Court File No. 98-CV-141369 CP00

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

DIANNA LOUISE PARSONS, deceased by her Estate Administrator, William John Forsyth,
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, HIS MAJESTY THE KING IN RIGHT OF ONTARIO and
THE ATTORNEY GENERAL OF CANADA

Defendants

and

HIS MAJESTY THE KING IN THE RIGHT OF THE PROVINCE OF ALBERTA
HIS MAJESTY THE KING IN THE RIGHT OF THE PROVINCE OF SASKATCHEWAN,
HIS MAJESTY THE KING IN THE RIGHT OF THE PROVINCE OF MANITOBA,
HIS MAJESTY THE KING IN THE RIGHT OF THE PROVINCE OF NEW BRUNSWICK
HIS MAJESTY THE KING IN THE RIGHT OF THE PROVINCE OF PRINCE EDWARD ISLAND,
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HIS MAJESTY THE KING 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

BETWEEN:

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
HIS MAJESTY THE KING IN RIGHT OF ONTARIO

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Proceeding under the *Class Proceedings Act, 1992*

No. C965349
Vancouver Registry

In the Supreme Court of British Columbia

Between

Anita Endean, as representative plaintiff

Plaintiff

and

The Canadian Red Cross Society,
His Majesty the King 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, His Majesty the King in Right of Canada, and
His Majesty the King in Right of the Province of BC

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

SUPERIOR COURT
Class action

NO : 500-06-000016-960

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

SUPERIOR COURT
Class action

NO : 500-06-000068-987

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

JOINT MOTION RECORD
VOLUME IV OF VIII
(Joint Committee Motion to Allocate 2019 Excess Capital**)**

May 8, 2023

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INDEX

This is the 1st Affidavit
of Alan Melamud in this case
and was made on 15th/October/2015

Court File No. 98-CV-141369 CP00

ONTARIO
SUPERIOR COURT OF JUSTICE

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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

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CANADA

PROVINCE OF QUÉBEC

DISTRICT OF MONTRÉAL

NO : 500-06-000016-960

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DOMINIQUE HONHON

Plaintiff

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Mis-en-cause

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-vs-

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AFFIDAVIT OF ALAN MELAMUD
(sworn October 15, 2015)

I, Alan Melamud, of the City of Toronto, in the Province of Ontario, MAKE OATH AND SAY:

1. I am a lawyer at Podrebarac Barristers Professional Corporation ("**PBPC**") and an associate of Kathryn Podrebarac, who is a member of the Joint Committee. As such, I have personal knowledge of the facts to which I herein depose, except where stated to be based on information and belief. In all such instances, I have stated the source of that information and believe it to be true.

2. To assist the Joint Committee in formulating recommendations on the best use of the actuarially unallocated funds to benefit Class Members and Family Class Members, the Joint Committee held several consultation sessions with Class Members and Family Class Members, and further encouraged Class Members and Family Class Members to send their views in writing.

Written Submissions

3. I am advised by Kathryn Podrebarac that up until the close of business on October 14, 2015 she received 240 written submissions from Class Members and Family Class Members and that some of these submissions were written on behalf of several named Family Class Members. Attached as Exhibit "A" are the written submissions received by PBPC to October 14, 2015.

4. The submissions at Exhibit A have been redacted to remove the names, addresses, email addresses, telephone numbers, signatures and photos, where applicable, to protect the privacy of the Class Members and Family Class Members. These submissions have been organized chronologically except where one person submitted more than one communication in which case all communications from that person have been grouped together and treated as a single submission. Ms. Podrebarac advises me and I believe that additional submissions she received in French were forwarded to the office of Mr. Savonitto of the Joint Committee for consideration and inclusion in his office's affidavit relating to written submissions from Class Members and Family Class Members.

As such, they have not been included in Exhibit A. She further advises me that one of the submissions she received was in Italian, which she arranged to be officially translated into English, both of which have been included in Exhibit A.

5. Attached as Exhibit "B" is a letter dated September 14, 2015 from the Canadian Hemophilia Society providing its recommendations, together with the results of the survey it conducted of its members.

6. Attached as Exhibit "C" is a letter dated September 29, 2015 from Action Hepatitis Canada providing its recommendations.

Consultation Sessions

7. I attended class member consultation sessions held in Toronto and Hamilton.

8. At the Toronto and Hamilton consultation sessions that I attended, Kathryn Podrebarac, with Heather Rumble Peterson at the Toronto session, presented background information as to why the consultation sessions were being held and sought input from the attendees as to areas of the 1986-1990 Hepatitis C Settlement Agreement (the "**Agreement**") that did not adequately address the needs of Class Members and Family Class Members. The attendees were then taken through the various areas of compensation provided under the Agreement, and asked for their comments as to whether compensation was adequate, whether it could be improved, and what would be most helpful to Class Members and Family Class Members.

(a) Toronto

9. The Toronto consultation session was held on August 25, 2015. I am advised by Kathryn Podrebarac that there were at least 85 people present in person. The report from the webcast indicated that 96 persons signed on to the webcast throughout the 2 hour session. Generally, the persons present who spoke and who sent comments via the webcast identified themselves as persons infected with Hepatitis C ("**HCV**") or family members of a person infected with HCV.

10. At the Toronto consultation session, the following comments were made by the persons present and in online submissions.

Loss of Income

(a) A number of individuals expressed the view that the cessation of loss of income support at the assumed retirement age of 65 fails to reflect the reality that individuals are often working long after reaching 65.

(b) One person stated that cutting off loss of income payments at 65 may put certain individuals below the poverty line.

(c) One person stated that the loss of income payments fail to reflect the earnings an individual could have achieved (i.e., promotions or by moving industries), health benefits that would have been made available by employment, and the pension/retirement contributions that would have been made.

(d) One person stated that the loss of income payments are unfairly based on the three best years achieved by the HCV infected individual, when that individual may have never reached his or her three best years due to HCV infection.

(e) One person stated that the loss of income payments do not take into account the different cost of living faced by different Class Members, living in different areas.

(f) One person stated that HCV infected children are unfairly discriminated against as they never had the opportunity to obtain employment and are therefore denied loss of income payments.

(g) One person stated that the loss of income supplement fails to take into account individuals who delayed starting work, and then found themselves unable to work because of HCV.

Loss of Services

(h) An individual attending by webcast commented that the loss of services payments do not reflect when individuals have more children.

(i) One person stated that the current $16.50 per hour rate is insufficient to hire replacement services, and the amount is particularly insufficient for those at a higher disease level.

(j) A number of individuals conveyed that the loss of services payment ends too early. HCV infected individuals may live longer than the life expectancy estimates, leaving family members without payments for loss of services.

Exhaustion of Health Plans and Lack of Insurability

(k) A few individuals conveyed that they were unable to get extended health benefits or other health coverage owing to being infected with HCV.

(l) One individual commented that he had a wife and children, but had been denied life insurance 3 times due to his HCV infected status. He was deeply concerned that if he died, his family would be left with nothing.

(m) A second individual also raised the issue that there should be additional compensation to address the difficulty HCV infected persons face with getting life insurance.

Cost of Care

(n) One person stated that cost of care compensation is insufficient to afford home care.

(o) One person stated that cost of care compensation starts too late. HCV infected individuals at level 5, suffering from cancer, also need home care but receive no benefits.

(p) One person stated that cost of care compensation at level 6 does not go far enough given how debilitating the illness is.

Out of Pocket Expenses

(q) Several Family Class Members expressed how compensation for out of pocket expenses did not adequately compensate for the costs of taking care of HCV infected family members.

(r) One individual said such costs are particularly burdensome on Family Class Members with HCV infected children.

(s) Several individuals commented that they were forced to use up their sick days to attend to HCV infected family members staying at hospital, and that no compensation for these lost benefits was ever received by the family member.

(t) One person stated that there is no consideration for the time taken off work by family members of an HCV infected person, or for the toll it takes on an individual's other family members when he/she is constantly away helping the HCV infected person.

(u) One person stated that many small costs are never compensated, such as photocopying costs, research, parking, and long distance calls.

Treatment

(v) One HCV infected individual who had been successfully treated expressed his frustration with not being able to have certain treatments for HCV covered by the settlement.

(w) One person stated that the agreement unfairly requires HCV infected individuals to exhaust private insurance for HCV treatment, leaving them without coverage for other medications.

(x) One person stated the requirement for approval of hepatologist for treatment created considerable delay to getting treatment. In some instances, Class Members expressed that they had difficulty finding a hepatologist.

Family Member Compensation

(y) One Family Class Member stated that she had been forced to take early retirement to help her husband suffering with HCV, but received no compensation until after his death, which was not helpful.

(z) An individual participating by webcast wrote that grandchildren should receive more compensation.

(aa) One attendee felt that it was unfair that family member compensation fell considerably once she turned 22. She felt that the loss of her father affected her as much had she been 21 at the time of his death.

(bb) One person stated that it is unfair that where a family member passes away prior to the HCV infected individual, there is no family member compensation, notwithstanding that family member's death was the result of dealing with the stress of having a loved one infected with HCV.

Distribution of the Actuarially Unallocated Amounts

(cc) One person stated that actuarially unallocated amounts should be distributed to the HCV infected person's estate instead of being distributed directly to family members.

(dd) One person stated that there should be increased compensation for those who contracted HCV before turning 12 years-old.

(ee) One person stated that the actuarially unallocated amounts should be divided equally among Class Members regardless of infection level.

(ff) Several individuals stated that they felt determining additional compensation on a case by case basis would be fairer.

(gg) One person stated that additional compensation should first go to living Class Members.

(hh) One person stated that the possibility that the governments might clawback the actuarially unallocated amounts is insulting, given that Class Members were told they bore the risk of any shortfall in the Fund.

Late Claims

(ii) One infected individual described how he failed to apply for compensation in time because he was told he was facing imminent death, and was not in the right state of mind to be filling out the required forms. He further commented that late claimants need to be allowed and this needs to be done soon, before time ran out for those HCV infected individuals at level 6.

11. Additional submissions were made by individuals attending by webcast at the Toronto consultation session that were recorded. A copy of those online submission are attached as Exhibit A.

12. The online submissions appended at Exhibit A have been redacted to remove the names and email addresses to protect the privacy of the Class Members and Family Class Members.

(b) Hamilton

13. The Hamilton consultation session was held on August 26, 2015. I observed that over 50 people were present in person. The Hamilton consultation session was not broadcast over the web. Generally, the people who spoke identified themselves as persons infected with HCV, family members of person infected with HCV, and there was one individual from the Canadian Hemophilia Society.

14. At the Hamilton consultation session, the following comments were made by the persons present:

Loss of Income

(a) One person stated that the Agreement unfairly requires employed individuals to first exhaust their sick days for their HCV related illness and treatment before being able to call upon the Fund for compensation.

(b) One Class Member, a farmer, complained that there was no compensation for his family members, who needed to quit their employment in order to keep the farm business operational.

(c) One person stated that loss of income compensation does not compensate for loss of ability to contribute to an RRSP and/or a pension plan.

(d) One person stated that loss of income compensation does not factor in that some individuals never had the chance to achieve their three best years of income because of infection.

(e) Some individuals who said they had received HCV treatment are afraid they will lose the loss of income compensation, while it is unknown if the medications will work long-term.

Loss of Services

(f) One person stated that there is no loss of services compensation at level 1, notwithstanding that some individuals at level 1 will be unable to provide the same level of services at home if he/she was not infected.

Exhaustion of Health Plans and Lack of Insurability

(g) Some individuals explained that they were exhausting their private insurance because of their HCV infection.

(h) A number of Class Members said they are unable to get life insurance.

Cost of Care

(i) One person stated that cost of care compensations falls short of what is required.

(j) One person stated that cost of care compensation does not adequately address need when it is a child that is infected with HCV.

(k) One person stated that cost of care compensation is required before an HCV infected individual reaches level 6.

(l) One person stated that cost of care compensation does not take into account all of the family members involved with providing care for an HCV infected person.

(m) One person stated that cost of care compensation should be based on the cost of hospitalizing an HCV infected person.

Family Members Compensation

(n) One person stated that there is no loss of income supplementation for parents who lose days of work while staying at hospital with their HCV infected child.

(o) One person stated that there is no consideration for the fact that a surviving individual may be disabled, and that he/she relied on the HCV infected person.

(p) A number of individuals said that the family member compensation payments are terribly inadequate.

(q) One person stated that the family member compensation paid to a grandchild is pathetic.

(r) One person stated that compensation for funeral expenses is about half of what is actually required.

Distribution of the Actuarially Unallocated Amounts

(s) One person stated that the actuarially unallocated funds should be distributed to Class Members by reapplying the formulas for the different disease levels to the additional funds.

(t) Several people said actuarially unallocated amounts should be distributed as a lump sum to all Class Members.

(u) One person stated that the Courts' decision as to the allocation of the actuarially unallocated funds is needed quickly and that time is of the essence, as HCV infected individuals are running out of time while these determinations are being made.

(v) One person expressed the view that Justice Winkler's judgment was clear – the governments should not be permitted to get any money back out of the Fund.

Administration of the Fund

(w) Several individuals expressed frustration with the administrative requirements of applying for compensation, and stated that in many instances they gave up, resulting in loss of compensation.

(x) One individual conveyed how the administrative process required that she sign off on whether to receive a lump sum or ongoing loss of income payments when she was at a diminished capacity to make that determination.

(y) Some individuals expressed that they found the administrative forms confusing, or that they failed to take into account when an HCV infected individual ran a business, or when the HCV infected individual was a child.

(z) Several individuals said there should be an advocate for Class Members and Family Class Members to help deal with the Claims Administrator and paperwork assistance.

(aa) Several people said that the paperwork and administrator's proof requirements were overwhelming for those with small businesses/farms.

Other Comments

(bb) One person stated that there needs to be compensation for the cost of counselling for family members of HCV infected persons.

(cc) One person stated that the Agreement fails to address the stigma suffered by those infected with HCV.

(dd) One person stated that there needs to be additional compensation for those who become disabled as a result of his/her HCV infection.

(ee) Several people stated there needs to be greater compensation for pain and suffering.

SWORN BEFORE ME at the City of Toronto, in the Province of Ontario, this 15th day of October, 2015. A Commissioner for taking Affidavits (or as may be) KATHRYN PODREBARAC	ALAN MELAMUD

This is Exhibit "A" referred to in the
Affidavit of Alan Melamud
sworn before me,
this 15th day of October, 2015

Kathryn Podrebarac

A Commissioner for Taking Affidavits

From: [redacted]
To: Kathryn Podrebarac
Subject: Concerns regarding implied positions on LOI for 86-90 Hemophiliac Cohort.
Date: Wednesday, July 15, 2015 11:20:46
Attachments: image001.jpg

Ms. Podrebarac,

I am writing this email to you after a few months of many attempts at collectively putting my thoughts and concerns in some less than nonsensical format.

My standard LOI renewal this year provided for the re-occurrence of percentage of work related abilities.

This is something that was thankfully removed a couple of years ago.

It is, in my situation, unreasonable to ask for a percentage evaluation of things like sitting, standing, walking, lifting etcetera.

My job was one of primarily field Engineering for Public safety communications consultation, Design, Troubleshooting and project management.

The vast majority of everything I did required a huge percentage of mental stamina and agility, both of which were and have been severely compromised due to my co-infection.

As a result of my inability to perform these tasks with any reasonable level of completeness I have been "*work disabled*" since a severe attack of pneumonia in 1999 and as such on 100% LOI since.

The term 100% loss of income is in itself an incredible injustice.

I was required to provide my best consecutive years gross incomes, these incomes were without consideration of MPTAP or RRSP contributions.

The calculation of 100% LOI has seen these numbers drastically and artificially manipulated in direct opposition to the "*spirit*" of the original agreement.

I attempted to point this out several years past in a challenge to the administrator.

This was met with not less than, I believe, the involvement of a team of three lawyers on the administrators side, all of whom seem to have had a complete

and total lack of understanding of the term "*after tax dollars*" and "*tax deferral*".

Along with this was an outright refusal to consider any provisioning of legal costs for my defense.

Here's how this works out.....for me,

- **My 3 best years gross income averaged,**
- **minus any and all federal and provincial income taxes payable at that level,**
- **minus any MPTAP (including indexation) payable that year.**
- **equals, apparently in some ones mind, 100% LOI.**

This is supposed to be a 100% LOI calculation, on what planet?

If MPTAP is to be considered then that's fine but it should have been added in to the three best years average to start with, or not considered as income at all!

By using the calculation model in this manner I, and every other Hemophiliac still alive, effectively lose our MPTAP compensation altogether.

MPTAP was compensation for HIV and 86-90 is compensation for HCV, two very different but equally serious little bugs.

The insult continues here with the inability to invest with "*before tax dollars*".

The current calculation does not allow any monies before the taxes are applied to be invested, registered or not, for my later years, should I or my family reach them!

You should also know that my history of RRSP investment during those averaged and prior years was that of maximum allowable contributions.

It is unreasonable to expect that any investment made now or during my LOI claim period will not be subject to income taxes when I begin drawing from them after my 65th year, which by the way is when your program ceases to pay my LOI.

Because of this I would say that the requirement for me to utilize "*any*" of the monies paid to me for LOI for the purposes of retirement investing would require that monies to be taxed twice, once by the initial adjustment of my LOI payment via the Administrator and then again by the CRA when I actually try to use the investment as an income.

This is a real and tangible problem with the Tax deferral of investments for ones future and or stability and wellbeing of my spouse.

Any individual with an RRSP plan would see this, but not, apparently, the administrators legal team.

As a result my submission was dismissed at the arbiters' review.

I wonder if any of them would see it the same way if they were to have to place themselves on a 100% LOI from this schedule and still attempt any long term investments?

Because of this schedule of compensation, I have no means at my disposal, as a non infected working individual would, to recover from failed investments or even continue building the required capital investments for my and my spouses future.

As a result, my equitable working life effectively ceased upon commencement of this LOI provision, my only real viable option due to infection.

This brings us to 2015 and the advent of the HCV "*cure***".**

The term cure frightens the hell out of me.

Although the drug regime has been apparently effective in clearing my system of the HCV virus, it has not allowed me any of the so-called immediate benefits.

I still have ongoing problems with depressions, cognitive clarity and acuity, creative thinking, short term memories and severe periodic episodes of anxiety.

The former heightened by the inferred meanings between the lines of my last renewal!

I had asked the administrator directly, via email, if taking treatment and becoming "*cured***" would change my eligibility for LOI.**

Her response in writing was "*nothing will change***".**

I was diagnosed at a level 5 compensation, which I believe is a disease level 4.

I have been on LOI disability for some 15 years now, this year I turn 52.

The prospects of someone, anyone, at my age returning to his or her profession after such a long industry hiatus are slim at best.

My original position required my work in many different countries, the management and direction of multi-million dollar contracts as well as an office in both the US and Canada.

If I could manage the stamina/fatigue and presence of mind to attempt some form of re-entry into my work force, these countries are now, since the advent of my mandatory disclosure, off limits to my entry due to the HIV and HCV co-infection.
Mine was a high-tech field, a field in which advancements and my lack of participation have long since left me in the dust.

Now I want you to consider the fact that I am a Severe Hemophiliac and as such have a much more restrictive and limited number of "good**" years for which to make a living and provide some form of "**nest egg**".**

Those years are gone, taken away, not by my choosing but by my co-infection.

I would also like to point out that the current statistics show that individuals with co-infection have a much higher rate of contraction of "many**" different types of cancers and not just liver.**

The between the lines inferences of this last round of documentation have done nothing but increase my anxiety, sleeplessness and frustrations.

I had a one on one telephone conversation a couple of months ago with the administrator regarding all of this and as usual there was nothing but a proverbial supporting shoulder to cry on.

She suggested that I put my thoughts in writing and present them to you.

So after many months of thought, writing and re-writing and the removal of excessive emotion, I am writing you today.

It is my understanding that you are charged with the task of ensuring the voice and best interests of the Hemophiliac cohort are tabled in any and all committees for 86-90.

As my and our representative I am imploring you to consider everything that I have included here today.

Please remember that as Hemophiliacs we were difficult and expensive to insure.

As HIV and HCV co-infected individuals we were impossible to insure.

Growing up I understood that having children was my choice as they would

most likely be born without this disease of Hemophilia.

After 86-90 that choice was taken away from me.

Technologies like sperm washing and doctors willing to provide it were all in their infancy.

As such and thanks to this co-infection, I have no natural heir.

My particular genetic line now ceases to exist, in essence HCV has been a form of specific genicide.

These last years have driven a huge emotional and psychological wedge between myself and my wife.

From the two week hair pulling wait every year for her tests to come back to our finally just abstaining for her future good.

My life has been one long victim statement and these new inferences only serve to victimize myself and my family all over again.

What my doctor sees when I "present" at her office is but an incredibly small snapshot of my overall wellbeing.

As I stated earlier, I don't feel any of the so called results of being "*cured*".

What am I asking you for in this letter??

1. Most certainly some plain English written clarifications.

2. Some written assurances, well grounded and able to be relied upon, that I and others like me are not going to be set adrift.

3. Assurance that our compensations, as poorly derived as they are, will continue until 65 or death.

4. Assurance that I can stop worrying and be secure in the knowledge that you and your next in line will truly be there for the Hemophiliac cohort and not allow the rules to treat us as just another number.

Over the last two decades we, the Hemophiliac cohort have had the benefit of a strong partisan legal presence within our own cohort in the form of the now sadly deceased James Kreppner and John Plater.

Whenever issues and concerns cropped up we had the ability to speak with James and John and convey our concerns directly.

Once James passed away the tasks shared by these two heavy lifters fell solely and perhaps unfairly, onto John's shoulders.

John always had the ability to liaise with the joint committee on some level and ensure that our voices were not moot.

Since John's passing a great rift has seemed to form between the Joint Committee and our Cohort.

It was with great difficulty that I came across your name as being identified with the hemophiliac cohort.

Nothing from within our Hemophiliac National Organization conveyed any knowledge of your existence or connection to us.

Without John I feel as though everyone is just waiting for those of us left to die quietly and silently slip away or perhaps just have our life lines cut if we're not dying fast enough.

My life and all those infected with HCV and HIV has been forever altered and "*capped*", through no fault of our own.

This will never change regardless of any "*cure*" as too much time has already passed us by.

There was a reason for the differentiation between the transfused and the Hemophiliac cohorts and I can only hope that this distinction always remains in the forefront of any motions/considerations and or negotiations you and the joint committee may be tasked with.

Sincerely,

[redacted]
claim # 0002381

[redacted]

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: "The Joint Commettee Wants To Hear From You"
Date: Thursday, August 6, 2015 11:20:13

Hello Kathryn,

I find it incredibly timely that I just received this document requesting input to the committee after having just sent my previous communications to you.

The availability of the funds projected surplus and the provision for application to the courts would, in my opinion, allow for the correction of the distinctly unethical treatment of MPTAP recipients with respect to LOI payment calculations.

As I indicated before, a person to whom no MPTAP or EAP compensation (not for loss of income purposes as per the original agreement) would receive substantially higher Loss of Income supplementation than an individual for whom the EAP or MPTAP was granted.

as an example:

- *individual #A*

Pre-claim Gross = $60K CDN (average of three best consecutive years)
Pre-claim Net = (Pre-claim Gross minus Ordinary deductions) = $50K CDN

Post-claim Net = Pre-claim Net

effective LOI payment = $50K CDN

- *individual #B*

Pre-claim Gross = $60K CDN (average of three best consecutive years, ALREADY LIVING WITH and compromised by HIV AND COPING)
Pre-claim Net = (Pre-claim Gross minus Ordinary deductions) = $50K CDN

Post-claim Net = Pre-claim Net minus MPTAP or EAP (which by its contractual definition is NOT an income supplementation and not recognized as such in any other Federal or Provincial program, example $30K CDN)

effective LOI payment = $20K CDN

The above scenarios apply fairly equally to both Hemophiliac and non-Hemophiliac and yet we have two separate plans.

The application of the current method for MPTAP and EAP calculation is and has always been, in my opinion, un-ethical and probably unlawful and most certainly discriminatory.

One should keep in mind that any one of the cohorts could have contracted either or both of the two identified diseases (HIV or HCV) on completely different occasions.

It's worth mentioning that as a Hemophiliac and more so those on prophylaxis care, would have potentially been infected and re-infected numerous times as compared to an individual whose unfortunate exposure may have only occurred during one medical procedure.

This means that the statistical liabilities of the Hemophiliac, for both HIV and HCV and whatever they haven't found yet because the current machines aren't sensitive enough, are far greater than those of the non-Hemophiliac.

An individual for whom diagnosis of HIV several years prior to the provision of compensation for a completely unrelated infection of HCV, that is to say that it is not given that an individual with HIV will by default have contracted HCV and that an individual with HCV will by default have contracted HIV, has had to live with and adjust to these already physically and mentally taxing conditions including but not limited to any and all drug treatment related side effects.

This means, by the diseases very nature, that the individual is probably already at an earnings compromise so any calculation of "**best three consecutive years**" would most likely have been less than that of non infected years.

This now, effectively, penalizes the co-infected cohort in excess of the non co-infected cohort.

This should have never been allowed in the original agreement.

Add to this the injustice of "**ordinary deductions**" and we now have a completely new class of Canadian Citizen!

Provincial and Federal Government tax re-bates, both current and future (within the life expectancy of the claimant!) are all now off the table as they have zero incentive or impact to this new class of citizen.

But because of the manner in which the calculation is made any considerations for things like, "***Canada Works***" as an example , would allow the resultant LOI payments to be considered as income adding yet another distinctive blow to the already beaten claimant.

Add to this the total omission of un-insurability and I think you can see the obvious wholes that this "***surplus***" could correct or at least attempt to correct.

When we signed off on this document originally it was with great trepidation and the constant pressure that nothing else was being offered.

In fact, this kind of situation could be considered a form of duress due to its "***take it or leave it nature***" and as such have possible legal implications to the validity of the original document.

In accepting the original agreement we also accepted the possibility that the "***fund***" may be depleted prior to its needs and obligations being fulfilled for all claimants.

We accepted that potential liability.

The thought that simply because of poor model projections or additional deaths we've arrived at a projected surplus that now requires some form of re-distribution to an entity other than those named in the original agreement is quite obviously, again in my opinion, a "***double standard***" and I believe blatantly un-lawful.

This would be a-kin to setting up a TRUST for a child and then deciding some years later that he or she no longer needs all of it and so you'll just take some back and use it yourself.

I hate to continually re-iterate the same issues with you but as this recent letter from the administrator has requested our (the claimants) input, I feel it's warranted.

Again, thanks for your valuable time in reading all of my communications.

Sincerely,

[redacted]
claim # 0002381

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Re: 1986-1990 Hepatitis C Settlement Agreement Joint Committee
Date: Wednesday, August 5, 2015 14:19:16

Thank you for your speedy response Kathryn, I did notice I had forgotten to put my other brother's information on there after I sent it to you, so sorry for that. here it is,

[redacted]

[redacted]

Once again,
Thank You,

[redacted]

[redacted]

From: Kathryn Podrebarac
Sent: Wednesday, August 05, 2015 1:29 PM
To: [redacted]

Thank you very much [redacted] for your email. The issues you raise are under our active consideration and I am grateful for your thoughts. For clarity, what is the name and contact information of your brother who was co-executor of your mother's estate?

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Tel 416.348.7502

This email communication and any attachments are confidential and legally privileged.

On Aug 5, 2015, at 3:26 PM, [redacted]@live.ca> wrote:

> Good Morning,
>
> I am writing you in regards to correspondence received today in regards to the Joint Committee mandate to implement the 1986-1990 Hepatitis C Settlement

Agreement and your actions to supervise the ongoing administration of Surplus funding.

It was our understanding that the claim in regards to Our family members who were affected by this was settled, but we would wish to be provided with information in this regards as to whether or not further compensation would be in the ongoing settlement and administration of any surplus funds that are available.

All documentation after the death of [redacted] 2006 was sent to my mother, (his beneficiary), and all documentation for my other brother [redacted] [redacted], after his death in 1993.

Our mother has since died in 2009, and my other brother and myself are the Executors of her Estate, so I would therefore request that any further correspondence be directed to us rather than to my mother as her Estate was settled in 2010. The following is the information for who my brothers were, who my mother was, and information as to myself and my brother who would be handling any future action in regards to the any further compensation.

I trust this meets with your approval and will be looking forward to hearing further from your offices should you require any further information.

Thank You,

[redacted]

[redacted]

Email:[redacted]@live.ca

Family Members affected by the administration of tainted blood products:

[redacted]

Medical History: Classical Factor VIII Deficiency Hemophilia

Born: June 19, 1951 in Toronto, Ontario., Canada
Died: November 21, 1993 in Barrie, Ontario., Canada

Cause of Death: Complications of Hepatitis C Infection and HIV

[redacted]

Medical History: Classical Factor VIII Deficiency Hemophilia

Born: January 3, 1947 in Ancienne Laurette, Quebec., Canada
Died: December 23, 2006 in Barrie, Ontario., Canada
Cause of Death: Complications of Hepatitis C Infection

Both brothers were never married and had no dependants. My mother [redacted] [redacted] of the same address was the sole Beneficiary of both of their Estates. Minimal Compensation was received prior to [redacted] death in 1993 and Compensation was received for [redacted] up to the time of his death where he was listed with the Hepatitis C Settlement Agreement in Ottawa at the highest level of deterioration of the disease, which I believe was listed as level 5 if I remember correctly. He died of liver failure as it was totally compromised at the time of his death.

If we are entitled to further compensation, it will never bring our loved ones back, but I do not believe it should remain without be distributed to the Estates of any and all parties who have been affected by the results of being administered contaminated blood products knowingly distributed by the parties who were in charge at the time of the events which have caused so much pain and heartache to both the patients and the loved ones who have been left behind.

[redacted]

From: [redacted]
To: hepc@strosbergco.com; info@savonitto.com; kp@toughvounsel.com; jjcamp@cfmlawyers.ca; Kathryn Podrebarac
Subject: Hep C Settlement
Date: Wednesday, August 5, 2015 11:02:43

Hi, my name is [redacted],

I'm 22 years old and had Hep C since birth. My mother was in a car accident when she was younger and had a blood transfusion that was tainted with Hep C.

At the time of my birth, the doctor made a small cut in the water and cut the top of my head, passing her blood into my body. (At least as far as I know)

I think the small settlement for the Canadian Health mess-up was not nearly enough. When I was about 15 years old I started to notice the effects of Hep C. I played national soccer and was very active till I was about 19 years old. I was always tired and had days where I wouldn't be able to get out of bed. I've lost a few jobs due to the illness and have struggled on rent on occasion. Thankfully my father let me stay at his place for the past two years.

Is someone's shortened life worth $50,000? The struggles that not only me, but most of the people who have this disease go through on a day to day basis?

If you're going to reallocate that fund, or a portion, it should go to the people who have struggled with this disease. Split it equally and help those who can barely get out of bed.

One of many times this disease has effected my day to day living, I was at the mall with my girlfriend at the time. We had done a little bit of shopping for our place and about to leave the mall. I got this huge wave of fatigue out of nowhere and collapsed in the middle of this mall. My girlfriend helped me sit on a bench and sat with me for over an hour just so I could get the strength to stand up again. We got home, I laid in bed and didn't get out for a week. I tried leaving the house a few times trying to fight it because, well...I frankly don't want to be in a bed for most of my life. I ended up losing my job due to not being able to work. This has happened multiple times. I had a career started and lost it all.

That's pretty much all I have to say. For years I've wanted to speak up about the struggles I, and a lot of other people, go through.

I hope you return more to the people affected than the initial settlement. $50,000 is NOT worth dealing with the fatigue every day, and definitely not worth a shorter life.

I read up on how long it takes Hep C to start REALLY affecting someone. 20-30 years. Could you imagine being 15 years old and knowing your timeframe?

Thanks,

[redacted]

RECEIVED
AUG 2 5 2015

August 5, 2015

[redacted]

To the Joint Committee:

I am writing to you in regards to your letter relating to the surplus. In my opinion, I believe that the surplus should distributed to the Class Members and the Family Class Members.

As we have all suffered a great loss of our loved one, the surplus money should be divided among all of us with the majority of the money going to the Class Member and the Family Class Members. Once the money is divided equally then the remaining surplus should then go into the fund.

This money would be very beneficial to the family members as it will help out with the increase of cost of living and apartment rental/mortgage payments and help out with the additional cost of dental and prescriptions as some do not have extra coverage this would be a big help to them.

Please submit this in to the courts for approval on behalf of myself and other Class Member and Family Class Members.

Regards

[redacted]

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Regards

[redacted]

RECEIVED
AUG 0 7 2015

[redacted]

AUG.5th 2015
ATTENTION
1986- 1990 HEPATITIS "C" CLAIM
KATHRYN PODREBARAC

Dear KATHRYN PODREBARAC

I [redacted] applied for the 1986-1990 hepatitis "C" claim Program back in January 2010 as the son of [redacted] who passed away due hepatitis "C" contracted due to a transfusion of blood.

At that time, I was called to tell me that my mother's claim had not been verified at that time and that I should reapply after the claim is approved my mothers's claim was approved. My mothers claim number is 18598

[redacted]@lIVE.COM

The reason for my late filling is my mothers claim was not approved until after the time line. I was told I could not file until my mother claim was approved.

For this reason alone my claim should not be denied.

I feel there should be no time line applied.

If I was to infect some one with hep C or HIV and cause their death. There is no stature of limitations on murder or Compensation in Canada.

I understand no amount of compensation will bring my mother back. But when someone is clearly responsible some sort of compensation is justified.

I would hope that_ALL surplus funds would be allocated to the people who lost love ones due to tainted blood.

[redacted]

[redacted]

[redacted]@Live.com

THE HEP "C" OFFICE ALREADY HAS A COPY OF THE MEDICAL DEATH CERTIFICATE SENT TO YOU BY MY

Murray H. Miskin Miskin Law Offices 380 Armour Rd Suite 263
PETERBOROUGH ONTARIO K9H 7L7 Tel: (416)492-0989, Ex. 111
Fax: (705)874-2692

MOTHER'S CLAIM NUMBER 18598

ATTENTION : JOAN

[redacted]

Sept.6th 2010
ATTENTION : JOAN or whom it may concern
1986- 1990 HEPATITIS "C" CLAIMS CENTER
PO BOX 2370, STATION D
Ottawa Ont.
K1P 5W5

Dear Joan,

I [redacted] applied for the 1986-1990 hepatitis "C" claim Program back in January 2010 as a child of [redacted] who passed away due hepatitis "C" contracted due to a transfusion of blood.

