

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N :

DIANNA LOUISE PARSONS, MICHAEL HERBERT CRUICKSHANKS, DAVID TULL,
MARTIN HENRY GRIFFEN, ANNA KARDISH, ELSIE KOTYK, Executrix of the Estate of Harry Kotyk,
deceased and ELSIE KOTYK, personally

Plaintiffs

and

THE CANADIAN RED CROSS SOCIETY, HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO and
THE ATTORNEY GENERAL OF CANADA

Defendants

and

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF ALBERTA
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF SASKATCHEWAN,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF MANITOBA,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEW BRUNSWICK
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF PRINCE EDWARD ISLAND,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NOVA SCOTIA
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEWFOUNDLAND,
THE GOVERNMENT OF THE NORTHWEST TERRITORIES,
THE GOVERNMENT OF NUNAVUT and THE GOVERNMENT OF THE YUKON TERRITORY

Intervenors

Proceeding under the Class Proceedings Act, 1992

Court File No. 98-CV-146405

B E T W E E N:

JAMES KREPPNER, BARRY ISAAC, NORMAN LANDRY, as Executor of the Estate of the late
SERGE LANDRY, PETER FELSING, DONALD MILLIGAN, ALLAN GRUHLKE, JIM LOVE and
PAULINE FOURNIER as Executrix of the Estate of the late PIERRE FOURNIER

Plaintiffs

and

THE CANADIAN RED CROSS SOCIETY, THE ATTORNEY GENERAL OF CANADA and
HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

Defendants

and

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF ALBERTA,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF SASKATCHEWAN,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF MANITOBA,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEW BRUNSWICK,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF PRINCE EDWARD ISLAND
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NOVA SCOTIA
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEWFOUNDLAND,
THE GOVERNMENT OF THE NORTHWEST TERRITORIES,
THE GOVERNMENT OF NUNAVUT AND THE GOVERNMENT OF THE YUKON TERRITORY

Intervenors

Proceeding under the Class Proceedings Act, 1992

This is the 2nd Affidavit
of Shelley Woodrich in this case
and was made on 1/April/2016

No. C965349
Vancouver Registry

In the Supreme Court of British Columbia

Between:

Anita Endean, as representative plaintiff

Plaintiff

and:

**The Canadian Red Cross Society
Her Majesty the Queen in Right of the Province of
British Columbia, and The Attorney General of Canada**

Defendants

and:

**Prince George Regional Hospital, Dr. William Galliford,
Dr. Robert Hart Dykes, Dr. Peter Houghton, Dr. John Doe,
Her Majesty the Queen in Right of Canada, and
Her Majesty the Queen in Right of the Province of British
Columbia**

Third Parties

Proceeding under the Class Proceedings Act, R.S.B.C. 1996, C. 50

C A N A D A
PROVINCE OF QUÉBEC
DISTRICT OF MONTRÉAL

NO : 500-06-000016-960

S U P E R I O R C O U R T
Class action

DOMINIQUE HONHON

Plaintiff

-vs-

THE ATTORNEY GENERAL OF CANADA
THE ATTORNEY GENERAL OF QUÉBEC
THE CANADIAN RED CROSS SOCIETY

Defendants

-and-

**MICHEL SAVONITTO, in the capacity of the Joint
Committee member for the province of Québec**

PETITIONER

-and-

FONDS D'AIDE AUX RECOURS COLLECTIFS

-and-

LE CURATEUR PUBLIC DU QUÉBEC

Mis-en-cause

C A N A D A
PROVINCE OF QUÉBEC
DISTRICT OF MONTRÉAL

NO : 500-06-000068-987

S U P E R I O R C O U R T
Class action

DAVID PAGE

Plaintiff

-vs-

THE ATTORNEY GENERAL OF CANADA
THE ATTORNEY GENERAL OF QUÉBEC
THE CANADIAN RED CROSS SOCIETY

Defendants

-and-

FONDS D'AIDE AUX RECOURS COLLECTIFS

-and-

LE CURATEUR PUBLIC DU QUÉBEC

Mis-en-cause

AFFIDAVIT OF SHELLEY WOODRICH
(affirmed April 1, 2016)

I, SHELLEY WOODRICH, of the City of Windsor, in the Province of Ontario, legal assistant, AFFIRM:

1. I am employed at Sutts, Strosberg LLP as a file administrator. I am the person at our office with the primary responsibility for the day to day handling of the 1986-1990 Hepatitis C class action settlement file. I have personal knowledge of the facts to which I depose in this affidavit, except where I state them to be on information and belief, and where so stated I believe them to be true.

