WILSON'S DISEASE ASSOCIATION, International

THE COPPER CONNECTION

October, 2003

President's Message

Dear Friends:

FUNDING……..Doesn't it seem that every group and organization you know is looking for a buck? We all have only so many "bucks" to give beyond what is required for our normal day-to-day living expenses. There's a kid at the door selling candy bars, someone on the phone wants you to support their candidate for office, your neighbor is seeking donations for another cause, there's a PTA bake sale at school, etc. How do YOU decide what's important?

I try to help everyone in some small way (well, almost everyone). But, when it comes to bigger donations, I have to decide what's most important to *Me*.

By now, you should have received the physician education funding letter from the WDA. We have already received a good response from it, but we have a ways to go to reach our funding goal. Have YOU written your check yet? Maybe it's still in your "pile" of things to think about? I encourage you to dig it out and think about how much you can do to help.

OK, you're probably thinking you just can't write another check right now, with the holidays coming up and all. But, how about considering a donation to the WDA as part of your holiday gift giving or receiving plans?

One year, when my children were small, they asked me what I wanted for Christmas. I thought about it and told them I would really like them to make a donation to my favorite charity. They looked at me and said, "No, really, mom, what do you want?" I told them, "That is what I really want." So, they each complied, mailed in their $5.00, and received a

thank you card from that charity. Those thank you

(Continued on page 7, MESSAGE)

UPCOMING EVENTS

WDA Annual Conference
April 30—May 2, 2004
Phoenix,Arizona

More details in the next issue of
The Copper Connection

Surgery, Anesthesia and Wilson's Disease

Fred Askari MD, PhD

The person with Wilson's Disease approaching elective surgery is often confronted with decisions and anticipation frequently more daunting than for the average person. Perhaps some anxiety stems from the knowledge that even small surgical risks do occur, having been struck by one rare disease already. Yet, the task of interacting with health professionals at the time of surgery need not be as anxiety provoking if several steps are taken to improve communication and manage risk. Some people with Wilson's disease may be at increased surgical risk, while for others the surgical risk may be similar to the general population, depending on the extent of damage caused by the copper.

The first step is to communicate with the surgical team important facts about Wilson's disease. It is possible you are the first person with Wilson's disease your surgeon and anesthesiologist may have met! Communicating the nature of your illness and importance of taking anti-copper medications and avoiding any copper containing vitamins or dietary supplements can help relieve anxiety for all involved. The next step is to be sure that the surgical team is aware of the extent of your liver disease. Some people with Wilson's dis-

(Continued on page 6, SURGERY)

WILSON'S DISEASE ASSOCIATION

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The Wilson's Disease Association is a nonprofit 501(c)(3) organization.

Our Mission Statement: The Wilson's Disease Association funds research and facilitates and promotes the identification, education, treatment and support of patients and other individuals affected by Wilson's disease.

The Copper Connection is a quarterly newsletter published by the Association that informs members of findings in the area of Wilson's disease. There is no copyright. Newsletters and other publications can disseminate any information in *The Copper Connection.* Please cite attribution to the Association and the author.

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Executive Director's Letter

Dear Friends:

It is hard to believe it is Autumn! Where has the time gone?

Thank you to everyone who took the time to fill out the Volunteer Profile introduced in the last issue of *The Copper Connection*. Our Association is full of talented and giving individuals willing to share their expertise. I can't thank you enough for your help!

In addition to funding, we need our members to be involved! We have one individual who is an expert in the area of Medicaid/Medicare and disability issues and has offered to help us with those issues. Another member has offered to help with various home modifications for people with Wilson's disease in his geographic area. What incredible resources for us all! We have included the Volunteer Profile on the back page of this newsletter, if you haven't sent yours in and you would still like to.

Over the past several months, the Association has received many phone calls about the availability of Galzin. Please be assured that there is no shortage of this drug. If you have a problem obtaining Galzin from your local pharmacy, please give our office a call. Historically, it has been easily worked out. We are working very closely with Gate Pharmaceuticals to ensure our families receive the supply of Galzin that they need.

One item of interest: The date for the WDA Annual Conference is April 30 – May 2, 2004 in Phoenix, Arizona. Please mark this date on your calendar! The Agenda for this meeting is shaping up to be very exciting. More details about the conference will be made available very soon. Please look to the WDA web site and the next issue of *The Copper Connection* for more details.