At that time, you called me to tell me that my dad's claim had not been verified at that time and that I should reapply after the claim is approved my dad's claim has recently been approved. His claim number is 18598

Sincerely yours,

[redacted]

I HAVE INCLOSED A COPY OF MY BIRTH CERTIFICATE AND YOUR OFFICE ALREADY HAS A COPY OF THE MEDICAL DETH CERTIFICATE SENT TO YOU BY OUR LAWYER MURRAY MISKIN

[redacted]@live.com

Ms Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street
Toronto, Ontario
M5S 1S4

RECEIVED
AUG 0 7 2015

[redacted]

August 6th, 2015

Dear Ms. Podrebarac,

My name is [redacted] and I'm currently a class member – LEVEL 6 – HepC 86/90. I'm submitting this letter for your perusal in the hopes that it may be considered at the Joint Hearing between the Joint Committee and the Courts.

June 1986 - I was given a second chance at life with a "liver transplant". Although this surgery was still in its beginning faze we learnt as we went along. The transplant itself was capable of sustaining my life for a short time and allowed my body to recuperate until complications and infections started to damage the donated organ. After a second transplant in October 1988, it was ascertained that the virus Hepatitis C was the culprit of my problems. Due to many blood transfusions in 1986 the disease was passed on to me.

Please don't get me wrong – I'm extremely grateful to still be amongst the living. To have the opportunity to be a wife, mother, and sister to my family. Then again, there's a great difference between merely existing and living a productive life. It hasn't been an easy road from 1986 until this present day as I still struggle daily to reach my goal of a 'non-medical, non-complications/infections' life.

Hepatitis C has stripped my body of its strength and health often leaving me exhausted and in some form of pain one way or another not to mention nauseous and at times incapable of physically caring for myself. I've needed on-going care from the liver clinic doctors. (Dr. C. Ghent and Dr. M. Levstik at University Hospital in London). Throughout the years we've tried several different drugs to attain some semblance of better health but as it yo-yo's from bad to good, to bad to worse then good again, I feel like it's been a very long and stressful roller coaster ride. It seems that as soon as I'm finally gaining momentum in the right direction the proverbial rug is pulled out from beneath me once more. This form of existence is exhausting to say the least and it's challenging to keep my emotions in check.

If it was just myself who feels the pain (physical and emotional) I would just 'suck it up' and make do but I have a "family"! A wonderful caring and supportive family that have been at my side from the beginning, raising my spirits when they were low, giving me hope and courage to face another day. I know that I wouldn't be the woman that I am today if it weren't for them. I could never repay them for their love, friendship and support even if I live to be a hundred. I've seen the worry in my brother's eyes wondering if his 'big sister' will be feeling stronger on his next visit? I've seen the pain in my husband's eyes as he looks on at another office visit, another treatment or test. The hours, days, weeks and sometimes months (as in 2014), watching his waif of a wife (at 98 lbs.) sleeping on the sofa as she was in the bedroom not long ago showing zero energy nor appetite. He's wondering if this is the beginning of the end? Complications found indirectly associated with Hepatitis C and its tornado tail of damage. I have a beautiful daughter, a young intelligent woman who suffers from PTSD (post traumatic syndrome disorder) due to her observing from a short distance, her mother being ill and unable to play or care for her as a mother should; missing school functions and days on end due to hospitalization.

During the crisis of a 'septic attack' a few years ago, (caused by an infection that my immune-suppressed body couldn't fight) laying on the Emergency Department gurney I whispered to my only child, "be strong, it'll be okay and I love you". I witnessed her tears of rolling down her cheeks with my loving husband at her side, both holding onto each other out of despair, in prayer and each with their our thoughts. I fell unconscious not knowing my outcome with the last thoughts of seeing them again. I spent nine days in the ICU just from that one complication and it took me nearly a year to get back on my feet. This is but **ONE** example of what my family has had to deal with. I'm the one who carries the Hepatitis C virus but they also suffer along with me. There's no monetary amount large enough to repay them for their love, support, fear, worry..... But as I endure this disease, this kill-joy, this hardship and not of my making, I strongly feel that my family and I should be recompensed as much as the Courts and the law will allow.

I ask that each Committee member, Barrister and Judge to put themselves in my shoes and think of their family members witnessing and feeling the pain and worry over 30 years of complications, surgeries and lack of a healthy life. Truly feel it, so they can feel empathy and understand an iota of what our lives have been like.

Regardless of finances, I shall continue my endeavour to reach my goal because I owe it to my donors, to my family and I owe it to myself ! Keeping in mind that financial freedom can and would greatly help, relieving us of at least one hurdle. I pray that the Court is fair and gives abundantly to those of us, like myself who have continued to fight through affliction and can still be grateful and appreciative of the love and beauty that enters our lives.

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Request for input from 86/90 claimants
Date: Thursday, August 6, 2015 22:48:23

Hello Ms.Prodrebarac,

Please find below my response to the request for input from 86/90 claimants. I hope this helps you with your task.

Aug 6, 2015

Kathryn Prodrebarac
Prodrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St West
Toronto, Ontario
M5S-1S4

Dear Ms. Prodrebarac,

I am writing in response to a letter received yesterday from the Hepatitis C 86/90 Administrator indicating actuaries have identified a potential surplus and requesting our input as class members on how to best use these funds.

Today we are in the very early days of treatment with the new DAA's and there is a great deal of excitement surrounding what this may mean for those suffering the effects of Hepatitis C. Some of this euphoria is being created by Big Pharma in their efforts to justify the high cost of treatment and at this point in time many questions still remain unanswered. Will treatment resulting in SVR mean a complete "cure"? Does this equate to "recovery"? Even if physical recovery was possible, what of the mental and psychological trauma of claimants, and will SVR remove or heal these hidden scars allowing individuals to return to being productive members of society? Clearly a great number of questions remain.

I have cirrhosis and my recent personal experience of receiving treatment with the new DAA (Harvoni), has left me confused and somewhat deflated. Based on the excitement I was expecting dramatic changes to my symptoms but I can't say this has happened. During treatment I was responding, my liver enzymes returned to normal levels and my HCV became undetectable (note - I have not yet received my post 12wk blood work to confirm SVR), but I feel much the same. I am uncertain what this means for me in the long run. Will my cirrhosis resolve itself, will I slowly feel better, or will the damage done remain but not progress?

In review of the letter requesting input I am troubled by the sentence stating "The Joint Committee will be making an application to the courts to request that ***all or a portion of the surplus*** be allocated in favor of Class Members and Family Class Members."

This sentence is troubling because upon creation of this agreement these same actuaries were predicting the fund would most likely fall short of being able to meet the needs of claimants in the long run. In exchange for compensation at that time claimants were asked to bear the risk of any potential short fall when signing on, being made very aware that no more monies would be added to the fund.

Although the treatment situation has evolved the award granted to the class must belong to and be utilized by the class. Any decision by the courts that would now allow Government to claw back a portion, or allow any other party to receive funds from this settlement appears precedent setting and yet another injustice to the victims of Hepatitis C.

As I see it there are currently a number of areas within the 86/90 fund where a potential surplus could be effectively utilized to benefit the class.

1. **Allow late applicants to enter the fund**. The surplus removes the argument that the fund may not be sufficient to sustain the needs of the class.
2. **Individuals that originally opted out of the fund by accepting the one time $50K buyout be allowed to re-join the fund if their disease level has since progressed significantly.** Many of these individuals (especially the co-infected), would have potentially made this decision under duress as HIV treatment was still evolving. They would have felt they had little time left to live and HIV not Hep C would soon take their life. There may also be a number of individuals that had this decision made for them by a Parent or Guardian without their input.
3. **The way MPTAP is being handled in the calculation of LOI claims for Co-infected claimants should be changed to a fairer, more consistent format**. If MPTAP is not considered income before becoming part of the fund it should also be not be considered income once in the fund. The current procedure is discriminatory, and creates a double standard of convenience that appears to have been put in place to help control costs. A surplus provides the ability to right this wrong.
4. **The ability to be insured**. Victims of Hepatitis C lost the ability to be insured through our infection. Providing access to a self-insured insurance pool that would cover the group benefits we would have otherwise been eligible for had we not become infected would return a real loss to claimants.
5. **Enhanced compensation amounts**. Another option would be enhancing payout amounts for those already in the class. Although the least creative, this option may prove to be the simplest way to handle any surplus.

As I prepared this letter I was made aware that [redacted] has succumb to her illness. I wonder what her opinions would have been, and what she might have shared with the Joint Committee.

Thank you for sending these letters, making claimants aware of the situation, and asking for input. I hope you are able to protect these funds for the benefit of the victims they were originally intended.

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Compensation Hep C [redacted]
Date: Thursday, August 6, 2015 15:17:53

Dear Katherine:

I am writing you in regards to a letter I received regarding Compensation for Hepatitis C Phase 2 . My husband [redacted] passed away on December 1 1991. He was a severe haemophiliac and over the course of his life time had taken hundreds of human blood products on a daily/weekly basis for his illness, depending on his daily condition. His blood products for his severe bleeding disorder were given or taken from the Blood Bank at Kingston General Hospital Kingston Ontario during his lifetime. The ID & lot numbers of blood products were recorded at the Blood Bank at Kingston General Hospital as he was given them or when he picked them up to take home for home transfusion. Unfortunately, due to these blood products transfused most weeks on a daily or 3-4 times a week basis he succumbed to his death with a diagnosis of AIDS (HIV virus). [redacted] had been very ill for months with some trial treatments given for his ill condition. During the course of this treatment the team of doctors and nurses talked at length about his liver enzymes being abnormal therefore they were very cautious inducing large doses of medication to his system for treatment purposes. He may have had a longer life expectancy even living with HIV if his liver hadn't been so compromised. To my knowledge I am not sure if he was ever tested for Hep C (or not sure even if there was a test for it at this time). This was in the years 1886-1990, as I had mentioned died in December 1991. I **DID APPLY** for the Hep C compensation and was turned down through the Hepatitis C Settlement program. I can not imagine how [redacted] ould have not conceived this virus of Hep C when he contracted HIV virus using these products because of the large amounts he infused via Intravenously to control his bleeding. I have to wonder how they couldn't have looked back on the past records and investigate the pool of blood products he used and find out if they did contain the Hep C virus. Unfortunately, because of the timing of his death and that he didn't live long enough for further testing, makes me feel like the door was shut and when it came to compensation and Hep C. Settlement. [redacted], not only left me as a young mother of three young children, but his death left his children [redacted] with out a father at a very young age. [redacted] family was compensated with the Funding for the Blood Scandal of the Canadian Red Cross after [redacted] death.

My family and I received the notice of a surplus of Money estimated between $236-$256 million dollars for the Hepatitis C Settlement. We didn't even get the first payout because of inconclusive findings so they said, which I am not sure how hard they could have looked to find that the blood products [redacted] had been taking were tainted with Hepatitis C. I find it amusing and a bit frustrating that we received these letters to all of his family members regarding the surplus as it opens the wounds of the past and we never were compensated first time around. Again, I feel justice has **NOT** been served here regarding the compensation for Hepatitis C and that it would have been impossible for [redacted] to **NOT** have had Hepatitis C giving the nature of his condition and the amount of products that were intravenously given to him.

I would appreciate a thorough investigation into this Compensation for the [redacted] family regarding the Hepatitis C Settlement.

Thank you,
[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement
Date: Thursday, August 6, 2015 11:52:31

I am writing to you in regards to the surplus of the the 1986-1990 Hepatitis C Settlement fund.

When this Settlement was first initiated, we signed on to this agreement because we were advised that this was the total amount going into the fund and if it wasn't enough, it was basically our problem. Now that we have a surplus it should be left with the class members. It's our money, and what we received wasn't enough to begin with!

I believe that the surplus of funds should be paid out as an enhanced compensation payout based on the level of the disease that the infected individual was diagnosed.

This has been an incredible hard thing to go through. Fatigue, joint pain and appointment after appointment.Worrying about transmitting it to my family and friends. Victims are subjected to undue hardships and always worrying about cancers which are associated with Hep C infection.

I was diagnosed at level 5 and diagnosed with cirrhosis. I am a coinfected Hemophiliac which has gone through a tremendous amount of pain both physically and mentally. My ability to have an enjoyable prosperous career was taken away. My physician put me on disability because of my illness. I am unable to get insurance because of my diagnosis.

This money was intended for members and there families and should remain that way.The only people who should get this surplus is the class members and there families and an enhanced compensation payout would be the way to do it.

Best Regards

[redacted]

From: [redacted]
To: hepc@strosbergco.com; Kathryn Podrebarac
Subject: Hepatitis C Settlement
Date: Thursday, August 6, 2015 18:10:10
Attachments: August 6.docx

Dear Harvey & Kathryn,

In response to the Joint Committee letter regarding the 1986 to 1990 Hepatitis C Settlement Agreement letter, please see my attached Microsoft Word document.

Thanks,

[redacted]

August 6, 2015

Re: 1986 – 1990 Hepatitis C Settlement Agreement Trust Fund

Katheryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario, M5S 1S4

Harvey Strosberg
Sutts Strosberg LLP
600 – 251 Goyeau Street
Windsor, Ontario, N9A 6V4

Dear Katheryn & Harvey

My name is [redacted]. I was a recipient of monies allocated to me as part of the 1986 to 1990 Hepatitis C Settlement. I have received via mail a letter stating that the Joint Committee will be making an application to the Courts to request that all or a portion of the surplus be allocated in favour of Class Members.

I would like to state that I am in agreement with this statement. I feel that a surplus of approximately $236 million to $256 million is more than adequate to be disbursed among those of us that were innocently infected with the Hepatitis C virus. No amount of monies can take away the pain and suffering people such as myself have had to endure, as well as our families that have been by our sides during that awful time of our life. And still we live with this disease for the rest of our lives. I would encourage and plea with the Courts that they agree to compensate qualified recipients. It has been a life long struggle and embarrassment that I have had to live with and deal with this disease at no fault of my own! Any sort of respectful compensation is moral in a situation such as this.

I assume I am not alone in my statement and would expect that the Courts be in agreement to disburse the surplus of funds.

Thanks for allowing victims of this situation a voice.

Sincerely,

[redacted]
[redacted]

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: RE: Hep C Trust Fund Surplus
Date: Friday, August 7, 2015 8:03:32

I agree with the Joint Committee, the surplus should be distributed to the class members.
[redacted]

From: KPodrebarac@toughcounsel.com
To: [redacted] hotmail.com
Subject: Re: Hep C Trust Fund Surplus
Date: Wed, 5 Aug 2015 19:06:16 +0000

Thank you very much for your email [redacted]. I don't know whether this changes your view, but the trust fund will continue to be maintained into the future to meet the expected needs of class members. The experts have said that there is more than enough to meet the expected needs of class members and there is a surplus after those expected needs are taken into account. The only question at this point is should the surplus be distributed and, if so, to whom? The Joint Committee would like to see it go to class members while the federal government may make an application to have the surplus paid out to it.

Best regards,

Kathryn

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Tel 416.348.7502

On Aug 5, 2015, at 7:56 PM, [redacted] <[redacted]@hotmail.com> wrote:

> Ms. Podrebarac
> My name is [redacted], claim # 1000288.
> My doctor is Dr. M. Oravec 372 King St.E. Oshawa ON L1J 2J0 tel. 905-721-1221.
> My nurse practioner is Stephanie Nickerson, 905-213-5774.
> I have undergone two treatments.
> The first treatment was from Sept.9/13 to March 7 2014 with pegasys,ribavirin and victrelis .

Treatment seemed to be working at weeks 8 and 12 but relapsed at week 24.
The second treatment using simeprevir and sofosbuvir was from Aug.8 to Oct.31 2014.
On March 5 2015 received word that the virus is cured.
I am still monitoring liver condition though, currently between F2 and F3.

I would like to see the trust fund maintained to meet the expected needs of Class Members in the future.
Regards
[redacted]

Aug 6/2015

Dear Sir or Madam

Writing about the Hepatites C Settlement
I think whats left in the fund should be devide up
I'm my mother settlement. Not sure what to send
this all I've got I hope this will help you settle it.
Claim for settlement of the surplus thats left over
I dont have E mail ~~out~~ or Computer.
not able to travel to the meeting

Sincerley Yours

[redacted]

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AUG 12 2015

The 1986-1990 Hepatitis C Claims Centre
PO Box 2370, Station D
Ottawa (Ontario) K1P 5W5
Toll-free: 1 877 434-0944
Fax: (613) 569-1763
www.hepc8690.ca

December 31, 2003

[redacted]

Compensation paid to date to Claim number: 2208

Dear Claimant:

The Administrator has been asked to provide each claimant with a summary of the amounts paid to date. What follows is a comprehensive summary of all payments made by the Administrator in respect to the above referenced claim number. Should you have any questions or concerns, please contact the 1986-1990 Hepatitis C Claims Centre at 1 877 434-0944.

Payments disbursed in: 2001 $26,037.82

Cheque #2437 **Dated: 16/03/2001**

Description	**Paid**
Level 1 Compensation	$10,415.13
Level 2 Compensation	$15,622.69
Cheque amount:	$26,037.82

Payments disbursed in: 2002 $5,770.25

Cheque #12724 **Dated: 22/10/2002**

Description	**Paid**
Level 2 Holdback Release	$5,770.25
Cheque amount:	$5,770.25

Total compensation to date: $31,808.07 CAD

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8.8.15

[redacted]

Re: Hep C. surplus

Class members should benefit from all surplus.
My contact with Hep C. was from a blood transfusion (1987)
who was to blame?
Clearly there was neglect in the medical system.
Living with itchy skin - open sores that heal in time and start all over agan.
Blood on clothing + bedding is distressing and has changed many plans for my senior years.
July 14 was my check up date with infectious disease specialist. Dr. G. Gamble - Thunder Bay.
My liver enzymes had risen.
Therefore my conclusion to this mess is help the victims: of Hep. C.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986 - 1990 Settlement Agreement Surplus
Date: Saturday, August 8, 2015 12:25:16

Dear Kathryn Podrebarac

I received the letter from the Joint Committee, and would like to start by thanking the Committee for giving the Class Members a chance to voice my opinion.

I am in favour of dividing all of the surplus equally among the Class Members and Family Class Members. I am on a Canada Disability Pension and any of the surplus I receive would greatly improve my financial situation.

Looking forward my wife and I are very concerned about the cost of nursing homes for disabled people and their spouses. We must save more for our future needs so that we won't have to be separated as we age. If we had additional financial help for renovations we could also stay in our own home longer and also pay for some nursing care as we needed it.

Thanks again for your consideration.

[redacted]

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[redacted]

Hepatitis ‘C’ Joint Committee
P O Box 2370, Station D,
Ottawa, Ontario K1P 5W5

August 9, 2015

It is with much interest that I wish to make contact with you regarding the recent informative communication respecting families of those whose relative was diagnosed with Hepatitis ‘C ‘as a result of a blood transfusion..

My brother, [redacted], received such a blood transfusion... The Hepatitis ‘C’ diagnosis was a crucial diagnosis in [redacted] life - it came as a tremendous shock to the family and, we believe, helped bring about his early demise.

The thought that there now exists a possibility of helping determine a course of action that should, or could, be taken with surplus funds held in the Joint Committee’s Trust Account, is overwhelming indeed, and I would, as [redacted] brother wish to be a part of that planning process.

There are factors of course that will determine how I might in any way be a part of the decision. It is my view that the first consideration of course should be for those people who were a part of that time frame, contracted the illness through blood transfusion, and who may still be living. Further thought I believe could and should then be directed to the families of those now deceased.

The decision made by this Joint Committee to give consideration to the views of Family Class Members is indeed to be commended, as there is prevalent thought that there were some means of testing for Hepatitis ‘C’ virus, prior to the Joint Committee time frame. I am a resident of Halifax , have been a resident all my life, as was my brother [redacted] and the tragic results of his blood transfusion are still with us. It will be costly to attempt to attend some of the meetings planned by the Committee, and I am unable at this moment to state that it will be possible. We look forward however to further communication from the Committee and appreciate this opportunity to convey thoughts of the [redacted]

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Re: Hep c information sestion
Date: Sunday, August 9, 2015 15:37:30

Thank you if theres any way you could keep me in contact with whats going on email or call [redacted]

On Aug 9, 2015 3:13 PM, "Kathryn Podrebarac" <KPodrebarac@toughcounsel.com> wrote:

> Rest assured your thoughts will be considered along with all other written and oral comments we receive through this process.
>
> Kathryn Podrebarac
> Tel 416.348.7502
>
> This message is confidential and legally privileged. If you are not the intended recipient, please delete this message and notify me immediately.
>
> On Aug 9, 2015, at 8:00 PM, [redacted] gmail.com> wrote:
>
> Thabk you for your quick response but as a client i can not afford to make it the meetings are my thought still going to be considered?
>
> On Aug 9, 2015 2:56 PM, "Kathryn Podrebarac" <KPodrebarac@toughcounsel.com> wrote:
>
>> I acknowledge receipt of and thank you very much for your email [redacted]
>>
>> In answer to your question, currently there is no reimbursement planned if you decide to attend court.
>>
>> Kathryn Podrebarac
>> Tel 416.348.7502
>>
>> This message is confidential and legally privileged. If you are not the intended recipient, please delete this message and notify me immediately.
>>
>> On Aug 9, 2015, at 6:43 PM, [redacted] gmail.com> wrote:
>>
>> I [redacted] clients have spoke with other clients and we believe that the surplus money should be split equally between all clients
>> Thanks
>> [redacted]

Also do we get paid for going to the court dates as i do not have a way there

Date Sent: August 9, 2015

To:

J.J. Camp Q.C.
Camp Fiorante Matthews Mogerman
400 – 856 Homer Street
Vancouver BC V6B 2W5

and

Kathryn Podrebarac
Podrebarac Barristers
Professional Corporation
701 – 151 Bloor Street W
Toronto, On M5S 1S4

SENT VIA EMAIL TO:

jjcamp@cfmlawyers.ca and kp@toughcounsel.com

FROM:

[redacted] on behalf of [redacted]
Email: [redacted]@telus.net

RE: CLAIM #1300495 – [redacted]
1986-1990 Hepatitis C Settlement Agreement

CLAIM #1300495 – [redacted]
1986-1990 Hepatitis C Settlement Agreement

Hello, my name is [redacted]

On Dec. 26, 1986 I became ill with Bacterial Meningitis. I was taken to Lion's Gate Hospital where *I was transfused with more than 100 units of tainted blood*.

At the time of my illness, I was a nursing supervisor at St. Mary's Hospital in New Westminster. I was 42 years old. My healthy life ended. I was permanently disabled and I have been unable to work or take care of myself properly for the last 29 years.

I am now 71 years old and will soon require full time assisted living. My pensions will not cover the cost of assisted living. The financial sufficiency of the Trust Fund falls short of meeting my day-to-day cost of living expenses.

I request that the Committee disburse the surplus of Trust Funds as soon as possible to the remaining Class Members to ensure we will have the opportunity to survive our remaining years without further fear and humiliation.

____

Signed

[redacted]

From: [redacted] att.net
To: Kathryn Podrebarac
Subject: Re: 1986-90 Hepatitus Settlement Agreement
Date: Tuesday, August 11, 2015 12:50:13

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S IS4

Dear Barrister Podrebarac:

I am a Class Member who contracted hepatitus C due to blood transfusions that I received in 1988 in Toronto. I had to submit to 2 1/2 years of treatments of interferon and later interferon and ribavirin to control the hepatitus C. Unfortunately, my medical expenses were well above the settlement that I received.

I am respectfully requesting that all or a portion of the surplus be allocated in favor of Class Members and Family Class Members.

Please let me know if you have any questions. Thank you.

Sincerely,

[redacted]

Sent from Windows

Photo submitted but not included for privacy reasons

August 10, 2015

Dear Kathryn Podreborac.

I am writing this letter with a very heavy heart. my son [redacted], who was born with Congential Heart Disease, and contracted Hepatitis+C through no fault of his own, has passed away. January 25, 2014.

He suffered through many surgeries, complications, medical mistakes, and let downs in his short life

I am hoping there is something you can do to continue the memory of my son [redacted]. I am asking for recognition in [redacted] Honor!

I would like a Plague with his name, and picture placed on the wall of his High School, Parkside Collegiate, he graduated from, and a Schlorship Fund in Honor of [redacted].

He acheived so much, through all his illnesses, he graduated from High School, the University of Western Ontario, with Honors.

[redacted] was extremely bright, Kind, patient, upbeat, funny guy. He always stayed positive and strong; never letting anyone see the despair and sadness lurking beneath his smiling face.

His smile will live on forever, and our entire Family miss him so much

I hope and pray you will take this letter into consideration?

Thank-you

[redacted]

DARIUS M. HO M.D. 230 First Ave., Suite 206, St. Thomas, Ont., N5R 4P5
Tel: 633-6020 Fax: 633-6025

July 17, 2012

To whom it may concern:

RE: Jason Payne
DOB: November 17, 1978

Diagnosis:

Severe Pulmonary Hypotension
Complex Congenital Cardiac Disease
    Previous AVR/MVR
Severe restrictive lung disease with upper airway inflammation
Atrial Fibrillation, Congestive Heart Failure
Chronic Renal Failure- Home Dialysis
Diabetes Mellitus – Type I
Hepatitis C

Sincerely,

Darius M. Ho. M.D.

Dh/dm
cc:file

[redacted]

c/o Randall & Company
Barristers & Solicitors
201 - 1006 Fort St
Victoria
BC V8V 3K4

Re Hepatitis C Settlement

In reply to your paper received 5 August 2015 I agree that the application to the Courts regarding disbursement of the surplus that it be distributed in favour of Class Members & Family Class Members as recommended by the Joint Committee, I look forward to hearing the result

[redacted] 10 August 2015

To The Joint Committee, Hepatitis C Settlement
Po Box 2370 Station D
Ottawa
Ontario K1P 5W5

C.C. Randall & Company

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[redacted]

Aug 10 / 2015

To KaTHrya
Podrubarac

The 1986-1990 Hepatitis C
Settlement

To the Joint committee and The
Federal government

I Think The Surplus should
be used in Favour of The
class members and Family class
members and not a Trust Fund

Thank you

[redacted]

[redacted]

[redacted]
[redacted]@nethop.net

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August 11, 2015

J.J. Camp Q.C.
Camp Fiorante Matthews Mogerman
400-856 Homer Street
Vancouver BC V6B 2W5

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

Michel Savonitto
SAVONITTO & ASS. INC.
468, rue St-Jean
Suite 400
Montreal QC H2Y 2S1

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701 151 Bloor Street West
Toronto On M5S 1S4

Dear Sirs:

Re: 1986-1990 Hepatitis C Settlement Agreement Application to Allocate All or a Portion of the Monies in the Trust Fund Deemed to be Surplus in Favour of Class Members and Family Class Members

I am Class Member of the 1986-1990 Hepatitis C Settlement Agreement. As such my input has been requested on the areas of the settlement that I feel fall short and how I think the surplus should be used. I am unable to attend any of the consultation sessions so I am writing to the Joint Committee Members to voice my input.

The area I feel falls short is the coverage of drug costs directly related to the treatment of Hepatitis C. The costs must first be recovered from extended medical coverage before they can be submitted for coverage by the Trust Fund. This means lifetime limits must be exhausted from extended medical plans before coverage can begin from the Trust Fund. To ensure coverage for other potential medical conditions I had the very difficult task of arranging alternate funding for the extremely expensive drug that was prescribed. All drug costs related to Hepatitis C should be covered by the Trust Fund before any other sources.

Other than this one area I feel very strongly that the supposed surplus should <u>not</u> be removed from the Trust Fund. I do not want the Fund to be depleted in this manner. As we have seen in recent years the financial climate can quickly and easily change. This could significantly reduce funds in the Trust and compromise its ability to support the Class Members and Family Class Members.

Sincerely,

[redacted]

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21

[redacted]

August 11, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corp.
Suite 701, 151 Bloor St. W.
Toronto, ON
M5S 1S4

RE: FBO the Estate of [redacted]
Claim # 2536

Respect to the lettter I received August 2015, titled the Joint Committee Wants To Hear From You, regarding the surplus in the trust fund for the 1986-1990 Hepatitis C Settlement, my family and I would like to see all class members and family class members receive the surplus.

Not only did I lose a very special man, husband, father, and grandfather, many others did so as well. People are still struggling financially and emotionally. It is just not fair. This is why the money needs to be shared equally.

[redacted]

RECEIVED
AUG 1 1 2015

To: Kathryn Podrebarac

Podrebarac Barristers Professional Corp.,

Suite 701, 151 Bloor St. West

Toronto, ON M5S 1S4

Re: Trust Fund Surplus.

Please be advised that I would like all of the Trust Fund Surplus be allocated in favor of Class Members and Family Class Members as opposed to keeping it in the Trust Fund.

What is the value of creating another level of beaurocracy to deplete benefits which all Class Members, regardless of their financial situation are entitled to.

The psychological and physical damage caused by this dilemma should be compensated as long as possible, and in some way the Surplus would help by using these funds to ease our predicament.

Thank for looking into this matter for all of us.

[redacted]

From: [redacted]
To: jjcamp@cfmlawyers.ca; info@savonitto.com; Kathryn Podrebarac; hepc@strosbergco.com
Subject: Hepc settlemen surplus
Date: Tuesday, August 11, 2015 10:18:21

Good Morning,

This email is in response to the letter (tainted blood) I received last week. I find that there is very little information on the condition of the settlement. I did go online and read through document at www.hepc8690.ca but find that we are talking about future treatments and possible outcome of getting worse when the disease progress if it does at all. I did the treatment a few years ago and it was not a pleasant year and I am not sure where I am presently with this hepc liver condition. Might not be the right move but for now this is what I chose till I see physical signs of liver stress.
I am not willing to take another biopsy or tests due to the fact that I was given this tainted blood when I got into a work accident and went through 17 years of operations and traumatizing events such a bankruptcies, loss relationships and 29 operations and countless hours of rehabilitation. I just want to know if I need treatment the money will be there. I know numbers, 4 college degrees (2 in accounting) and realized there is a surplus. Do
For me not knowing more about who gets what and how much I prefer to play it safe and keep the money in the Trust Fund for family and possible future medical endeavor if members need it until I know more.

Thank you

Regards,
[redacted]

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AUG 14 2015

August 12 2015
[redacted]laim # 17127

To: The Joint Committee for the 1986-1990 Hepatitis C Settlement
Attention: Kathryn Podrebarac

Dear Committee Members,

I have recently received a letter in the mail informing me of the impending decisions, in regard to the surplus in the trust account for the claimants of the fund.

I am one of those claimants as the wife of a deceased member [redacted].
Claim No. 17127

I am a simple person who does not get much involved in politics. I am now in my 61st year and living pretty much at the poverty level. However, I am eternally grateful for the "Loss of Services in the home " settlement money which I receive each year. That is the main stay of my survival. I am truly grateful.

I know that for myself, and I imagine many others as well, that the loss of our loved ones through death and before that supporting them through grievous illness, has impacted our lives in a very sad way. No amount of money can really speak to that loss however, since it cannot be changed, let me say that … a chunk of extra money to put away or help pay for bills and expenses goes a long way toward greasing the wheels of our present day existence. I would be happy to receive such a gift.

I cannot know what is best to do with this surplus?? However, Since you asked … I think it is always good to have a bit in reserve for the unexpected .. So I would keep a portion in the trust account for good measure. Perhaps even up to 50 percent. Then I would take the rest and divide it up equally between the claimants and family members who are entitled to a share in this trust fund.

Even though I am on the very lowest end of the income scale .. I think each claimant, rich or poor deserves an equal share because we have shared equally in the havoc wrecked in our lives by this unfortunate Hep C disease being contracted.

Thank-you for your time to read my letter,
Just to let you know I am very much present and interested in the fair distribution of said funds.

Sincerely, [redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Hep c 86/90 - Joint Committee
Date: Thursday, August 13, 2015 4:18:16

Dear Sir/Madame.

My name is [redacted] and my Claim # is 7438.

Briefly, the facts of my case are as follows. My mother, [redacted] died on December 24, 2000 from liver cancer caused by the hepatitis c virus. She was infected during a surgery at Mount Sinai Hospital in the early 1990's. At the time of her death, and some years before, I was disabled from lyme disease and totally dependent on my mother's care and services. I am still disabled and receive CPP disability payments of a little over $600 every month. It is my only source of income now and over the last few years I have spent almost all my savings as it impossible to exist on $7,300 per year. Previously I had been receiving supplements of approximately $13,000-14,000 annually from the fund created by the Settlement Agreement. These payments were terminated on October 1, 2012 which would have been my mother's life expectancy.

Soon after that determination I had appealed but my claim was dismissed by the Referee, Mr. C. Michael Mitchell, on November 14, 2013. I understand that Mr. Mitchell could not rule otherwise as the Settlement Agreement appears not to anticipate circumstances like mine. Mr. Mitchell however recognizes that some remedy should be found and he put his, and my, concerns to Justice Perell. Justice Perell then in his decision of December 16, 2013 considering my predicament invited the Joint Committee to make submissions to his court.

Therefore, I respectfully ask the Joint Committee to consider and contemplate my case and include it in its agenda. The original intent as set out in the Settlement Agreement was, as far as possible, to compensate for the tragedy and devastation caused by the tainted blood supply. Close to three years now that intent and spirit have not been fulfilled in my case. So, again, I ask you to help me to advocate on my behalf in the proceedings. I am, of course, willing and available to cooperate and work with the Joint Committee in any manner to advance my case.

Lastly, I have the following questions: Is there a "friend of the court" in the proceedings now? If not, is there a plan to name one?

Yours truly,

[redacted]

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August 12 · 2015

To Whom It May Concern:

As a Family Class Member re: 1986-1990 Hepatitis C Settlement Agreement! I received by mail, information regarding a surplus in the Trust Fund. I was instructed to submit a reply to the Joint Commitee with my input on the matter. I totally agree with the Joint Commitee that the surplus funds should be allocated in favour of the Class Members and Family Class Members.