2. On October 16, 2015, I swore an affidavit to which was appended written submissions our office had received beginning in August 2015 from the Class and Family Class Members directly or forwarded to us by the Administrator pertaining to the allocation of the actuarially unallocated funds.

3. I am advised by Heather Rumble Peterson that Class Members have been encouraged by the Joint Committee to provide their written submissions, despite the previous October deadline, some having just received the Joint Committee's notice because of change of address.

4. Following October 16, 2015, Sutts, Strosberg LLP continued to receive calls and written submissions from Class Members across Canada.

5. I am advised by Ms Peterson that she personally spoke to several Class Members and Family Class Members. She mainly provided basic information about the next steps in the proceedings leading to the June hearing, directed them to the Administrator for further information or specific answers regarding their personal file, and listened to their concerns and stories.

6. Sutts, Strosberg LLP has gathered and assembled the additional written submissions our office received since October 16, 2015 pertaining to the allocation of the actuarially unallocated funds subject to the qualifications discussed below, a copy of these additional written submissions is annexed as **Exhibit "A"**.

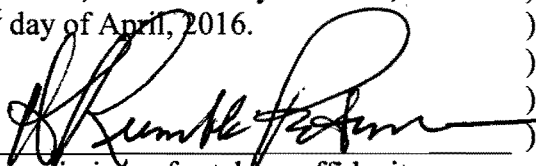
7. To the extent possible, written communications that our office has identified as being communications also received by other Joint Committee members from Class or Family Class Members in British Columbia and Quebec were excluded from Exhibit "A". I communicated with staff at Ms. Podrebarac's office to try to avoid duplication of submissions received by Ontario Joint Committee members. Staff from each of the offices of the Joint Committee members, have also communicated with each other in an effort to try to ensure that there was no duplication of the submissions included in any affidavit.

8. Additionally, written communications received from the Class and Family Class Members that were purely administrative (eg: change of address) or do not

provide information, commentary or suggestions that the Joint Committee can use to inform the recommendations it is making to the Courts on benefits for Class Members are not included in Exhibit "A".

9. Lastly, these additional written submissions received and appended as Exhibit "A" have been redacted to remove identifying information to protect the privacy of the Class and Family Class Members.

AFFIRMED BEFORE ME at the City of)
Windsor, in the County of Essex, this)
1st day of April, 2016.)

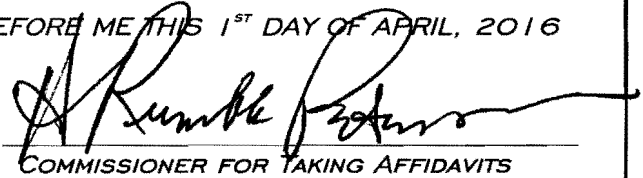


Commissioner for taking affidavits
1400978



SHELLEY WOODRICH

THE ATTACHED IS EXHIBIT "A" TO THE
AFFIDAVIT OF SHELLEY WOODRICH AFFIRMED
BEFORE ME THIS 1ST DAY OF APRIL, 2016

A handwritten signature in black ink, appearing to read "A. Rumble", is written over a horizontal line.