Warm Regards,

Kimberly Symonds
Executive Director

IDEA Reauthorization Concerns Many

By Kimberly Symonds

The Individuals with Disabilities Education Act (IDEA) comes up for reauthorization before Congress this fall. IDEA provides for free, appropriate, public education in the least restrictive environment to students with disabilities. Before the Act was passed by Congress in 1975, "More than a million students with disabilities were warehoused in institutions." reports U.S. Secretary of Education, Rod Paige.

On April 30, 2003, the House approved H.R. 1350, "The Improving Education Results for Children with Disabilities Act," by a vote of 251 to 171. On June 25, 2003, the Senate's Health, Education, Labor and Pensions (HELP) committee unanimously approved S. 1248. This Bill is expected to come to the floor of the Senate for a vote this fall.

There are many concerns, which have been voiced by parents and advocates for children with disabilities, about the House bill and the Senate bill, as introduced. One concern is in the area of discipline. The current law requires that the schools determine if the behavior of the child who is being disciplined is related to his or her disability. The House bill does not include this provision. The Senate bill makes changes to the overall current law on discipline.

Proponents of the IDEA bills (especially the House bill) believe that all children should be treated the same; this is being called the "dual discipline" system. With the omission of this provision, one wonders how this makes any sense at all. If a child with a disability is the same as a child without a disability, then why have "special" education at all? It is impossible to believe that the same consequences and punishments should be imposed for the same behavior, regardless of the cause of the behavior or the child's level of understanding, especially without relating to the control a child feels he or she has over a certain circumstance. This opinion simply lacks common sense.

Other areas of concern:

- The House bill makes three-year Individualized Education Program (IEPs) optional for schools and parents. Many parents say that three-year IEPs do not adequately address the progress of students.

(Continued on page 4, IDEA)

The Story of My Wilson's Disease Lawsuit

Ann Hunter, Colorado

In June, 2001, five months after I was diagnosed with advanced cirrhosis and then with Wilson's Disease, I brought a lawsuit against a gastroenterologist in New York City, who had misdiagnosed me 2 1/2 years earlier. I would not have done it, except that the doctor had so blatantly ignored the results of the tests that he himself ordered.

I was referred to the gastroenterologist by my GP after my liver enzymes came out slightly elevated during a routine physical. Among other things, he tested my ceruloplasmin level, which was 7 (normal being 25-63), a classic indicator of WD. He then wrote a letter to my GP stating that he had found no explanation for the elevated enzymes, and specifically ruling out various conditions, including Wilson's Disease. He also documented that I did not have cirrhosis or anything else more serious than a slightly fatty liver. He performed a liver biopsy, but when he did it he did not test for copper. In the end he told me not to worry, that nothing serious was wrong, and suggested that I lose some weight, even though I was not obese, and drink less, even though I never drank significant amounts, and had told him so.

I have practiced law myself. Thus, I knew this was a good case. Even so, it was hard to decide to bring it. In the end, however, it just seemed too outrageous that I should pay the whole price of the doctor's very obvious mistake. I don't believe in hurting people in order to get revenge, but I felt as though I deserved some help in dealing with the results of his carelessness.

In the end, we settled for $175,000, a fairly modest sum by lawsuit standards, because once I got treatment, my health improved quickly, in spite of my cirrhosis and portal hypertension. The injury is real, but not enough that a court would be likely to award huge amounts of money. My lawyers got 1/3 of the proceeds. Then we had to deal with the insurance companies. But one of them could not get anything back because of the provisions in the contract I had with it, and the other one had gotten so confused in its billing interactions with providers that it could not figure out how much it had paid out. (Yes, really!). In the end, it settled for $1000. I took the money that I might have had to pay out to insurance companies, added a little bit for a total of $20,000, and donated it to the University of Michigan WD Clinic and the Wilson's Disease Association, in hopes of helping other patients and educating doctors so that they don't make these kinds of mistakes.

Not a lot of money by lawsuit standards, but still enough to make a huge difference to me and also to help those organizations. My health is basically good, but I can't push myself the way I used to or I start to fall apart. This money will make it easier to take care of myself the way I need to do.