I do Not have an E Mail address, therefore any further correspondence to me or from me will have to be done by mail or telephone. This would be much appriciated.

Yours Truly:

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: hepc8690
Date: Wednesday, August 12, 2015 14:33:42

Hello Kathryn,
I lost my father to Hep C and we have submitted our claim and we have received funds.
I represent 7 claimants all family members and I would like if the courts would consider prorating additional excess funds to claimants.

Thank You
[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Hepatitis C Settlement Surplus Comments
Date: Thursday, August 13, 2015 12:18:59
Attachments: Hepatitis C Settlement Agreement Letter.docx

Hi Ms. Podrebarac,

I have attached a letter with comments about how the Hepatitis C Settlement surplus might be used. Please let me know if you have any questions.

Sincerely,

[redacted]

[redacted]

Ms. Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4

Dear Ms. Podrebarac:

I would like to provide some input about the Hepatitis C Settlement Agreement surplus described in the letter I recently received.

While managing my life and receiving treatment for Hepatitis C over the past 15 years, I have appreciated the financial support from the Settlement Agreement. I am very grateful that the drug therapy has thus far worked for me, and I am in good health.

A possible claim for reimbursement through the Settlement Agreement that I haven't followed up on is the increased cost of life insurance for those infected with Hepatitis C. As a result of my Hep C positive status, the cost of my life insurance has been higher than it would have been if I hadn't been infected as I have had no other health issues that would affect my life insurance rates apart from Hepatitis C. I purchased term life/mortgage insurance, and for the past eleven and a half years, I have been paying more for this insurance because of my declaration on the insurance application form that I was Hepatitis C positive through a blood transfusion. I never filed a claim for these higher insurance rates through the Hepatitis C Settlement Agreement because I thought this issue might not be covered within the Settlement Agreement, but with a surplus, I think that the cost of the increased rates paid over the years (and which continue to be paid) would be a reasonable use for a portion of the surplus. The insurance company would be able to provide the specific details on the rate increase based on the Hepatitis C health issue. I imagine I am not the only Class Member who has paid higher insurance rates because of our Hepatitis C health status.

I also agree that a portion of the surplus should be paid out to members and/or family class members, perhaps under the category of mental/psychological suffering. In my case, through a routine physical exam with my doctor in 2000, I found out I was Hep C positive. This was 10 years after my blood transfusion during surgery, five years after my twins were born, and two and a half years after my third child was born. As a parent, I suffered greatly thinking that I might have infected my children and husband. I was hugely relieved to discover through their blood tests that I had not passed the Hepatitis C virus to any of them, but I clearly remember my fear, anxiety, and guilt when my family members, especially my young children, were tested. The settlement we received may have addressed mental/psychological suffering already, but all of us who live with this illness have experienced similar stress, anxiety, worry, and fear about our own health and the health of our loved ones, and the surplus could be used to provide further compensation under this category to Class Members.

If the Class Members and their families receive a significant portion of the surplus, I believe a portion of this surplus might be used to provide some financial support to those who were infected through surgeries and blood transfusions prior to the 1986-1990 Settlement Agreement, as I understand those individuals did not receive the same support that our members did.

If the Class Members and their families receive a significant portion of the surplus, I believe another portion of the surplus might be used to provide some financial support to the community clinics across Canada that educate people on prevention and control of Hep C and also provide important on-going care and support to Hep C positive individuals. The funding for these community programs is usually very limited while the need for these programs continues to grow.

Please let me know if you require any follow-up regarding my comments. You can contact me at [redacted] [redacted] or at [redacted] cyberbeach.net . Thank you for your support on the committee.

Sincerely,

[redacted]

13 August, 2015

To:
Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ont. M5S1S4

Re: 1986-1990 Hepatitis C Settlement Agreement

I respectfully request that all of the surplus be allocated in favour of Class Members and Family Class Members. The fund was intended for and earmarked for that purpose.

The payout I received was totally inadequate considering the heartache, pain and suffering I have to endure for the rest of my life because of the wrongful actions of others. The impact of the loss of my son is as devastating today as it was the day he passed away. He will never get to marry and have children and enjoy the life he deserved to live. I will never have the joy of being a loving Grandmother to his children and watching them grow. It is extremely difficult to outlive your child, and I deal with that pain everyday. He died a terrible, slow and excruciatingly painful death. Having to watch his pain and deterioration over his last years was unbearable. What makes it worse, is that his death was totally unnecessary and through no fault of his own. He took the blood products trustingly, to improve his condition never imagining that it would cause his death.

As a grieving Mother who lost my only son, I implore the courts to do the right thing and properly allocate the surplus to the Class Members and Family Class Members. It is the only right and fair thing to do. I will miss him everyday of my life.

Thank you for your consideration of my request.

Sincerely,

[redacted]

August 13, 2015

Ms. Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4

Fax: 416-348-7505

Dear Ms. Podrebarac:

Re: 1986-1990 Hepatitis C Settlement Agreement

I have received the correspondence concerning the pending Joint Committee application to the Courts to request all or a portion of the surplus be allocated in favour of Class Members and Family Class Members and the invitation to provide input at the consultation sessions.

As a senior citizen with no computer skills or easy access to one it is not possible for me to attend the consultation sessions via webcast on the scheduled dates outlined. Equally it is not possible for me to personally attend these sessions that are scheduled outside of Winnipeg, MB.

Your recommendation for my best course of action to remain fully informed during these proceedings, the issues being discussed and how to participate in these discussions is being requested.

Thank you for your attention to the above,

Yours truly,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: HepC settlement agreement.
Date: Thursday, August 13, 2015 18:05:30

Thank you for the recent information regarding the HepC settlement agreement, which I have just now opened, having been away in UK for 6wks.

I am writing in regard to my late father, [redacted] claim, in which he received the sum of around $10,000.00. I am sorry to say I no longer can verify this, due to the fact my home burnt to the ground Feb 2nd 2011 with all contents lost.

The settlement was a great disappointment to my father due to the fact I had sold my home to pay for private open heart surgery as he was rushed to hospital close to death. He was visiting from UK at the time.

The hospital bills were over $30,000.00 and Vancouver General hospital no doubt would be able to verify each Dr's claim I paid out to.

The on going costs for his care after contracting hepC and ultimately bone cancer, would see him depressed at not being able to repay me for my continual care till his passing Feb 1st 2002.

My father was a WW2 veteran and didn't have enough to pay for his funeral. I was so hurt and sad at what had happened, but now trust, you will consider my now plea for outstanding costs.

Thanking you in anticipation,
Yours sincerely,
[redacted]

August 13, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St W.,
Toronto, Ontario M5S 1S4

RE: 1986-1990 Hepatitis C Settlement Agreement

Dear Ms Podrebarac:

I am responding to the letter received this week concerning the financial surplus regarding the above Hepatitis C settlement.

My late husband was a class member as he had gotten Hepatitis C from blood transfusions after surgery. Being that there is sufficient money in the Trust Fund and surplus monies left over my suggestions would be to give in favour of Class Members and Family Class Members. I know how my husband suffered and the many trips to the city which were a 2 hour drive each way. My husband was never able to work after his surgery at age 55.

Thank you for your letter considering this and I will be keeping track of the hearings as they proceed.

I remain

[redacted]

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AUG 14 2015

[redacted]

To whom it may Concern

I have rec'd a letter made out to my late husband [redacted].

Regarding a settlement fund from hepatitees C.

[redacted] who Contacted Hepatitis C from a blood transfusion. [redacted] was my husbands sister.

I am sending this submission to the Joint Committee

My [redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Letter Regarding Hepatitis C Surplus Fund
Date: Friday, August 14, 2015 9:29:12
Attachments: [redacted].docx

Dear Ms. Podebarac:

Please see attached letter regarding our input for the surplus of the Hepatitis C Settlement Agreement.

We respectfully submit same on behalf of the estate of our brother, [redacted] [redacted] Died September 16th, 1991.

Please let me know if this is an acceptable format and/or if your require anything additional.

--
[redacted]

August 13th, 2015

Ms. Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Member Joint Committee
1986-1990 Hepatitis C Settlement Agreement

Email: kp@toughcounsel.com

Dear Ms. Podrebarac:

Thank you for talking with me the other day regarding input for the surplus of the above settlement. Please accept the following on behalf of the estate of [redacted] [redacted]-September 16, 1991):

- We [redacted] six sisters) live without [redacted] to share our lives every day. His loss is felt every day in many ways. The tragedy of his diagnosis and eventual death is a constant in our lives. We believe our Mom's death in 1993 of a massive heart attack was hastened by [redacted] suffering and death. We have continued to live our lives cognizant of our losses, but we do live our lives. [redacted] now has six nephews and two nieces. He only met four. As we watch our sons and daughters mature into men and women, we see [redacted] in them. It is always amazing when we realize that they can be so much like him, but never have known him, except through our stories and pictures.

- [redacted] oldest sister, whom he was very close with, is embarking on retirement shortly. This is a time of her life when they would have much to share. They were, at times, the "caregivers" of the younger siblings as our parents worked. Two of his sisters just recently returned from Graceland, Elvis Presley's home. [redacted] was our original Elvis fan, right down to the sideburns and attire. They had music played for him and are ever mindful that [redacted] will never get to visit Graceland – he MUCH wanted to do that. A dream never seen! Like so many in his short life time.

- [redacted] estate planning left the bulk to a health authority here in Newfoundland. We are proud of his contribution and a memorial plaque remains at the site acknowledging his donation. [redacted] gave much in his life to the research of his disease and, in the end, to the facility who treated him. He has done his part – paid in full – sadly with his life.

- We have talked about the surplus in the settlement fund and feel that monies should be shared between the family members left in sorrow. The funds will not change the horrible truths of how our brother died, however, with the funds, we can make a difference in something in our own lives. Maybe it will be a help in the retirement, unable to be shared with an older brother. Maybe it will be a help to the niece, whom he cherished, [redacted] always wanted a daughter, who just purchased her first house. Maybe the nephew, whom he taught to drive a standard shift at the age of TWO, who has just commenced law school. Maybe to help the nephew leaving shortly for BC and his career. Maybe the nephew who is just readying to move out of his parents' house. Maybe the nephew who has had significant health challenges (like [redacted] .

Maybe the nephew who just recently made a career change to something [redacted] admired – electrician. Maybe the kids of his baby sister – whom he loved dearly and helped a great deal….her son who wants to be a vet or her daughter who loves Irish dancing – [redacted] will never see her dance.

- Our input suggestion is based, as I hope can be seen, on how we might continue to "accept" our senseless loss while helping those that [redacted] would definitely have helped – the sisters and nieces and nephews he loved/or would have loved. He will never get to make the decision for himself.

Please do not hesitate to contact us if you require anything additional.

Yours sincerely,

[redacted]

Aug 14-2015

To Whome It May Concern,

After receiving your letter 7-31-15 re late claim filing.

I am sending my first file #1000 853 along with this Letter.

Sons and daughters should not have to wait this length of time for their benefit unexeptable This has gone on far to long.

Pay out the money for late files and close this chapter of something terrible that has hapned to my brother [redacted] who died [redacted] so we all can move on.

Thank you in advance

[redacted]

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November 11, 2013

Phyllis S Street
20 Huron St., N,
Unit 3,
St. Marys, ON
N4X 1C5
519-284-2041

Class Action Counsel for Ontario
Harvey T. Strosberg, Q.C.
Sutts Strosberg LLP
Hep-c@strosbergco.com
Fax: 866-316-5308

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AUG 17 2015

Dear Mr. Strosberg:

I am the sister of Robert Bruce Smith, who contracted Hepatitis C, through a blood transfusion. Bob has since passed away, but his wife, Sharon, did submit a claim for compensation, Claim Number 1000853. Sharon came to me on April 12, 2012 to inform me that I would be able to submit a claim as a family member. Sharon had also learned of this claim late but has since been compensated. At the time Sharon had suffered from encephalitis and was very sick from this. I feel that this maybe contributed to the fact that her claim was late, and because of this family members were late in being told of the fact that they could submit a claim for compensation.

Once I was notified, April 12/12, that we were entitled to make a claim I contacted the claims centre in Ottawa immediately, which they then sent out a form for me to fill out and submit back to them, which was sent back to Ottawa, on April 18, 2012, to The 1986-1990 Hepatitis C Claims Centre, P.O. Box 2370, Station D, Ottawa, Ontario, K1P 5W5.

I was very close to my brother Bob and feel that I should be compensated as well. I trust that this will answer the reason why I should be entitled to a late claim and compensation.

Sincerely

Phyllis S Street

Phyllis S. Street

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August 15, 2015

Attention: Kathryn Podrebarac
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4

Re: 1986-1990 Hepatitis C Settlement Agreement - Written Submission

Dear Mrs. Podrebarac,

I recently received the Joint Committee's private and confidential letter regarding the 1986-1990 Hepatitis C Settlement Agreement.

Please permit me to introduce myself. My name is [redacted]. I am a Family Class Member. I received a compensatory sum of money from the Federal Government for the loss of my beloved son [redacted]. [redacted] died at the young age of 37 after contracting Hepatitis C and AIDS from a tainted blood transfusion (Ottawa, Ontario). I received a sum of $120,000.00 at the time.

Approaching my 85th year, I remember my son's failing health and his passing with much grief.

As you may know, [redacted] died December 6, 1992 of complication due to Hepatitis C and AIDS. [redacted] was a hemophiliac. The mainstay of treatment is replacement of the blood clotting factors. Concentrates of clotting factor VIII (for hemophilia A) are slowly dripped or injected into a vein. The blood is treated to prevent the spread of diseases, such as hepatitis. Unfortunately and as known, [redacted] was injected with tainted blood (hepatitis C and AIDS) and, as such, given a death sentence.

I would respectfully advance that a trust fund created to meet expected needs of Class Members and Family Class Members that is in surplus should be redistributed to those members for their ongoing pain and suffering. After all, the standalone fund was created to meet the expected needs of the Members. Surplus monies should be given to Class Members and Family Class Members who can still benefit from these.

From my understanding, 700 individual transfused with tainted blood had hemophilia and other bleeding disorders before testing was introduced in 1990.

I am unsure of the number of people who have died from hepatitis C but I do know that my son is not the only person who died.

However, I do want to share that the tainted blood that infected my son is in my mind not only a public health tragedy but it has touched my life <u>profoundly</u> and has interwoven itself in a lifetime of personal grieving as a mother. I imagine that I am not alone in saying that individuals, who are still living with hepatitis C, or their family members who lost their loved ones to the government known tainted blood, hope that any decisions made by the courts would honour Class Members and Family Class Members living with the consequences of hepatitis C contracted through tainted blood. Though care and treatment have progressed significantly over the last 25 years, it is of little comfort to me as my son and others like him are lost to us, their mothers.

A surplus must honour us all – the victims of a government, private, and non-governmental organizations responsible for supplying blood and blood products to our health care system that allowed contaminated blood to be used without our knowledge.

Respectfully,

[redacted]

Please note that you can contact me by email by using my daughter's email address at the following: [redacted]

August 15, 2015

Kathryn Podrebarac
Prodrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON
M5S 1S4

Re: 1986-1990 Hepatitis C Settlement Agreement

Regarding your recent letter, I am very interested in the above agreement as I was beginning to think we were forgotten. The promises of help the Ministry made were never kept. We are stuck with Hep C through no fault of our own but have to live with it. The past years have been a life change - not only for me but for my family.

Also, the way I found out that I had Hep C was a shock. I went to donate blood and the sample, of course, was not good. The nurse asked if I had a blood transfusion as there was Factor K in the sample. I was advised to see my family doctor who was no help. I was, therefore, on my own so I went to the hospital where I had been given the transfusion. The doctor in charge of the blood supply checked things out and informed me that the bad blood did indeed come from the hospital and was amazed that I had to trace this myself. He was annoyed with the Ministry set-up regarding the bad blood and informed them as such. I do not know what reply he received from the Ministry or if he even received a reply.

I saw a liver specialist in London (Dr. Ghent) who has now retired. He did a biopsy of my liver and told me the medication available at that time was worse than the cure. His best advice for me was no alcohol. My expenses for my trips to London to see Dr. Ghent was quite a trial as I had to have the Federal Government representative for Sarnia-Lambton become involved so I could get my expenses paid (so much for the promised help).

Recently, on the American T.V. stations there is a new drug (Harvoni) with the claim of a complete cure. If this drug is available in Canada why are we not being informed? I would think it would be top priority for people who got Hep C from bad blood transfusions.

I look forward to hearing the results of the Joint Hearing, although some of us may not be alive by the time the results are known.

Yours truly

[redacted]

[redacted]

August 16, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St West
Toronto, Ontario
M5S 1S4

Dear Kathryn,

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

I am a widow of tainted blood, having lost my husband of 26 years, the late [redacted] [redacted], to the ravages of Hepatitis C. He died on May 14, 2009 from liver failure. As you will recall, [redacted] was one of the lead plaintiffs in the class action suit that secured the $1.1 billion settlement for Canadians infected through tainted blood.

There are several reasons the surplus should be used to supplement the levels of compensation for existing members of the class. 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 after training. For example, in my case, the Fund assumes that [redacted] would have chosen to stay at the Department of Justice (DOJ) after articling there instead of moving to Bay Street or setting up his own private practice. However, it is well-known that DOJ lawyers are paid much less than their Bay Street counterparts. Assuming that [redacted] stayed at the DOJ underestimates his salary and hence underestimates the compensation to which widows/widowers are entitled.

2) It is assumed that PIP's would never have been promoted at work. In my husband's case, he was not only asked back by the DOJ after articling but he also received glowing reviews from all the department heads with whom he worked. In other words, it is very likely he would have been promoted and hence experienced a salary increase beyond the DOJ base salary. By using the base salary, the Fund underestimates his actual salary 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. For example, according to the DOJ's Human Resources Team Leader, the DOJ currently has an 86-year old lawyer working full-time, who is fully contributing. So in my husband's case, it is entirely possible that he would have been working well beyond age 65. 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, would be only $18K a year, which is not possible to live on).
   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? For instance, why is my late husband [redacted] not treated the same as an employee of the government (which he is assumed to have been), after retirement? I understand that in other cases there are no laws governing the pension allocation to widows/widowers but, in cases like mine, it makes sense to follow existing pension laws. So why can't the Fund simply allocate a proportion of the PIPs' pensions to the widows/widowers in cases like mine? 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. More specifically, in my case, using hypothetical numbers and a commonly-used provincial government retirement formula, assuming [redacted] stayed at the DOJ and earned $200,000 in his best years (conservatively) and assuming he would have received 70% of $200,000 ($140,000) as his pension (hypothetical, and had he passed away in retirement), I would have received 60% of $140,000 which is approximately $84,000 a year as his spouse. Note that $84,000 is more than four times the $18,000 a year from LOS I am currently expecting to receive. 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, 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 less than $20K 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 $18K I expect to 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 [redacted] HCV infection because the present value of my income is lower. The Fund should compensate widows/widowers for this lost income.

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. In my case, looking after someone with HCV, delayed my entry into the workforce as a Senior Health Economist at the Ontario Ministry of Health and Long-Term Care, which lowered the present value of the income stream I received relative to my potential. 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) It is assumed that people all face the same rate of inflation. However, some people who came/stayed in Toronto because the good Hepatitis C doctors were here, face higher rates of inflation; the cost of living is higher in Toronto than most other parts of Canada and the level of compensation for people in this city should reflect that higher level of inflation through high indexation;
   b) 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 did research at medical libraries to try to keep up with the constantly evolving treatments around

HCV and, in some cases like mine, the complex co-infection issues for a spouse also living with HIV. As a result, these people had to take time off school and work. I know parking costs etc. were reimbursed but some other expenses related to these activities, such as photocopying costs, medical research library parking, etc. should also be compensated;

c) 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,

d) Because HIV/HCV co-infected individuals in the class were not eligible for liver transplants in Ontario due to their positive HIV status, (until 2011), it was necessary for some PIPs, as their livers declined, to try to investigate getting a liver transplant elsewhere – the time and costs to arrange this transplant option were never compensated and they should have been (i.e., telephone calls to Singapore and other countries which transplanted HIV-HCV co-infected people when Ontario wouldn't, should be compensated as should transplant consultation fees, etc.)

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 decades of war against two deadly diseases has resulted in my developing symptoms of post traumatic stress disorder (PTSD).This has resulted in severe sleep deprivation, 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.

8) 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 [redacted] to HCV pales in comparison to the lesser of the two numbers.

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 fairer.

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 work force. Even one year away from a position without being in practice is long 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 recent webcast Vancouver Consultation session a few days ago. 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 1-8 above). Using the case-by-case approach would likely be more time-consuming than simply splitting up the surplus, however, it would be fairer.

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.

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

Kind regards,

[redacted]

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: [redacted] hepC ID 01100549 (HE)
Date: Monday, August 17, 2015 12:34:08

Kathryn,

I phoned and left a you a message.

I apologise for getting in contact with you at such a late date.

I received the news about what has been happening with the hepC funds only recently.

I am [redacted] (please call me [redacted] makes me feel old,) a severe hemophiliac.

I see that you were a counsel at the Krever Inquiry. Doug Elliott was the lawyer who convinced me that I should testify there and I did so "in camera." [redacted] is also an uncle of mine, [redacted] is a cousin. So you can imagine how many issues our family has about this entire "tainted blood agreement."

I have been re-reading and remembering what had happened at the time during the 1980's and the 1990's.

I personally don't know when I got exposed to hepc or hiv although I'm sure literally over 1,000x unknowingly and knowingly. Unknowingly I suppose I can accept and forgive. It's the knowingly part that I have yet to reconcile.

Since you were at the Inquiry, I'm sure that you know more than I ever will and how questionable and unacceptable the entire deal and the outcome was especially with the information that did get exposed, the efforts to stop it, the people involved and the decisions at the time, their reasons, the efforts to destroy evidence, the attempts at not disclosing evidence and the information that never will get released.

No wonder we were told to sign ***liability waivers*** and that we signed them. We were getting told that we only had six months to two years to live. I remember that clearly. Right after high-school.

I guess I should count my blessings, I am writing you this e-mail when so many people can't.

I am on my last day of HepC therapy which I am fairly sure has and will be successful (and easy to take. I'm going for a blood test either this afternoon or tomorrow. As far as I know I have cleared HepC. I am going through Dr. Sebastiani as my heptologist and Dr. leBlanc is my HIV specialist.

The interferon-a trial I was in Toronto ended in a disaster, not only was it difficult to take but after 5.5 months of taking it, they told me that I should keep taking it because my lab results were looking pretty good, unfortunately I would have start paying for it because the trial was only for six months. Well, the therapy was hell to take, and I stopped it, my only regret was starting it in the first place.

I forget what year that was maybe 2000 - 2001 through Dr. J. Heathcote, who I never got along with from day one when I asked her a question that she didn't want to answer. She slammed my file shut on her desk and walked out of her office on me, leaving me there wondering what to do.

I ended up going down to St. Michael's and told Ann Harrington what had happened. She told me: "Yeah, she isn't really known for her bedside manner." (A little diplomatically understated.) I went home and got a phone call from the study nurse who asked me where I was, so I told her what had happened. She was quite surprised but told me they needed me and that I could still participate in the study if I agreed. I agreed on the condition that I never had to see Jenny again. That was acceptable to the nurse (I think her name was Karen???) and the pharmaceutical company, Shearing Plough.

Well, that particular "therapy" never did get to market the peg - interferon was a better choice because of the longer half life. Every two days doing interferon - a was just enough time to recover and then go right back though it. It sure did help in the destruction of my personal life in Toronto then, beginning of the end.

So now the government want to cut us a cheque and close the entire ordeal. It's just a question of how much is that cheque going to be??? What in your opinion, is going to be an acceptable amount???

I'd tell you my number but I'm sure I'd be out of the government's ballpark on that number.

I also have some questions about the new **mycbrd database** in Hamilton.

Specifically, to my understanding,

that they want to use my bloodwork for study purposes without my consent or knowledge depending on whether or not a board of ethics agrees that my consent is necessary because "all information given with be anonymous."

… and …

I can be charged in an Ontario court if I misuse their database and not be able to use it afterwards.

…and…

if I don’t use their database my doctor will have slower access to my information. At the moment, I have opted - out because of these questions. Because I opted - out, I don’t have access to my information anymore.

I have tried to contact Doug Elliott to get some advise on that but he hasn’t replied to my e-mail. I told my nurses and the administrator that I have been seeking advise from legal counsel but they still are willing to offer me any advice to try and convince me to consent for them to access to my records, which I suspect they already have (if they don’t already have them, where have they disappeared to???)

[redacted]

[redacted]

I moved to Quebec in Dec 2007 but I signed my agreement in Ontario. So I really don’t know who I have agreed with I would assume Ontario.

Also, is MPTAP going to be closing in this manner sometime soon??? I never have received an accounting of that fund, have you??? I don’t know who the administrators are. However, I do get the "are you still alive???” phone call every year in March from, [redacted] in Orleans, ON, who I get along with. I think her and I both agree that the COLA is certainly not a reflection on the real cost of living, I don’t know who in Stats Canada makes up that number but if he ever gets out of his office and gets a life he sure is in for a big surprise.

RECEIVED
AUG 25 2015

To Kathryn Podrebarac;

As a class member of the 1986-1990 Hepatitis C Settlement, I am responding to the most recent newsletter describing the surplus of funds. Funds should be directed to medical treatment. Any excess funds should be distributed to the members of the settlement.

[redacted]

Claim #1068

August 17, 2015

[redacted]

From: [redacted]
To: jjcamp@cfmlawyers.ca; hepc@strosbergco.com; info@savonitto.com; Kathryn Podrebarac
Subject: "the joint committee wants to hear from you"
Date: Monday, August 17, 2015 22:31:19
Attachments: My Grandma.docx

Hi Folks,

Please refer to the attachment for my input on the surplus of funds.

Thank you for your time and efforts.

Sincerely,

[redacted]

[redacted]

My Grandma

[redacted]

I received a letter in the mail, regarding a trust set up for family class members of somebody who was tainted in the 1986-1990 Hepatitis C Screw up.

I didn't understand what this letter was about so my dad and I sat down and discussed it. The conclusion of that conversation is the reality of this letter.

I feel that compensation of some sort is in order. Let me tell you why.

I was too young to know what was happening when my grandma was "sick and fighting". She was fighting cancer, which she beat with her strength, determination and love of family and life.

From my understanding during treatment of cancer my grandma had been tainted with a transfusion of hepatitis C blood. How that even happens, blows my mind. I mean shouldn't blood be tested every time it is used? Aren't there systems in place for that? She now had another battle on her hands….

I consider myself very lucky to have meet and know my grandma. My brother [redacted] and I were the 2 oldest grand kids of 7. We lived in the same town as grandma and Umpa. Gimli, MB. Sunday dinner was a staple of my child hood. I never did appreciate the Sunday meals grandma made. I mean what kid likes, roasts? Hockey-puck-style Yorkshire puddings and the screaming of the smoke alarms (inside joke with grandma).
I sat on my grandmas right side and was disciplined in how to properly eat and how the utensils 'worked'.

Grandma had a great singing voice and was a blessing to hear when ever she decided to belt the pipes. I could listen to her all day.

Grandma was stern, proper, fun and full of spirit. Even when she was "sick and fighting" she was pleasant, hopeful and excited to see me.

As I have grown up and understand my grandma's views on life, it saddens me. We are so similar. As a young kid I didn't appreciate what I had until I was older and she had already passed. I now understand her views, and zest for life. I wish I could have gone travelling with her, got tattoos with her (she was too weak and sick and I was too young). We both shared a love for exploration, travel and adventure. We both love food and the many exotic dishes that come with it.

I lost a lifetime of memories with out my grandma. It is frustrating, I know she has been with me every big event of my life, along with many others (sky diving, graduation, travel the world, camping). But what sucks is I cannot feel her hug and kiss telling me how proud she is of me. Her smile would fill up the room and warm your heart.

It is even harder trying to hold her spirit in the memories. I have been trying to pass those memories on to my younger cousins who never really got the chance to know grandma, not as our grandma but as the beautiful classy lady she was. Or the many little mannerisms she passed down to her kids. When I see them it makes me smile knowing the positive influence she had on my Mom, Auntie and Uncle.

I lost that, we lost her, not from something I did, not something she did, not something Umpa did. She was taken away from us, after she beat the unbeatable. She was taken by incompetence out of my family's control. A controlled environment of health care took our Grandma. Not only in death, but it depreciated her zest, her spirited energy and glow. For the last 3 years of her life, she battled. She was weakened daily but still maintained a positive outlook, even though she was dying.

Obviously, no amount of money could replace her. No time could make up for the time lost without her. We were stripped too soon. Grandma's life was taken from us and that's not right. I don't know where the settlement fell short. Did people lose their jobs because of this? How did this even happen in the first place? Are there answers and accountability to this embarrassing incompetence?
All I believe is the surplus should be distributed to the families who lost a loved one in this 1986-1990 disaster. The whole trust should be exhausted. We don't need to keep opening old wounds. And be reminded that grandma was prematurely taken from us. The worst part in all this is the thought of, "how would my life be with grandma still in it?'

Thank you for reading.

Sincerely,

[redacted]

[redacted]

To: Prodrebarac Barristers Professional
Corporation

Kathryn Prodrebarac
member of the Joint Committee

Thank you for your recent letter requesting my thoughts, consideration and input toward the Hepatitis C Settlement Agreement 1986-1990

I would request, the approval that all or a portion of the surplus be allocated in favour of Class Members and Family Class Mem-bers.

Another suggestion would be to raise the amount now allocated yearly.
This way the Trust Fund would be ensured that it continue to invest the remaining monies.

I plan to watch the webcast consultation on August 25th at 7:00 pm.

The 1986-1990 Hepatitis Claims Centre
[redacted]
claim No: 11209

Yours truly
[redacted]

To Kathryn Podrebarac.

My name is [redacted]
I have gone threw 48 wks.
of needles & drugs
It was alot of stress & nerves
The needles I had to take every week
once a week
with lots of stress & pain

With the ~~[illegible]~~ surplws
It is my opinion that the people
that have suffered all this time
since 1985 my daughter is 27 I am 58 yrs old
my daughter was born in (66).

anyway this is my opinion

yours Sinearly

[redacted]

RECEIVED
OCT 0 9 2015

August 18, 2015

To Whom It May Concern,

Re: [redacted]
HCV57A
Hepatitis C Compensation of blood products between Jan 1, 1986 and July 1, 1990

I received your notice that the Joint Committee requests my input for the disbursement of the surplus funds. I feel that due to the loss of family that the funds should be disbursed to family members.

The funds were dispersed once the Canadian blood service was found at fault with the class action suit, due to inflation and the economy the surplus should be divided among families of loved one who became ill and or deceased.

[redacted]

Aug. 18/2015.

To the joint committee;

It is of my opinion that in light of initial settlement and your surplus, my opion is that in fairness the funds should be distributed amongst the Class members.

Yours Truly,

[redacted]

CLASS MEMBER

[redacted]

Kathryn Podrebarac
FAX: 416-348-7505

Re Hepatitis C Settlement

Kathryn Podrebarac

Podrebarac Barristers Professional Corporation

Suite 701, 151 Bloor Street West

Toronto, Ontario M5S 1S4

RECEIVED
AUG 25 2015

[redacted]

August 18, 2015

Dear Sirs:

My mother, [redacted], passed away December 10, 1998 from a Hepatitis C infection caused by a blood transfusion. I am a member of the class action lawsuit in this regard. Your letter stated that as well as sufficient funds for future needs, there is a large surplus. This letter is in response to the joint committee's request for input as to the use of the surplus funds in the compensation packages to members of the lawsuit.

After reading the information on your website and listening to one of the webcasts, I believe that any leftover funds must be paid out to the members of the lawsuit. Some enhances/updating are needed to the benefits being paid to those still living with the disease. Surplus funds should also be allocated to the heirs of the deceased. Under no circumstances should this money be returned to the Federal Government or to any other group interested in research or health care. It should not be used for any other compensation programs.

My mother suffered and died because of negligence in the handling of the blood supply; she would have no interest in rewarding any other group besides her family with money from the lawsuit. Please make every effort to make sure the money goes to the infected individuals or their family members, not to anyone else.

Yours sincerely

[redacted]

From: [redacted]
To: hepc@strosbergco.com; Kathryn Podrebarac
Subject: SURPLUS IN HEP C TRUST FUND - [redacted] Original ID Claim #1401275
Date: Tuesday, August 18, 2015 13:05:09
Attachments: Aug 18, 2015 to Joint Committee - SURPLUS IN TRUST FUND.docx

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Attached is a letter from the family of the late [redacted] outlining the considerations our family would like addressed by the Joint Committee regarding the Surplus in the Hepatitis C Trust Fund.

[redacted]

August 18, 2015

Photo
submitted but
not included
for privacy
reasons

ATTENTION: Harvey Strosberg, Q.C.
Kathryn Podrebarae Toronto

RE: SURPLUS IN HEP C TRUST FUND

CLAIM ID 1401275

While no amount of money can ever bring our father back, **the family of [redacted] [redacted] collectively make a statement that THE SURPLUS IN THE HEP C TRUST FUND SHOULD GO TO THE CLASS MEMBERS AND THE FAMILY CLASS MEMBERS .**

In addition we feel that those like my father who died without the benefit of treatment due to the disease being too advanced should be given extra consideration.

It still breaks my heart to remember the day my father signed the final document with tears running down his face. While he was appreciative of the effort, it was an insult that such a low dollar value was placed on his life. He was a God fearing Christian who didn't drink or smoke and lived an extremely healthy and clean life, living to help others. Due to the fact the donor of his fatal blood transfusion had died by the time of my dad's diagnosis, my dad's liver damage was advanced and thus considered untreatable. He didn't have a chance!! The emotional and physical pain he suffered was due to the negligence of a system he trusted and they should be held accountable in an appropriate manner. **Therefore "EXTRA CONSIDERATION" SHOULD BE GIVEN TO ALL TRANSPLANT VICTIMS WHO DIED UNDER SIMILAR CIRCUMSTANCES.**

[redacted]

[redacted]

Please note the addresses of our family on file are not all up-to-date and need to be amended.