COMMISSIONER FOR TAKING AFFIDAVITS

HARVEY STROSBERG QC.
SUTTS STROSBERGH LLP
600-251 GOYARD STREET
WINDSOR, ONTARIO N9A 6V4
TELEPHONE 1-866-223-0073
EMAIL HEPL@STROSBERGLP.CA

11.09.2015

Dear Mr STROSBERG,

IN response to your letter
regarding the joint committee mandate to
implement the 1986 - 1990 HC settlement
agreement, as a family class member
my response is that I would like
to put forward a claim of the
surplus as I feel my brother was
taken from his family a lot sooner,
because of his contracting Hepatitis C.

Yours Sincerely

RECEIVED
OCT 15 2015

SUTTS, STROSBERG LLP

**The Joint Committee,
Harvey Strosberg Q.C.
Suits Strosberg LLP
600-251 Goyeau Street
Windsor, Ontario N9A 6V4**

Date:

Oct. 19/2015.

hepc@strosbergco.com

We are writing to you in reference to a letter we received regarding surplus in the Hepatitis C Claim and how it should be used.

We feel that this money should be paid out to the families to compensate for their losses. In our situation lost everything she owned due to her medical condition. The cost of her medications and many trips to the doctors, forced her to re-mortgage her house which was paid for. She could not afford to keep up with her life insurance policies and in return she left nothing but debt to her family when she passed. Un paid bills included: credit cards, pharmacy bills, gas bills, car repair, Wells Fargo (re-mortgage) ect... and no life insurance to cover cost of funeral or accumulated expenses that followed.

At the time we were unaware that there was any compensation for our family when passed.

We believe the surplus should be paid out to the families with claims such as ours. No family should ever have to go through the pain and suffering our family had to experience.

RECEIVED
OCT 21 2015

SUTTS, STROSBURG LLP

October 26, 2015

Harvey Strosberg, QC
600-251 Goyear Street
Windsor, Ontario

RECEIVED
OCT 30 2015
SUTTS, STROSBERG LLP

Before she was given a blood transfusion many years ago why not take it from the family members. If it was taken from the family members she would have been able to visit her sister who went to Alberta to see her and to spend some good time with them. Also she would have been able to draw her old age at 65. Why didn't they check the blood more closely where they got it. . . would have been able to look after her new husband who was in the senior complex in Alberta. Her mother out lived her by a few years she could have come to her funeral.

Sincerely

Shelley L. Woodrich

From:
Sent: Sunday, November 15, 2015 1:08 PM
To: Hepatitis C Class Action
Cc:
Subject: Joint Committee Letter

To Whom it concerns,

My name is _____ and I am the granddaughter of _____ who was an unfortunate victim of tainted blood, for which the Joint Committee Letter was distributed to the respective family members. I apologize for the late reply, however, I did not receive the notice despite being a valid family member and candidate. I am, therefore notifying the Joint Committee at this time.

I have read and understood the terms of the letter. I am sending this email as a confirmation that I agree that "all or the majority portion of the surplus" be allocated in favor of Class Members and Family Class Members. There should be no valid reason to not provide this compensation to the Class Members and Family Class Members.

If any further action is required from me, please contact me at your earliest convenience. My contact information can be found below in my email signature. Thank you in advance.

Sincerely,

Tel:

Shelley L. Woodrich

From:
Sent: Monday, November 16, 2015 9:27 AM
To: Hepatitis C Class Action
Subject: Joint Committee Hep C Att Harvey Strosberg Q.C.

To the Joint Committee, 1986-1990Hepatitis C Settlement Agreement

As a class member of the above agreement I feel the courts should after all this time allocate the surplus funds to class members

and family of class members.

Members have gotten ill,died. and are much older. It only seems right and fair that the surplus be given to the members and families

It would help the members NOW. I am 70 and have some health issues.Any monies will not do me any good after I die.

I could use funds now.Even the cost of funerals today have increased greatly.To have this prepaid would lift a great burden off families.

The surplus should be given to everyone affected by the Hep C settlement.

How does one measure the grief and pain caused by the tainted blood transfusions? We all have different health and financial needs

The surplus should be disbursed while members are still living.