So should every doctor who misdiagnoses a Wilson's case get sued? No, because it can be very difficult to diagnose. But should Wilson's patients stand up for themselves when a doctor does not maintain adequate standards of practice? Yes, and sometimes a lawsuit is what it takes.

(IDEA, Continued from page 3)

The Senate bill offers the three-year option to students ages 18 – 21.

- The House and Senate bills eliminate short-term objectives in a student's IEP. Objectives hold schools accountable for effectively educating students with disabilities.
- Regarding funding for this bill, neither the House nor the Senate bill includes mandatory full funding of IDEA. At the law's inception, Congress promised 40% federal funding for special education. It is currently funding about 18%.
- Both bills make significant changes to the current law in the areas of parents' rights and dispute resolution.

More information is available about the IDEA reauthorization on the web at sites that include: http://thomas.loc.gov/ and www.ourchildrenleftbehind.com.

CHANGE OF ADDRESS?

Please notify the Wilson's Disease Association of any address changes so that we may keep our database up-to-date.

Vilma Dee

In March, 2001 Vilma Dee of Las Pinas City, Philippines lost her 16 year old daughter, Vanessa Manalo, to Wilson's disease. Understandably this was a great loss to Vilma. Some parents would simply choose to grieve, and then go on as best they can. Not Vilma! She has stayed involved in trying to help others with Wilson's disease, despite her continuing grief and circumstances in a country with very few medical resources. Says Vilma, " I know God will help me through this".

To date, Vilma has set up her own Wilson's Center, of sorts, in an attempt to honor her daughter's wishes and reach out to others. She has been designated as the official WDA contact person in the Philippines. Through donations of local friends she has acquired a fax machine, paper, and other office materials to use as she continues on her "New Mission". Through sheer determination Vilma has acquired a permit, from the Philippine country officials, to allow the import of Wilson's medication for others in need. She will use her own limited financial resources to pay for it. Currently she is in contact with seven other Wilson's patients. The following is an English translation of an article that appeared in a Philippine newspaper, which Vilma persuaded a reporter to write, in an effort to create awareness of Wilson's disease in her country.

Vanessa Manalo

THE NEW MISSION
(English Translation)

(Featured in The Philippine Daily Inquirer – LIBRE
A free newspaper for LRT/MRT and Super Ferry Commuters
August 7, 2003)

An illness which is really rare that even some doctors are not aware of its symptoms. Wilson's Disease (WD) is often misdiagnosed as hepatitis because of the yellowish eyes and skin of the patient. The liver is an organ also affected though the excess copper brought about by some genetic disorder inherited from parents, instead of a virus which is the cause of hepatitis. This disease was the cause of death of Vanessa Kristine Chua Manalo, the 16 year old daughter of Vilma Dee.

Hepatitis was the initial diagnosis of the first doctor who checked Vanessa in June 1999 while she was only 14 years old. But unlike a Hepatitis patient, "she walked like a robot, always asleep and sometimes acted strangely," according to the mother. Medicine for hepatitis was given to Vanessa. " It's because of the ammonia emitted from her liver which was damaging her brain," according to the doctor.

A few weeks after being discharged from the hospital, she went into a coma for 3 days. The mother, at this time, decided not to send her to the same doctor- a move she could had made earlier to save her daughter.

Dr. Leticia Ibanez of the Manila Medical Center correctly diagnosed Wilson's disease as Vanessa's illness. If only because she had a previous patient with the same disease. Because of the rarity of the disease, the medicine was not available locally for Vanessa. It's not the ordinary over-the-counter medicine. Other patients have to buy or obtain it through relatives living abroad. It requires a 2 month waiting period if ordered through the drug manufacturing company.

The family had to locate Dr. Ibanez' first Wilson's disease patient to make Vanessa's first dose immediately available. At that time, a bottle of Cuprimine, which contains 100 capsules/bottle, cost P3,500. The maintenance dosage is 3 capsules a day.

Gradually, Vanessa gained her health while her mother worked hard as a secretary in a furniture export company to earn money to sustain her medicine. "Her healing is more important. Even if we were given a 20/80 chance of survival, it's already a miracle that she lived to be 16 years old ," said Vilma.

But a complication arose when she suffered an umbilical hernia. The surgeon said it's just a simple case for any normal person, but in Vanessa's case it would be a big risk to take. This was followed with on and off high fever. Then one day, Vanessa asked her mom if she still has money to sustain her medical expenses.