August 2015

To whom it may concern,

I'm writing because I received your letter for the estate of [redacted] for the Hepatitis C settlement you wanted my input on the matter. Therefore I'm letting you know that it was extremely hard on the family when we heard [redacted] was infected with Hepatitis C. [redacted] second kidney transplant failed in 1997, and due to the fact that he had Hepatitis C, he couldn't be on the transplant list.

We suffered and went through a lot of pain seeing [redacted] go on dialysis in Ottawa 3 times a week for 2 years. It was long days, 6 to 10 hours before we got home which was hard for my son.

I took care of my son without knowing he was infected with Hepatitis C and not aware that my other children or I could have gotten infected also. [redacted] started receiving dialysis in Cornwall General Hospital for a while. On June 1st 2005 the Cornwall General Hospital sent [redacted] to Ottawa for dialysis which my son remained in the Ottawa General Campus for 14 months. The doctors could not insert a central line for [redacted] to receive dialysis which is how [redacted] passed away on [redacted].

I had asked for help for funeral expenses for my son and you refused to help me. That is why you should divide some of the Hepatitis C settlement for the families who have endured pain and suffering for the loss of their loved ones.

Sincerely Yours,

[redacted]

RECEIVED

AUG 19 2015

August 19, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corp.
Suite 701, 151 Bloor St.W.
Toronto, Ontario
M5S 1S4

Dear Committee Members
c/o Kathryn Podrebarac
kp@toughcounsel.com

I am writing in response to the letter I received, regarding 1986-1990 Hepatitis C Settlement agreement, as I will be away over the next 2 weeks therefore unable to attend a session.

In my opinion, the Trust Fund which is holding the funds deemed to be allocated to Class Members & Family Class members, should be used for that very purpose. I know from experience that there are agencies who collect funds and said monies definitely are not used for the purpose for which they were collected. There is zero integrity in that.

My brothers, [redacted] who also contracted HIV through the tainted blood, have both passed away in 1998 and 2005. I know they too would want to see the funds which are marked for this specific reason, get used for their designated purpose. I appreciate that it makes sense to perhaps leave a portion of the surplus in the Trust Fund to fall back on.

Thank you,
Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Réclamation
Date: Thursday, August 20, 2015 11:12:58
Importance: High

A qui de droit,

Je voudrais donner mon opinion sur la consultation pour l'excédent pour les recours collectifs. J'ai été moi-même infectée par du sang contaminé et nous avons assez de subir tous ces inconvénients, perte de santé, incapable de faire mon travail de maison et toujours avec cette cirrhose qui probablement un jour nous ferons mourir. En conséquence je veux que cet argent soit redistribué entre les membres qui sont atteints de cette maudite maladie parce qu'à quelque part, quelqu'un n'a pas fait son travail comme il aurait dû être fait. C'est mon opinion.

[redacted]
No. de réclamation 21157

Who's right,.

I would like to give my opinion on the consultation for the surplus for class actions.
I was myself infected with contaminated blood and we have enough to undergo all these inconvenience, loss of health, unable to do my work home and always with this cirrhosis that probably one day we die. Accordingly I want this money to be redistributed among members who are suffering from this cursed disease because somewhere, someone did not work as it should be done. This is my opinion.

[redacted]
No. claim 21157

Translated by Bing Translator – bing.com/translator

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement Agreement
Date: Thursday, August 20, 2015 13:27:55

Dear Kathryn,

I am writing to you today to express my recommendations on how the surplus of funds should be handled in the 1986-1990 Hepatitis C Settlement.

The surplus of funds should be distributed to those who qualified under the terms of the settlement. Under no circumstance should the surplus funds be returned to the government.

Based on the most recent monetary valuations assigned to the compensation articles I suggest that the surplus be applied proportionately to all levels of the disease, thereby resulting in an increase in compensation to all approved claimants on file according to the First Claim Deadline as defined within the articles of the settlement. Accordingly, an appropriate cut off date should be established for qualification to receive the increased compensation if and when it is approved by the courts.

It is my view that if the Trust Fund is sufficient to meet the needs of the class members, the surplus should be distributed to all Class Members and Family Class Members whom are approved as of the First Claim Deadline as defined within the 1986-1990 Hepatitis C Settlement Agreement.

Sincerely,
[redacted]
Claim # on file

RECEIVED
AUG 2 5 2015

[redacted]

August 20, 2015

JOINT COMMITTEE MEMBERS
Kathryn Podrebarac
Podrebarac Barristers Professional Corp.,
Suite 701, 151 Bloor St., W,
Toronto, Ontario M5S 1S4
Attention: Joint Committee Members 1896-1990 Hep. C Settlement Agreement

I am enclosing copies of correspondence that I sent to the Settlement Administrators Office 10 years ago and just recently. The letters explain my experience following a blood transfusion in 1986.

It was a different time. We did not have rural internet service to read and investigate. There were no local personal injury lawyers where one could go for counsel on a contingency fee basis. Doctors did not test people for Hep C unless there was a possibility that they could have it such as drug use etc. My personal doctor at the time told me that I would not have received blood during the surgery. I had to contact the hospital and get my operative records in order to prove that I had received blood.

When one is extremely ill and everywhere you turn seems to be an uphill battle you cease to fight for your rights and just give up and take whatever is offered.

I was extremely ill and without income for a period of time when I signed the release form in order to receive the initial $30,000.00. I feel that there should be a consideration process for decisions made when the member was unaware that they had received tainted blood and contacted Hep C. At that time I didn't even know what Hep. C was let alone what it would do to your body and your life.

I was never sent any appeal forms. Your consideration to this matter is appreciated.

[redacted]

Encl: 4 pages

P.S. The surplus should be paid out to the Class Members in the form of Pain & Suffering award.

[redacted]

August 6, 2015

Hepatitis Class Action Settlement,
Settlement Administrator,
P.O. Box 2370, Station D.
Ottawa, Ontario. Canada K1P 5W5

Re: Claim No: 1402572

Dear Administrator:

I recently received a letter from the Class Members and Family Class Members requesting information as to what to do with the surplus that has accumulated in the fund.

I plan to share with them the letter I sent to your department 10 years ago. The response from your office was a telephone call saying I did not qualify as I had signed the Release document when I received the initial payment. If they wish to distribute some of the surplus, I am sure they will be giving it to people who originally signed off. I wish to reiterate my case again for consideration.

I received tainted blood from a transfusion 1986.
I gradually developed multiple problems. The doctor and specialists did not diagnose me with Hep C. (A list of my symptoms is in the attached letter of 10 years ago.) By 1996 I was no longer able to work and went on sick leave. My short term sick leave expired in September 1996 and still without a correct diagnosis Manulife would not approve Long Term Disability. At this point I was too sick to fight with insurance companies so I took a leave without pay as I was a few months away from being eligible for a reduced pension. April 1997 my reduced pension started. Still I did not know what was wrong with me.

September 29, 1998 I went to the local blood donor clinic to give blood. They sent me a letter saying I was positive for Hep. C

2000 I applied under the Class Action Settlement. I did not have the advice of a lawyer and because I felt I was dying it didn't matter I signed the Release form.

2002 Pegetron was approved in Canada which saved my life.

Hepatitis C has cost me a lot, aside from the loss of enjoyment of life because of illness, it has cost me financially.

It cost me the years of work between 1997 and 2007 when I would have turned 65.
It has cost me the income from those years. It has cost me the difference between a partial pension and a full pension. It has cost me the difference between a partial and full Canada Pension.

Please reconsider this application for compensation. If you require financial information about what I was making and what I would have been making in order to do this I will try to provide it.

[redacted]

Copy of letter sent in 2005 attached

[redacted]

[redacted]
August 13, 2005

Hepatitis Class Action Settlement,
Settlement Administrator,
P.O.Box 2370, Station D.
Ottawa, Ontario. Canada
K1P 5W5

Re: Claim No; 1402572

Dear Administrator:

I am writing this letter of inquiry to ask if there is any compensation through the Settlement for loss of pension income?

The following are the fact of my case:
1986 – October, I received tainted blood following surgery.
1990 – I began to notice tiredness and many varied illnesses.
I was sent to a variety of specialists:
A rheumatologist – he diagnosed me as having rheumatoid arthritis, which later proved not to be the case.
A neurologist – he arranged a cats scan and EEG for my headaches, memory and concentration problems.
A psychiatrist for depression
A naturopath to try to build up my physical body, I was always exhausted.
A chiropractor for pain,
my surgeon to see if he could help.
My regular doctor who ordered blood tests and specialist appointments.
Nothing helped.
With a great deal of difficulty I was able to continue work, but by
1993, I was asking for special concessions at work.
1994 & 1995 I discontinued going out to visit clients and required them to come to the office. I found I was making mistakes and my level of concentration and memory were such that I could no longer do the job effectively. I was suffering from extreme exhaustion.
1996- January 31st I wrote a letter to the human resources manager asking to be considered for a medical leave of absence.
1996 – February 12, I started my leave of absence.
1996 – September 20th my short term sickness benefits expired.

I applied for Long Term Income Protection through Manulife
before my short term sick benefits expired. After a very stressful period of trying to deal with them, undergoing a functional ability assessment on April 18, 1997, seeing a psychiatrist in London for evaluation and many many letters and phone calls plus numerous doctors visits and no income, my physical, mental and financial reserves were exhausted.
1997 – April 30 I took an early reduced pension from the provincial government.

Being retired did not end my health problems. I continued to experience severe depression, exhaustion and a variety of problems.

1998 – September 29 I gave blood at the local clinic and approximately one month later received a letter advising me that I had Hepatitis C. Although the news was shocking it helped to know what was at the root of my health issues.

2000 I applied under the Class Action Settlement.
2001 – November 6 I saw the Liver specialist, Dr. Cameron Ghent in London. He advised me, "at the present time there is no treatment for Hep. C in Canada".
2002 – May Dr. Ghent prescribed Pegetron-which I took for 6 months.
2005 – May – My blood test was negative for Hepatitis C.

I am extremely happy to have my health back. Only now do I realize what I lost over the past many years. Not only did I loose my ability to enjoy life but also the loss of income and now the loss of income from both my provincial pension and my CPP. I retired with 25 years of service. If I had been able to continue to work I would have received maximum pension at 35 years I also would have had maximum CPP. I left work at the age of 54 and applied for Canada Pension at age 60 to supplement my income. I am now 63 years old and it is too late to resume my career.

I heard recently that there was a review of the monies in the fund. I wondered if there is any possible chance that I would qualify for some additional payment based on loss of income. At the time I had to make the decision about accepting a lump sum payment, I was no longer working and therefore didn't think that I would qualify. I also wasn't mentally or emotionally dealing with monetary issues very realistically. I had in my mind I was dying and therefore what difference did it make. Now that I have my physical and mental health back I realize that I should have handled things differently.

Thank you for taking the time to read this letter and your comments would be appreciated.

[redacted]

RECEIVED
AUG 2 0 2015

[redacted]

DEAR MRS. PODREBARAC,

FIRST OF ALL, THANK YOU FOR ACCEPTING MY PHONE CALL, AND SPENDING TIME TALKING TO ME.

AS I PROMISED TO YOU, I AM WRITTING THIS LETTER IN WHICH I WILL STATE MY OPINION ABOUT, WHAT TO DO IN CONNECTION WITH HEPATITIS C SETTLEMENT, TRUST FUND SURPLUS.

I DO HOPE THAT COURT AND GOVERNMENT WILL APPROVE. THAT SURPLUS WILL BE LEFT TO JOINT COMMITTEE TO USE IT, SAME WAY AS ORIGINAL SETTEMENT.

MY SUGGESTION IS THAT, DISTRIBUTION OF THESE FUNDS, WILL BE DONE BY USING SAME CRITERION AS ORIGINAL ONE WAS. I AM AWARE THAT THIS MAY BE VERY COMPLICATED UNDERTAKING, BUT I FEEL THAT THIS WOULD BE PROPER WAY.

IN THE CASE THAT THIS WOULD NOT BE POSSIBILE TO DO, ANOTER SOLUTION COULD BE USED, BY DISTRIBUTING THESE FUNDS TO EVERY PERSON (OR FAMILY) INVOLVED, PAY EQUAL AMOUNT.

I DO HOPE THAT I WAS CLEAR ENOUGH IN GIVING YOU MY OPINION, AND HOPE THAT YOU AND OTHER MEMBERS OF JOINT COMMITTEE WILL SUCCEED IN YOUR TASK AND WISHING YOU GOOD LUCK.

THANKS AGAIN FOR YOUR TIME.

SINCERELY

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Hep C
Date: Thursday, August 20, 2015 14:14:17

Kathryn,
I was personally thrilled to get a response to my e-mail, and was thinking after we talked.

As the years go by, and you just have the CPP and OAC as income – we trust it will keep up with costs.

I know you will represent us well, and do we just wait to be notified about the presentation in October 2015, and ruling in June 2016.

[redacted]

RECEIVED
AUG 2 0 2015

Re: Hepatitis C Settlement

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4
Telephone 416-348-7502
Email: kp@toughcounsel.com

[redacted]

August 17, 2015

Dear Sirs:
My mother, [redacted], passed away December 10, 1998 from a Hepatitis C infection caused by a blood transfusion. I am a member of the class action lawsuit in this regard. I am also the executor for her estate. You wrote a letter to me last week called "The Joint Committee Wants To Hear From You". You say there is a surplus of money still left in the fund used to compensate members of the lawsuit. I read the information on your website (hepc8690.ca). I am of the strong opinion that any leftover funds must be paid out to the members of the lawsuit. Preferably it would be paid out in a lump sum, the same amount to each infected class member. Under no circumstances should this money be returned to the Federal Government or to any other group interested in research or health care. It should not be used for any other compensation programs. My mother died because of negligence in the handling of the blood supply; she would have no interest in rewarding any other group besides her family with money from the lawsuit. Please make every effort to make sure the money goes to the infected individuals or their family members, not to anyone else.

Yours truly

[redacted]

RECEIVED
SEP 02 2015

AUGUST 20, 2015

TO: THE JOINT COMMITTEE
1986 - 1990 HEPATITIS C SETTLEMENT AGREEMENT

RE: [redacted]

FAMILY CLASS MEMBER

I [redacted] [redacted] REQUEST THAT ALL OF THE PORTION OF THE SURPLUS BE PAID BACK TO THE CLASS MEMBERS AND FAMILY CLASS MEMBERS.

MY SISTER WAS TOO YOUNG TO DIE AT THE Age of 49 YEARS. HER QUALITY OF LIFE DURING HER LAST FEW YEARS BEFORE HER DEATH WERE VERY UNCOMFORTABLE AND VERY HARD TO WATCH FOR THOSE OF US CLOSE TO HER INCLUDING MY MOTHER WHO WAS 87 YEARS OLD. NO MOTHER SHOULD HAVE TO GO THROUGH WITH THIS AND TO LOSE A CHILD THAT SHE WAS SO CLOSE TO.

I HOPE TO HEAR FROM THE COMMITEE SOON

THANK YOU,

[redacted]

Kathryn Podrebarac

Podrebarac Barristers Professional Corporation

Suite 701, 151 Bloor Street West

Toronto, ON M5S 1S4

Dear Ms Podrebarac

I am in receipt of a letter from the Joint Committee on the surplus monies in the Trust Fund.

It is my opinion and would be my choice, that any surplus funds be divided between any surviving claimants of the HepC class action. If they are deceased then it should pass to their surviving relatives. It is the relatives that live daily with the loss of family members.

I myself, having lost my grandmother, [redacted], to HepC and its complications, only have pictures and memories to pass on to great grandchildren she never got to know.

Respectfully submitted,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Re:Hepatitis C settlement
Date: Friday, August 21, 2015 16:21:38
Attachments: [redacted] docx

Hi Ms Podrebarac,

I have received your letter about the Hepatitis C settlement. I wanted to write back about how things have affected me. I am attaching my accounts of how life has been since I contracted Hep C. There is supposed to be an attached letter from a doctor, but I do not have access to a scanner at the moment. Also, I wanted to attach the names of the people that I watched pass away through the Tainted Blood Scandal, but have not yet made the full list. They names are important. So I'm sending what I do have for you to look at and will get the other work done as quickly as I am able. Thanks for your time.

[redacted]

The government allowed tainted blood supplies to get into the products that the Hemophiliacs needed. It was obviously the government's fault that we were -- and still are -- sick. They turned their backs on people. In allowing tainted blood into our products, they let us catch terrible diseases, let us suffer, let a lot of us die, all the while fighting in the courts to not give us an apology or compensation. They kept us in a court battle for a long time. Many people died without seeing a cent of help. The length of time before compensation was extremely unfair. I feel their compensation was a mere pittance for the damage, pain and suffering they caused to many of the families involved.

I helped with the treasurer for the Toronto Hemophiliac Society and was in charge of the Hepatitis C Committee provincially. In this role, I went to numerous conventions all over Canada and met many Canadians that were affected by the Blood Scandal. Many of these people I never saw again because they passed away. I was personally involved with 15 to 20 people who I watched suffer and pass away. * The memories of catastrophe will always be with me. I watched for many months my friends die in agony of AIDS and Hep C. I tried to be supportive. I felt guilt that I was still alive and I anger at the whole situation. None of this needed to happen.

The generic letter informing me that I had Hep C was incredibly cruel. I came home one day from work more tired than usual, opened a letter from [redacted] from the Hemo clinic of St. Michaels' hospital. I have attached the letter that I was sent. It informed me that I had Hep C and would I like to have the questionably effective interferon treatment. I was devastated. I realised that that was the reason I was so tired all the time. I was stunned by how impersonal the letter was. It said 'Dear ____,' with my name inked in. This was sent to all of the Hep C positive Hemos and was blunt and cold. Where was the compassion in that?

The criteria of compensation was by levels of sickness. I didn't qualify for the second level because I was "not sick enough." I had an enlarged spleen, Hepatitis C and Jaundice. Even though I was at level one, the sickness I had destroyed my life in other ways beyond just my health.

One of the ways the illness affected me was my lack of sexual desire. Due to the Hep C, my sexual desire dropped of precipitously. This had consequences within my marriage. My wife and I had a healthy sex life until I got sick. We were unable to continue this. This was a disappointment for both of us. Also, she became terrified that she might contract my disease herself.

Eventually with my being sick all the time, unable to earn income, and unable to participate well in the marriage, my wife ended our marriage. I feel that this would never have happened if it were not for contacting Hep C.

Another way the Hep C impacted my life was the stigma. It is always in the back of one's mind, especially after my marriage ended and I wanted to be with other women. It made getting into a relationship very difficult. Who wants a new partner with Hep C?

I am a severe hemophiliac to start with. One of my ankles dislocates frequently. I have no cartilage in my knees. I have had arthritis in my elbow, ankles, and knee. I am in constant pain, am crippled, and can hardly get up stairs. I was already debilitated by the hemophilia. It was even harder to have the additional health issues caused by the tainted blood scandal.

I was informed that I had contracted Hep C in 1994. I had Hep C until 2007 for 13 years when I did what they call 'The Cure'. My Hep C is now in remission. But before this, I was listless and jaundiced and extremely tired. There was no way to continue my job in the sales industry. The Hep C destroyed my ability to work and earn an income. The $67,000 compensation is not equivalent to 13 years of earning potential that I would have had over that time. My salary was $43,000 the year before I contracted Hep C., and increasing as I worked my way up in my career. Even $43,000 over 17 years would have been a lot more than my compensation. And I would have been a lot healthier. Maybe had my marriage too.

The Tainted Blood Scandal has made me bitter and has changed my outlook on life permanently. It has made me bitter for many reasons: for the way they informed me of my hep C, for having the illness itself, for watching my friends die of Aids and Hep C, for watching them die and me staying alive, for seeing those effected become financially desperate, for me being unable stop the unravelling of my marriage caused by in part by my illness, to know that the Health care system and the government can't be trusted.

The amount of money that I received did not adequately compensate for the damage that it had done to me physically and emotionally and spiritually.

The pain and suffering that I felt and still feel has not adequately been compensated for.

Thank you for your time.

[redacted]

[redacted] more names to be attached.

RIP

From: [redacted]
To: Kathryn Podrebarac
Subject: 86-90 Hepatitis C surplus
Date: Wednesday, September 23, 2015 21:53:40
Attachments: 86-90 Hep C surplus letter.docx

Please see my attached letter.
Thank you,

--
[redacted]

Wednesday Sept. 23, 2015

[redacted]

To whom it may concern:

Here is a list of what I think should be done with the surplus from the 86-90 Hepatitis C:

1. Compensation for callous letter diagnosing us with hepatitis c.
2. Compensation for loss of ability to have children and drastic effects on marriages due to the disease.
3. Don't cut off compensation at retirement age.
4. Compensation for taking the PEG-Intron/ribavirin treatment was inadequate and more needs to be given.
5. General compensation to all was inadequate and more needs to be given.

Thank you,

[redacted]

[redacted]

RECEIVED
AUG ~~19~~ 2015
21

To Whom It May Concern: **Kathryn Podrebarac – Joint Committee Member:**

I am writing a letter on behalf of [redacted] estate. My mother died from Hepatitis C on February 21 in 2003. My mother suffered greatly from this disease for many years and in the late stages of her illness the hospital doctors at the Hamilton *Henderson were unsure of her condition up until the final days before she passed away.* My mother suffered from being in and out of comatose stages; bleeding profusely internally and externally before passing away from Hepatitis C. Dr. Tougas, her attendance physician, concluded from the treating physician forms that my mother died from **HCV Disease Level 5. Please see attached copies of the form.**

When my mother was told that she had Hepatitis C at our family hospital admission meeting in 2003 we were surprised and devastated. We didn't know where she contracted the virus. In fact, we were unaware of the signs and symptoms of the disease for years until my mother was exhibiting all of the classic textbook signs and symptoms after the fact. Her jaundice look to her face was apparent to us in pictures, her swollen legs and constant complaining of pain and bleeding out into her bed sheets after waking up were all to apparent to us after she passed away and we could only look back at it in retrospect that it was Hepatitis C. We were oblivious to the disease and just thought our mother was getting old and that she was just a constant complainer. We were obviously wrong in our thinking and once we were more educated with the virus it was far too late in the process to help my mother as she passed away from the disease.

I applied to OHCAP a few months after my family doctor informed me that my mother could have possibly contracted the disease through hospital transfusions. I contacted OHCAP and the Federal Government "86-90" Hepatitis C centers and completed applications. The OHCAP application wasn't detailed as the Federal Government's application process and after being denied from OHCAP relatively quickly I didn't complete the 86-90 application process fully because of OHCAP's decision. I felt like it was pointless and too difficult of a process to follow through with again. The government contacted me several years afterwards stating that I had a limited time to complete the HepC 86-90 application process or that my mother's case would be closed. So I went through a laborious process to complete the application again. Ironically, I recently just received a letter **August 7, 2015** for my mother's estate. The letter stated that my mother's estate was, "**Not Approved.**" I was never contacted or informed by the agent who looked after my mother's case that her application "**Wasn't Approved.**" This was news to me. In fact, I have not had any contact for at least 3 years from my memory from the agent. I did receive letters stating that I was missing information on several occasions and I resent and re-faxed all the necessary information. This was very frustrating and I didn't hear from the application process again until this recent letter on **August 7, 2015**. The only thing that I can remember from the application process was that I never completed a blood bank record check to see if my mother had transfusions between 86-90. I contacted OHIP a few years ago and the agent that I was talking with said that no blood records could be recovered before 2003. However, I was away attending university from 86-90 and I am unaware of her having any blood transfusions during this time period; and there are no records to support this either way before 2003. I completed a blood record check through the application process at the General Hospital in Hamilton as my mother went to the hospital twice in the 70's from my memory. Once for a broken arm and another time for kidney stones of which she stayed over at the General. There were no records of blood transfusions at the General for my mother during her stay.

Finally, my mother had a conversation before she passed away with my wife about when I was born in 1968. She discussed how she had a difficult delivery with me and that she stayed many days at St. Joseph's hospital in Hamilton after my delivery. My mother told my wife how she lost alot of blood after my birth. So I went to the hospital and retrieved old blood records and discovered that she had several **blood transfusions** after my birth as the diagnosis stated that my mother was getting transfused for **Post Partum Hemorrhaging** during her extended hospital stay at St. Josephs. **Please see attached transfusion records.** I sent this information to the agent looking after my mother's case and never did hear back again. I sent this transfusion information a couple of times. This is when my mother may have also been infected with the Hepatitis C virus since this is the only blood transfusion records that I could find from my research.

My mother was an Italian immigrant woman who never worked. She was a "stay-at-home" mother of 3. She was a strict church-going Roman Catholic who was devoted to her family. She never drank alcohol or took illegal drugs. She would always tell us to stay away from these substances or drinking alcohol as teenagers. My mother also rarely went out socially. We didn't own a car and my mother would take a bus to see the family doctor; shop at the Hamilton Farmers market or shop for clothing for us. We never went out to family outings. Other cousins would visit our house over the years. My mother was very old school in her thinking and reclusive to her home and family. She didn't have a big social circle and that's why our family was shocked to find out that she was infected with Hepatitis C, and eventually died from the disease in 2003.

My mother complained about pain for years. She suffered when walking in her 60's and 70's. We just thought she was getting old and that my mother was a complainer; but her legs were always swollen and were in pain. We encouraged her to go the hospital and she would always refuse. She hated hospitals and feared going to them in general until several months before she died when we found her bed sheets covered in blood on several occasions. We were shocked and concerned and my mother said she was bleeding out at times. We eventually convinced her to go to the hospital and called an ambulance around Christmas time in 2002. She went through a lot of tests and seizured while at her stay at the Henderson hospital and she was in and out of comas before finally succumbing to the disease on February 21, 2003.

This has been a very difficult process for me personally pursuing compensation for my mother's estate. I was denied with the OHCAP application and I just found out that she was "**Not Approved**" from reading this recent letter. I had to literally chase after the attending physician, Dr. Tougas, a few years ago through the Ontario College of Physicians to complete the application for a second time-HepC 86-90. It has literally been a frustrating process to go through and bringing up old difficult emotions about my mother's death. When I read about the excess of money the government has for victims of Hepatitis C and their Family Estates I get frustrated with how laborious the application process was. After now being denied a second time, I don't understand how my mother wasn't compensated for all the pain and suffering she had endured. She loved her children and grandchildren very much and they loved her too, but she was robbed of many future years of watching them grow up and build lasting memories with her family; the only really thing she cared about in life.

Her brother died several years ago in his 80's and her other brother is still alive well into his 80's. I am convinced that my mother too would have lived well into her late 80's. My mother died at age 76 but she was very youthful in her appearance. The nurses would say to me they couldn't believe how young my mother looked for her age. I am writing to you so that my mother's death was not in vain through this compensation process. I feel that this whole process is somewhat flawed and that the compensation for people with Hepatitis C from 86-90 is too small of a window to accurately capture the people who have been infected with this disease prior to this specific date through hospital transfusions. My mother, [redacted], deserves proper compensation for all the years of pain and suffering and losing out on all those years with her family and grandchildren. It has been 12 years and I have personally been reminded on many occasions about reliving this awful experience. I know my mother passed away from a blood transfusion that she received in the hospital. I feel that her estate should be justly compensated and finally laid to rest.

Thank you, [redacted]

The 1986-1990 Hepatitis C Claims Centre
PO Box 2370, Station D
Ottawa (Ontario) K1P 5W5
Canada
Tel: 1 877 434-0944
www.hepc8690.ca

Treating Physician Form

Strictly Private and Confidential

00012652 (TE)

[redacted]

CORRECTIONS ONLY
Write any name, address or telephone number corrections below, if any corrections are necessary.

SECTION A – HCV INFECTED PERSON

1.	First Name	Middle Name/Initial	Last Name	
	[redacted]		[redacted]	
	Home Address Deceased	City/Municipality	Province/Territory	Postal Code
	[redacted]	[redacted]	[redacted]	[redacted]
	Date of Birth (DD/MM/YYYY)	Provincial/Territorial Health Number	Province/Territory of Health Plan	
	/ / [redacted]	- -		

SECTION B – TREATING PHYSICIAN

2.	First Name	Middle Name/Initial	Last Name	
	Manon		Tougas	
	Name of Facility	Mailing Address		
	Henderson Hosp	711 Concession Street		
	City/Municipality	Province/Territory	Postal Code	
	Hamilton	ON	L8V 1C3	
	Work Phone	Facsimile	E-Mail Address	Specialty
	(905) 527 4322	( ) —	—	intermedicine

SECTION C – HCV ANTIBODY TEST AND/OR PCR TEST

Please complete this section even if the HCV Infected Person has died.

Each HCV Infected Person must have either a positive HCV Antibody Test or a positive PCR Test acceptable to the Administrator to be eligible for compensation. **These tests also establish entitlement to one of the two lower compensation disease levels. (The Administrator will arrange for a PCR Test to be performed if it is necessary to determine a disease compensation level and if an acceptable test has not already been performed.)**

Please check each box that applies and attach the most recent laboratory report.

3. ☑ **DISEASE LEVEL 1** The HCV Infected Person has the Hepatitis C antibody present in his or her Blood as demonstrated by the HCV Antibody Test performed.
4. ☐ **DISEASE LEVEL 2** The HCV Infected Person has the Hepatitis C virus present in his or her Blood as demonstrated by the PCR Test performed.

SECTION D – ADVANCED DISEASE LEVELS

Complete this section even if the HCV Infected Person has died **on or after** January 1, 1999. If the HCV Infected Person died before January 1, 1999 go to Section E – Patient History.

The disease levels are listed below in descending order of severity. Please **fill out the most severe disease level that applies** to the HCV Infected Person and then go to Section E – Patient History.

NOTE: The request for consultation or other reports from any particular specialty is a request for existing reports only. This is not a request for a specialist or other treating physician to prepare a report at this time.

Refer to the Form Instructions for definitions.

DISEASE LEVEL 6

There are seven medical conditions listed below, any one of which would qualify the HCV Infected Person at this disease level. Check each box that applies to the HCV Infected Person's medical condition, **attach the documentation specified** and provide the requested opinion.

5. ☐	The HCV Infected Person has had a **liver transplant** (attach the operative report).
6. ☐	The HCV Infected Person has been diagnosed with **decompensation of the liver** based on a finding of one or more of the following: ☐ hepatic encephalopathy (attach a consultation or other report of a gastroenterologist, hepatologist or internist supporting the finding); ☐ bleeding esophageal varices (attach the endoscopic report); ☐ ascites (attach the ultrasound report); ☐ subacute bacterial peritonitis (attach the laboratory report with a white cell count of greater than 150 x 10^9 per ml in the ascitic fluid); ☐ protein malnutrition (attach a consultation or other report of a gastroenterologist, hepatologist or internist supporting the finding); ☐ another condition (specify the condition and attach a consultation or other report of a gastroenterologist, hepatologist or internist supporting the finding) ______.
7. ☐	The HCV Infected Person has been diagnosed with **hepatocellular cancer** based on: ☐ a liver biopsy (attach the pathology report); ☐ an alpha feto protein Blood test (attach the laboratory report and a consultation or other report of a gastroenterologist, hepatologist or internist supporting the diagnosis); or ☐ a liver scan (attach the CT scan or MRI scan report).
8. ☐	The HCV Infected Person has been diagnosed with **B-cell lymphoma** (attach a consultation or other report of an oncologist or hematologist supporting the diagnosis).
9. ☐	The HCV Infected Person has been diagnosed with **symptomatic mixed cryoglobulinemia** (attach a laboratory report confirming elevated cryoglobulins and a consultation or other report of a gastroenterologist, hepatologist or internist supporting the diagnosis).
10. ☐	The HCV Infected Person has been diagnosed with **glomerulonephritis requiring dialysis** based on a kidney biopsy (attach the pathology report and a consultation or other report of a nephrologist supporting the diagnosis and indicating it is consistent with the HCV infection).
11. ☐	The HCV Infected Person has been diagnosed with **renal failure** (attach laboratory reports of serum creatinine and serum urea and a consultation or other report of a nephrologist supporting the diagnosis).

t is my opinion that the HCV Infected Person's infection with HCV materially contributed to his or her)isease Level 6 medical condition.	**Yes** ☐ **No** ☐

f the HCV Infected Person has a Disease Level 6 condition and you have completed the above portion of this Form, go to ection E – Patient History.

DISEASE LEVEL 4

The medical condition listed below would qualify the HCV Infected Person at this disease level. Check the box if it applies to the HCV Infected Person's medical condition and attach the documentation specified.

16. ☐ The HCV Infected Person has **bridging fibrosis** based on a liver biopsy demonstrating fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (attach the pathology report).

If the HCV Infected Person has a Disease Level 4 condition and you have completed the above portion of this Form, go to Section E – Patient History.

DISEASE LEVEL 3

There are three criteria listed below, any of which would qualify the HCV Infected Person at this disease level. Check each box that applies to the HCV Infected Person's medical condition, attach the documentation specified and provide the requested opinion.

17. ☐ The HCV Infected Person has **non-bridging fibrosis** based on a liver biopsy demonstrating fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal areas but without any bridging to other portal areas or to central veins (attach the pathology report).