Phone

Email

Shelley L. Woodrich

From:
Sent: Saturday, November 21, 2015 5:52 PM
To: Hepatitis C Class Action
Subject: surplus

Hello [redacted] of the estate of [redacted]. Regarding the letter I received from the Hepatitis C settlement agreement, at first I did not know what I should say on this matter of a surplus and what should be done. I think one group has been forgotten in this settlement, the grandchildren, I see my friends and neighbours doing all kinds of things with and for their grandchildren. In our case my wife never got to see them as she passed before they were born. It would be nice if a grandchild could say I never got to know my grandmother but I received money to help with my education, or start a business, or many other things in life. This money was given to help the people that were left to deal with the loss of a loved one, and if there is a surplus it should be used to help a group like this. I am not saying I would not take some more money, but this group has been left out. Just my input into what has been hard on a lot of people. Quite sure you already have the names of the grandchildren so it should not be hard to give something to them. Regards [redacted] Would like a reply to let me know this was read. Thank you.

4/68/24, 2015

Mr. Harvey Strosberg 2 C
Sutts Strosberg LLP
Windsor, Ont.

RECEIVED
DEC 08 2015

Dear Sir:

SUTTS, STROSBURG LLP

I am a member of the 1986-1990 Hepatitis C
Settlement Agreement. My name is

My Claim Number is 1000202.

On the issue of the surplus in the trust
fund, I would like to see it divided among
the Class Members and Family Class Members.

I would also like to draw attention to the
cost of travel to see a specialist.

I live in Labrador. We do not have any
specialists. The closest liver specialist is
located in St. John's, N.L. The cost of
airfare from Goose Bay to St. John's is
\$819 one way. My husband and I both
have private insurance, but it would
not ^{even} cover the cost of one trip if there was
a medical emergency. My issue is, if we
have an appointment for something
related to hepatitis C we have to use our
private insurance first. Then the hepatitis
C claim will pay the rest.

If I have to see a specialist for any

other medical condition except hepatitis C, I have to pay myself for the trip to St. John's. If I had not contracted hepatitis C, our private insurances would have paid for part of my trip. The total cost of the trip for anything related to hepatitis C should be borne by the Class Action Settlement Agreement.

yours truly,

Shelley L. Woodrich

From:
Sent: Monday, December 07, 2015 9:57 AM
To: Hepatitis C Class Action
Cc:

Harvey Strosberg
Re: hepc settlement
From:

Good morning,

I am writing you on behalf of my family. I have become aware of the application for the settlement of those who had contracted hepatitis C through a letter sent to myself and family. My

received a contaminated blood transfusion in 1988. Several years she suffered from this disease. My Nana's suffering ended November 23rd 2004 when she passed away, in my eyes too young. I would just like to say that the monies left over should go to the people and their families who have had to experience the long road of dealing with hepatitis C. It would be unethical to use these monies for anything else but the people and families.

Thanks for your time,

I look forward to receiving more information on this application.

On behalf of:

(grandson)
Same address as above

Dear Mr STROBER,

My name is [unclear] ^{my} full name is [unclear] from the 1986 to 1990 I was a class action suit. Here is the reason my file was late getting to you. I originally filed one application in the early nineties. Apparently the Ottawa Hep C Society lost my file or my application papers. They notified me of this a few weeks prior to the September 1st. They asked me to re-apply which I did. By the way, I sent both applications by priority post. I also have a witness to this effect. I don't know why you did not receive it on time. Anyway, I feel I am being re-victimised by filing mistakes. I pray that this will clear things up. You should ~~not~~ need to (re-submit) my file. It is my address is

"You have to read this letter to the Judge."

M. K.

To whom it may concern:

I am writing to the committee today to let them know the effects of the devastating events that took my father away from my family.

Since I was a kid I had known my father was sick. There was not a day that went by that we didnt see him suffer in some way. He was born with hemophilia, which should have been more then enough for one man to bare. My brother and I would watch him do transfusions often, and later of course have to carry oxygen around with him everywhere he went. Even on short trips we traveled with a medium sized cooler of medication he needed. It was a normal part of our lives. No child could relate to my brother and I in the town we grew up in.