Still the mother tried all means to sustain her medication. Even Dr. Ibanez refused to be paid her doctor's fee for Vanessa's check-up. But Vanessa herself decided she had enough and that they'll just go home.

***Vilma Dee cannot forget the day of March 27, 2001**. Vanessa said, "Mom, something will happened today. Don't give me my medicines anymore because I'm already prepared to meet my Lord. I will prove to Satan I can beat him. I was fighting for my dear life because of you, but I am already tired." She spit out a little water from her mouth and told me, "You know what's that mom? That's the pain suffered by other Wilson's disease patients like me. I just spit it out." Dr. Ibanez even called the house and promised to find her the cheapest room for continued confinement.*

"I was still convincing her to take her medicine, but when we were in the taxicab going to the hospital, she

(Continued on page 6, MISSION)

(SURGERY, Continued from page 1)

ease have cirrhosis, while others, usually those diagnosed in the presymptomatic or early stage, may not. Most people with Wilson's disease have had a biopsy done as part of the work-up. If you have cirrhosis or scarring of the liver, this information can be important for your doctors, and particularly your anesthesiologist to know. If you have cirrhosis, tell the surgical team, "I have cirrhosis of the liver", do not assume they will know you have cirrhosis just because they know you have Wilson's disease. Cirrhosis can lead to decreased platelet counts and increase blood clotting times, so these lab tests are important to check before surgery particularly in a person with Wilson's disease. If you are aware of varices or dilated veins in the esophagus caused by congested blood flow through the liver, their presence is also important to communicate.

Most medications used to sedate people can reduce blood flow to the liver. When assisting in surgery for people with cirrhosis, anesthesiologists are trained to adjust their sedation plan, the medications they use and how they administer them, to maintain optimal liver perfusion while controlling pain. Good communication about the extent of your liver disease can therefore be important for your health during surgery.

The final step in preparing for elective surgery is to insure that your Wilson's disease is being managed to the very best extent possible. Have you been taking your medicine properly before surgery? Have you had recent 24-hour urine copper and serum copper and ceruloplasmin testing to insure that your toxic copper levels are well controlled? Have you been tested to be sure you are not over-treated, since some copper is needed for wound healing? Following these steps can help reduce the stress of surgery and increase the probability of a happy outcome.

National Patient Travel

Any patients with neurological disorders can receive help to go to a distant specialist for evaluation, diagnosis or treatment. The National Patient Travel Helpline is: 1-800-296-1217. If you wish to learn more about charitable medical air transportation visit www.patienttravel.org.

Or call WDA (1-800-399-0266) for a brochure.

(MISSION, Continued from page 5)

lost consciousness telling me everything is dark as she tried to open her eyes…her lips turned purple and she closed her eyes forever to be with her Creator. That was it! In my lap, my dear daughter died," narrated the mother.

After losing a daughter, Dee decided to continue helping other Wilson's disease patients. "It's difficult for WD families. There are times that the patients involved blamed their parents of their situation.."

So far, there are about 7 WD patients in constant communication with Dee. The common problem is the sourcing and the cost of the medicine not readily available. Because of her persistence to obtain the necessary medicine, she came to know Liza Keatting of Seattle, USA, a WD patient who shared Vanessa's story online and Mary Graper of The Wilson's Disease Association, USA. Through Mary Graper, she was designated as the contact person for The Wilson's Disease Center-Philippines.

"Now it's clear why Vanessa died. She wanted me to help others. I believe there are other Wilson's disease patients who are not aware that they have the disease. Helping them and creating awareness of Wilson's disease is my new mission in life," said Dee.

The Medicine Program

There is a "Medicine Program" in the United States that offers assistance to individuals who are regularly required to take prescription medication but who lack adequate income to fill their prescriptions every month. There is a one time $5 filing fee per prescription and then the Medicine Program staff will fill out the paperwork necessary to get the individual into one of the patient assistance programs sponsored by the drug manufacturers. This is available to any U.S. citizen and any age.

For more information go to www.themedicineprogram.com or call 1-573-996-7300. They have brochures available in English and Spanish. Or call WDA (1-800-399-1450) for a brochure.