18. ☐ The HCV Infected Person has **undergone Compensable HCV Drug Therapy.** Provide the treatment dates pertaining to Compensable HCV Drug Therapy.	Start Date DD/MM/YYYY	End Date DD/MM/YYYY
☐ Interferon therapy;	/ /	/ /
☐ Combination interferon/ribavirin therapy;	/ /	/ /
☐ Interferon combined with a drug other than ribavirin. Specify the other drug: ______	/ /	/ /
☐ Ribavirin combined with a drug other than interferon. Specify the other drug: ______	/ /	/ /

Is the Compensable HCV Drug Therapy ongoing?	Yes ☐ No ☐
Is the Compensable HCV Drug Therapy complete?	Yes ☐ No ☐
Please indicate the number of months of Compensable HCV Drug Therapy the HCV Infected Person has completed.	______ months
Do you believe to a reasonable degree of medical certainty that the HCV Infected Person has cleared the Hepatitis C virus due to Compensable Drug Therapy?	Yes ☐ No ☐

19. ☐ The HCV Infected Person has **met or meets a protocol for Compensable HCV Drug Therapy** (treatment with interferon and/or ribavirin alone or in combination with each other or with other drugs) based on:

☐ being HCV RNA positive by PCR Test (attach the PCR Test); and
☐ having ALTs which were elevated 1.5 x normal for three or more months (attach the liver function test reports); and
☐ my opinion that the infection with HCV materially contributed to the elevated ALTs finding (attach a consultation or other report of a gastroenterologist, hepatologist or internist).
☐ I recommended Compensable HCV Drug Therapy treatment to the HCV Infected Person.
☐ I did not recommend Compensable HCV Drug Therapy treatment to the HCV Infected Person because: ______

SECTION E – PATIENT HISTORY

20.	How long have you known the HCV Infected Person? from admission dec 13 2002 to death feb 21th/2003	
21.	How long have you treated the HCV Infected Person? 2 month	
22.	When was the last date you treated the HCV Infected Person for any condition?	2003/02/21
23.	When was the last date you treated the HCV Infected Person for any condition related to the HCV?	2003/02/21

SECTION F – HCV DISEASE VERIFICATION

24. Does/did the HCV Infected Person have a history of any of the following risk factors for the Hepatitis C virus other than a blood transfusion between **January 1, 1986 and July 1, 1990**? (Check all that apply.)

☑ Blood transfusions **prior to January 1, 1986** according to family	☐ Non-prescription intravenous drug use	☐ Intra–nasal drug use	
☐ Dialysis	☐ Tattoos	☐ None	
☐ Transmission from an infected Spouse or Parent	☐ Body piercing (except ears)	☐ Other ______	
☐ Prison incarceration	☐ Significant surgeries or trauma before January 1,1986 Enter date(s) at right		DD/MM/YYYY / / / /

DISEASE LEVEL 5

There are four medical conditions listed below, any one of which would qualify the HCV Infected Person at this disease level. Check each box that applies to the HCV Infected Person's medical condition, attach the documentation specified and provide the requested opinion.

12. ☐ The HCV Infected Person has been diagnosed with **cirrhosis** based on a liver biopsy demonstrating fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration (attach the pathology report).

In the absence of a liver biopsy, the HCV Infected Person has been diagnosed with **cirrhosis** based on:

☑ three or more months with an increase in all gamma globulins with decreased albumin on serum electrophoresis and a significantly decreased platelet count and an increased INR or prothrombin time none of which are attributable to any cause other than cirrhosis (attach a serum electrophoresis test and other laboratory reports supporting each finding);

AND

☑ hepato-splenomegaly (attach the ultrasound report) with peripheral manifestations of liver disease such as the following, none of which are attributable to any cause other than cirrhosis:

- ☐ gynecomastia
- ☐ testicular atrophy
- ☐ spider angiomata
- ☑ protein malnutrition
- ☐ palm or nail changes characteristic of liver disease

OR

One or more of the following, none of which are attributable to any cause other than cirrhosis:

☐ Portal hypertension confirmed by:

- ☐ an enlarged spleen which is inconsistent with portal vein thrombosis (attach the ultrasound report);
- ☐ abnormal abdominal and chest wall veins (attach a consultation or other report of a gastroenterologist or internist supporting the finding);
- ☐ esophageal varices (attach the endoscopic report); or
- ☐ ascites (attach the ultrasound report).

13. ☐ The HCV Infected Person has been diagnosed with **porphyria cutanea tarda** (attach a 24 hour urine laboratory test report)

☐ which has failed to respond to the treatments attempted as follows:

- ☐ phlebotomy;
- ☐ drug therapy (specify the therapy) ______________________; or
- ☐ interferon and/or ribavirin alone or in combination with each other or with other drugs (Compensable HCV Drug Therapy);

☐ and which is causing significant disfigurement and disability as follows (describe disfigurement and disability):

____

____

____

(attach a consultation or other report of a gastroenterologist, hepatologist or internist confirming the diagnosis).

14. ☐ The HCV Infected Person has **thrombocytopenia** unresponsive to therapy based on one or more of the following:

☑ a platelet count below 100 x 10^9 (attach the laboratory report) with:

- ☑ purpura or other spontaneous bleeding; or
- ☐ excessive bleeding following trauma (attach a consultation or other report of a **gastroenterologist, hepatologist or internist** supporting either finding);

☐ a platelet count below 30 x 10^9 (attach the laboratory report).

15. ☐ The HCV Infected Person has **glomerulonephritis not requiring dialysis** based on a kidney biopsy (attach a pathology report and a consultation or other report of a nephrologist supporting the diagnosis and indicating it is consistent with infection with HCV).

It is my opinion that the HCV Infected Person's infection with HCV materially contributed to his or her Disease Level 5 condition. Yes ☑ No ☐

If the HCV Infected Person has a Disease Level 5 condition and you have completed the above portion of this Form, go to Section E – Patient History.

HCV DISEASE VERIFICATION (CONTINUED)

The definition of Blood for the purpose of the **Transfused Plan** is as follows:
"Blood" means whole blood and the following Blood products: packed red cells, platelets, plasma (fresh frozen and banked) and white blood cells. **Blood does not include** Albumin 5%, Albumin 25%, Factor VIII, Porcine Factor VIII, Factor IX, Factor VII, Cytomegalovirus Immune Globulin, Hepatitis B Immune Globulin, Rh Immune Globulin, Varicella Zoster Immune Globulin, Immune Serum Globulin, (FEIBA) FEVIII Inhibitor Bypassing Activity, Autoplex (Activate Prothrombin Complex), Tetanus Immune Globulin, Intravenous Immune Globulin (IVIG) and Antithrombin III (ATIII).

25.	Based on the above definition of Blood, did the Primarily-Infected Person receive a Blood transfusion in the period January 1, 1986 to July 1,1990?	Yes ☐ No ☑
26.	Is there anything in the HCV Infected Person's medical history that indicates he or she was infected with **Hepatitis Non-A, Non-B** or the Hepatitis C virus prior to January **1, 1986**?	Yes ☐ No ☑
	If yes, what in the HCV Infected Person's medical history indicates he or she may have been infected with Hepatitis Non-A, Non-B or the Hepatitis C virus prior to January 1, 1986?	
27.	Is there anything in the HCV Infected Person's medical history or clinical presentation that indicates he or she used non-prescription intravenous drugs at any time?	Yes ☐ No ☑
	If yes, what in the HCV Infected Person's medical history or clinical presentation indicates that he or she may have used non-prescription intravenous drugs?	
28.	A Secondarily-Infected Person claims to be **first** infected with HCV by his or her Parent or Spouse who is an HCV Infected Person. Is there anything in the Secondarily-Infected Person's medical history that indicates he or she was **first** infected with the Hepatitis C virus by any other means?	Yes ☐ No ☑
	If yes, what in the Secondarily-Infected Person's medical history indicates that he or she may have been **first** infected with the Hepatitis C virus by some means other than transmission from an infected Parent or Spouse?	
29.	Is/was the HCV Infected Person also infected with HIV? If yes, attach Lab Report.	Yes ☐ No ☑
30.	Are you aware of **any completed or requested** Traceback Procedures for the HCV Infected Person? If yes, provide documentation.	Yes ☐ No ☑
31.	If the HCV Infected Person has died, did his or her infection with the Hepatitis C virus materially contribute to his or her death?	Yes ☑ No ☐
	If yes, how did the HCV Infected Person's infection with HCV materially contribute to his or her death? She developped sepsis-MOF query portal vein thrombosis and died from hepato renal failure, shock and liver encephalopathy **Attach the medical death certificate and autopsy report for the deceased HCV Infected Person.** Requested	

Go to Section H – Certification by Treating Physician on page 7. will forward.

COMPLETE SECTION G IF CLAIMING LOSS OF INCOME/LOSS OF SERVICES/LOSS OF SUPPORT

Note 1: The next Section, Section G, must be completed by the Treating Physician in the event that a claimant is eligible and intends to make a Claim for compensation for Loss of Income, Loss of Services in the Home or if the HCV Infected Person is deceased, compensation for Loss of Support payable to Approved Dependants of the HCV Infected Person.

Eligibility Summary

- All claimants who are approved at disease level 4, 5 or 6 who have suffered a loss of income/services/support.
- Claimants who are approved at disease level 3 and due to their HCV infection are unable to perform no more than 20% of the substantial duties of his or her employment/duties he or she would normally provide in his or her home.

Note 2: Section G may be completed at a later date if the claimant's eligibility or intention is unclear at the time of the initial application for compensation. If the claimant and/or the Physician opts to complete Section G at a later date, please go to Section H.

SECTION G – DISABILITY INFORMATION

- If the HCV Infected Person has Disease Level 3, please complete questions 1 to 5.
- If the HCV Infected Person has Disease Level 4, 5 or 6 please complete questions 6 to 11.

DISEASE LEVEL 3 ONLY

1.	Considering the information provided on the GEN 11 Form Activities of Employment and/or the GEN 12 Form Services in the Home, and any other relevant factors does the medical condition at Disease Level 3 cause the HCV Infected Person to be regularly unable to perform:	
	a) the substantial duties of his or her usual employment, occupation or profession such that he or she works no more than 20% of his or her usual work week.	☐ Yes ☐ No
	b) the substantial household duties that he or she would normally provide in his or her home such that they perform no more than 20% of the household services that he or she would normally provide.	☐ Yes ☐ No
2.	Please indicate the HCV Infected Person's symptoms which have caused the impairment resulting in the disability:	
3.	If Question 1a) and/or b) are checked, please indicate the date when the HCV Infected Person first met the criteria for disease Level 3.	DD/MM/YYYY / /
4.	Indicate the date when the HCV Infected Person first became disabled as defined in question 1a) and/or b).	DD/MM/YYYY / /
5.	If the HCV Infected Person was able to return to more than 20% of his or her usual employment or household duties, please indicate the date they would no longer be deemed disabled as defined in question 1.	DD/MM/YYYY / /

DISEASE LEVEL 4 OR 5 OR 6

6.	Considering the information provided on the GEN 11 Form Activities of Employment and/or the GEN 12 Form Services in the Home, and any other relevant factors does the medical condition at Disease Level 4, 5 or 6 cause the HCV Infected Person to be regularly or temporarily unable to perform:	
	a) the duties of their employment, occupation or profession as a result of their HCV infection; or	☐ Yes ☐ No
	b) their household duties as a result of their HCV Infection.	☐ Yes ☐ No
7.	Considering the activities described on the GEN 11 Form Activities of Employment and/or the GEN 12 Form Services in the Home, and any other relevant factors please provide your opinion as to the percentage of disability presently suffered by the HCV Infected Person. The HCV Infected Person is ________ percent disabled as a result of the HCV infection. If the HCV Infected Person was temporarily disabled as a result of the HCV infection, the percentage of disability was________ percent.	
8.	Please indicate the HCV Infected Person's symptoms which have caused the impairment resulting in the disability:	

SECTION G – DISABILITY INFORMATION – (CONTINUED)

9.	Please indicate the date of the first diagnosis of Disease Level 4 or higher.		DD/MM/YYYY
			/ /
10.	In cases of temporary disability due to HCV infection, please indicate when the HCV Infected Person first became disabled along with the date he/she ceased to be disabled.	Start date DD/MM/YYYY	End Date DD/MM/YYYY
		/ /	/ /
11.	Indicate the date the HCV Infected Person first had any extent of disability as a result of an impairment caused by his or her HCV infection.	Start date DD/MM/YYYY	End Date DD/MM/YYY
		/ /	/ /

SECTION H – CERTIFICATION BY TREATING PHYSICIAN

I certify that the information provided is true and correct to the best of my knowledge, information and belief.

Nov 30/2010
Date Signed

Treating Physician's Signature

[redacted]

CODE #33
Latex

FINAL PRIMARY DIAGNOSIS: ① Pregnancy - Term | 660.0

SECONDARY DIAGNOSIS: both

COMPLICATIONS:

INFECTIONS: WOUND — yes ☐ no ☒ Describe:

OTHER — Describe:

OPERATIONS: Delivery ē LF → LOA. | 7/...
Med. Epis. ē Repair

CONSULTANT(S):

EXPIRED: yes ☐ no ☑ AUTOPSY: yes ☐ no ☐

Date of discharge: June 13/68 Against advice: yes ☐ no ☐ Transferred: yes ☐ no ☐

(signature of resident or intern) (signature of attending physician) DATE

P

MEDICAL RECORD

HEMATOLOGY

☐ OUTPATIENT

Today please

DATE TAKEN June 11/68	TIME 1210 HRS.	☐ SED. RATE mm/hr.	☐ PROTHROMBIN TIME SECS.
☒ HEMOGLOBIN 11.7 Gm%	☐ W.B.C. /cu. mm.	☐ RETICULOCYTES %	☐ PLATELET COUNT cu. mm.
☒ HEMATOCRIT 36 %	☐ DIFFERENTIAL %	☐ RED CELL MORPHOLOGY	COMMENTS ✓
M.C.H.C. 33 %			
☐ BLEEDING TIME MIN. SEC.			
☐ CLOTTING TIME MIN. SEC.			
☐ L.E. CELLS			LF

HEMATOLOGY

DATE TAKEN June 11/68	TIME AM HRS.	☐ SED. RATE mm/hr.	☐ PROTHROMBIN TIME SECS.
☒ HEMOGLOBIN 13.8 Gm%	☐ W.B.C. /cu. mm.	☐ RETICULOCYTES %	☐ PLATELET COUNT /cu. mm.
☐ HEMATOCRIT 39 %	☐ DIFFERENTIAL %	☐ RED CELL MORPHOLOGY	COMMENTS
☐ M.C.H.C. 36 %			
☐ BLEEDING TIME			
☐ CLOTTING TIME			
☐ L.E. CELLS			

HEMATOLOGY

SP. GR. 1.034		Phosphates
pH 5.5		Crystals: Uric Acid
	Casts: Hyaline	Calcium Oxalate
0 %		Triple Phosphate Other
0	Pus Red Cell	
0	Bacteria 4+	

1968 JUN 6 AM 11 34

DATE TAKEN June 5/68	TIME 08:20 HRS.		C.S.F.
☒ HEMOGLOBIN 11.9 Gm%		PROTEIN GLUCOSE	☐ PROTEIN MG%
☒ HEMATOCRIT 36 %	SODIUM MEQ/L		
MCHC 33	POTASSIUM MEQ/L		
	CARBON DIOXIDE MEQ/L		
☐ GLUCOSE MG%	BLOOD PH		
☐ AMYLASE SO. UN.	OTHER (SPECIFY)		REPORTED BY

ST. JOSEPH'S HOSPITAL — HAMILTON, ONT.
REV. 2/68

EMERGENCY LAB TESTS

CODE 1080C

LAB TESTS

[redacted]

Must be filled in

ANY PREVIOUS PREGNANCIES? YES ☑ NO ☐ IF YES, HOW MANY → 2

ANY HISTORY OF MISCARRIAGES, STILLBIRTHS, NEONATAL DEATHS, ETC.? ☐ ☑

DOES PATIENT POSSESS IRREGULAR ANTIBODIES (ANTI-Rh, ETC.) YES ☐ NO ☐ UNKNOWN ☑

SIGNED A Varghese for Dr Quigley
PHYSICIAN

THE FOLLOWING SECTIONS FOR LABORATORY USE

SERA		CELLS		ANTI-Rh SERA			PATIENT'S ABO GROUP & Rh TYPE	SET UP BY	READ BY
ANTI-B	ANTI-A	A POOL	B POOL	D	D				
−	+	−	+	+	+		A Positive D. N[illegible]		OH

[illegible]	[illegible]	I.C.T.	SET UP BY	READ BY	ISSUED BY	VOL. GIVEN
[illegible]	[illegible]	[illegible]	OH	OH		
[illegible]	27					[illegible]

THE FOLLOWING BOTTLES HAVE BEEN SATISFACTORILY CROSS-MATCHED

32103	16581				

THIS BLOOD WILL BE HELD FOR 48 HRS. AND RELEASED ON ____________

CHART COPY

TRANSFUSION RECORD

[redacted]

REB 69195	ROOM 16-1	BED NO. 2mat	AGE 41	SEX MALE ☐ FEMALE ☑		PHYSICIAN Dr ~~G. J.~~ Quigley

DIAGNOSIS Post Partum haemorrhage

ABO GROUP	Rh TYPE	HEMATOCRIT	HEMOGLOBIN	CC CLOTTED BLOOD TAKEN BY	DATE TAKEN	TIME
				Zenaida J. Amang	6-10-61	8:00 P.M.

IMPORTANT — This information Must be filled in

ANY PREVIOUS TRANSFUSIONS? YES ☐ NO ☑ IF YES, HOW MANY → NUMBER ___ OVER PERIOD OF → YEARS ___

LAST TRANSFUSION → DATE ___ HOSPITAL ___ ANY REACTIONS YES ☐ NO ☐

ANY PREVIOUS PREGNANCIES? YES ☑ NO ☐ IF YES HOW MANY → 2 ANY HISTORY OF MISCARRIAGES STILLBIRTHS, NEONATAL JAUNDICE, ETC.? YES ☐ NO ☑

DOES PATIENT POSSESS IRREGULAR ANTIBODIES (ANTI-Rh) ETC. YES ☐ NO ☐ UNKNOWN ☑

SIGNED A. L. Hughes for Dr Quigley
PHYSICIAN

THE FOLLOWING SECTIONS FOR LABORATORY USE

SERA		CELLS		ANTI-Rh SERA		
ANTI-B	ANTI-A	A POOL	B POOL	R	D	
−	+	−	+	+	+	

PATIENT'S ABO GROUP & Rh TYPE	SET UP BY	READ BY
A Positive	D. Harris	C.H.

CELLS	SALINE	ALB.	I.C.T.	SET UP BY	READ BY	ISSUED BY	VOL. GIVEN
A CONTROL	−	−					
32103	−	R 1	neg	C.H.	C.H.		
116581	−	R 2	neg				
	20°	37°				FIRST READING @	FINAL READING @

Photo(s) submitted
but not included
for privacy reasons

RECEIVED
AUG 25 2015

[redacted]

PODREBARAC BARRISTERS PROFESSIONAL CORPORATION
MS. KATHARYN PODREBARAC
SUITE: 701, 151 BLOOR STREET WEST
TORONTO ON M5S 1S4

DEAR MADAM:

I AM VERY GREATFULL AND THANKFUL TO FIND OUT, THAT SOME PEOPLE STILL THINKING OF US WITH THE HEPATITIS C PROBLEM. I LIVE ALONE AND 85 YEARS OLD, BECAUSE OF MY HEPATATIS C PROBLEM I HAVE TO EAT VERY CAREFUL, AND BECAUSE I AM VERY WEAK PHYSICALLY, I BUY READY COOKED FOOD, THAT COST VERY MUCH. SOON I WOULD NEED SOME PERSON WHO CAN COME AND HELP ME A FEW OURS EVERYDAY! SO IF IT IS POSSIBLE TO RECEIVE SOME MONEY, THAT WOULD HELP TO ALL THOSE PEAPLE, WHO HAS HEPATITIS C A LITTLE BETTER LIFE
THANK YOU AGAIN FOR YOUR CONSIDERATIONS
(SORRY FOR MY POUR ENGLISH AND WRITING)
THANK YOU!

YOURS TRULY

[redacted]

TORONTO AUG 21 2015

RECEIVED
SEP 0 2 2015

August 21, 2015

To whom it may concern:

I am in receipt of your letter from the Joint Committee in regards to the surplus funds of the HepC Trust Fund.

It is my opinion, and would be my choice for disbursement , that the surplus be divided amongst the remaining claiments .Those who are HepC positive and/or their surviving children should the claimant be deceased.

Many family members still struggle with emotional problems following the loss of a loved one due to the negligence that caused or contributed to their death.

Respectively submitted,

[redacted]

[redacted]@cogeco.ca

From: [redacted] cogeco.ca>
Date: y, August 19, 2015 3:55 PM
Subject: Hepatitis C Settlement Trust Fund Surplus

Dear Madam:

I wish to make a brief written submission to the Joint Settlement Committee regarding 1986-1990 Hepatitis C Settlement Trust Fund Surplus.

Monies received from Trust Fund in earlier years were a pittance. At that time my children were very young and was unable to work due to having kidney failure and transplant issues.
our family income was reduced significantly due to me not being able to work. settlement funds received did little to help with daycare cost and cost of hiring caregiver to help in my home.

In 1988 I had my first kidney transplant and I'm pleased to tell you I've had that kidney for 20 years. I lost that kidney in 2007 and went back on dialysis again 3 days a week. During this period my health deteriorated to the point where I nearly died. This year has been my best year on road to recovery and I'm now back on waiting list again for a second kidney transplant.
My chances of receiving a transplant again are not good due to my body having very high antibody count. High antibody count will reject donated kidney. My high antibody count is related to my Hepatitis C. This high antibody prevents my Hepatitis C from becoming full blown Hepatitis C.

I never accepted Hepatitis C lawyers collecting large fees for winning class action suit. Hepatitis C individuals are the lawyers bread and butter and we are the ones that live with this disease and receive very small financial settlement. I know that lawyers and court will determine final outcome Surplus Settlement Fund. I would like to see Surplus Trust Fund divided equally amongst living Hepatitis C survivors.Next year I will be 65 years old and as you can see my time is running out. Thank you.

[redacted]

[redacted]gmail.com

[redacted]

RECEIVED
AUG ~~13~~ 21 2015

August 13, 2015

Kathryn Podrebarac,
Podrebarac Barristers Professional Corportation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4

Re: Hep-C 1986-1990 Settlement Agreement feedback requested by Joint Committee

Dear Kathryn Podrebarac,

I am writing you in response to a letter I received from the Joint Committee that supervises the claims made in the Hep-C 86-90 settlement agreement, requesting my input in regards to how the surplus in the trust fund should be used.

Briefly put, the little financial compensation I've received over the last two and a half decades of having this disease has not helped with improving my quality of life. I am certain that everyone else in my position would agree. I would ask the court representatives that will be deciding on how to administer the surplus amount the following: "What amount of money would you accept as compensation in return for living with hepatitis C for the next 25 years?" - - and have them consider some of the life altering changes that would be required of them:

- The uncertainty of whether you will live another few months, or few years. Not knowing if you will see your children grow and succeed, or have their own children is a stress that we live with all of the time
- Constantly needing to see specialists and not getting clear indication of the state of your liver, and needing to inconvenience family and friends to transport you to appointments
- Lifestyle changes to diet, and exercise. I must walk for several hours a week to stay fit, and keep from eating unhealthy meals in order to avoid getting fatty liver, which would be a death sentence. Additionally, it gets more difficult to keep up with exercising as I'm older now. I have been unable to enjoy a glass of wine or any form of alcohol in over 25 years now.
- I always live in fear of accidentally infecting my loved ones with the disease, when preparing meals, etc. If I get a scratch or cut myself, I feel I need to avoid contact with anyone until the wound has healed.
- Even with the advancements in medicine and treatments, there is no evidence of how many years of our lives have been taken from us by this disease.
- Above all else, the points listed above leave you emotionally and physically exhausted at all times.

My suggestion is that all of the surplus be divided equally amongst all of the victims. I would think that in most cases, the members directly inflicted with the disease are retired or nearing retirement such as myself. This money would be put a great deal towards providing for myself and my spouse as we live off of my husband's retirement income, which barely gets us by.

Please feel free to call or write me if you require more feedback, or would like me to elaborate further on anything. Thank-you so much for all your effort in supporting us in this matter.

Sincerely,

[redacted]

Hepc8690 Joint committee RECEIVED AUG 27 2015 August 22, 2015

Claim ID: 01100672

To the Joint Committee in response to your newsletter received August 4, 2015.

My name is [redacted], I am one member of th [redacted] that was directly affected with Hep C from the blood supply that was tainted.

As you could imagine it has left me terrified that I was going to die not knowing what it was. I had already had Von Wildebrand's disease, then I was told 4 of my brothers had the same thing and 2 of my sisters. That's 6 out of 11 of my family.

My poor mother, what she must have thought! My dad died before he even knew any of this, God bless him, and leaving my mother with 11 children we grew up poor not knowing that maybe my Dad was the one who had Hep C to begin with?

She had to get a job in 1969 working as a waitress not making much money for all of us kids. Going back and forth to the hospital with one of the other of us always bleeding. Not knowing her sweet children were going to be affected with the horrible disease hepatitis C.

She did not get any kind of compensation for this horrible disease for herself, WHY???

How could they let this happen, she of all of us should have received something for her children, I know she would have wanted us to have something for all the pain and suffering.

If she were alive today she would be on the forefront of this fight!! After all it was not her fault that this happened, it was the fault of the Red Cross, whom she volunteered for many times over the years.

She would have wanted her children to have something, do you not think it was worth it to her, after all you are giving us money after a long wait! What about the mother that we loved and the money she deserved! Do you not think this is right??? It is not her fault because she died believing that you owed her this money to give to her children!

I got married in 1978, I moved to Ottawa with my new wife of 5 years, I got a job with Shopper's Drugmart in 1983 and after our divorce I went back to Winnipeg.

I got another job with Shopper's once again for one year. Missing Ottawa I went back in 1984 and worked for Ottawa Neighbourhood Services. I lived in a very old Hotel room it was very small because that's all I could afford at the time, I worked hard, and everyone at work liked me. I did all the window displays and ran the furniture department, and after a while I started to sort clothes.

I then met a co-worker and we got along really well, he was living in a basement apartment at the time, so we decided to get an apartment together to make ends meet. We stayed there at that apartment for 2 years, then we decided to move in 1986.

We found a nice house to rent and things were going well until I found out I had Hep C and HIV, I kept on working and I went to the Health Science Center to do voluntary drug treatment for HIV. They kept me on this for 2 years and in 1989 my friend and roommate was told he had cancer.

He only had a few months to live. At this time they treated him like a guinea pig, he was very sick and before he died the doctor told me he had HIV also. He died not knowing.

The doctor gave him a spinal tap which was very painful, the only way you could enter his room was with a gown, gloves and a mask. On the door they had a RED sign Do Not Enter!

I was very upset and I asked the Dr, Why, He told me it was necessary because it was an infectious disease. The Dr. told me he wanted to give him another spinal tap, I said NO he suffered enough, and I said to the Dr you are treating him like a leper!!!

In that year of 1990 that was how they treated people!

Then I told the Dr I was bringing him home to die with dignity. He told me I couldn't do that. I said I would be able to let this happen and called the VON's, the Christian Brother's, I got him a hospital bed and a commode at the home that he loved. The VON took good care of him and the Brother's stayed up with him to allow me to sleep.

His family and friends, co-workers came to see him however he lasted only one week at home and passed away peacefully. I went into a very big depression, I could not work for a couple of weeks and when I went back to work I needed money to survive so I rented out his room to another person at work.

This did not work out so I had to tell that person to leave. So one night when I got back home from work he set my bedroom on fire while I was sleeping. I jumped out of the window of a second story house and woke up in the hospital with 3 degree burns and cuts on my arms and legs. I was given lots of blood transfusions and went into a deep depression. The priest that was there took me to a doctor friend of his that Doctor's name was Dr Donna Bowers.

While I was there at the clinic the nurses changed my bandages and they wanted me to have a blood test because I would not get out of my depression and stayed in bed for three months!

That is when she told me I had gotten HIV in 1990 and it turned out negative, but in December 1991 she gave me another blood test that was positive, she said I could have contacted it from my friend helping him when he was dying, and that's why EAP declined my request!

I have been fighting this since 1991, so far, all I have is the money that I have received from the Hep C claim and it is not enough to survive! Now I have to make seventeen thousand dollars a year last!

After that I got a call from Winnipeg telling me that my brother [redacted] had died from complication's from Hep C, I was devastated once again, I thought to myself, how can this happen again. Not being able to sleep, I went into another depression and the Dr. gave me more pills!

I was already on all kinds of pills for HIV. I decided to become a volunteer for testing drugs for HIV so I could help other people with the same disease.

After that I did the Pegatron treatment and almost died. They told me my red blood cells were going to low and the Dr. wanted me to stop. I said no because I only had one month to go so I finished the treatment and the doctors congratulated me!

Two years after that I developed cancer, I had colon cancer and I was very depressed once again. I had to go through chemo radiation and became so weak I couldn't lift anything over 5 lbs. So I made Cancer quilted blankets for people in the unit. I lost a lot of weight but I thanked the volunteer people who came every day to bring me to the hospital for my treatments.

Now I am a 57 year old man who had cancer, suffered from shingles, have Hep C, liver damage and HIV!

How am I supposed to get a job!

I have to take pills for my depression, HIV and sleeping deprivation. My bowels movements have not worked ever since I have had cancer because they have taken out so much of my intestines and now I wonder how I will be able to pay my bills not to mention food because I have to make 17 thousand a year last.

I am down to 3 thousand dollars until the next 17 thousand come in and I don't know how I am going to make it. The 236 or 256 million would help!

I came to Winnipeg in hopes of seeing my brother [redacted] before he died of complications from Hep C but was too late, he died in July 2014.

Another depression made me decide to stay in Winnipeg with my family and I went to the Disability Department out here in Winnipeg.

They said I do not qualify for disability because Ontario would not send my files to Winnipeg.

I have to pay out $400 dollars out of my pocket for medications, I can't afford dental or eye glasses.

I hope you read this letter and understand how Hep C has made me feel and left me helpless!

It would be kind of you to help me.

[redacted]

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Surplus dans le cadre du Règlement du recours collectif relatif à l"hépatite C 1986-1990
Date: Saturday, August 22, 2015 11:58:32
Attachments: pastedGraphic.tiff
Surplus dans le cadre du règlement du recours collectif.docx

Bonjour Me Podrebarac

Vous trouverez, en annexe, un document faisant part de mes recommandations et suggestions concernant l'utilisation du surplus dans le cadre du Règlement du recours collectif relatif à l'hépatite C 1986-1990.

N'hésitez pas à communiquer avec moi pour tout complément d'information.

Espérant le tout conforme, je vous prie de recevoir mes meilleures salutations.

[redacted]

Surplus in the context of the settlement of the class action in the matter of the hepatitis C 1986-1990

Preamble

Considering that, according to the most recent actuarial forecasts, on 1986-1990 hepatitis C class action settlement fund would be subject to a surplus in the range of $ 250 million. Whereas a Joint Committee was formed in Quebec and in other Canadian provinces to exchange with people infected with the virus of hepatitis C (HCV) and members of their families who benefited from the regulation in order to gather their comments and suggestions as to how should be the amount of money that exceeds the total of the financial obligations which are provided for in the regulation. Whereas the courts will receive the recommendations of the various parties and hear their representations in June 2016 at a joint hearing and that they can then make their decision taking into account various elements listed in the judgment of the regulations.

Here is some recommendation to the Joint Committee

-The surplus funds of the Fund should remain for the benefit of the members of the appeal and must not in any way be returned to the federal or provincial governments.

-A portion of the surplus should be used to improve the compensation for claimants current, improving equitable indemnities for: each level of severity of illness, loss of income, loss of support, the loss of household services, the costs incurred for the funeral and other out-of-pocket expenses reimbursed, treatments, associated or not to the payment of a lump sum equivalent to each applicant.

-A share of the surplus should be used to develop insurance programs (life, health, travel, etc.) and thus enable people who are currently not eligible for life insurance, due to the infection with HCV, benefit from some coverage. Many (if not all) have lost access to insurance or had to pay excessive insurance premiums after contracting Hepatitis C 1986-1990. This would also allow many hemophiliacs, often inadmissible a priori, infected with hepatitis C to take advantage of such blankets.

- Accept that the applicants late, but eligible, have access to the Fund. A number of people were infected with blood contaminated during the 1986-1990 period, but have been excluded due to the date of June 30, 2010 application deadline. All people (who meet the acceptance criteria) should be included, regardless of deadlines.

- Postpone final limit beyond June 30, 2010. More than 40% (estimate) of people living with chronic hepatitis C in the Canada still do not know they are infected. Since the 1986-1990 regime covers people infected through transfusions and haemophiliacs, and because it is possible that people from the 1986-1990 period still unaware that they are infected. These persons should also be included, and this, even if it is not a large number of people. In fact, everyone (who meet the acceptance criteria) should be included, regardless of deadlines.

Other suggestions to consider:

-For access to claims arising from loss of income, the claimant should not have to wait for its return of income for the year in question is produced and that the notice of assessment is issued by the Canada Revenue Agency.

-Relax the eligibility criteria (based on the salary of the best three consecutive years) for the calculation of the loss of income. Consider the three best consecutive worked years or, if it is more advantageous for the applicant, refer to the average wage in the industry in Canada (as for the calculation of the loss of support).

-Continue the compensation for loss of income beyond the age of 65 years or pay compensation for loss of support instead of loss of household services in place.

-Still in with respect to loss of income, and specifically for people co-infected with HIV, how the compensation of the multi-provincial / territorial assistance (PPTA) program are currently used in the calculation of annual earnings is unjust and must be changed. The amount received under the ATCP should not be taken into account in this calculation.

-The loss of pension and social benefits (RRSP, group insurance, program etc.) linked to the fact that the applicant could not work enough time, had been fired or had quit his job (when it came to Executive in particular) because of their HCV infection.

-In the case of loss of domestic service, the attending physician form is complicated and difficult to understand for both the patient and the physician. Due to a shortage of doctors and the erosion of institutional memory concerning contaminated blood and related issues, patients are trying constantly to explain and explain their right to submit a claim. Many applicants are frustrated (often because they have more access to a physician who owns their medical history or who does not understand the whole situation) and it is feared that some waive claim the compensation to which they are entitled.

-Allow people, who had initially refused to join the Fund by accepting the single lump sum settlement of $50,000, to have access to the surplus. Due to medical advice usually widespread at the time, a number of people felt that they did more for a long time to live and have chosen the $50,000 settlement, because they assumed that they do live long enough to enjoy other monies from the Fund.

-How do ensure us that hepatitis C has directly or indirectly caused the death? Whatever the cause of the death of the applicant, his compensation linked to hepatitis C may have constituted the greater part of his family income in the last years of his life. It is unfair for the surviving dependants that stipulated that hepatitis C has not significantly contributed to the cause of death.