It was a difficult live to life, watching someone you love and look up to deteriorate before your eyes.

My mother was unable to work as she not only needed to care for my brother and I but also needed to take care of my father. She even went and learned how to give him transfusions and other medical things he needed throughout his sickness.

He had full blown AIDS when I turned 3, and we managed what we thought would be our last family vacation with him. He had been given 9 months to live at that time. Hard enough for a 3 year old to figure out, and devastating to a mother who lived as a caregiver and had no real skills to offer the work market.

We even had a lot of fear from the health care workers in our town, particularly the dentists who refused to treat my brother or I based on my fathers illness. We took them to court and sadly lost a battle fueled by ignorance and the fact my dad had to live with a terribly misunderstood disease. I am still fearful to bring up my fathers illness in case someone has an outdated opinion on the matter. It was constant judgment and questions surrounding our family because my father had AIDS and HepC.

Watching my father suffer will haunt me for the rest of my life, his last words to me being "Help". What was a 9 year old to do to help a man suffering from AIDS and HepC? Our living room had slowly over the years transformed from a family place to watch tv and play games to a hospital room, filled with all the equipment needed to help him through the ordeal. He did not survive to see me turn 10, or my brother 12. It goes without saying that everything had changed from there.

We lived on the small pension my mom was awarded, and we did not have any extra's. In fact there were occasions when we needed assistance with food, and one time with holiday gifts since my mother couldnt always afford things on our own.

She went from having a home paid off in full to slowly taking out loans against the property so we had what we needed to survive. Although my brother and I are adults now, she still carries some of this debt to this day, still residing in the home my father died in.

I cannot say what it is like for the survivors, who are still here and unable to work due to their conditions, and I feel nothing but empathy for their positions. However I do not want those who have lost their family to be forgotten in this process. My story is of one family who had to live without to get through financially when we didnt have the support we should have had in our lives. There is no amount of money that could replace my father as a person, however if there are still funds available from the settlement made it would greatly help since some of these financial burdens we all have today would not be so bad if our loved ones had not passed on due to such a terrible mistake which was made.

Please take this into consideration when you deliberate on what happens to the remaining payouts.

We have all suffered immensley, and I would take my father any day over a

IMPACT STATEMENT FAMILY.txt
settlement. Unfortunately that is not an option we have.

Thank you.

Shelley L. Woodrich

From:
Sent: Wednesday, March 16, 2016 8:37 PM
To: Harvey T. Strosberg Q.C.; Debbie Tocco
Cc: Heather Rumble Peterson
Subject: RE: Teleconference with Harvey Strosberg Today - Press Conference June 15th.

Harvey:

Thank you for letting me know, that the submissions before the court were availability on the website. I read the recommendation and agree with everything suggested, although if I could suggest, hold back \$5000.00 for a new web developer. Finding information is so difficult, and the font size is so small, even with my reading glasses it's difficult to see.

Harvey, I'm not trying to be difficult, or suggest that the administration of the fund is too high, but I have heard that the Federal/Provincial and Territorial governments, may try to reclaim the surplus. I believe the fund has good management therefore, realized a surplus. As your are aware, my situation wasn't as clear cut as others, therefore I fought my loss of income for five years and for the alternative to a liver biopsy, man I'm glad those years are behind me.

Harvey, I need you to promise me that, you and the other lawyers will not let the governments take the surplus. My time is limited, but I will celebrate my 50th in June, so I will make it one to remember. After reading the submissions, there is no need for a press conference, unless you feel, it might be helpful to stop the parties interested in reclaiming the surplus?

Also if I can assist in anyway, don't hesitate to call on me.

All the best,

March 30, 2016

**Harvey Strosberg, Q.C.
Sutts Strosberg LLP
600-251 Goyeau Street
Windsor, Ontario
N9A 6V4**

Dear Mr. Strosberg,

**RE: Claim Number 11541
Hepatitis C Claims Fund**

I am writing in response to the letter I received from the Hepatitis C Claims Fund regarding the possible surplus.