Pyridoxine Supplementation for Patients on Penicillamine Therapy

Michael L. Schilsky M.D., WDA Medical Advisory Chair

Pyridoxine, also known as vitamin B6, is a critical co-factor required for many of the body's metabolic processes. A deficiency in this vitamin can result in changes of the skin, anemia and neurologic toxicities, including neuropathy and seizure disorder. The daily requirement for pyridoxine is about 1.3 mg/day in young adults, and slightly higher in adults. We obtain our required daily amount of pyridoxine from our diets or from supplements.

The earliest reports on the relationship of penicillamine to deficiency in pyridoxine dates nearly 50 years. The initial form of penicillamine contained two chemical forms of the drug known as isomers, designated D and L. The L form alone or in combination with the D form caused pyridoxine deficiency and other toxic effects when tested in animal studies. The D form of the drug has been in use since. However, the D-form of penicillamine also had the potential for causing pyridoxine deficiency. There are two early studies that detected pyridoxine deficiency in patients administered D-penicillamine (Jaffe et al J. Clin. Invest. 43:1869-1873; Gibbs and Walshe, Lancet 1:175-179, 1966). These studies showed that one patient with Wilson disease, a few individuals with rheumatoid arthritis, and other non-affected controls developed biochemical signs of pyridoxine deficiency when administered dosages of D-penicillamine. In these individuals, these biochemical changes were reversible by the administration of pyridoxine. It is of note that the dosages of penicillamine used in this study were approximately 2 grams per individual per day, higher than the standard recommended maintenance dose of the medication now in use.

Recommendations that all patients receiving chronic treatment with D-penicillamine receive supplementation with oral pyridoxine followed these reports. Given the relative ease and safety of administration of pyridoxine supplementation, the recommendations that patients on chronic D-penicillamine receive 50 mg of pyridoxine daily have continued to date. There are no data to support the need for pyridoxine supplementation for Wilson disease patients using Syprine (trientine) or zinc.

How can your everyday shopping benefit WDA?

Who hasn't uttered the words, "I wish there was something I could do to help"? Now you can. Start shopping! At www.iGive.com/WDA, you can buy the items you've always wanted– like that CD box set, expensive cologne, or the oversized, coffee-table photography book you've had your eyes on, only without the guilt.

It's FREE, no invisible costs or tricky obligations. Shop for everyday items at the over 400 stores at the Mall at iGive.com, like Barnes & Noble, Eddie Bauer, Lands' End and Amazon.com. Up to 26% of each purchase is donated to WDA.

Join now at www.iGive.com/WDA

Good through 12/31/03. © iGive.com Holdings, LLC

WDA now has a supply of donation forms with return envelopes. If you would like to request some of these to distribute to your friends or family, please call the WDA office at 1-800-399-0266.

(MESSAGE, Continued from page 1)

cards are now a part of our Christmas tree ornament collection. Each year when I hang them on our tree, I am reminded of the true spirit of giving.

I recently heard a quote that I thought was quite good: "Making a living is about getting; making a life is about giving." That makes a lot of sense to me, and I hope it does to you too.

Mary Graper
WDA President

We are grateful to all for their generosity to the Wilson's Disease Association.

Report of Gifts through September 30, 2003

Ann Hunter
Cal Fed Workplace Giving Campaign and Mark Clements
Cogsdale Corporation
Laura Kuhn
Beth Boyda
Davenport S. and Karen Bruker
Bev Linkins
Nicki Karst

Fraternal Order of Eagles #3863 in Honor of Theresa Petree
Eagle Aux #3862 in Honor of Theresa M. Petree
Stella B. Gillman in Honor of Russ and Michael Sillery
Alice A. Bailey in Honor of Lucy Lang

In Memory of Rick Wade
Walter and Lori Wall

In Memory of Joseph J. Beattie
Mary Pietrantonio

In Memory of Renee Pipik
Friends at AT&T – Orlando

In Memory of David Kadish
Ellen and Jim Feldbau and Family
Andrew Gershman
Elinor Gershman

It is the policy of WDA that all donations to the Association are recognized by a letter or a mention in the newsletter. If you made a donation, but did not receive an acknowledgement please contact Mary Graper, President of the Association at 1(414) 961-1290.