-The surviving dependants (for applicants who continue to die) include little scheme and the manner of applying what they have right.

[redacted]

Applicant in the context of the relative to 1986-1990 hepatitis C class action settlement

Surplus dans le cadre du règlement du recours collectif relatif à l'hépatite C 1986-1990

Préambule

Considérant que, selon les prévisions actuarielles les plus récentes, le fonds du Règlement du recours collectif relatif à l'hépatite C 1986-1990 serait assujetti d'un surplus de l'ordre de 250 millions de dollars. Considérant qu'un Comité conjoint a été formé au Québec et dans d'autres provinces canadiennes pour échanger avec les personnes infectées par le virus de l'hépatite C (VHC) et les membres de leur famille ayant bénéficié du Règlement afin de recueillir leurs suggestions et commentaires quant à la façon dont devrait être distribué le montant des sommes qui excède le total des obligations financières qui sont prévues au Règlement. Considérant que les Tribunaux recevront ces recommandations des diverses parties et entendront leurs représentations en juin 2016 lors d'une audition commune et qu'ils pourront ensuite rendre leur décision en tenant compte de divers éléments énumérés au jugement d'approbation du Règlement.

Voici quelques recommandation au Comité conjoint

- Les sommes excédentaires du Fonds doivent rester au bénéfice des membres du recours et ne doivent d'aucune façon être retournées aux gouvernements fédéral ou provinciaux.

- Une part du surplus devrait être utilisé pour améliorer l'indemnisation des requérants actuels, en bonifiant équitablement les indemnités versées pour : chacun niveau de sévérité de la maladie, la perte de revenus, la perte de soutien, la perte de services domestiques, les frais engagés pour les soins, les funéraires et les autres menues dépenses remboursées, et ce, associé ou non au versement d'un montant forfaitaire équivalent pour chaque requérant.

- Une part du surplus devrait servir à mettre sur pied des programmes d'assurance (vie, maladie, voyage, etc.) et ainsi permettre aux personnes qui ne sont pas admissibles actuellement à l'assurance-vie, en raison de l'infection par le VHC, de bénéficier d'une certaine couverture. De nombreuses personnes (sinon toutes) ont perdu l'accès aux assurances ou ont dû payer des primes d'assurance excessives après avoir contracté l'hépatite C en 1986-1990. Cela permettrait aussi à de nombreux hémophiles, souvent non-admissibles a priori, ayant contracté l'hépatite C de profiter de telles couvertures.

- Accepter que les requérants tardifs, mais admissibles, aient accès au Fonds. Un certain nombre de personnes ont été infectées par du sang contaminé pendant la période 1986-1990, mais ont été exclues en raison de la date limite de demande du 30 juin 2010. Toutes les personnes (qui satisfont aux critères d'acceptation) devraient être incluses, indépendamment des dates limites.

- Reporter la date limite finale au-delà du 30 juin 2010. Plus de 40 % (estimation) des personnes vivant avec l'hépatite C chronique au Canada ne savent toujours pas qu'elles sont infectées. Étant donné que le régime 1986-1990 couvre les personnes infectées par transfusion, ainsi que les hémophiles, et étant donné qu'il est possible que des personnes de la période 1986-1990 ne sachent toujours pas qu'elles sont infectées. Ces personnes devraient aussi être incluses, et ce, même s'il ne s'agit pas d'un grand nombre de personnes. En fait, toutes les personnes (qui satisfont aux critères d'acceptation) devraient être incluses, indépendamment des dates limites.

Autres suggestions à considérer :

- Pour l'accès aux réclamations liées à la perte de revenus, le requérant ne devrait pas avoir à attendre que sa déclaration de revenus de l'année concernée soit produite et que l'avis de cotisation soit délivré par l'Agence de revenu du Canada.

- Assouplir les critères d'admissibilités (basés sur le salaire des trois meilleures années consécutives) pour le calcul de la perte de revenu. Tenir compte des trois meilleures années travaillées non-consécutives ou, si cela est plus avantageux pour le requérant, se référer au salaire moyen dans l'industrie au Canada (comme pour le calcul de la perte de soutien) .

- Poursuivre les indemnités pour perte de revenus au-delà de l'âge de 65 ans ou verser des indemnités pour perte de soutien au lieu de perte de services domestiques en lieu et place.

- Toujours en ce qui à trait aux pertes de revenus, et spécifiquement pour les personnes co-infectées au VIH, la manière dont les indemnisations du Programme provincial et territorial d'aide (PPTA) sont actuellement utilisées dans le calcul des revenus annuels est injuste et doit être changée. Le montant reçu dans le cadre du PPTA ne devrait pas être pris en compte dans ce calcul.

- La perte de régime de retraite ou d'avantages sociaux considérables (REER, programme d'assurances collectives, etc.) liée au fait que le requérant n'ait pu travailler assez de temps, ait été licencié ou ait dû quitter son emploi (lorsqu'il s'agissait de poste de cadre en particulier) en raison de son infection au VHC.

- Dans le cas notamment des pertes de service domestique, le formulaire du médecin traitant est compliqué et difficile à comprendre à la fois pour le patient et le médecin. En raison d'une pénurie de médecins et de l'effritement de la mémoire institutionnelle concernant le sang contaminé et les questions connexes, les patients essaient constamment de s'expliquer et d'expliquer leur droit de présenter une réclamation. De nombreux requérants sont frustrés (souvent parce qu'ils n'ont plus accès à un médecin qui possède leur historique médical ou qui ne comprend pas l'ensemble de la situation) et il est à craindre que certains renoncent à demander les indemnisations auxquelles ils ont droit.

- Permettre aux personnes, qui avaient initialement refusé d'adhérer au Fonds en acceptant le règlement unique forfaitaire de 50 000 $, d'avoir accès au surplus. En raison de l'avis médical généralement répandu à l'époque, un certain nombre de personnes ont estimé qu'elles n'en avaient plus pour longtemps à vivre et ont choisi le règlement de 50 000 $, car elles supposaient qu'elles ne vivraient pas assez longtemps pour profiter d'autres sommes du Fonds.

- Comment nous assurer que l'hépatite C a directement ou indirectement causé le décès? Quelle que soit la cause du décès du requérant, son indemnisation liée à l'hépatite C peut avoir constitué la plus grande partie des revenus de sa famille dans les dernières années de sa vie. Il est injuste pour les personnes à charge survivantes que le Fonds stipule que l'hépatite C n'a pas sensiblement contribué à la cause du décès.

- Les personnes à charge survivantes (des requérants qui continuent de décéder) comprennent peu le régime et la manière de demander ce à quoi elles ont droit.

[redacted]

Requérant dans le cadre du Règlement du recours collectif relatif à l'hépatite C 1986-1990

HepC8690 Joint Committee August 22, 2015

RECEIVED
AUG 2 7 2015

To the Joint Committee in response to your newsletter received August 4, 2015.

My name is [redacted]. I come from a family of 11 children, my father died in 1968 leaving my mother to raise 11 children on her own. He had Von Willebrand's disease.

Of the 11 children, 2 have died as a result of tainted blood, and I still have 4 living family members who are receiving compensation for Hep C.

I am fighting for my brother [redacted] to be accepted by the EAP for his HIV that was declined in July 1991.

It is 2015 and we are still providing proof he was tainted prior to 1990, that is another story.

I have read and reread this letter you sent and I am appalled that the Joint committee has the audacity to even admit to having a surplus that is only estimated with a difference of 20 million? First what kind of accounting firm did you hire? Where is the 20 million and why did you even let this be known?

So I concluded that you are asking what areas of the settlement fall short and how should the surplus be used.

I went to the website and tried to look at the 91 page document of the settlement and when I first started reading I was shocked by the monetary value of administering and working for this settlement.

Really GST and PST is paid in the millions, people are dying from this so called tainted blood and they never saw anything close to this kind of money? Why is this? Why is the fund only paying $17 thousand a year to a person like my brother, who is unable to work and he gets a letter from you asking what to do with 236 or 256 million, do you see what is wrong with that?

I am going to suggest you first of all increase the pay out to those already receiving this claim to at least include the cost of living or has much of the 236 or 256 million you can spare for that!

Second the settlement falls short in the fact that the government not the people affected are the ones making the most money of this settlement. By that I mean don't add how much you pay out, add how much it costs in court, committee's and accounting fees!

I'm going to pray now to God to provide you all with the wisdom and trust that you will do the right thing and help those affected!

Yours truly,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: [redacted]
Subject: 1986-1990 Hepatitis C Settlement Letter
Date: Sunday, August 23, 2015 18:36:54
Importance: High

I am email to find out more about the content of the letter I received as per above and about the Joint Committee. I would like to tell you about my case as I am not sure how this letter I received impacts me, I am hoping you will be able to explain or direct to the person who can explain.

My name is [redacted] and I was born in McMaster Hospital in Hamilton ON on April 23/1990. I was very premature and in June 1990 I received blood transfusion due to some complications. My father wanted to give his blood but they said I needed it now and the screening would be too long of a process. We were not given an option to over rule that decision.

I think it was when I was about 7 yrs old my parents received a letter to be checked for HepC, and since my mom received blood during her pregnancy she had to get tested as well. I was showing the antibody. So from there on I was seeing someone in McMaster for follow up blood testing. I am not sure I am explaining it right but I have the antibody but I have not developed HepC. My mother, [redacted] who took care of all the paperwork on my behalf had to fill out alot of paperwork and have a lawyer sign it and then sent off to HepC Class Action and they put $10,000 in a trust fund for me until I was 18yrs old.

I have had blood testing at my doctor recently and still showing antibody (I am not sure if I have the right word). I have read things and been told that several other people who received blood during the same time as myself, received alot more (25,000 - 35,000). Not sure why they received more.

I would appreciate it if you could email me to let me know if I qualify for more for my situation and what this letter means for me. If you need to discuss over the phone, I give you permission to speak to my mother, [redacted] who dealt with everything for me as I don't know as much as her about this.

Sincerely,

[redacted]

August 23, 2015.

Page 1 of 2

Kathryn Podrebarac,

Prodrebarac Barristers Professional Corporation,

Suite 701, 151 Bloor Street West,

Toronto, Ont. M5S 1S4 FAX 416-348-7505

Dear Ms. Podrebarac,

RE: [redacted], HEPC8690 CLAIM NO. 17654

Please be advised that I am unable to attend the HepC8690 Meeting on August 25, 2015 at 7:00 p.m. as I have pneumonia.

I would like to submit a suggestion that I continue to receive the "Loss of Services in The Home" annual payment until the day I die. Along with that I would also like to receive a lump sum payment. Of course the more the better, as long as this does not cancel the "Loss of Services In The Home" annual payment.

Also, I have a Medical Marihuana prescription for pain from arthritis and tendonitis as I cannot take NSAIDs due to cirrohosis of the liver causing the lining of my upper stomach to bleed, etc. The Medical Marihuana prescription of 4 grams a day was approved by Health Canada in 2012. The prescription was signed by Dr.S.H.C Li, 99 Sinclair Avenue, Ste.214, Georgetown, Ont. L7G 5G1. Tel: 905-873-0125. Fax 905-873-3399. Although I am 71 years old, OHIP will not pay for this prescription, and I am submitting a request that HEPC8690 pay for it. I did phone HEPC8690 about this prescription a few years ago and they said they do not normally pay for this type of prescription. (Copy attached)

I want to express my thanks to you and HEPC8690 for all your help over the years. HEP8690 have been very kind and extremely helpful.

Yours truly,

[redacted]

[redacted]

[redacted]

Page 2 of 2
1400

Ontario Ministry of Health and Long-Term Care

Individual Eligibility Review Branch
5700 Yonge Street 3rd floor
Toronto ON M2M 4K5

Request for an Unlisted Drug Product
Exceptional Access Program (EAP)

Please fax completed form and/or any additional relevant information to 416 327-7526 or toll-free 1 866 811-9908; or send to the Individual Eligibility Review Branch (IERB), 3rd floor, 5700 Yonge Street, Toronto ON M2M 4K5. For copies of this and other EAP forms, please visit http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html

The Executive Officer (EO) of Ontario Public Drug Programs considers requests for coverage of drug products not listed in the Ontario Drug Benefit Formulary under the Exceptional Access Program (EAP). This form is intended to facilitate requests for drugs considered under the EAP. The EO may request additional documentation to support the request. Please ensure that all appropriate information for each section is provided to avoid delays.

Section 1 – Prescriber Information

First name: S. H.
Initial: C
Last name: Li
Mailing Address
Street no. [redacted] Street name [redacted]
City [redacted] [redacted] Postal code [redacted]
Fax no. (   )
Telephone no. [redacted]

Section 2 – Patient Information

First name [redacted] Initial [redacted] Last name [redacted]
Health Number [redacted]
Date of birth (yyyy/mm/dd) [redacted]

☒ New request ☐ Renewal of existing EAP approval (specify EAP#)

Section 3 – Drug Requested

Requested drug product: DRIED MARIHUANA
DIN
Strength / Dosage form: 4 gram
Frequency of administration: DAILY
Expected start date: IMMEDIATELY
Duration of therapy: PERMANENT

Section 4 – Diagnosis and Reason for Use

Diagnosis for which the drug is requested: RECURRENT BLEEDING ULCER ; OSTEOARTHRITIS KNEES ; HEP C c Li[illegible] NIDDM CHRONIC PANCREATIC INSUFFICIENCY ; HYPERLIPIDEMIA CIRRHOSIS

Reason for use over formulary alternatives: UNABLE TO TAKE NSAID ; RISK OF RECURRENT BLEEDING ULCER

If the patient is currently taking the requested product, please provide start date & objective evidence of its efficacy:
PATIENT HAS BEEN USING MEDICAL DRIED MARIHUANA FOR PAIN RELIEF PAST TWO YEARS + APPEARS VERY EFFECTIVE

Section 5 – Current and / or Previous Medications

a) Please provide details of alternatives *(listed drugs and/or non-drug therapy)* tried for this condition:

Name of drug *(indicate if current or previously taken)*		Dosage	Approximate timeframe of therapy	Reason(s) why formulary alternatives are not appropriate
TYLENOL #3	☐ current ☒ previous	t.i.d		INEFFECTIVE + LIVER TOXICITY
	☐ current ☐ previous			
	☐ current ☐ previous			
	☐ current ☐ previous			

b) Provide patient's concomitant drug therapies for other conditions:
Losec 20mg B.i.d
Celebrex 200mg od
Metformin 500mg B.i.d
Altace 5mg od
Lasix 40mg od
Metoprolol 50mg ½ B.i.d.
Cotazym-ecs
Cymbalta 60mg od
ASA 81mg od
Wellbutrin XL 150mg
[illegible] 300 B

Section 6 – Clinical Information

Please provide relevant medical data *(e.g. culture and sensitivity reports, serum drug levels, laboratory results)*:

The information on this form is collected under the authority of the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sched. A (PHIPA) and Section 13 of the *Ontario Drug Benefit Act*, R.S.O. 1990c.O.10 and will be used in accordance with PHIPA, as set out in the Ministry of Health and Long-Term Care "Statement of Information Practices", which may be accessed at www.health.gov.on.ca. If you have any questions about the collection or use of this information, call the Ontario Drug Programs Help Desk at 1 800 668-6641 or contact the Director, Individual Eligibility Review Branch (IERB), Ministry of Health and Long-Term Care, 3rd floor, 5700 Yonge St., Toronto ON M2M 4K5.

Prescriber signature *(mandatory)*	CPSO number	Date
	31603	9-3-2011

DR. S.H.C. LI
FAMILY PHYSICIAN
SUITE 214, 99 SINCLAIR AVE.
GEORGETOWN, ONTARIO, L7G 5G1
TELEPHONE 873-0125

[redacted]

[redacted]

RECEIVED
SEP 1 5 2015

August 23, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S 1S4

Dear Ms. Podrebarac:

I am writing this letter on behalf of [redacted] and myself, [redacted], in response to a letter we received from the Joint Committee for the 1986-1990 Hepatitis C Settlement Agreement. It is understood that there is a surplus estimated to be between $236 million to $256 million in the Trust Fund.

First to identify ourselves. [redacted] is the Mother of [redacted] and [redacted]. Both of her children, who were hemophiliacs, died in 1998 and 1999 respectively, as a result of being infected with Hepatitis C through blood products that they required to live. [redacted] was my husband.

It is our opinion that any surplus monies in this Trust Fund belongs to all family members who have been impacted by this tragedy. It was the government's responsibility to ensure that blood products were safe and, of course, because of pure negligance on their part, this was not the case. Because of this, many people who relied on blood products were infected through no fault of their own.

I could go on and on about this terrible tragedy, but the fact that government has taken responsibility for this, speaks volumes.

Please continue to do the right thing and disperse this surplus money to family members, where it rightly belongs. There is no amont of money that can ever compensate for the loss that family members feel and the hardship endured, but I am sure that those whose lives were so tragically taken would want to know that their loved ones were taken care of.

Thank you.

[redacted]

Claim# 01100315 (HE)

RECEIVED
AUG 2 8 2015

August 24th, 2015

To who it may concern;

I received the current information regarding the 1986-90 Hep C fund surplus, and am adding my voice to those concerned about its dispersal.

There are very real faces and families behind this issue, and I feel the matter should be dealt with as swiftly as possible. After diagnosis I lived with the knowledge that I was going to die, every day waking up wondering if this was my last day. Every time I took ill, I worried "this is it". This most certainly takes a toll after a while. Trying to raise a family as your health deteriorates and you've lost your career you worked so hard to attain, also takes a toll, not just on me but on my immediate and extended family as well.

My health declined to the point that I started treatment for Hep C. 6 weeks into the program I had to cease treatment as the side effects were both debilitating and life threatening, some of the side effects I experienced were never heard of before. Again, this takes a tremendous toll on myself and my family, some of which you never really get over. I may no longer have the virus in my body but I will always have it in my head.

My feelings are as follows:

- the victims who made the choice at the time to take the one time payout should be allowed back into the fold

- absolutely in no uncertain terms should the government be allowed to claw back any of the surplus

- allow those who applied although beyond the original deadline, to be considered

- enhance benefits to existing claimants (life insurance etc)

- disperse the remainder of the surplus equitably between the survivors, and do so in a timely manner, so as to alleviate some of the hardships they undoubtedly still endure

I feel these are worthy of your consideration, and hope the timeline you provided will be adhered to to expedite the entire process so survivors and their families can perhaps benefit while still alive.

Sincerely,

[redacted]

RECEIVED
AUG 2 7 2015

August 24th, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4

Re: **The Joint Committee/Surplus**

Dear Ms. Podrebarac,

My grandfather was the love of my life and on May 13th 2014, he died from complications of Hepatitis C. He was given an infected blood transfusion during his surgery in the late 1980`s. I was lucky enough to have him babysit me when I was young and I quickly learned that "gramps" was the best. He had a great sense of humour, he was generous and I basically had him wrapped around my little finger. I have so many fond memories of him that I will always cherish. It was incredibly alarming to see him go from happy and competent to sad and disabled. He would come over to our house and fall down. He would be too weak to go to our family birthday parties and when he did come over, he would want to go home shortly after arriving. He definitely became a shell of a man. I`m devastated that he won`t be there to see me get married, I am bitter that he didn`t live longer and I am crushed that he suffered. I am sending you a picture of me and my grandfather so you can put a face to this horrible tragedy. Even though we are talking about what to do with the millions in surplus, this is very much a human matter where lives are and were torn apart.

It is my wish that the entire **surplus** be distributed amongst the victims and the families who have lost those dearest to them. The $600.00 I received from the Hepatitis C Settlement Department is an insult as far as I am concerned, both to me and my grandfather. Please set a precedent to protect the victims and make those who have been deadly carless, far more accountable.

Sincerely,

[redacted]

Photo(s) submitted
but not included
for privacy reasons

RECEIVED
AUG 2 7 2015

August 24th, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4

Re: The Joint Committee/Surplus

Dear Ms. Podrebarac,

In the late 80's, my father became infected with the Hepatitis C Virus after receiving a tainted blood transfusion during his triple bypass surgery. On May 13th 2014 my dad passed away at the age of 83 from atherosclerosis. Atherosclerosis is a Hepatitis C related disease that causes hardening of the arteries. It narrows blood vessels, which in this case, caused my father to have either a heart attack and/or stroke. Our father was extremely fit and active well into his seventies. He took good care of himself knowing Hep C and a healthy lifestyle were pertinent in managing the disease. He went to the YMCA five days a week and volunteered when he wasn`t working out. However, slowly, there were tell tale signs that his sickness was taking its toll on him. He could no longer enjoy his aerobic or cycling classes and he started to experience dizzy spells, lethargy and weakness. By the time he turned eighty, he quickly went from walking on his own to using a cane and then a walker. The brain MRI`s and CAT scans did not reveal the fact that his arteries were hardening and that his vessels were compromised. For the next few years, my sister and I watched our father deteriorate. He began to have seizures and falling down became a regular occurrence. My father had always been a proud and independent man so a nursing home was out of the question. We had to go to his apartment several times a week to clean, cook, grocery shop, do his laundry and take him to his appointments as he was too weak to do it himself. At one point, I took a leave of absence from work to look after him. Subsequently, he became very depressed and he would lie in bed all day long wondering what was wrong with him. I believe he suffered greatly while complications from Hep C were quickly and silently killing him. After he passed, my siblings and I received approximately $6700.00 each from the Hepatitis C Settlement Department. Ultimately, we used a lot of that money to pay for his funeral as he lived primarily on government funds.

With regards to the **surplus**, I feel the money should go to the Class Members and the Family Class Members as we have all suffered along with the victims of this heinous blunder. While it's too late for the money to help my father's quality of life, I believe he would want all the money to be divided amongst his family and all the other families who have undergone suffering or who have experienced a great loss. Our whole family was robbed of years that could have otherwise been spent with a happy, healthier father, grandfather and great grandfather. We pray a just and right decision is made.

Sincerely,

[redacted]

RECEIVED
AUG 2 7 2015

August 24th, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4

Re: The Joint Committee/Surplus

Dear Ms. Podrebarac,

On May 13th 2014, I lost my grandfather due to Hepatitis C complications. It has been a terrible loss for our family. My grandfather was the funniest, most generous man I know. He didn`t have much, but he gave what he could. When his HEP C money came in each year, he would make sure to buy us something. When I was younger, he bought me my first pair of skates and my first Leaf Jersey. As I grew, there were many trips to the park, Toys R Us, ball games and the zoo. When I got older, he completely supported my dream to become an artist; he was there for me whenever I needed anything. It was awful to see my grandfather deteroiate and become very weak and disabled. Growing up, all I knew was a man that loved to go to the YMCA, dance and act years younger than his age; slowly, all that changed. He had to start using a cane and then a walker and he no longer had the same love for life. He became very frail, lost a lot of weight and he couldn`t show up to a lot of our family functions. I wish he was still here and I miss him very much.

I know my grandfather would want the surplus money to go to the families of those that have suffered. Like I said, he was a generous man and he would want the money divided up so that the people he loved would be able to make a better life for themselves. Like my grandfather, I think the money should go to the Class Members and Family Class Members. I don`t believe the money should be given back to the Federal Government. I received $600.00 from the Hep C Settlement Department after my grandfather died. I'd gladly give up the money to have my grandfather back. I don't think the Federal Government should rob the sick and surviving family members from the money that is rightfully theirs. I think we have been deprived enough.

Yours truly,

[redacted]

RECEIVED
SEP 10 2015

Victor Dohar and Lindsay Dohar
151 Pickwick Drive
Ottawa, ON K2J 3B2

Maria V. Dohar
901-1081 Ambleside Drive
Ottawa, ON K2B 8C8

Kathryn Prodrebarac
Prodrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4

August 24, 2015

Dear Ms. Prodrebarac,

Thank you for the letter we received from the **Joint Committee** of the **1986-1990 Hepatitis C Settlement Agreement.** Please consider this letter our response to the input requested on the areas of 1) the settlement that we feel falls short and 2) how we think the surplus should be used. My mother [redacted] and my two children [redacted] also received the same letter and request. As Family Class Members, we discussed this request and have mutually agreed to the following response.

1) Regarding the current settlement, we do not believe there are any areas where the settlement fell short.

2) Regarding how the surplus should be used, we strongly feel that keeping the surplus in the trust fund would not serve its purpose, and should be distributed to Class Members and Family Class Members. We would like to make the following recommendations:

a) Firstly and most importantly, since the Class members and their spouses are aging, a sufficient amount of the surplus should be used to ensure coverage for their continuing care. For example, they should be guaranteed to receive financial support for unexpected medical expenses, disabilities, professional medical treatments, and expenses related to continuing care and nursing facilities.
b) Secondly, the remainder of the surplus should be distributed equally to Class and Family Class members in the form of a lump sum. An option for children and grandchildren could be to have this sum, or a portion thereof, go directly towards the costs of post-secondary education or into an RESP. Family Class members could be required to apply or make their intentions known if this is an option that they prefer.

Should you require any further information, please contact me at [redacted] or by email [redacted]. We look forward to future correspondence.

Regards,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: hepc8690
Date: Monday, August 24, 2015 10:17:42

I received a letter in regards to the surplus for the HepC Settlement Agreement.

In my opinion,the surplus should to towards the immediate family members .

However, I also feel the people who were (are) infected with Hep C also should be kept in mind for the compensation package.

I appreciate the opportunity to be able to put in my input into the surplus.

Thank you,

[redacted]

[redacted]

Aug 24/15

re [redacted]
Claim # 14557.

Kathryn Podrebarac,
Podrebarac Barristers Professional Corporation,
Suite 701, 151 Bloor St. West,
Toronto, Ontario M5S 1S4
Telephone 416-348-7502
Fax 416-348-7505
E-mail kp@toughcounsel.com.

To Kathryn Podrebarac,

Dear Ms. Podrebarac,

This letter is in response to the correspondance sent by the Joint Committee for the 1986-1990 Hepatitis C victims. I, along with my family members, stand in full agreement with the Joint Committee's application to the courts, to allocate the available surplus funds to Class Action Members and/or to Family Class Action Members of Hepatitis C. The compensation fell short not only for the victims, such as my father [redacted], who suffered for years, unaware and not informed of having contracted Hep-C as a result of by-pass surgery in 1988. The financial compensation to family members, also fell short due to the deep loss and to the years of ongoing care and support for our loved one.

In the following pages, I will summarize the course of events and the suffering of my father, due to Hepatitis C - and also due to the fact that it was kept hidden + secret for years, with no accountability by Red Cross or the hospital. The whole family suffered trauma with the shocking news of my father's illness. He was robbed of a quality of life and so was his family in many ways. My father died in August of 2010, but that illness took a good part of his life from the surgery ongoing, way before his actual death.

My father was admitted to hospital by ambulance after fainting at a family Christmas Eve gathering. After doing several rounds of blood testing, the hospital advised the Health Unit first and then contacted my father in about 2003. I requested hospital records and to my shock discovered a report dated from 1994 that confirmed that my father had in fact received tainted blood in his heart by-pass surgery operation in 1988. No letter, nothing from 1994 to his hospitalization in 2003 to advise him of Hep. C. testing. The Health Unit directed the family to the Hepatitis C 1986-1990 Claims Centre as the cost of retaining a lawyer was too high

Drug Treatment is available in the early stages of Hepatitis C. However, by the time, my father was taken to the immune specialist, he was too far along with the illness to receive treatment. It was no longer an option. That was disappointing and extremely emotionally upsetting due to the large time lapse that took place.

A liver biopsy was done, and the blood work confirmed Hepatitis C. Over the years, my father experienced severe debilitating symptoms such as severe stomach bloating, weakness and extreme fatigue. At times he could hardly walk a short distance

He lost over 40-50 pounds and most likely developed cancer in his liver, causing the severe weight loss. He also experienced much mental confusion. He made decisions that were definitely not "like him". For years we couldn't understand what he was going through. He bought and mortgaged a second house and put a mortgage on his first house which was paid off. He bought a second car. He didn't file Income Tax with Revenue Canada for three years. He lost both houses and his two vehicles. He hadn't paid his water bill in months and his water in the house was shut off by the local hydro company. We paid the bill. He had a stroke the next day, I believe due to the stress. There was a lot of mental confusion and yet he was in some ways still able to live independently in his own apartment He managed, but not very well. Being a proud man, he would only receive our help as we insisted and saw there were so many needs. He was hospitalized innumerable times as his hospital records show. He mismanaged his finances because he was not able to, where he had in the past. What I am describing in such detail, is the fact that

Hepatitis C robbed my father of any quality of life. It also put our entire family in a stressful, demanding situation, with little outside support.

I hope the history of 1 victim of Hepatitis C, will give you all a clear picture of the inadequacies of the compensation for long term sufferers of Hep C and for their resulting deaths. Also each family member & grandchild should have been given a more substantial settlement for their deep loss of their loved one, dying at an earlier age, and for the suffering, ~~ongoing~~ years of care & support that were required of the family.

In closing, it is our family's

belief and conviction that the surplus funds, belong to and should be allocated to Class Action Members and /or Family Class Action Members of the tragic occurrence of Hepatitis C..

Thank you so much for giving us this opportunity to hear our voice in this matter and we trust that we will be well represented and therefore a favourable decision on our behalf will be made. We are in gratitude for all of your efforts & hard work.

Yours truly,

[redacted]

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AUG 3 1 2015

August 24, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S 1S4

RE: 1986 – 1990 Hepatitis C Settlement

To Whom It May Concern:

With reference to the letter sent to myself and the [redacted] regarding Surplus funds in the Trust Fund, I feel that these funds should be distributed equally to all those that have previously received payments under the program. The list is already compiled and therefore it should be just a matter of a calculation until all surplus funds have been distributed. Thank you for your attention and considering my input into this matter.

Sincerely, [redacted]

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: HepC claim # 01402066
Date: Monday, August 24, 2015 13:24:59
Attachments: Untitled.pages

Please find attached the letter regarding my decision about Surplus monies.
Could you please let me know when you receive this email.
Thanking you in advance
[redacted]

August 23, 2015

[redacted]

Claim #01402066

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street
Toronto, ON
M5S 1S4

Dear Ms Podrebarac,

After receiving the letter from the 1986- 1990 Hepatitis C Settlement Group the first week August 2015, I have decided to write a brief letter supporting a decision that the surplus claim money be awarded to all claimants.

In May of 1987 I had a hysterectomy and received a blood transfusion at that time. Perchance, in 1995 a nursing colleague heard that anyone who had a transfusion between 1986 to1990 should have their blood tested. I did so and tested positive for Hep C. As you can imagine this was a shock. At that time my family doctor sent me to Dr Ghent, a specialist in London, He stated that I was obese (130 lbs) and that my enzymes were elevated due to this and not the transfusion. There was no followup requested by this specialist.

I was working as a nurse and was very fatigued and stressed as I did not want to have any close contact with patients because of my diagnosis, so VON reduced my caseload and had me do Mental Health nursing. The fatigue continued and resulted in an early retirement in June of 1997. This was a great financial burden to me as there was not a large pension available and I had been widowed since 1988.

In 1997 my Naturopath, Dr Mark Percival, started me on a regimen of natural medications that have maintained my health at an acceptable level although fatigue continues to plague me.

In December 2003 I received a settlement of $32106.34 that I believe does not fully compensate me for all the financial burdens that have been placed on me, never mind the stress and anxiety caused by this diagnosis. I was so ashamed that I had HepC I never felt I could share it with family or friends. There was so much fear, depression, and a quality of life that was destroyed and then the physical results of increased blood sugar and hypertension also affected my life.

In 2013 I received a letter to make a claim for expenses. I was able to obtain records for naturopathic drugs I had received since 2006 which totalled $13000.00 (Denied) and some parking expenses and lunches for appointments for which I received $306.25. The drugs they felt should be checked and approved by a doctor and Dr Mark Levstik in June, 2014, a liver specialist, who said that he could not do this. Dr Levstik also did a microfibre ultrasound that showed a little scarring which is 0-1 disease related and I feel that my Naturopath has helped maintain my condition so that there has been limited damage.

This a very brief synopsis of my story, that cannot possibly show the anxiety and anger that I feel with this situation. Therefore please ensure that the surplus money goes to each and every one who has suffered because of this grave medical error.

Sincerely

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Follow Up Letter
Date: Monday, October 12, 2015 12:14:58
Attachments: [redacted] docx

Good afternoon Kathryn,

Please find attached, my most recent submission to you. If you have any further questions, please feel free to contact me.

Thank you

[redacted] gmail.com

[redacted]

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Ste 701, 151 Bloor St W
Toronto, ON
M5S 1S4

October 2, 2015

Dear Kathryn,

In the past, the Hep C compensation requested the following Doctors Pellizzari and Parratt, to verify that I took the alternative medications which I submitted. While I was undergoing treatments from Dr. Percival (Chiropractor/Naturopath), I informed each of the medical doctors of my treatments from Dr. Percival. This way they were all aware of these medications which were part of my program. As they did not prescribe the individual medications, they cannot verify each of my meds prescribed by Dr. Percival. This claim is in excess of $13,436.67 and is still outstanding. My treatment was considered to be a joint approach by doctors from both fields of medicine.

I wish to add to my previous submission to clarify my concerns about Hep C compensation:
In the past, the committee denied compensation to me because I chose naturopathic remedies and treatment for my Hep C. I believe this demonstrates bias and prejudice against patients who choose alternative treatments versus patients who choose treatment from medical doctors. The treatment I chose from Dr. Percival was effective in controlling the Hep C virus in my body. I wish to strongly request your committee recognize the expenses I have submitted from 2006 to 2014. Compensation should not be denied to patients who chose naturopathic treatments.
Due to the Hep C virus, I experience extreme fatigue, depression, anxiety, elevated sugars, and was diagnosed with diabetes. These symptoms prevented me from carrying out many daily routines including care of my home and surroundings. Therefore I had to hire help to care for my property, especially yard work. This expense was a direct result of the Hep C virus and it should have been recognized as a legitimate expense.
Because of the Hep C virus, I had to take an early retirement. With the early retirement, I lost approximately $100,000 plus in earnings. Your committee needs to recognize this as a legitimate cost as well and should not be ignored.

I hope your committee will consider all of these expenses as they all a resulted from the Hep C virus I contracted through the blood transfusion which contained contaminated blood. People who have lived with this virus, have experience differences of symptoms and have chosen different paths of treatment and have incurred different financial losses. We all deserve to have our individual experiences and treatments considered equally. We all deserve compensation.

Sincerely,

[redacted]

From: [redacted] cbrm.ns.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:41:55

Webcast question from:[redacted]

Hello, [redacted] is it possible to have a print out of the screen shots ie: number of claimants and disease levels etc. Also, I hear of lots of death in this Webcast, I am still alive fortunately and don't know when my time will come, but I think there should be another pay out to enjoy and help out my family before I get too sick and cannot help them. I am noticing this past year that I am getting more symptoms of the moderate cirrhosis I have as a result of the tainted blood I received in 1986 at the age of 22. I treatment I was on was Interferion/Ribiron (sorry for the spelling) my side effects were stomach sickness, miss work, weight loss due to this, and thyroid disease, which occurred when I was on interferon drug. Unfortunately I have to leave the session but it was very informative and my husband and I thank you for your time and support. my email is [redacted] cbrm.ns.ca, and look forward to you response. Thank You :)

From: [redacted]
To: Kathryn Podrebarac; jjcamp@cfmlawyers.ca; info@savonitto.com
Subject: Fwd: Surplus Hearing - Hamilton August 26th 2015 - request to attend
Date: Tuesday, August 25, 2015 23:34:27
Attachments: image201946.JPG
Submission on behalf of [redacted] to the Special Hearing on Hepatitis C Joint Committee Hearing.docx

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We are planning to be present at the hearing in Hamilton tomorrow, and would like to submit a statement for consideration. I am forwarding earlier correspondence that was sent to Harvey Strosberg.

Regards,
[redacted]
---------- Forwarded message ----------
From: [redacted]@gmail.com>
Date: Tue, Aug 25, 2015 at 4:42 PM
Subject: Re: Surplus Hearing - Hamilton August 26th 2015 - request to attend
To: Hepatitis C Class Action <hepc@strosbergco.com>

Thank you for the information. We stopped dealing with the claims administrator because, well, you will see in the attached "story" we have gone back and forth a few times over the past 5 years.

We look forward to meeting you in Hamilton tomorrow, and hope that this statement, plus whatever emerges from the hearing will ensure that people who were given blood containing Hepatitis C will be compensated.

Best regards,
[redacted]

On Thu, Aug 20, 2015 at 1:18 PM, Hepatitis C Class Action <hepc@strosbergco.com> wrote:

> Thank you very much for your email and for sharing a bit of your story and views. We very much appreciate it. We look forward to meeting with you in Hamilton next week.
>
> The claims administrator has retained the documentation that you have submitted. Your claim is considered in progress awaiting outstanding documentation required.
>
> You may contact the claims administrator:
>
> - **by email at:** info@hepc8690.ca
> - **by regular mail** at :
>
> PO Box 2370
> Station D
> Ottawa, Ontario
> K1P 5W5

- **by telephone**: the toll-free number is 1 877 434-0944.
  Business hours are 8:30 am to 4:30 pm, Eastern Time, Monday to Friday.

- **by fax**: (613) 569-1763.

Hepatitis C 86 - 90 Class Action

phone: 1.866.228.0073
fax: 1.866.316.5308
e-mail: hepc@strosbergco.com

600-251 Goyeau Street | Windsor, ON N9A 6V4

From: [redacted] [mailto:[redacted]@gmail.com]
Sent: Monday, August 17, 2015 12:54 PM
To: Hepatitis C Class Action
Subject: Surplus Hearing - Hamilton August 26th 2015 - request to attend

I am writing as a turned down applicant for support under the 1986-1900 Settlement. I write on behalf of my daughter, [redacted] Your organization has all the documentation in your files (hopefully retained).

We would like to attend Hamilton session as it is the most convenient time and place for us to attend.

I will also be preparing a written submission, as the process was onerous and our application was turned down twice - we are not surprised that there is a surplus - the process was a barrier to receiving compensation for those infected. It did not include compensation for secondary impacts of infection, especially, in our case, at the time when the infected transfusion occurred at the beginning of a long and complex surgery.

Regards,

[redacted]

[redacted]

Submission on behalf of [redacted] to the Special Hearing on Hepatitis C Joint Committee Hearing On How the Surplus in the Fund should be used – August 26, 2015

We are writing to present our experiences that indicate in part why we think there is a surplus. It is our experience that the requirements of the whole application process kept changing and did not fully consider all injury suffered by individuals infected with Hepatitis C from the blood supply.

We applied for recognition twice – each time completing forms that required more blood work, form completion by our physician, a further signature to validate an already documented Power of Attorney. This endless documentation and the changing requirement to meet a specific evidentiary level of proof made the process expensive and time-consuming where the burden of proof ignored the basic fact – [redacted] was infected with Hepatitis C via a blood transfusion in February 1987 during a complex surgery. The surgery was unsuccessful, recovery processes resulted in her becoming deaf (Gentamycin), and made the cost of her care even greater than when she went in.

Can we blame infected blood for this? Uncertain – the care team at CHEO worked a miracle in her recovery after 52 days in ICU – more than once we were told she could not recover. We knew the risks of bacterial infection from this type of surgery - but what we couldn't know at the time was that she was also fighting a viral infection – Hepatitis C.

And it is precisely this point that we would like the Joint Committee to consider, and that the compensation criteria have not addressed – we simply do not know the impact that this viral infection had **at the time of infection.** We know the downstream implications for [redacted] but they are not recognized in the application process nor in the compensation criteria.

Why would this compensation make a difference to [redacted] now?

1. She was born with Down Syndrome so needs help in making life plans and decisions.
2. She is deaf – as a result of the arduous recovery from the surgery in 1987 – adding to the cost of supporting her in community.
3. She continues to receive all her nutrition from an enteral formula administered via J-tube. It was this condition – long-gap esophageal atresia - that the surgery was attempting to remedy.

What was our experience with the application process to support our observation that the process was a barrier to individuals seeking compensation, and contributed to a surplus?

1. We applied with the requested information, using the forms sent to us in 2007. This form indicated that a Hepatitis C HCV antibody test result was required. The initial application form did not indicate date requirements for blood tests. We provided test results from April 1995 which is when our doctor ordered the blood test to screen for HIV and Hepatitis C.
2. We received a letter back On August 27, 2010 saying that the Administrator needed a RIBA test, and could not accept results dated earlier than January 1, 1997. We had submitted traceback information that identified the exact donor unit that was the source of infection.

3. **This added requirement was one more added barrier – especially given the fact that the HCV was positive AND the traceback identified the source of tainted blood.**
4. Not sure if we did the RIBA as requested. We felt that [redacted] had been through enough and were confused by this change of requirement. But I guess the file stayed open.
5. We received another letter in August 19, 2011 indicating that documentation (TRAN/HEMO 3) was missing.
6. I think we gave up at that point. [redacted] care is time-consuming and all indications were that we would receive max. $10K in compensation. She just wasn't sick enough NOW to meet the other levels of compensation.
7. Received another letter in December 2014 indicating that the TRAN/HEMO 3 was missing, and that we had 90 days to get this information in.
8. We had the TRAN/HEMO 3 signed and notarized and sent back.
9. The form was returned to us with a hand-written note, asking that [redacted] co-sign, despite the fact that the Administrator had a copy of the Power of Attorney.

During all this, we spent time talking to front line staff at the agency – there was no appeal process indicated. The last phone call ended abruptly with the staff hanging up in frustration.

Given our experiences, we were not surprised that there is a surplus. We suspect that there were very few awards made. It has taken us 5 years of letter writing, forms submission, doctor's kindnesses and blood testing, as well as phone calls with frustrated staff at the Claims centre where we are, once again, on the defensive.

From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:48:14

Webcast question from: [redacted]

The maximum compensation for Family claimants of a deceased parent who was at a level 6 is capped at $225,000, so this discriminates against families where the parent had 10 children versus 5 or 1 child. The benefit gets progressively smaller the greater the number of children.

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REGARDING VICTIMS OF HEPATITIS C INFECTION FROM BLOOD TRANSFUSIONS

My name is [redacted]. I am currently 58 years old. In the spring of 1987 I was admitted to the Calgary General Hospital for back surgery due to an old football injury and was hospitalized for most of a week. I received blood products intravenously containing the Hep C virus.

In May of 2005, following completion of the Forzani 10K fun run in Calgary, I collapsed when my legs gave out. I could not stand and was very weak. I was taken by ambulance from Claresholm Alberta to Lethbridge, where I was given 6 units of blood, and received the first of many variceal bandings. (Over the last ten years I have had at least 30 of these procedures done). Blood analysis showed that the cause of this severe medical problem was the presence of live Hep C virus in my blood. Accordingly I was told to tidy up my affairs; that I would not likely live beyond the next few weeks. I confirmed with the nurses at a later date that the operating room staff was shocked to see such a bad case of bleeding varices, and that they were sure I would die. This was my welcome to the world of Hep C.

I notified the Hep C fund, and asked for an application form. Nothing became of it. I had just found out I had Hep C, and since I was under the impression that I had days, if not hours to live, I am not sure what happened to the application form. My state of mind was to tidy up my affairs, which I took seriously and undertook immediately.

I am not sure if my doctor sent in the form, or exactly what happened, but the Hep C group denied ever receiving the form. I do recall that it made no sense to apply for what appeared to be a $20,000 settlement. I figured that since I would die in a matter of days, the application would not benefit me. I estimated that the application form, investigations, etc. would take months to complete, and every minute was budgeted to give me the most out of my life. I was home-schooling my problem son at the time and wanted to give him what time I had left.

I felt that $20,000 was grossly insufficient compensation, a slap in the face actually, because Hep C had no cure, and that it could result in a liver transplant. Additionally in my case, the loss of income would have been in the millions of dollars, as I was the major shareholder (controlled 87%) of a Toronto Stock

Exchange public company. I estimated that if I went through the logical progression of Hep C, my damages would be substantial. My thoughts were that I could sue on my own, bypass the Hep C fund, and receive a more realistic settlement. I then discovered that by 2005, the hospital where I had my back surgery had been demolished fifteen years earlier, that there were no records, either from the Red Cross, the hospital itself, or the Provincial billing group. I realized that I could never prove my case with records that would substantiate my claim. The idea of spending any precious time fighting a losing battle would have been fruitless, given the information I had at the time.

I miraculously survived the imminent threat of bleeding to death from my varices, but the illness progressed. I have lived in turmoil for the past ten years, suffering through the debilitating effects of Hep C. In 2010 I was diagnosed with primary malignant liver cancer and was again told to put my personal affairs in order as the tumor was inoperable. Hospice care was recommended, but after pleading my case to a medical committee to perform a new procedure call Radio Frequency Ablation on my "too large" tumor, they agreed to give it a try. To their surprise they were able to destroy it all but I had to be followed regularly with CT scans and ultrasounds to assess if the cancer had returned. The likelihood of its regrowth was 90%. AGAIN I was extremely lucky to beat the odds, the cancer never returned. By 2013 the debilitating effects of liver disease progressed to the point where I became a bed-ridden patient, which caused income to disappear, prescription drug cost to increase substantially, and my wife at the time left me, stating that in her busy life she was ill-equipped to look after a sick person.

I lost all my savings, and possessions fighting to survive. I am now on disability and receive $1,350 a month, well below the poverty line. I contacted the Hep C fund, and they told me I no longer qualified to apply for help, since I had known for over3 years that I had Hep C, a fact confirmed by my request for the application in 2005. I then contacted no less than 6 lawyers, and none would accept a contingency percentage in exchange for legal fees. I do not have any funds, not to mention the $250,000 I was told it may cost to bring the matter to court.

I received a liver transplant on October 15th, 2014. I had to find my own donor, and that took me TEN YEARS. Since I was on my deathbed, the surgeons waved the requirement for size of donor, and I received a liver too small for my body. I now have liver failure again, with my new liver, and unless I can somehow get better, I will soon need further surgery or another transplant.

I feel I was betrayed by my government. My transfusion should have been checked. For a few dollars of prevention, my life would have been spared all this pain and suffering; rather I have received over $750,000 of government medical attention just in the past two years, not to mention the horrible outcome for me and my entire family.

Since there is a surplus, I suggest the fund be used for what it was intended. I am the perfect victim here. I have lost my ability to support myself, lost my family; I am living with constant pain, and the fear that this time I am NOT going to get better. I think the application process is flawed. The government has not made good on its promise to help me as a victim. Rather a technicality kicked me out of the program, and essentially, saves the taxpayer money.

How can you cancel my legitimate claim when you have the SURPLUS money to give me some relief? I have not received one penny for the crime of neglect that has tortured me for a decade. There is money left, and the best way to use the surplus is to give it to people that fell through the cracks, and were UNABLE to complete a claim in time. Don't forget a byproduct of Hep C and liver disease is Encephalopathy, which causes confusion, and mental instability. I have been diagnosed with this, and it may have contributed to the fact that I did not know that I would have a time deadline to apply for help. Hep C has no deadlines. It keeps getting worse until it kills its victims. I believed a disease which is deadly, and has almost killed me 3 times save for the wonderful advances in medicine, was going to kill me too over a long painful process. I figured I would wait and see how bad my case got, and sure enough I am at the top level in the class action compensation guidelines. I have endured almost all the medical problems associated with Hep C, all because of a simple test that could have been run on the blood transfusion I received in 1987! I truly believe I am worthy of some monitory compensation and relief from my current financial state.

My health is still considered "serious". Every day I need morphine to help with the pain. In addition to chronic pain, I suffer from sever ascites, (87% 1 yr mortality). I have severe itching where bile salts float to the surface of my skin, causing breakouts all over my body, and I bleed constantly. The itching is absolutely unbearable. As a result I can't visit my grandchildren, for fear they will contact this awful disease. My abdomen exhibits severe frequent pain, which doubles me over.

I am including photos of my body so you can see for yourselves how Hep C has ravaged it. I am so weak; walking up a flight of stairs is still a major undertaking.

I understand that there will not be a decision until next June, and I may be dead by then. My life has been ruined, and I hold the government responsible, my opinion is that there was criminal negligence in dealing with the lack of testing for Hep C. If I could afford it, I would personally sue, but the disease has caused me to lose the ability to fight, financially, physically, mentally, and spiritually. I am a broken man. I feel I was betrayed in the hospital, and made a victim again through the Hep C financial compensation process that excluded me.

Canada has the reputation of being a humane and caring country, one that treats its citizens honestly and fairly especially those who have suffered great loss through no fault of their own but rather through bureaucratic or medical negligence or mistakes. My faith in my country leads me to believe that this letter and the implicit application contained therein will be reviewed favorably and that adequate recompense will be provided to me from the funds available.

Sincerely,

[redacted]

RECEIVED
SEP 02 2015

To Whom it may Concern: Aug 25/2015
From: [redacted]
Claim # 110155
(Hep C 86-90 Jaint Committee)

To the Joint Committee in response to your news-letter recieved Aug 4th/2015. First & foremost I would like to thank this Committee for this opportunity of revrewing our claims. My name is [redacted] as you may already know, I am another member of family which are the First Trans fused, Hemophilia Von Willbrand's VIII who has been infected and affected directly with the Hep. C. Virus from the blood supply, which was tainted by the Red Cross & the F.P.&T government. I come from a family of 11 children, 6 hemophiliacs (4 Boys & 2 girls). Growing up and surviving with all the complations of just being a Von Willbrand's VIII Example; Nose bleeds, ears, mouth, G.I. bleeds & Menastration. Not to say less than Just a plain hard life. The standard of life has also been like being burnt. Leaving scarrings & affecting every possible phase of my life. Through out these times my family & I have suffered more then our share of hardships. My poor mother had no choice but to resort to using Rags to stop & cover or bleeds. The amount of towels & sheets my mother not only had to rinse the rags in cold water to get the blood out to re-use, was very disappointing & very hard on my mother & other family members. My brothers & sisters were just plain scared, not knowing if we were going to live or die, How Awful. →

Hep C 86-90 Joint Committee [redacted]

1100155
Aug 25/15

My mother passed away with-out a penny. Her telephone bill was not even paid at the time of her death. Although being sick & having the Virus I took a job waitressing at the St. Boniface Hotel so I could pay for her head stone. It said [redacted] loving wife of [redacted] and her loving 11 children, Rest in Peace Mother. Sorry to say the amount of money 17,000 a year is not nearly enough to live on, When you are bleeding, losing jobs going to the hospital liver promblems. Even trying to pay for my personal materil (Kotex tampon's + band-aids, Not to mention hospital trips rent, bills + food. I still tried to hold my head high, it just isn't easy when your on welfare. I would please ask the committee for a fair Compensation (35,000 to 50,000 a year would better or standard of life. That's not much for a family the got wronged by The Red Cros + the F.P.T. governments is it!? I have already lost my father, Mother 3 brothers, [redacted] [redacted] from this tainted blood scandle. Do we not deserve a better quality of life, before death comes for the surviving members of this family. Futhermore, I been put down, denied harrassed + beat up, Just for the fact they thought they would caught something from me for being infected with Hep C. For this I'd like to say thanks alot, for making my life feel lower than a dog's Life!

If I did not recive this tainted Blood, I would of had a better Chance of getting a better education, (which was to become →

Hep C 86-90 Joint Committee [redacted]

1100155
Aug 25/15

③

my dream of becoming a legal-aid's lawyer. Or some kind of job that would not descrimate me for being infected with HepC.. I have recently been diagnosed with Cancer. So this makes every thing even more intense than ever. I have been so depressed + broke, I almost wanted to end my life. thank-god I've got the support and strength of my family, which seems to make the pain of all this a little easier.. If something or someone doesn't help us with better care + standard's of life. I would have to say I feel a very huge mistrust from the people, I had faith for me + my Family.

~~Understand~~ I hope you can read this and understand we still need help + support

Thank-you Very Much

[redacted]

From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:46:49

Webcast question from: [redacted]

Making the application process more friendly, when you are ill it is very hard

From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:49:22

Webcast question from: [redacted]

Take into account case by case children, loss of income, length of disease, treatment costs,

From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:59:13

Webcast question from: [redacted]

Lump sum payments are not practicle. There needs to be continuing funds available to the people who need it. Surplus money can disappear with market turmoil use it to enhance current benefits.

From: [redacted]
To: Kathryn Podrebarac
Cc: info@hepc8690.ca
Subject: [redacted] (ADULT CHILD IMPACT STATEMENT)
Date: Tuesday, August 25, 2015 23:33:46
Attachments: image1.jpeg
image2.JPG
image3.JPG
image4.JPG
image5.JPG

Good Evening Kathryn.

Great name by the way.
I am the Lady in the orange jacket in row one tonight, and I apologize for not introducing myself, and my sisters.
Let me continue by saying thank you to You and Heather for taking on this case, it's a huge responsibility.
Our Dad led an illustrious life, and died too soon. A Boxing Legend as seen here

at Maple Leaf Gardens on Dec.1, [redacted] at age [redacted]. and one more here.

He became successful and bought four Bars.in and around Toronto..he was an Irish People Magnet and in later years looked like Captain Highliner...

then...just as he turned 59 he needed a transfusion during an angioplasty at TGH...and then within 8 years...Hep C...turned our Dad into this...

Dad is on the right.....all his teeth were lost in that short time...she shrank as of course not unique to our Dads case.

His Business' failed one at a time as the old Irish Magnetism slipped away with his exuberance and charm...and his brain was deeply affected in his decision making...which was costly.

The work ahead of you Kathryn, is insurmountable and whatever you need from us, please let Me know, and I will get it to you.

I could go on, but you have other patients, and several are still living with this horrible disease, and they need to come first.

We were certainly impacted with DAD'S DEATH as we adored Him and have to live on without Him. We were lucky to have had such an incredible Man for a Dad as long as we did, and will be forever grateful for that Gift.

Sincerely,
[redacted]

[redacted]

[redacted]

Photo(s) submitted
but not included
for privacy reasons

From: [redacted]@rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:04:30

Webcast question from: [redacted]

Would it be possible to use the funds to a/ give benefits to family class members longer than as present policy allows?

From: [redacted]@rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 21:12:01

Webcast question from: [redacted]

We thank you for hosting this webcast and for all of the information you have provided.
We appreciate your patience with some of the audience participants.
We feel lump sum payment based on known disease level. Please no more forms to fill out.
Again thank you for hosting

From: [redacted]
To: Kathryn Podrebarac
Subject: hepc
Date: Tuesday, August 25, 2015 14:09:05

I am a father of [redacted] Fredericton NB and I feel the persons that opted out and accepted the $50000, should not be left out as they did not think they would live very long and needed the money, theyshould not be left out of any future payments. The money should go to the persons in the system now including survivors and not necessarily to siblings. Plus it should include any new applicants.

My son is an 86/90 person with HIV/HEPC.

Some client representation/input on the joint committee should be made possible, or someone from the Canadian Hemophilia Society should be on the joint committee as they seem to look after persons with HIV?HEPC.

Do not allow a claw back or return of any portion surplus to any level of Government as this fund was created for the victims of tainted blood and should belong to these people. We are having a problem now with Social Services.

Many more reasons but others will have their input.

Thank you! David W, Joy Sr

From: [redacted]@nb.sympatico.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:33:59

Webcast question from: [redacted]

What about those who have never been able to work? What's considered loss of income there?

From: [redacted]gmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:45:09

Webcast question from: [redacted]

should be a lump sum and same for all

From: [redacted] live.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:42:51

Webcast question from: [redacted]

Funeral Expenses are way to low

From: [redacted] live.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:50:51

Webcast question from: [redacted]

I believe the money should be given in lump sum amounts to help infected people make the lifestyle changes needed to sustain longevity. ie. healthy diet, exercise, reduced stress

From: [redacted] live.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 21:01:46

Webcast question from: [redacted]

funeral exspense to low due to inability to obtain life insurance because of HCV

From: [redacted] sasktel.net
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:46:40

Webcast question from: [redacted]

If there is a lump sum, it should be based on level of disease, loss of employment, and other factors, not the same amount for everyone.

From: [redacted]@sympatico.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:42:56

Webcast question from: [redacted]

The amount we received for funeral expense did not cover all of the expenses we incurred.

From: [redacted]@sympatico.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:48:13

Webcast question from: [redacted]

- lives of family members impacted after the infected person passed away

- took time off from work to take care of my father (to his medical appointments and in/out of hospital) should be compensated

- does the plan cover wheel chair, wheel chair ramp, walkers, etc that are required for the affected person?

- the amount received by my mom on an annual basis does not increase that much year by year.

- I feel the surplus should go to the living affected person and to the spouse of the deceased affected person

From: [redacted]@sympatico.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:51:22

Webcast question from: [redacted]

- my late brother passed away before my father passed away. I feel that my late brother's estate should receive the $5,000 compensation since he was still alive when my father was infected with hep c

From: [redacted]@sympatico.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:54:32

Webcast question from: [redacted]

I feel the payments should based on the level of the disease.

From: [redacted]@sympatico.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 21:03:52

Webcast question from: [redacted]

There were a few times where my vacations were interrupted due to my father's illness. One time I had to cut my vacation short to return to Canada from Australia (I was also supposed to go to South East Asia after Australia) because my father was in ICU. In early 2006, I had to cancel my trip (before it was even started) due to my father admitted to the hospital.

From: [redacted]@hotmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:12:20

Webcast question from: [redacted]

The settlement should be distributed to the estate of the deceased rather than to the individual members of the family.

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement Surplus
Date: Tuesday, August 25, 2015 14:04:57

To Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
25/08/2015

This is my submission to you as a member of the joint committee.
With regards to your letter received in August 2015 to me re use of surplus in trust fund .
It is my feeling that it would be very helpful to class members and class family members if all or a portion of the surplus be allocated in their favour.
Thank you for allowing me to express my thoughts.

Sincerely [redacted]

From: [redacted] cogeco.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:43:47

Webcast question from: [redacted]

Grandchildren should receive better compensation

From: [redacted] sympatico.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:50:40

Webcast question from: [redacted]

$16.50 per hour is not nearly sufficient to hire replacement services; not either indoor; e.g. housecleaning or outdoor; e.g. lawn services or snow removal.

From: [redacted]@shaw.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:41:25

Webcast question from: [redacted]

Family member payments also included siblings back then.

From: [redacted]@shaw.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:53:13

Webcast question from: [redacted]

Should NOT be "case by case". Everyone has different situations but the end result is the same. Everyone needs to be compensated.

From: [redacted]@shaw.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:57:06

Webcast question from: [redacted]

Living or dead, everyone suffered, everyone needs compensated.

From: [redacted]@shaw.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:58:54

Webcast question from: [redacted]

Please don't forget my sister, just because she is gone. She was a single mom, and her son could use some more support.

From: [redacted] gmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:26:19

Webcast question from: [redacted]

Category of people should be compensated. Individuals are difficult do deal with. My Dad died 4 months after my Brother (my Dad had Hep C). My Mom died 5 weeks after Dad (she had a stroke). I am sure sure she could not cope. She never lived alone. Between my Brother and Dad's death - she could not cope. Not sure what this has to do with anything but it is all connected.

From: [redacted]
To: Kathryn Podrebarac
Subject: RE: hello
Date: Tuesday, August 25, 2015 9:09:25
Attachments: image001.jpg
Importance: High

Hi Kathryn, thank you for your reply, so the OHCAP will not be funding anything else besides the $25,000 they already did? Can you pls advise. It is impossible to get through to them, no one ever answers to get any info from them.

thanks

sue

From: KPodrebarac@toughcounsel.com
To: [redacted] @hotmail.com
Subject: RE: hello
Date: Mon, 24 Aug 2015 20:15:25 +0000

Hello

The 1986-1970 Hep C settlement is separate from OHCAP. The joint committee under the settlement will be making recommendations to the Courts regarding what to do with the surplus. It is our view that most if not all the surplus should go to class members, and we will recommend how this should be done. The Courts will ultimately decide what happens and if further monies should be paid to class members. The federal government may make an application to have the surplus paid to it.

Regards,

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4
Tel 416.348.7502 **Fax** 416.348.7505
kp@toughcounsel.com

From: [redacted] [mailto:[redacted] @hotmail.com]
Sent: August-24-15 4:06 PM
To: Kathryn Podrebarac
Subject: hello

Importance: High

Hello, i was reading on the web site that there are new court dates coming up for moneies that are left over. What i wanted to know will there be more funding for hep c victims through the ohcap, ontario fund? besides the 25,000 that was received already? Can you pls advise

thanks

[redacted]

From: [redacted]@gmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 21:00:36

Webcast question from: [redacted]

these funds should not go to the government
should not be given for research (I hear pharmaceutical co)

payments to children, age should not be a factor

late claimers should be accepted

From: [redacted]@sasktel.net
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:33:26

Webcast question from: [redacted]

I am 80 years old now and live alone,I never new I could get help with work around the house,so knowing this iwould very much appreciate the help as I am having quite a tough time looking after my place,and I feel the monies should be paid out as it surely would help.thanks norm.

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[handwritten document]

In 1959, my husband [redacted], our three children and I left Italy with much sadness to come to Canada, hoping for a better life.

We found a job right away, leaving our kids to strangers who acted as babysitters. We worked like slaves, because we did not know English and, in order to keep our jobs, we had to put up with much injustice.

Since the children were young, it was also difficult to find a flat to rent and so almost twice a year, they would kick us out from our home, therefore we always had the same problem, then, finally, after many sacrifices, we accumulated one thousand dollars which we put as a down payment for a small house, it was our greatest happiness, at least, finally, we had a fixed place.

With the passing of the time, the kids grew up, my dear husband and I were dreaming of enjoying a peaceful old age, which did not happen, when one day my husband was admitted in the hospital it was the end of his life, the end of our dreams. Since I have lost him, who was my own guardian angel, my life has become upside down, both financially, due to the house expenses, on top of that I had a breast removed because of a tumour, and this is the gift that Canada gave us.

Let's hope that you will understand my situation and help me out.

Best regards and thanks [redacted]

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AFFIDAVIT

I, Sonia Zibin, translator for ALL LANGUAGES LTD, of Toronto, in the Province of Ontario, make oath and say:

1. I understand both the Italian and the English languages;

2. I have carefully compared the annexed translation from Italian into English with an undated handwritten letter signed by [redacted]; and

3. The said translation, done by me, is, to the best of my knowledge and ability, a true and correct translation of the said document in every respect.

SWORN before me at the City)
of Toronto, this 1st day of)
September 2015.)
)
)
A Notary Public in and for)
the Province of Ontario.)
Bradley Robert Pearson)

RECEIVED
AUG 25 2015

Nel 1959, io mio marito [redacted] e tre bambini, abbiamo lasciato l'italia con tanta tristezza per raggiungere il Canada sperando ad una vita più serena. Subito abbiamo trovato il lavoro, lasciando i nostri bambini a persone sconosciute per baby sitter. Abbiamo lavorato come schiavi, perchè non essendo a conoscienza della ligua inglese, è per mantenerci il lavoro dovevamo assorbire tante ingiustizie. Essendo poi i bambini piccoli avevamo anche difficoltà a trovare un flat in affitto è così quasi due volte l'anno ci mandavano via di casa, cosicché ci trovavamo sempre con lo stesso problema, poi finalmente con tanti sacrifici abbiamo accumulato mille dollare dando così l'anticipo ad una casetta, è stata la nostra più grande felicità, almeno finalmente avevamo una dimora fissa.

Via via il tempo è passato i figli sono cresciuti io è il mio caro marito sognavamo ad una vecchiaia serena, che non fu proprio così quando un giorno mio marito fu ricoverato all'ospedale è stata la fine della sua vita, la fine dei nostri sogni. Da quando ho perso lui che era il mio angelo custode, la mia vita si è capovolta sia finanziariamente con le spese della casa, di più ho avuto l'asportazione della mammella per un tumore, è questo è il regalo che ci ha fatto il Canada. Speriamo che vogliate comprendere la mia situazione e venirmi incontro

Saluti è grazie [redacted]

RECEIVED
AUG 2 5 2015

Impact Statement for [redacted] - Father [redacted]

It was the summer of 1989, I was only 19 years old. I just got my real estate license and I had a fiancé who was a fashion photographer that just graduated from Humber College. I lived in my house with both my parents and my fiancé lived at his house with his parents. I was a depended of my parents as I was at the beginning of my career and was a very happy person. My father helped me always financially and he bought me my 1st car, a cavalier. I was so happy and so grateful that and he also paid for my insurance and my gas. He had a small dump truck business with 4 internationals and 1 Mac dump truck and was a very busy man. They used to call him Papa Russo, because he was such a nice man, a thankful man, an honest man. He was one of those Italians that physically built Toronto with his crew, day in and day out. Ontario Paving would call my father and we would send the trucks to Mavis Road and other Ontario roads. He was a very hard worker and a proud person. I used to wait for him on my balcony as a little girl...I knew when he would come home and I would see him walk from the bus stop to our house with his lunch box and all sweaty from a hard day's work. I loved my father very much. He was a role model for all of us.

In the summer of 1989, all of a sudden, my father was not feeling well and I directly brought him to the hospital. I brought him to the Keele and Eglinton hospital which is no longer a hospital and then they told us that he needed a blood transfusion. Trusting the doctors we agreed. Looking back, I wish I would of said no and asked a lot more questions. Never in a million years, would I have thought that this blood would be tainted. As soon as he had that transfusion he was never the same! I had to slow down my work to take care of my dad, bringing him to doctor appointments and helping him walk. We brought him to Mount Sinai and that is when they told us the devastating news that he would only have 3 months to live. At the same time I was taking care of his business as I was the one living at home. I would daily fill up the trucks with diesel and needed my boyfriends help. This caused a lot of problems between him and me as he did not really want to help as he was doing this for free. I was scared doing this myself because I had to drive with a truck full of diesel. When you are 22, it's very scary. Then I had to go to a storage where it is usually filled with other construction workers looking at me saying why are you doing this. It was not fun. Right at the same time, Ontario Paving went bankrupt and they owed us over $50,000. I paid all my employees and now I had no income. It was gone for good! My world just crashed in front of my eye in the matter of 1 year.

My mother and I lived at Mount Sinai Hospital for 3 months, never leaving my father. I would do the night shift and she would do the day shift. We would sleep on a chair or on the floor just to stay with him. We never left his side. I had panic attacks and the nurses there helped me and gave me some medications! On December the 2nd, 1992 I woke up but decided not to come home and shower, but to shower at the hospital. I knew my dad might not make it that day. As soon as I finished getting ready and had my snack I went back to see my dad in his room. He was in and out of comas for 3 months. This was a very horrible and tragic time for me and my family. His last wishes to my fiancé was for him to take good care of me and marry me. My father took very good care of me and my family. Since I was the youngest child still living at home, he did many extra little things for me, that I so treasure to this day. No words could explain my broken heart. I had so many regrets....maybe I should have brought him to a different hospital and maybe this would not of happened. This caused me a lot of problems and I would have dreams of my father every night. I felt horrible. This in turn caused problems for me as you can well imagine. Although clearly not my fault, my father died, in my hands at 12:25 December 2, 1992. I was 22 years old.

We had to arrange the funeral that cost at that time about $25,000. Since my father died just before Christmas, we had a very very bad Christmas dinner....just crying and feeling depressed. I slept with my mother for 2 to 3 years, right in his spot. All I kept on saying was that I had to be strong for my mother. I could see that she could not handle it. I would never cry in front of her, but in the shower so that she would not hear me. I would put the radio high close the door and just cry. It was very difficult to go to work. I just could not. This situation affected my career since it was always on my mind. I wanted to make sure my mother was ok and I knew she was not. As the years went on, I always was angry with my fiancée as he never really wanted to help me in my time of need. I tried to get over it, but because he asked for my forgiveness I did just that. Slowly but surely, life went on and I got married with my fiancée in 2002 as my dad's last wish. I remember going down the aisle with my new husband, not like a traditional wedding, because I had no father. Wishing he was there to see his reality come true. He was there in spirit though. I know that. My new husband and I were living together next door to my mother. I don't want to leave her as I am her only daughter. I had a lot of emotional problems which lead to a marital breakup 2 years later with him. That break up cost me $65,000 as he wanted his half of the appreciation of the 2 properties that I owned before I got married. Again, I was in a financial disaster. I moved to my other house and lived apart from my husband. We divorced and went our separate ways. I had to refinance at that time again.