I am a 78 year old widow of tainted blood, having lost my husband of nearly 41 years, the late , to the ravages of Hepatitis C. He died on July 13, 2001 surrounded by three of our five of children and their families, from liver failure and internal hemorrhaging. At the Toronto session I was able to meet who unselfishly offered her response letter, as a result you will see similarities and unique differences that I have added. I must say this is somewhat of an exercise and certainly cannot be considered exhaustive.

There are several reasons the surplus should be used to supplement the levels of compensation for existing members of the class action suit. For example, from the perspective of a widow/widower of a Primarily-Infected Person (PIP):

- 1) It is assumed that the PIP would have stayed in their original positions. For example, in my case, the Fund assumes that Ed would have chosen not to expand his own dental practice. In fact he took on the burden of business expenses while not working at full capacity and as the cost of doing business rose, his earnings declined. The reality is that his practice would actually lose funds at times when he was unable to work. How are actual losses compensated? When his energy level and health periodically improved he would bounce back to work. Contrast that with a growing practice with partners and compensation is underestimated.**

- 2) It is assumed that PIP's would never have been promoted at work. In my husband's case, he also worked at Greenshield as a dental consultant and it is very likely he would have been promoted and hence experienced a salary increase. He was a well respected dentist with adjudicator distinction and The Canadian Health Care Anti-Fraud Association honoured his significant contribution on dental fraud prevention by creating an annual award in his name.

(<https://archive.org/details/Dr.EdwardMazakAdvancementInPublicAwarenessAwardCanadianHealthCareAntiFraudAssociation>)

By using a base salary, the Fund underestimates his actual salary and recognizable achievements/contributions to Society, and hence the Fund also underestimates the widows'/widowers' compensation, which is a proportion of his base salary.

- 3) Regarding the retirement issue:

a) It should not be assumed that all people retire at age 65; this is simply not the case. General internet searches imply dentists are not all retiring before 65. In our case we raised and provided for 5 children and were expecting that Ed would have been working well beyond age 65 to secure our retirement. Therefore, Loss of Income (LOI) payments should incorporate this fact into the calculations to extend LOI beyond age 65 and not assume that people have to then rely on the much lower Loss of Services (LOS) payments, (which, in my case, is approx \$17K a year, which is not possible to live on, and only eligible for 2 more years).

b)

(i) If, however, it is the decision is made by the Fund that "everybody is retired at 65", then I wonder why the respective pension laws do not come into play in calculating the pension of the PIP's widow/widower where possible? Why doesn't the pension law apply in cases where pension laws would have applied to the PIP? So why can't the Fund simply allocate a proportion of the PIPs' pensions to the widows/widowers? Why is the post-retirement calculation of compensation calculated differently from the pre-retirement calculation of income? For instance, that if Ontario government employees die before their spouses, their widows/widowers automatically receive 60% of what their late spouse's pension would have been. The Fund could easily implement something like this. It does not make sense to switch to the completely arbitrary, below-the-poverty-line, LOS payments at aged 65 and ignore existing pension laws, which have been around for a while for a reason. There is no reason to deviate from these laws and there is no reason to be treated differently especially in such an ad hoc fashion, as the applying of the LOS at age 65 effectively does. In short, the pension rules have been set for years and there was no reason to create a new, unfair, ad hoc system for calculating widow's/widower's pensions like LOS

under the Fund if existing pension laws would apply to the PIP's widow/widower. Of course, if no pension laws apply for the particular individual i.e., if they were self-employed like my husband, then another formula would be used. In short, the Fund should simply use existing pension laws wherever possible to calculate the pension of their widows/widowers.

- (ii) Moreover, if "Everyone is retired at 65", then the current amount for LOS available to widows/widowers when the PIP would have turned 65, should be increased. This is because the LOS amount is hardly sufficient to look after widows/widowers in their old age. As noted, LOS is \$17K a year, which is not only concerning but also insulting, especially when one is entering their more vulnerable years alone without a spouse to take care of them, thanks to Hepatitis C. LOS must be dramatically increased so that widows/widowers can realistically live on it. Currently, the \$17K I receive is barely enough to last a few months. That is egregious. To recap, if the Fund does not go the established pension law route, (wherever possible), then at the very least, the LOS should be increased dramatically.

- c) The Fund ignores the fact that widows/widowers have to take time off to caregive, which negatively impacts their own pension earnings. In my case, my pension is lower as a result of HCV infection because the present value of my income is lower. The Fund should compensate widows/widowers for this lost income. In addition several of my children contributed to the caregiving effort and took time off to assist.

- 4) Compensation to widows/widowers does not take into account the fact that sometimes spouses of PIP's have to take time off work especially after Level 3, which negatively affects their potential income-earning stream. This diminished income should be supplemented.
- 5) The HIV-related MPTAP payments, which people received as tainted blood widows/widowers, were included in the Hepatitis C compensation calculations and, to this day, I do not understand why the MPTAP payments were ever included. So an adjustment is required there.
- 6) There are several ancillary issues:
 - a) Regarding out of pocket expenses, some spouses, (some of whom are now widows/widowers), regularly drove their late PIP's around, attended medical appointments, picked up meds, and searched to try to keep up with the constantly evolving treatments around. In support friends and family were always suggesting treatments in other countries cities. A vast amount of time and energy can be put into searching and looking for alternatives. (liver plugs, treatment centres in Mexico, new or experimental drugs). I know parking costs etc. were reimbursed but some

other expenses related to these activities, such as photocopying costs, vehicle use, time, etc. should also be compensated;

- b) Because HCV-infected typically become very ill in the recent periods before their death, (Levels 5 and 6), families are often around and dealing with an ongoing life crisis and, as a result, they do not have the luxury of requesting and organizing all medical receipts. There should be some compensation for these "estimated missed medical costs", especially at the higher levels of HCV when life becomes more intense; and,

- 7) It is assumed that there were no emotional damages incurred from losing someone very close to HCV. This is not true; Hepatitis C infection affects both the infected person and their families' lives irreparably on the emotional front and some amount of compensation should be provided for this damage. For instance, in my case, it continues to affect my mental well-being – not only simply because I lost my spouse and am now a widow without a life partner but also because watching my soul mate suffer through his battle fighting Hepatitis C. This has resulted in sleep deprivation and depression which, in turn, negatively affects all aspects of my life. This damage to my well-being is not covered by my Hepatitis C "compensation" and it should be. My children also remain emotional thinking about what if Ed did not have to go back into surgery and receive that tainted bag of blood. If the initial heart surgery was conducted without issue he would have been HCV free. Ed was engaging with his grand children, some he never met, none to benefit from his spiritual and physical presence since that Friday morning in July. Its been 15 years and I still succumb to tears when addressing the family at traditional events.
- 8) Circumstance of timing. As health deteriorated we realized we had to downsize in 1997 and sold our primary residence at a market low. After his death in 2001 I finally emerged to rebuild my life and started construction in 2005 (near high market value period) on what was supposed to be our retirement home and family homestead. Given historical real estate values over this time frame it would not be recommended to do what we did, but I did what I had to do going forward on my own. If Ed had not contacted HCV we would have been in a better position to time such major life events and ride out adverse economic and real estate situations. It is fact that our home sold in 1997 at \$121,000 under its value. Equity lost in despair of HCV. Furthermore it is conceivable that we could have held on to sell our primary residence in a booming 2005 market at double value and rebuilt our retirement property with a retirement package in hand. Lastly, the transition to our retirement home was to be rent free, in my case the primary residence had been sold, the retirement property dwelling was demolished, as it was a 100 year old cottage. This resulted in 1.5 years of rental fees for accommodation during the construction of my current residence.
- 9) Finally, I understand that the Fund had limits under which compensation could be awarded. However, we must remember that human lives were lost and we must

also remember that, we the victims, are not getting rich on this compensation. To put this in context, as of 2011, the U.S. Environmental Protection Agency set the value of a human life at \$9.1 million. Meanwhile, the Food and Drug Administration put it at \$7.9 million — and the Department of Transportation figure was around \$6 million. Frankly, there is not enough in the Fund to compensate for the loss of a loved one but if we turn to the valuations of human life cited above, the amount of compensation each widow/widower should have received for losing the PIP to HCV should have been closer to between \$7.84 million Canadian (\$7.9 million US) and \$11.89 million Canadian (\$9.1 million US). I can tell you that what I actually will have received for losing Ed to HCV pales in comparison to the lesser of the two amounts.

In sum, I am sure other widows/widowers have similar stories and I believe what they receive, as “compensation”, is a gross underestimate of what should be realistically compensated. Because of this, I believe that a portion of the surplus should be allocated to the widows/widowers of HCV-tainted blood, to ensure that their compensation is more fair.

Shifting the focus to the people who are still alive, namely the PIPs:

- A) The Fund should continue to pay for the expensive new HCV medication for people in the class including new drugs coming down the pipeline. Additionally, although I understand that the Fund does not assume that all people who reach undetectable HCV viral load actually feel better, I am curious as to how compensating these various percentages of people who are deemed to “recover” at each level, will actually be applied in practice. It is possible for people to be deemed to recover and yet also possible for them to not feel well enough to work. In light of that, an assessment at the level of the individual, in other words, on a case-by-case basis, is required to determine whether or not they are able to work (as opposed to relying on the “average” person at that Level with undetectable VL).
- B) We cannot assume their skills will be relevant if and when they are well enough to re-enter the workforce. Even one year away from a position without being in practice is a long time in some industries and many of these people have been sick for much longer. They will need re-training and the Fund should be responsible for the costs of this re-training. In other words, it would be naïve to believe people’s skills will be job-ready and that they will be able to earn the same level of income as they were before they got sick with HCV. There is no real evidence for how fast people can really get back to work. This evidence-gathering is a work in progress and each case must be assessed individually – again, on a case-by-case basis.
- C) There are important insurance considerations for certain sub-groups of PIPs. For instance, hemophiliacs have historically been unable to be insured and this negatively impacts their attractiveness to potential employers. There should be an effort made to insure these cases.

I also have a few guiding principles regarding the use of the potential surplus, as follows:

I) Firstly, and most importantly, the existing class members are bearing the risks here and it is the duty of the managers of the Fund to protect the interests of the class members and ONLY the class members.

II) Regarding the surplus, I must emphasize that: a) any surplus should be kept for those of us ALREADY in the class; and, b) ALL of the surplus, if it is allocated, should be allocated exclusively to existing class members (i.e., none of the Fund should be allocated to individuals/groups outside the existing class). Moreover, there must be a VERY good reason to let new people into the class in the first place.

III) Originally, there was a concern that the Fund was not going to be viable and I would rather err on the side of caution regarding ensuring the Fund is viable well into the future using the most conservative assumptions about a buffer and any possible adverse events.

IV) The federal government – or any other entity for that matter - should not have a right to claw back any amount of the Fund, under ANY circumstances. The reason I mention this is that the possibility of the federal government clawing back some of the surplus was mentioned by counsel at the webcast Vancouver Consultation session and Toronto in person session August 2015. This is very concerning.

Finally, in terms of methodology regarding how to split of the surplus, I believe the Fund should be split up purely on a case-by-case basis (i.e., for widows/widowers, see my specific points 1-9 above). Using the case-by-case approach would likely be more time-consuming than simply splitting up the surplus, however, it would be fairer. I would not be in favour of an elaborate and cost prohibitive approach. I appreciate that the value human life should be equal yet recognize that the impact on individual worth will vary.

In closing, I thank you for asking for our input and for protecting the Fund for the existing class members, namely the victims for which the Fund was originally intended and awarded.

Please do not hesitate to contact me if you have any questions.

Kind regards,