The WILSON'S DISEASE ASSOCIATION is a charitable organization which relies on donations to do its work. Please help us! Tax-deductible donations may be sent to:

Wilson's Disease Association
1802 Brookside Drive
Wooster, Ohio 44691

Remembering WDA

You can give hope to millions of people worldwide with Wilson's disease by extending your support of the Wilson's Disease Association's programs beyond your lifetime. Whether your legacy is large or small, you can support our programs of education, service, and research by remembering WDA in your will

To make a bequest of cash or other property to WDA, please set up a meeting with your attorney and provide him or her with the following information:

Wilson's Disease Association, a non-profit corporation organized under the laws of New York State
1802 Brookside Drive, Wooster, Ohio 44691
Federal tax ID 16-1154697

A bequest to WDA is fully deductible for estate tax purposes. In addition, remembering WDA in your will is an important and personal way of providing hope to people with Wilson's disease for generations to come. You may wish to learn about other gift opportunities by consulting with your attorney, accountant, or tax estate planning specialist.

Newsletter Recognitions

As the Association continues to grow, it is important for us to recognize a few individuals who have helped us in various ways over the past few months.

Thank you to:
Diane Taylor – for her willingness to volunteer in the office
Russ and Lenore Sillery – for donating the printing and mailing of the newsletter
Delia Ruiz – for formatting the newsletter

Wish List:
Conference Sponsorships
Donated Office Supplies
Donated Printing Services
Donated Air Miles
Long Distance Sponsorship
800 Number Sponsorship for Family Support

MEMBERSHIP APPLICATION/RENEWAL

Please complete, detach this page, and mail to the address below:

☐New ☐ Renewing Member ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

Name_____

Address_____
Street City State Zip Country

Home Phone (____)_____Work Phone (____)_____ E-Mail _____

Membership Dues:

€Basic $35 €Sustaining $50 €Endowing $100 €Lifetime $1,000 €Other $_____

DONATION

Name_____ Address_____
Street

_____ E-Mail _____
City State Zip

I am making a tax-deductible donation of $_____

€In honor of _____ €In memory of _____ €Patient Care Fund

Send acknowledgement to: _____
Name Street

_____
City State Zip E-mail

PAYMENT INFORMATION

Membership Fee $_____ €Visa €Master Card €Check or Money Order attached
Donation $_____ Card #_____
Total $_____ Expiration Date_____ Signature_____

SUPPORT GROUP AND VOLUNTEER INFORMATION

As we are a non-profit organization, we are always looking for volunteers. If you would like to offer your time or services to the Association, we would like to hear from you. Below are a few ideas of services that are needed, however, if you have another idea or specialty (e.g. you own a printing shop and would like to sponsor a mailing), please let us know that too:

____Coordinate a WDA support meeting in my area _____Coordinate a fund raising event _____Other:
_____

____Please check here if you approve of your name to be given to others in your area who are looking for support
_____ (please sign here to acknowledge this).

MAIL TO: WILSON'S *DISEASE ASSOCIATION, Attn: Kimberly Symonds, 1802 Brookside Drive, Wooster, OH 44691*

Wilson's Disease Association
Volunteer Profile

Name:_____ Connection to Wilson's Disease_____
(Please include professional designations: e.g. M.D., Ph.D.)
Spouse or Significant Other's Name_____
Home Address_____
Home Telephone Number_____Fax:_____
E-Mail Address_____
Business Name:_____ Business Title:_____
Business Address:_____
Business Telephone Number_____ Fax:_____
Occupation and Job Responsibilities:_____
Company has a matching gift program (circle one): Yes No
Board Memberships and Professional Organizations:_____
Social Affiliations/Clubs and Organizations:_____
Personal Interests/Hobbies:_____

Areas of Experience or Expertise:

___Auditing
___Legal – Non-Profit Experience
___Government Affairs
___Marketing
___Public Speaking
___Fundraising:
__Special Events
__Foundations
__Corporations
___Other (specify)_____

___Writing
___Media
___Graphic Arts
___Board of Directors
___Computer Technology
___Web Site/Internet
___Newsletter
___Local Support Group Organizing/Leading
___Office Work

Please return to: Wilson's Disease Association, 1802 Brookside Drive, Wooster, Ohio 44691

WILSON'S DISEASE ASSOCIATION, INTERNATIONAL

The Copper Connection
1802 Brookside Drive
Wooster, OH 44691

(FORWARDING SERVICE REQUESTED)

TO: