hemophilia.

Bruce first attended hemophilia camp in 1988 as a counselor for the oldest boys' cabin. His years at Boy Scout Camp helped him give the youngsters in his cabin a fun and educational camp experience. Bruce replaced Fred Adams as camp director in the mid-'90s, and became famous for his 7 am "Polar Bear" rousing.

Bruce and Jamie were married in 1990 and both were actively involved in Camp. Bruce served the HFO as a member of the Board of Trustees, as well as coordinator for the MANN Support Group. Bruce also wrote several grants and organized activities for the Foundation's teens - kids have always been his primary focus of his volunteer efforts with the HFO.

Besides his HFO volunteer activities, Bruce enjoyed traveling, snorkeling, working with stained glass, reading and gardening.

Throughout his life, Bruce set many goals and strove to achieve them. He never saw his health problems as limitations or disabilities, and lived an active and happy life. He will be missed.

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Material provided in this newsletter is for general information only. The HFO neither gives medical advice nor engages in the practice of medicine. The HFO under no circumstances recommends particular treatments for specific individuals, and in all cases recommends you consult your physician or HTC before pursuing any course of treatment.

# Growing Concern Over West Nile Virus

(CONDENSED FROM NHF WEB SITE)

West Nile Virus (WNV) is a new disease in the United States whose incidence is growing at an alarming rate. According to the CDC, nearly 3,000 individuals have been diagnosed with WNV. The NHF Blood Safety Working Group, chaired by Val Bias and Dr. Marion Koerper, is meeting weekly by teleconference to discuss the most recent information about WNV.

The NHF has established a webpage on WNV that includes the latest information from the Centers for Disease Control and Prevention (CDC), and other government and private agencies. As this webpage is updated frequently, you are encouraged to visit the site often at [www.hemophilia.org](http://www.hemophilia.org).

## *West Nile Virus Fact Sheet*

- Since the first U.S. case of West Nile Virus (WNV) was diagnosed in New York City in 1999, the incidence of the disease has increased dramatically, with nearly 900 cases diagnosed.
- While most people who contract the disease never show signs of illness, in rare cases WNV can cause severe illness, even death. The symptoms of WNV disease, if present, include fever, rash, headache, tremulousness, lethargy, coma, and respiratory failure.
- WNV is a flavivirus. Other flaviviruses include St. Louis Encephalitis, yellow fever, dengue fever and hepatitis C. With the exception of hepatitis C, flaviviruses are transmitted by insect bites. In the case of WNV, the common mosquito is responsible for transmitting the virus to humans and animals after feeding off an infected bird.
- While the primary method of contracting the disease is through the bite of a mosquito, the Centers for Disease Control and Prevention (CDC) are investigating the possible transmission of WNV in Florida, Georgia, and Mississippi via blood transfusion and organ transplantation.
- Clotting factor products are believed to be free of WNV as WNV is an enveloped virus, like hepatitis C, which is known to be inactivated by the heat and solvent/detergent processes applied to plasma-derived factor concentrates. Recombinant products, which use albumin in the manufacturing process but not in the final product, are believed to be safe.
- Individuals with other bleeding disorders that use cryoprecipitate, whole blood, red blood cells or fresh-frozen plasma may be at risk. There are no viral attenuation methods applied to cryoprecipitate, whole blood, red blood cells or fresh-frozen plasma. Thus, if it is shown that WNV can be transmitted by blood components, then individuals with bleeding disorders who require treatment with one of the above products could be at risk for acquiring WNV infection and possibly disease.
- The NHF's Blood Safety Working Group will be meeting weekly to obtain updates on the epidemic of WNV. Updates will be posted regularly to the NHF Web site.

## CONTACT THE EDITOR

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E-mail Mike Charles, Editor of Hemophilia Headlines, at [hemoheadlines@attbi.com](mailto:hemoheadlines@attbi.com)

## E-MAIL!

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If you would like to receive updates, medical recall information, meeting notices and other time-sensitive information via e-mail, please send your e-mail address to [hfo@easystreet.com](mailto:hfo@easystreet.com).

# Summer Camp

*(Camp article continued from page 1)*

wonderful facility Camp Tapawingo offers.

Another new activity this year was the addition of swimming lessons in the camp pool, taught cooperatively by Greg "Jabo" Jablonski and Monica "Shasta" Dickey. With 53 campers, the sessions were broken down into smaller groups, and we couldn't have done this without the help of all the staff. It was exciting seeing the group of non-swimmers actually get comfortable in the water, and begging for more time in the pool by the week's end!

Monday night brought games with Big Dog and Boa. Some of these activities served as excellent team builders and helped all 90 of us feel closer as a group! It may be hard to imagine a group of 90 people feeling close to one another, but we have the videotape to prove it!

Tuesday brought a rock climbing wall to camp, and although it was operated by a different company, everyone was sad to see it leave Wednesday afternoon. By then, all the kids were learning to put on their own rock climbing gear, and the various cabin groups were helping one another get up the wall. It was a great lesson in trust and cooperation, and by Wednesday afternoon everyone from the smallest to the biggest camper had made it up the wall!

Wednesday was highlighted by a visit from Corey Parker, a former professional baseball player who also has a bleeding disorder. Corey played for the Detroit Tigers and the Tigers' various farm teams for six years in the early '90s. He now coaches professionally in Southern California. Corey put on a baseball clinic, after which the whole camp played a few games. The afternoon with Corey was definitely the highlight of the week with some campers.

Thursday night was once again dominated by the African Safari Ants Marimba Band, featuring our own Kevin "Crooked Branch" Finkle. After a night of lively music with the marimba band, it was time for the older campers to head out to their overnight camp-out at the pond.

Friday, the camp got to spend some time with comic book publisher Joe Nozemack of Oni Press. The campers got some hands-on experience with designing their own comics and spent a great session with Joe. It was amazing to see everyone's creativity!

Other new things at camp this year:



Campers scale new heights



Kids have fun designing comics



Girls' cabin!



Horses are always a favorite at camp!

Crooked Branch and Bongo taught us to make awesome rainsticks in arts and crafts; campers and staff enjoyed a grueling basketball tournament; and renowned archer and physical therapist Dave Oleson led an archery contest. Old favorites included frisbee golf, nature hikes, kickball, volleyball, field hockey, and pond and pool time.

And of course, everyone’s favorite (well, almost everyone’s) – horses!

Campers and staff enjoyed riding lessons, trail rides and grooming sessions. Camp just wouldn’t be the same without ‘em!

Of course, we can’t forget the countless hours volunteered by our wonderful Hemophilia Treatment Center while we are at camp all week. Thanks to their efforts, each year more of our campers gain invaluable independence in learning to self-infuse and become more responsible for their own health care.

Thank you, Dr. Thomas, Sandy Puckett, Dave Oleson and Sonia for your invaluable efforts at camp!

And thank you also to the more than 30 volunteers who helped staff and coordinate this special week. Thank you also to all of the sponsors for helping to make this week a possibility for these children. We could not have such a wonderful camp without everyone’s help!

*See you next year!*

## “CAMPER CONNECTION” FUNDRAISER BRINGS IN \$1,300!

This year the HFO launched a new fundraising campaign to support our Summer Camp program, and our members and supporters generously donated \$1,300! We asked for people in the bleeding disorders community to sponsor a camper – from one-half day up to an entire week – and the response was great! In exchange for their tax-deductible contribution, each donor received a handwritten thank-you card from a camper, sharing what they love most about camp. Thanks to everyone who donated to this great camp fundraising program, and we hope you’ll all participate in next year’s campaign!



Songs around the campfire



Showing off their archery skills



## Family Focus

### HFO Family Day and Annual Meeting Held at the Oregon Zoo

**Q. What do you get when you mix lots of zoo animals, industry representatives, and families from the bleeding disorders community?**

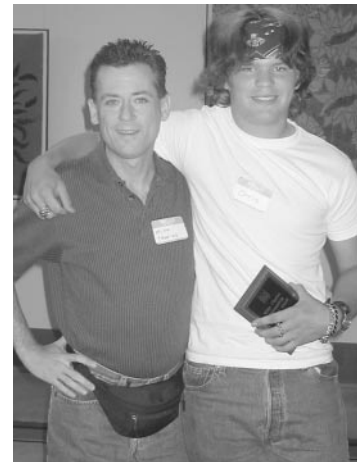
**A. A fun and memorable day for all!**

Over 120 individuals and families involved with the HFO gathered Sunday, September 15, at the Oregon Zoo for our Family Day and Annual Meeting.

Most people came early to check out the wonderful exhibits at the Zoo. The banquet/meeting room opened at 3:30 pm for the meeting's Trade Show, where companies that provide products and services to the bleeding disorders community had exhibit space. Attendees had the opportunity to talk with industry representatives to find out about current products as well as new products on the horizon.

At 4:30 pm, everyone gathered for our annual business meeting. President Linda Charles gave a brief talk to members, followed by the outcome of the election of officers and trustees for 2003. The first annual "Mike Charles Outstanding Camper Award" was given, and the inaugural recipient was Chris Kirsch. Chris received a \$500 US Savings Bond, and will attend Camp Tapawingo in 2003 on a special scholarship! Chris' name is also engraved on a plaque that will be displayed at the HFO office. Congratulations, Chris – it is a well-deserved honor!

Our business meeting was followed by a delicious picnic dinner, and plenty of time to meet new people and catch up with good friends. Thanks to everyone who participated, and we hope to see everyone again next year!



Mike Charles and "Outstanding Camper" recipient Chris Kirsch

#### A BIG THANK YOU!

The HFO thanks these companies for their support of our Annual Meeting at the Zoo:

- Alpha Therapeutics Corporation
- American Red Cross
- Aventis Behring
- Baxter Healthcare Corporation
- Bayer Biologics
- Care for Life
- Choice Source Pharmaceuticals
- Coram Healthcare
- Hemophilia Health Services
- Novo Nordisk
- Wyeth



Birds of Prey show



Attendees enjoying the picnic meal

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## Parent Support Group

BY PATINA FIEKEN

Sadly we have had to move our support group meetings from the Rainbow Play Systems. Rainbow has moved to Hillsboro and is no longer able to accommodate parties. We have found a new meeting place at Papa's Pizza Parlor in Beaverton. They have a great play area with rubberized floors, a climbing structure, a large ball pit, and a miniature ferris wheel. All the kids had a great time there at our September meeting. We also met a new family, which is always great for our group! Our next meeting will be Tuesday, January 7, at 6:30 pm at Papa's Pizza Parlor in Beaverton. I hope to see new faces! And as always, if you have any questions or comments please contact me at 503-625-6508 or patinaf@aol.com.

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## Financial Assistance Available

SUBMITTED BY TAMMY VOGEL

For families needing assistance with the cost of insurance premiums, please contact Patient Services Incorporated (PSI). PSI is a non-profit organization that provides health insurance premium assistance, pharmacy co-payment assistance and co-payment waiver assistance for persons with specific expensive chronic illnesses, including hemophilia.

For more information, please contact PSI at 1-800-366-7741.

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## Thanks, Tom and Monica Dickey!

We want to recognize the hard work and dedication of Tom and Monica Dickey to the HFO's Summer Camp Program. The camp has absolutely flourished under their leadership after they stepped into the position of Camp Directors in 1999.

Besides being organized, dedicated, and always committed to the campers' safety, they ensure each and every camper has a positive camp experience. When your kids come back from camp and rave about what a wonderful time they had during their week away, know that it wouldn't happen without the incredible efforts of Tom and Monica! (In fact, they've already started planning for the 2003 camp – now that's dedication!)

Our heartfelt thanks to Tom and Monica for providing such a wonderful experience for each year's group of campers!

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## PARENT SUPPORT GROUP MEETING DATES FOR 2003:

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January 7

March 4

May 6

July 1

September 9

November 4

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## HAPPY BIRTHDAY, CAMPERS!

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### October

Josie Oleson	10/6
Daniel Gutierrez Hart	10/18
Jonathon Marquez Pool	10/20
John Cutter	10/23
Stewart Worthington	10/24
Ryan White	10/30

### November

Michael Hargett	11/6
Eddie Pfaff	11/20
Justin Williams	11/28

### December

Ricky Ramos	12/1
Kayla Schadle	12/1
Tanner Siri	12/2
Eric Tschida	12/2
Daniel Diaz	12/16
Erin Oleson	12/22
Lizzy Nelson	12/23



# Positive Page

## Lab Work 101

### **You Don't Need An Advanced Degree in Chemistry to Read and Understand Your Blood Test Results!**

CONDENSED FROM POZ MAGAZINE, SUMMER 2002

As promised in our last newsletter, here is the continuation of the article showing how to make sense of your lab tests. This article will focus on the Viral Load Test, Drug Resistance Testing, and the Chem Screen, and what their resulting numbers can indicate.

#### **Viral Load Test**

A test of your viral load measures the amount of new HIV produced and released into your bloodstream. In general, the higher your load, the faster the disease is progressing – a fact that your falling CD4s will likely reflect, too. Still, the relationship between viral load and CD4 is only dimly understood, and as a result treatment decisions can be tricky.

The most common test for measuring viral load is the “polymerase chain reaction” (or “PCR”). The other method for measuring viral load is by “branched DNA” (or “b-DNA”). Make sure your doctor orders the same test each time, because you want a comparable measure of your viral load trend from test to test. How high can a viral load go? Off-meds, 20 million copies (per milliliter of blood) is not uncommon (especially during primary infection); between 5,000 and 30,000 is low to average; 30,000 to 50,000 is average to high; 50,000 to 100,000 is high; 100,000-plus is, well, higher. (These are all PCR measurements.)

If you're a newbie starting meds, your combo should bring your viral load down to “undetectable” – that is, below what the test can read (one assay, or test, detects as low as 400; the more sensitive, as low as 50). Getting to 400 should take a month on a new therapy, getting to 50 up to three months – depending, of course, on how high your viral load is to start with. Very treatment-experienced HIVers may no longer be able to reach undetectable. There is a debate among experts now about whether a partially suppressive combo (one that lowers your viral load to 10,000 or less) is good enough – or a signal to switch to new drugs.

#### **Drug Resistance Testing**

Drug Resistance (a red flag for treatment failure) occurs when your virus escapes the drug's control. Even when your viral load is undetectable, a small amount of replication is taking place. The copies that survive are those that the drug cannot suppress – their genes have mutated to elude capture. Sooner or later, this mutated virus reaches a critical mass and “breaks through.” There are two kinds of lab tests that measure which (if any) of the 16 HIV meds your virus may have developed resistance to.

The genotypic test “reads” the genetic sequences of two of HIV's proteins, finding specific mutations believed to correspond to resistance to specific drugs. The chief upside of the genotypic test is that it is cheaper and faster; the main downside is that by detecting mutations, it can tell you only if your virus is likely to be resistant to the corresponding drug. And remember: Both tests should be done while you are still on your HIV meds. As soon as you go off

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them, your virus begins to revert to its original state, making mutations harder to detect.

To find out if your virus has actually developed resistance – and how much – you need a phenotypic test. It is a direct measurement of viral replication. Your virus is grown in the lab in the presence of specific HIV meds. The number of copies the HIV makes is then compared to the number the lab-standard HIV makes when equally “challenged” by the meds. Phenotypic resistance is measured in “folds” – if it takes 10 times as much drug to control your virus compared to the lab’s, yours has a “10-fold” resistance.

#### **Chem Screen, etc.**

ALT and AST – aka alanine aminotransferase and aspartate aminotransferase respectively – are enzymes found in the liver, kidneys and other parts of the body. They are good indicators of that organ’s health. Elevated levels suggest disease, injury or a tumor, but may also be caused by drugs or herbs. ALT increases could also indicate heart damage. Elevated AST can reflect the health of your gonads or deficiencies in hormones or vitamin E.

Creatinine is a waste product excreted by the kidneys in urine. Measuring it can tell you about the health of your kidneys and skeletal muscle. Increases indicate muscle breakdown. Decreases in creatinine indicate low intake or poor digestion of protein.

Blood urea nitrogen (BUN) is waste from the liver, processed by the kidneys. BUN levels tend to rise due to dehydration, kidney or heart failure, or the use of such drugs as prednisone (a steroid). Increases can also be caused by liver or thyroid inactivity, a high protein diet or recent exercise. Decreased BUN indicates inactivity of the pancreas or adrenal glands.

Cholesterol is something that everybody worries about, and HIVers are no exception. Cholesterol is a hormone carried in and out of the blood by lipoproteins. The low-density type (LDL) is known to clog the arteries, while high-density cholesterol (HDL) is “good.” (Think: LDL = Lousy; HDL = Healthy). A low HDL is common in HIVers, while HIV meds are associated with high LDL – increasing your risk for heart problems.

Triglycerides are a form of fat in the bloodstream – like cholesterol. Elevated triglyceride levels may indicate an inflammatory response such as pancreatitis, a swollen pancreas. HIVers on meds should pay special attention to these levels.

Amylase is an enzyme secreted by the pancreas, and if you’re on ddi or d4T, monitor your levels carefully. A healthy range is between 25 and 125 units per liter. Higher values can lead to pancreatitis if left unchecked.

Hepatitis A, B and C (HAV/HBV/HCV) are viruses that anyone who tests positive for HIV should be tested for. If the results are negative, you can be vaccinated against A and B. If positive, you can then get further tests to see if the infections are chronic – that is, if your body is still fighting them, causing slow, long-term damage to the liver. The results may also affect which HIV meds you choose to take.

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## 2002 DUES

If you haven’t yet paid your 2002 HFO dues, it’s not too late! Unsure whether you’ve paid? Just check the donor page on page 11 to see if your name is there.

- \$20 for individuals
- \$35 for families

Make checks payable to “HFO.”

# NHF Calls for Return to Pre-Shortage Levels of Factor VIII Usage

(CONDENSED FROM NHF WEB SITE)

On September 12, 2002, the Board of Directors of the National Hemophilia Foundation (NHF) approved a recommendation made the previous day by the organization's Medical and Scientific Advisory Council (MASAC). The recommendation, contained in MASAC Document #134, describes the shortage of recombinant Factor VIII (rFVIII) as having ended, at least for the time being here in the United States, and calls on hemophilia treatment providers to "resume pre-shortage treatment protocols."

The current recommendation follows a series of earlier communications going back to April of 2001, which at first called for a 20-30% reduction in rFVIII usage, and offered specific guidelines for achieving that reduction. As a result of strong adherence to the suggested measures, an even more critical shortage and crisis situation was averted. Subsequent recommendations have suggested incremental increases in usage, based on increased supply of factor and an assessment of the impact of each increase on total availability of product. Reports from a sample group of hemophilia treatment centers (HTCs) and other suppliers of factor concentrate now indicate that they had no difficulty in obtaining rFVIII products, despite gradual increases in usage over time. These reports, as well as data regarding manufacturers' inventories and distributions in recent months, form the basis of the new recommendation.

At the same time, the recommendation advises against a "precipitous" return to the previous standard of care, in order to avoid creating a new short-term shortage as a result of a sudden spike in usage level. It also warns against the "hoarding" of product in anticipation of future shortages, as this practice could itself create a "secondary shortage."

Caveat: Although normal usage patterns are now being endorsed, it is advisable that the movement to the previous standard of care not be so precipitous as to create sudden and damaging spikes in factor demand. Accordingly, MASAC also discourages hoarding of product on the part of consumers, providers, and facilities that might be an anticipated reaction to a previous period of shortage. Such behavior has the potential to create secondary shortages even when overall supply is adequate.

MASAC will continue to carefully monitor usage over the next two months and issue further advisory documents as necessary.

More information can be found on NHF's web site at <http://www.hemophilia.org/programs/masac/masac.htm>.

This material is provided for your general information only. NHF does not give medical advice or engage in the practice of medicine. NHF under no circumstances recommends particular treatment for specific individuals and in all cases recommends that you consult your physician or local treatment center before pursuing any course of treatment.

## PATIENT NOTIFICATION SYSTEM

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Do you want to be notified directly regarding market withdrawals of hemophilia-related medications, including recombinant and plasma products? If so, please sign up with the Patient Notification System. The System is confidential, time-sensitive, administered by an independent third party.

There is no charge to be enrolled in this service. To register, please call 1-888-UPDATE-U or log online to [www.notify1.com](http://www.notify1.com).

# Membership Dues, Memorials and Contributions

The Hemophilia Foundation of Oregon thanks the following individuals and companies for 2002 dues payments and other donations. Dues are \$20 for individuals and \$35 for families, and are payable each calendar year. This list reflects donations received as of October 15, 2002.

Fred and Patty Adams  
Mike and Sharon Amos  
MaryLou Anderson  
Michael Bernstein and Tina Baskin  
Gloria Brogan  
The Burden Family  
Mike and Linda Charles  
Dave Chvatal and Marci Kociemba  
Thomas and Jean Cook  
Bruce and Jamie Dessellier  
Gaye Di Pasquale  
Jim and Sharon Dickey  
Tom and Monica Dickey  
Tom Dieringer  
Tim and Patina Fieken  
Kevin Finkle  
Franklin Contracting, Inc.  
Lee and Linda Gassaway  
David and Sharon Gibson  
Doris Greenfield  
Jim and Monica Gruher  
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Pat and Tricia Heffernan  
Dorothy and Adair Hilligoss  
Ken and LouAnne Johnson  
Alan and Jill Jones  
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Art and Gail Liberman  
Joan Lofland  
William Malek  
Jim and Marj McAllister  
Jim and Esther McAlpin  
Mitch and Rose Mitchell  
Cliff and Kristy Nelson  
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Lola Ruff  
Eileen Ruth  
William and Louise Schuff  
Steven and Theresa Schuman  
Bill Schuyler  
Neil and Nancy Sherwood  
Mike Wile  
Dave and Pam Worthington

## IN MEMORY OF

*In Memory of Richard Steadman Hambleton*  
Bill and Nancy Worthington  
*In Memory of Marianne Huntsinger*  
Bill and Nancy Worthington  
*In Memory of Barry Kurath*  
Amy Pool  
*In Memory of Mark Laam*  
Mary Laam  
*In Memory of Michael Lofland*  
Joan Lofland  
*In Memory of Cody McConnell*  
Lyla Eddy  
Robert and Dorothy Watkins  
*In Memory of Wayne Palmer*  
Roger Norman  
*In Memory of David Riker*  
Mitch & Rose Mitchell  
*In Memory of Bertha St. Pierre*  
Mike & Sharon Amos  
*In Memory of William Sweeney, United States Navy (Ret.)*  
Nancy and Bill Worthington  
*In Memory of Thomas Watson*  
Paul and Maria Ernst  
Don and Wilma Hammar  
*In Memory of Betsy Wells*  
Elsie Schnare  
Burton and Ruth Silcock

## HONORING

*In Honor of Ryan Bernstein*  
MS and Rosalie Baskin  
*In Honor of Mike & Linda Charles*  
Doris Greenfield  
*In Honor of Eddie Charron*  
Bill & Susan Gardner  
*In Honor of Family & Friends*  
Anne Pagenstecher  
*In Honor of Bill & Nancy Worthington*  
William and Sheila Hoffman  
John & Mary Pelton  
*In Honor of Stewart Worthington*  
Alan Nakamura

## DONATIONS/GIFTS

Jeffrey Anderson  
Gloria Brogan  
Jon Chess  
Dave Chvatal and Marci Kociemba  
Douglas Davault  
Jamie Dessellier

Lee and Linda Gassaway  
James and Evelyn Gooding  
Doris Greenfield  
Carolyn and Martin Gruher  
Don and Wilma Hammar  
Pat and Tricia Heffernan  
Barbara Hilligoss  
Alan and Jill Jones  
Barbara Kelsey  
Sharon Kurilo-Burrell  
Kimberly Magana  
Kristy Nelson  
Debbie Olson  
David, Patty and Adam Page  
Doug Pierce and Cindy Secrest  
Donald and Clara Porter  
Patricia Shirley  
Karen Weiss  
Danielle Williams  
Wes Wolf  
Bill and Nancy Worthington

## CORPORATE CONTRIBUTIONS

Alpha Therapeutic  
American Legion Auxiliary  
American Red Cross  
Apex Therapeutic Care, Inc.  
Aventis Behring  
Aventis Behring Foundation  
Baxter  
Care for Life  
Community Health Charities  
Coram, Inc.  
Dennis' Seven Dees Landscaping  
Employees' Community Fund of Boeing  
Portland  
Franklin Contracting  
Hemophilia Health Services (formerly Gentiva)  
Juan Young Trust  
Novo Nordisk  
Bill Schuyler, DMD, P.C.  
Standard Insurance Company  
United Way of Columbia Willamette  
Wyeth Ayerst

## CAMPER CONNECTION

Santo and Shirley Cannizzaro  
Mike and Linda Charles  
Tom Dieringer  
Gaye Di Pasquale  
Susan Emery  
John Evans  
Don and Wilma Hammar  
Kevin and Jana Heffernan  
Robert Heffernan  
Corey and Mindy Hill  
Charles and Diane Marshall  
Ann Taylor

# AIDS Memorial Service to be Held Saturday, December 7

The Oregon Hemophilia Treatment Center and the Hemophilia Foundation of Oregon invite you to attend a memorial service to remember and honor loved ones in the bleeding disorders community who have died from AIDS and/or other complications from their bleeding disorder.

**RSVP to Tammy Vogel  
by December 4  
(503) 494-8716**



**Saturday, December 7, 2002  
11:00 am to noon  
Doernbecher Children's Hospital  
700 SW Campus Drive  
Meditation Room  
10th Floor**

If you have a loved one who has died from AIDS or other complications from their bleeding disorder and you would like that person's name read during the service, please sign the yellow consent form in the middle of the newsletter and return it to the Tammy Vogel at the Oregon Hemophilia Treatment Center via mail or fax.

If you would like to attend, please call Tammy Vogel, (503) 494-8716, by Wednesday, December 4. If you need a map to Doernbecher, let Tammy know and one will be mailed to you.



The Hemophilia Foundation of Oregon  
5319 SW Westgate Drive #126  
Portland, Oregon 97221

*Address correction requested*