In 2004, I was working as a mortgage underwriter at ING Direct and was finally making a good income. Working for a major financial institution gave me a rewarding income and life. I did break down a few times, but decided to bottle things up and if people ask, I would just tell them a little bit, and try to avoid the situation. I would just say, it's a long story and I don't want to ruin my makeup.

When I separated from my husband, I met another man, [redacted], who is now the father of my 3 children. When I first met him he was my tenant, not my boyfriend. I would talk to him about my feelings and about all the psychological problems that I have because of this. He would listen and calm me down. He paid attention to my needs and helped me deal with my problem. As time went on, we became more than just roommates, and developed a relationship. I was happily and surprisingly pregnant with my first baby. [redacted] was born in November 2006. A beautiful baby boy, with no grandfather. I always wished my father was there. Time when on and we decided to have another baby and then in September 2008 [redacted] was born. Life was going good again until 2011. I was sleeping with [redacted] and when I woke up, the bed was filled with blood. I was so scared and thought right away that I had cancer. I went to the doctor and he told me that I had bad cells in my cervix and needed to do a procedure at the hospital. I was so scared because, I know what happened to my father and now, this is going to be a long or very short road for me. This time, I had 2 small children to deal with. As I was about to go to get this procedure, I had to take a pregnancy test. I did at the doctors and it came out negative. I was feeling that there was a ball in my stomach and gained 10 pounds mysteriously. I decided to do my own test at Shopper's Drug Mart and found out myself that I was pregnant. As soon as I found out I told my doctor. They advised me to get an abortion as the cells may turn into cancer. At this point, I did an ultrasound to find out how many weeks I was and surprisingly I was 14 weeks pregnant and if I had to do an abortion, I would have to do it that day. You could imagine the stress I was going through. I decided to keep my baby and not visit any doctors. I went to the hospital one month before to set up a c section and I wanted to cut, tie and burn my tubes. Christina was born on March 30, 2001. This was my 3rd c section in 4 years and this one was the hardest. I would tell the nurses that this time I feel different and cannot walk. They brushed it off. When I came home, my stitches opened and my guts were coming out, so the ambulance was here and my mom took care of 3 children under 4. My mother was in her late 70's at this point. When I went to the hospital, I told them that this time I really feel different. They just said it takes time to heal, but I knew my pain. I am so grateful that my mom helped me, I had no one else. My mother took my daughter [redacted] since she was 4 days old. I had to call cleaning ladies to help me since I could not do this myself.

I got better and was planning a beach vacation to Cobourg in July 2011 with the 3 kids for the weekend. After that weekend, I was planning to go to the doctors and get checked out, but things were about to change drastically. We were suppose to leave Saturday morning, but Friday night, I was lying down, watching TV, when I noticed I was lying in a pool of blood. I was crying and did not know what to do. I was scared and did not go to the hospital, fearing that I would need a blood transfusion. On Saturday I decided to leave anyways and go to the beach. I said let me see a beach for the last time. Another gush of blood came out, then another and another. By Sunday, I told Mike to pack up and drive me to the hospital as I think I'm dying. I told him my fear of taking other peoples blood. I went to the hospital, on a wheelchair and told them that I lost 7 cups of blood. Within 2 minutes, I had about 10 doctors and nurses around my bed. It was so tragic, even the doctor was crying. He said that I would not make it through the night and that I lost to much blood. He told me I need a blood transfusion...my worst nightmare! I said no and told them what happened to my father. They re-assured me that this time the blood is checked. I was weary and called my brothers and mom and friend Rose to help me decide. At this point I could not open my eyes, and was dying. The doctors told me I had no choice, if I want to live, I need to have quite a few units of blood. My family made the decision for me as I could not and my mother and brothers and everyone else convinced me to do it. Hesitantly I listened and did what they said. I did not want to do it, but I had no choice. They were not sure if I would make it through the night. All I kept on thinking was that I have 3 children under 4 and could not leave them. I prayed and made some promises to God. All I wanted was a second chance. The second chance that my father never got.

I woke up that morning with new inspiration. Whatever I had, I will get rid of and continue on with my life. All I had to do is breath. That was job number one! I was in the hospital for 2 weeks, calling people saying goodbye, calling my ex to tell him that they are giving me 2 more years to live. Letting everyone know and to call all my friends and ex friends. I just wanted to say bye and I'm sorry if I've ever hurt them in any way. I also did my last sacrament for the sick. They told me I had cancer but would have to be treated at another hospital. I decided to go to the best at Princess Margaret Hospital. They also have daycare for my children, and that was very convenient. I had to hire people off kijiji to take care of my children, which was horrible. It was scary but I had no other choice. It cost me $500 per week for 1 year. I had to eventually refinance both my homes in order to make ends meet.

At Princess Margaret hospital, I had radiation, chemotherapy and brachytherpy which is so horrible. I have encountered a great deal of pain. I also had more blood transfusion when I was there. I had everything! I was also anemic. The doctors told me that I have a 25 % chance of living with the tumor in my stomach and a 75% chance of living with my cervical cancer. So in my mind, it was a 50/50 draw.

I went to the hospital wearing my daughters tiara, thinking the princess is coming to Princess Margaret Hospital. I remember that day, I brought my best friend [redacted] and when they told me the news, that I will have 5 years to live, she started crying. I had to console her at this point and I told her not to believe them. "They just say that," I said. I never brought her again as that was not a good idea. All I kept on thinking was that I have to live for my children and my mother, who already had to deal with my dad's death. As all of this was happening, I kept my spirit up, did what I had to do and got better and believed that I could beat this. After all, this is my only chance. I now focused on my health. No I did not want to die at 41, I could just imagine what my father felt like, only 64 years old...he still had a long life ahead of him!!! Most of his brothers and sisters are still alive and living well in Italy, and they are in their 80's now.

For 1 year I would be in and out of hospitals, going for hydration and a cocktail of drugs at night, and Princess Margaret in the day. Another horrible time. Sometimes I think that my dad is calling me. And I'm saying sure dad, but just not now....I'm busy raising your grandchildren! I wish he could have seen them with his own eyes. I wish I could bring him back. All I have now is pictures, videos, dreams and memories. The downward spiral that my life took after that initial blood transfusion was horrible and very difficult to deal with. It has impacted me all these years and still to this day. Even going to church, I still imagine his coffin there at the front...same spot where I was married, same spot where my son had his first communion. There is not a day in my life that I forget about this loving man, that has been taken sadly away from me and my family. I am so sad because of this. It had impacted my life deeply. I pray for him daily and help my mother still to this day. We often talk about him and all the good things that he had done in his short life. My father [redacted] along with my mother [redacted] are my role models. Beautiful Italian immigrants, coming to Canada for a better life, unfortunately got cut short due to tainted blood.

Regards,

[redacted]

From: [redacted]@yahoo.ca
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:59:28

Webcast question from: [redacted]

I found that the payout was definitely out of line, I was my mother's only surviving child and I received $5000.00 when she passed. Not that you can put a price tag on when a loved one passes but I had three young children that I had to look after at the same time as helping with my mother while she was ill. I also had to take time off work to help with her care. I was self employed so I did not have sick days or vacation days that I could count on. My children also lost the opportunity to have their grandmother in their lives while they grew up because my mother was given tainted blood during surgery in 1988. It took 13 years of my mother's health deteriorating before Mississauga Hospital contacted our family Doctor was contacted to let him know that my mother had received tainted blood. My life has never been the same since the day my mother was diagnosed with liver cancer on June [redacted] and passed away on Feb [redacted] I was a single parent at the time of my mother's!
passing and she played an important role in helping with daycare for my young children that she was not able to continue when she became infected. My mother was my best friend and she was taken away from me. I ended up with serious food allergies that were directly linked to all the stress that I was under with her passing, thankfully they have now subsided as the years have passed. But my heartbreak has not

From: [redacted]@gmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:23:07

Webcast question from: [redacted]

I've been infected with hep c since 3 weeks old from open heart surgery. i've receive benifits since 12 years old and ongoing. i believe i should have been compensated since 3 weeks old not 12 years old. being born with hep c limits what i can do now and in the future. i feel i should be compensated because i dont know what my life would have been like without it . i dont know what normal feels like....

From: [redacted]@gmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:35:42

Webcast question from: [redacted]

i have a whole life ahead of me. now i am trying to work at a minimum paying job trying to make ends meet and keep up with my health . what am i suppose to do in my latter years.... if im struggling now.... what does my future look like.

From: [redacted]@gmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:46:23

Webcast question from: [redacted]

im at big of a rist for life insurance, that being said i cant get life insurance now so when i die my family will be left with nothing and i would be leaving my family with a big bill and my wife will have a hard time being a single mom

From: [redacted]@gmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:58:59

Webcast question from: [redacted]

i believe that individuals who did not have knowledge nor did not know what was going on at a age of ex 3 weeks old. should be compensated to loss of service at the home should be compensated from three weeks old not 12 years old. School was a struggle. Learning was a struggle throughout my life till now... and ongoing. i believe that loss of service in the home should be automatic no paperwork required

From: [redacted]@gmail.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:58:03

Webcast question from: [redacted]

if i was transfused at the age of 3 weeks .... how is that fair... why do i have to deal this virus.... why does my wife have to deal with this virus... and my child and children to come ... i am questioning to have more children because of my health.. i should be compensated since 3 weeks ... i need support my wife needs support

From: [redacted]@msn.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:30:37

Webcast question from: [redacted]

I think the surplus should be divided between all class action members regardless of status level as long as infection can be proven. The principal sum should continue to be used as it has been in the past. I said regardless of status because as a person who was infected as an youth even though I am considered level 3, I did not ask to be infected, it has affected me physically.emotionally and affected every relationship I have tried to have for 30 years. There are things I have never been able to do and missed out on as a regular unaffected person. So in closing whos to say what level is more deserving of being compensated, we were all infected and it has ruined all our lives.

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement Agreement
Date: Tuesday, August 25, 2015 12:02:27

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S 1S4

This letter is in response to the recent correspondence sent out by the Joint Committee mandated to implement the 1986-1990 Hepatitis C Settlement Agreement. A more detailed letter will be provided by my sister, [redacted], outlining the details of the progressive deterioration and eventual death in 2010 of our father, [redacted], claim # 14557.

In our opinion, the original compensation strategy fell short, in that family members, in particular children and grandchildren, were inadequately compensated given the financial and emotional burden of caring for and supporting a family member with such a complex and prolongued illness. The untimely death also meant the loss of both an important presence in the life of grandchildren, but also the loss of someone who could lend financial support on needed occasions.

To reiterate, we believe strongly that a fair portion of the surplus should be allocated to family Class Members, in particular children and grandchildren of Class members.

Thank you to the Committee for its on-going efforts in the implementation of this 1986-1990 HepC Settlement Agreement.

With regards,
[redacted]

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: [redacted]
Subject: The 1986-1990 Hepatitis C Claims Center
Date: Tuesday, August 25, 2015 11:08:20

File # 13122
[redacted]

Dear Madam: I write to you today on behalf of my son [redacted] whose claim for compensation has been denied. I look at [redacted] file, approximately 2 inches thick, with some trepidation as I am not sure where to begin.

It was December, 1985 when [redacted] first surgery was preformed. The next 2 or 3 months were full of major and minor complications, blood transfusions, medical scans, procedures to lower pressure in his brain, operations to implant shunts to drain fluid, etc.
We trusted the University of Alberta hospital staff, the nurses, and the doctors, especially Dr. Peter Allen, who looked after [redacted]. At times we were not sure [redacted] would live. When [redacted] received several blood transfusions, we were too distraught to even think about the process or to document dates. We trusted the system. We trusted everyone involved in care for our son.
Later, when we discovered [redacted] ad contracted Hep C, we trusted our lawyer, Botan Law, in Edmonton to determine if [redacted] donors were infected. The results were negative and we trusted Canadian Blood Services who provided the results. Where the searches done properly? Was anything missed? What about other blood products?

Now we know that the system was flawed and maybe still is. How could a 12 year old boy, who lived on a quiet family farm in central Alberta acquire Hep C ? In those short 12 years, the only place [redacted] could have been exposed was at the U of A Hospital in Edmonton, Alberta, where he had numerous medical procedures, sometimes on a daily basis for 3 months. That is a long time and a small mountain of records to go through. Can anyone guarantee that nothing was missed?

Today [redacted] lives in a group home in Sherwood Park, Alberta. He is classified as a brain injured person and survives on AISH (Alberta government program). This pays his room and board and leaves about 400.00 for transportation, clothes and other personal items. [redacted] is an innocent victim who cannot represent or defend himself. I hope the Commission will look at this submission with compassion and fairness and give [redacted] compensation he deserves.

Respectfully submitted
[redacted]

From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:09:53

Webcast question from: [redacted]

First of all I would like to apologize for not being able to attend in person as I said I would but I have suffered a knee injury and could not come to Toronto today.

I did not ask to become infected with Hep C, for me it came as a shocking and unwelcome surprise due to treatment for another health problem and the lack of vigilance and precautions in the collection of blood and blood products used for treatment of these and other health issues. As a class member all I want is to be able to carry on as normally as possible and to be able to provide my family with a decent lifestyle, free of worry from things like Hep C, there are enough other factors to worry about in life as it is.

I have 4 points that I would like covered.

#1, I completely agree that any funds that have been deemed "surplus" must stay in the fund or be turned over directly to the fund members/ families/estates only. The fund was established to help the fund members and their families and as such it needs to be kept in their hands. In my opinion the funds cannot ever come close enough to making up for ones health. As I stated earlier I never asked for this diagnosis but nevertheless I carry it with me forever. In my lifetime I truly believe that I never will be able to re-compensate my family for lost income, extra expenses, time away from them, mental stress and other factors that I attribute strictly to this diagnosis. I must always give up way too much because I am just way too tired more often than I should be. I believe that all levels of compensation need to be increased with the extra funds and yes lump sums will be acceptable based on the disease level that was originally accepted. I also am forced to decline extra work!

and work assignments at my place of employment due my constant tired feeling. This happens on a weekly basis, usually on Saturday and Sunday which is paid out in premium time wages. My current employer has been in a position to need premium time work from its workers for over 10 years now and in my situation I have had to decline most of it.

#2, I personally have been denied life insurance coverage because of my Hep C diagnosis and I believe that this is a very critical issue that has not been addressed in the fund. This has the potential to leave mine and many other families in a very precarious position. In my recollection I have applied to 2 different insurance companies and both times was denied. At least one insurance company cited Hep C in the reason as to why I was denied.

#3, I don’t think / or know of any way to have physiological help for the infected person or the infected persons family. I believe that this type of medical help would be of tremendous help to infected persons and their families because even if the person is able to carry on a reasonably normal life the thought of the Hep c returning or of subsequent infections, especially with family members and kids weighs heavily in the everybody’s mind. It does for me on a daily rate.

#4, I don’t think that the funding for keeping up on the work around a home and maintaining it and your family is nearly enough. I personally rely much too much on family members for help and support. My wife needs to carry much more of a burden than she should, my children are forced to help out around the house more than they should and even my parents and in-laws pitch in to help. This happens because after a full days work I’m much too exhausted to do much around my house. Currently I need to hire outside help

From: [redacted]_rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:02:36

Webcast question from: [redacted]

Can we contact MPPs or MPs on this surplus? The surplus must stay with the class members, that means every penny.

From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:09:53

Webcast question from: [redacted]

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From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 19:51:59

Webcast question from: [redacted]

I have personally bypassed the Loss of Income to keep my Loss Of Services in the home. This in my situation has allowed me to work longer in the workforce, I currently am still working but can never accept any extra work or overtime. I do require outside help to perform most of these services. My 3 kids are also very helpful in this respect and there is no compensation for this.

From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:02:36

Webcast question from: [redacted]

Can we contact MPPs or MPs on this surplus? The surplus must stay with the class members, that means every penny.

From: [redacted] rogers.com
To: one@postelvideo.com; Kathryn Podrebarac
Subject: Question from Web Stream
Date: Tuesday, August 25, 2015 20:19:23

Webcast question from: [redacted]

Out of pocket does not cover loss of wages for the days of the appointments, for both the infected person and the partner or helper that may come along. this should be addressed.

RECEIVED RECEIVED
AUG 3 1 2015 AUG 3 1 2015

Aug 26, 2015

To
Kathryn Podrebarac

My name is [redacted] my ind number is 3979 I have recieved a letter from joint Committee wanting my opinion on what should be done with the surplus money.

I Think it should be divided among the affected people and their family. I feel not only me but others who was affected. Our lives are not the same by a long shot, with all the meds we have to take.

So that is my out put on the subject of surples money.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hep C Settlement
Date: Wednesday, August 26, 2015 15:28:07

Following your presentation of August 25th in Toronto, I would like to present our situation in order that I might understand where we situate ourselves in this process.

OUR HISTORY:

I am a carrier who had 4 brothers, of which 2 were hemophiliacs. They were HIV/HepC infected and passed away some time ago. I received at that time, and in each case, a compensation of $5 000. I also am a mother of 2 boys who, as well, were hemophiliacs. They also were HIV/HepC infected, and 1 passed away in 2006. At that time, I also received compensation as a parent. My second son was diagnosed as a Disease level 3 (HCV). He was treated over a period of 3 years and received compensation as per approved guidelines to be free from infection after treatment.

QUESTION:

Based on these facts, what, if any, does this situation might affect me at this time. Is it fair to say that I have no additional possible resources?

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement Agreement
Date: Wednesday, August 26, 2015 20:47:00

Hello Ms. Podrebarac:

Thank you for the opportunity to attend the consultation session of the joint committee at Toronto, August 25th, 2015. It was a very interesting evening.

Firstly, I appreciate your efforts and leadership in this matter.

I was happy to learn that monies allocated to protect the level one through three claimants should they progress in this illness and achieve a sicker status (i.e. level 5 or 6) will be protected and set outside of any surplus distribution.

In my opinion, any surplus made available should be paid out to the infected claimants pro-rated per the structure of the original settlement; all claimants are equally worthy and every infected person has sad and/or tragic life events attributable to the disease we were given by the tainted blood. I believe most of us have had to change direction and modify our lifestyles because of our infection. And, it is also my opinion that because it is quite time consuming and challenging to navigate the claim process, many claimants family members will not pursue additional compensation once we have passed on.

In closing, I would like to mention that I found it interesting that a point was made of the reasonableness of the compensation for funeral expenses (I was not aware this was an available award) and again, in my opinion $6700.00 is a very reasonable award. Personally, mine are prepaid at a fraction of that cost.

Thank you again for allowing me some input in this matter.

Sincerely,

[redacted]

Claimant # 01000320

From: [redacted]
To: Kathryn Podrebarac
Subject: Estate of [redacted] BO [redacted] [redacted] gmail.com
Date: Wednesday, August 26, 2015 19:37:18

Dear Kathryn

Please notify me if a written letter is necessary or if this document of declaration will suffice.

At the time of My mother [redacted] blood transfusions ,which were full of hepatitis C ,she also suffered a crushed pelvis as the result of a terrible car accident. At the time I was renovating the family home next door to their home and decided to stop working and assist my ill Father in her care.

Unfortunately this quickly turned into a nightmare as she became increasingly debilated by the virus. I sent blood records and every other form of red tape to the hepatitis class action suit with very little compensation compared to my personal losses of income over a 6 year period of approx. $180,000.00 which a portion of was to be my retirement fund.

Then in 1995 my Father died suddenly and this left me no choice but to have Mom in a long term nursing care facility which left me with a personal debt of $97,000.00.

I now battle a terminal illness myself but so far have been in home. I have no regrets I loved both parents very much but I always felt that the hep C suit really failed my mother as she suffered shamefully and even at one point asked me to assist in her passing. Needless to say this was a very difficult time for me.

So there you have it in the very nicest terms possible. I know my mother loved me we used to tease each other who loved the most, so I think she would be happy if something good came of this mess. I have fought my battles with the hep C suit and I have no fight left so I remain.

Thank you .. Sincerely. [redacted]

Sent from my iPad

From: [redacted]
To: nfo@savonitto.com; Kathryn Podrebarac; hepc@strosbergco.com; jjcamp@cfmlawyers.ca
Subject: Fw: Submission to Joint Committee Members Hep C Settlement Agreement
Date: Wednesday, August 26, 2015 13:52:02
Attachments: Submission to the Joint Committee 2.docx

Sorry, I missed the attachment on my original e-mail.

Attached is my written submission to the Joint Committee members expressing my views on the 1986-1990 Hepatitis C Settlement Agreement.

I will give you a quick overview of my background.

- I had blood transfusions in 1986 following surgery for a hysterectomy. Up until that time I was a reasonably healthy woman. In 1986 I was 46 years old.
- Soon after surgery I was very ill and at that time it was determined that I had non A non B Hepatitis.
- With rest, diet changes etc. I recovered rather quickly and resumed all my normal activities.
- Around the latter part of the eighties I got sick again. Interestingly enough my doctor and subsequently other doctors could not find the cause of my illness.
- In late 1994 I was finally diagnosed with Hep C and referred to a gastroenterologist.
- In between 1989 and 1994 I went through very trying times hence some of the comments in my submission.
- I was treated with alpha interferon for a 30 month period during which time I had symptoms very similar to the flu, in other words, not good.
- After treatment I started a slow recovery & am still feeling the effects of the virus/treatment to this day.
- I will be 75 in November.

Submission to the Joint Committee

1986 – 1990 Settlement Agreement

My Recommendations (based on personal experience)

- I am in agreement with the joint committee's recommendation to use the surplus monies from the trust fund for the benefit of the class members.

- The surplus monies or whatever portion the courts deem to be given to the claimants should be distributed in accordance with the most recent level the claimant was assessed. A percentage calculation would be best as it would then be an accounting issue rather than an eligibility issue.

- A lump sum payment would be the best avenue to pursue as many of the claimant's are in advance years and are in need of assistance at the present time. They are not looking to enhance their estates to benefit their beneficiaries.

- Families whose relatives have succumbed to the virus should be included in the distribution of funds. Money cannot replace a deceased family member but with the loss of that member addition expenses incurred should be compensated.

- The hourly rate for loss of services in the home should be upgraded to correspond with the "going rate" for comparable services in the home.

Considerations/Key Points

- The monies from the fund should benefit the claimants that were affected by the unconscionable decision not to test blood for Hep C even though an accurate test was available. The hardships that were suffered by the claimant's and their families vary according to their own situation but each case is credible.

- In the early years of infection and illness from the virus, many doctors such as mine were not familiar with the disease and therefore wrong or inaccurate diagnoses were made. Many of the infected were simply told they were imagining things. For those that were working It was difficult to obtain a doctor's certificate to take paid sick leave. Many continued to work, even though ill, as they couldn't afford not to as rent, mortgages and sustenance were necessary.

- Prior to receiving any benefits from the settlement agreement many claimants could not continue to work and still be able to do the household chores that they did before. They were forced to hire help for things such as snow removal, yard and garden work and minor repairs.

- Some persons had family members that picked up the slack but some like me who were single had a very limited support network or none at all.

- Claimants had to retire from work earlier than anticipated and although the settlement picked up the loss of income there was no allowance made for loss of contributions to a pension fund or loss of health benefits.

- Current payments for loss of services in the home do not begin to compensate for the cost of such work or for the amount of time contributed by family members or friends.

Impact/Stress Factor

- It is impossible to assess the impact/stress factor that infection with Hep C has had on the claimant's, their family, friends and even their colleagues and coworkers. As mentioned earlier each case is different but yet the same in so many aspects. When listening to other claimant's it is so easy for me to identify with their situation.

- Aids were very much in the news at the same time as Hep C so there was a certain stigma attached to Hep C. Public Health was notified once the diagnosis was for certain and infected persons were interrogated by, in many cases, insensitive civil servants.

- The treatment of the virus came with side effects that were at times worse than the ailment. The fatigue and flu like symptoms never went away for the entire 30 months that I was on alpha interferon. In fact it lingered on for months afterwards.

- The presence of the virus has resulted in being more susceptible to other ailments or/and the worsening of existing conditions.

- General health and age at the time of the infection also played a key role in the severity of the disease.

- In smaller communities or remote areas it was difficult/impossible to get an appointment with a specialist. Family doctors were not familiar with Hep C. In two separate instances my family doctor told me that I was their first Hep C patient. One told me I probably knew more about the decease that he did and he was right. I did.

- Money cannot replace the embarrassment and emotional, mental and physical burden that this act of negligence has placed on so many over such a long period of time.

- Depression is something I will not elaborate on. There is no need. All you have to do is read my submission or others like mine or listen to the folks at the consultation sessions.

For me to have received tainted blood is very hard to fathom. That prevention was an available simple inexpensive test. It is time to right the past wrongs and try to ensure that preventable things are prevented. It is also time to allocate the available funds to the claimants while this can still be done. Delaying this matter will only add to the anxiety of the claimants and their families. We have suffered enough.

I am grateful that I survived although over the twenty-nine years since my transfusion there were times that it was very hard to be grateful and very difficult to continue living. We do what we can.

Thank you for the opportunity to comment on the settlement agreement. Please feel free to contact me if you need clarification on my submission or if you have any questions.

Respectfully submitted by

[redacted]

[redacted]

Submitted: August 26, 2015

From: [redacted]
To: Kathryn Podrebarac
Subject: Hep-C settlement agreement
Date: Wednesday, August 26, 2015 21:00:15
Attachments: Hemophilia letter Hep-C V-4.docx

Hello Kathryn,

Attached are my thoughts concerning the Hep-C compensation and the issue pertaining to the surplus funds. Please know that I can make myself available for any future events or scheduled online sessions. I am located in Ottawa and please feel free to communicate with me if you require further input or assistance.

Regards,

[redacted]

[redacted]

To :

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RE: Hep C Compensation Surplus

My name is [redacted] and I am [redacted] severe Hemophiliac survivor with factor IV deficiency.

My journey has evolved through the early days of plasma treatment when hospitalization was the only option and when I spent a great deal of time managing bleeds and their effects on my joints as a severe hemophiliac including wearing braces, to being the second family in Montreal to start the home care process of self-infusion. From the age of 13, I began to administer and infuse myself.

Throughout my journey I have lived my life in a vulnerable state with limited options when it came to my medication and treatment of my joint bleeds. Within the hemophilia community during the late 1970's a camp experience provided an opportunity to develop lifelong friendships with other hemophiliacs I had met on hospital wards over the years with the same illness and concerns. My journey with hemophilia has led to crippled damaged joints, including 3 fused joints and the need for two joint replacements. As with most people with disabilities, we forge onwards and continue to fight our disease, as it is instinctive to us for survival.

This journey, as difficult as it has been, became even more difficult in the 1980's when I began to receive calls on a frequent basis about medication that had been recalled by the RED Cross of Canada. Knowing I had already used these products left me in a constant state of anxiety and fear. A further level of anxiety was felt when regular evaluations were scheduled with doctors. I witnessed my hemophiliac friends walk out red eyed and terrified, some I saw for the last time at these evaluations.

I was subsequently diagnosed myself with Hepatitis C in 1991, and this presented a new journey I was forced to take. A journey I certainly did not need in addition to hemophilia and one of gross negligence as proven through this resulting compensation. During the 1990's I lost most of my friends with hemophilia to HIV and Hep- C.

Following a 22 year battle with Hepatitis C and suffering its daily symptoms of depression and fear, along with the profound impact it has had on my life, this has been equal to the challenge of living with hemophilia. Four separate treatments of Interferon mixed with Ribavirin in different dosages and combinations throughout the past two decades came at an unexpected price both physically and mentally.

In my opinion the compensation package was heavily waited on protecting the victims' families and offered small financial relief to the victims based on levels of deterioration. Interferon treatments available over the past 20 years were limited in choice and in my case, viral hepatitis doctors identified a 40 to 50% success rate. Having a young family, I did what most individuals would have done to hopefully obtain a positive result. The information and data collected from individuals who participated in these therapy trials was detrimental to participants but instrumental to the development of today's treatments. Make no mistake of this fact.

This Joint Committee must recognize the side the effects these treatments such as Interferon has on a person. If they can fully grasp the level of commitment made by these individuals they would agree a compensation of $1000.00 per month was insulting. I participated in hope of obtaining a favorable result. Hopefully this Joint Committee can recognize the extreme level of effort and heartache these individuals gave during these test therapies over the years. As a hemophiliac, I have relied on my better judgement to take care of my physical health and wasn't prepared to live a majority of my life with a Hep C virus time bomb inside me. I did not ask for this and hope the Committee shows some empathy and recognizes individuals that fought and continue to fight a tough journey.

Being a former volunteer of the OEOR Hemophilia Society, I am well versed with the Horace Krever enquiry and sat in on several sessions at the Supreme Court of Canada. I understand how the money distribution and compensation has been given out in a phased approach and being able to identify the outcome 20 years back was surely a difficult call. Other countries such as Ireland equally distributed compensation to all those infected with the disease at the onset regardless of level and for those who were already diseased to their beneficiary's. There was no requirement for ongoing management, legal fees and administration. Ireland's compensation did what it was meant to do, compensate the victims.

When I read the letter identifying the surplus of funds for the 1986-1990 compensation and how to address the funds moving forward, I decided to write this letter and let my voice be heard.

- The $1000.00/month compensation for drug therapy treatment was underestimated. Patients were in a vulnerable position and had limited choice regarding participation in these trials.

- Differentiation between Levels 3 & 4 of the original offering of the compensation;
  For hemophiliacs going through invasive and possible life threatening biopsies to determine actual state of the disease to determine level of compensation posed a very high risk which many victims opted not to take part of.

- Living with Hep C virus for over two decades from my 20s through to present day has been debilitating resulting in: additional use of sick days and absenteeism from work effecting my professional development opportunities and potential loss of income. There is no recognition or provision for this in the compensation package.

- Having the Hep C virus didn't allow me to qualify for life insurance of any kind over the last two decades. From my 20's through to present day no life insurance to take care of my children and wife, no mortgage insurance to purchase a home, no loan insurance of any kind.

- Participation in these Hep C treatment options was debilitating and caused severe side effects including ongoing flu like symptoms, nausea, headaches and severe depression. This impacted my whole life, physically, mentally and emotionally resulting in additional absenteeism and use of sick days, loss of income, limited career opportunities and development. The compensation for these treatments was negligible.

- While the potential impacts all of these trial treatments will have on us is yet to be seen, and the journey has come at a steep price for the hemophiliac community, our contribution towards valued research data throughout all these treatments for Hepatitis- C has resulted in potential successful medication options for all affected and this aspect is key to the resulting identified surplus. There is no recognition for this aspect in the compensation package.

These areas should be revisited for all members.

In closing, while taking care of the future generations is very important, helping those victims that are and have lived with Hep C and been so negatively impacted by the disease is as important. This surplus presents an opportunity to properly help survivors alleviate the consequences and impacts this disease has no doubt had on all remaining surviving victims. It's hard for me to comprehend how a compensation package can be sitting in a fund earning interest rather than being provided to victims allowing them the opportunity to take care of themselves, their future and those of their loved ones.

In closing I plan on participating in all meetings concerning this matter.

Regards,

[redacted]

From: [redacted]@gmail.com on behalf of [redacted]
To: Kathryn Podrebarac
Subject: Hamilton Hep C Meeting
Date: Wednesday, August 26, 2015 22:15:19
Attachments: Hep C Hearing Comments.pdf

Dear Ms. Podrebarac,

Attached for your records is an electronic copy of the statement I read at tonight's meeting.

Thank you for taking the time to host the session. Perhaps you realize, and perhaps you do not, that the opportunity to be heard, to hear others, to recognize that one is not alone in one's suffering, and to see that there are people such as yourself who — I believe — truly care about the victims of this tragedy is probably more valuable than whatever monetary effect one's comments at such a meeting may produce.

I watched you question and probe and listen and try to find something in the stories and faces of the people at tonight's meeting. I'm not sure what that something is. I hope for your sake that you find it. But I hope for the sake of the victims that it doesn't delay you. Years from now, nobody will remember whether the cheque was for a few hundred dollars more or less, but they will remember whether it arrived in time.

Sincerely,

[redacted]

Good evening, and thank you for hearing my comments.

My name is [redacted] I'm here tonight with my mother, [redacted] who contracted Hep C via transfusion during surgery in 1988. I'm speaking on behalf of her and my family.

Time is of the essence. Ideally, we'd know where our past compensation efforts have failed to be completely equitable, and we'd apply this surplus to address those inequities. But we don't know. Given the complex and subjective nature of the matter, it's safe to say we never will know. While we try to find out, victims are running out of time. For many -- Diane Parsons, sadly, being an example to us all one last time -- it's already too late. Whatever small comfort additional compensation might bring to victims and their families -- relief from the stress of a financial burden, a final trip to see loved ones, or additional care and support -- it must be soon.

It is for that reason that I urge an expeditious approach. A simple, retroactive, percentage increase in compensation per the existing schedule, to whatever extent the surplus allows, can be calculated and delivered to victims or their estates very quickly. Quickly enough, I hope, to do some good while there's still time.

Thank you.

[redacted]
Y6634

Aug 27/15.

RECEIVED
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Dear Kathryn Podrebarac:

My late husband, [redacted] was a Kind, wonderful man. He was of very good nature; telling funny jokes; if he saw you were sad, he would go out of his way to cheer you up. [redacted] didn't have any enemies, everyone he met he got along with. Everyone loved him. This all changed once he found out his blood was contaminated. [redacted] started to change; he went from an outgoing, good natured man to a depressed, withdrawn man, often referring to himself in past tense; he would often call himself "DEAD MAN WALKING." [redacted] spirit was broken after this ordeal; he felt dirty. He used to hug and Kiss my daughter, hello + good bye, but this also stopped; he became paranoid about touching anyone. He also developed O.C.D. about cleaning; he wanted me to boil the utensils he used. He would question his doctors about being contagious. [redacted] would always warn the nurses, when getting an I.V. or bloodwork, that his blood was contaminated.

That's the kind of man, [redacted] was, always thinking of others, even when he was really ill.

I believe this surplus of funds should be divided between the victims and their families. A memorial dedicated to the victims with their names on it; would also be a type of closure for the families. A small amount should be put towards making sure this horrible mistake doesn't happen again, to anyone.

This money will not bring my husband back; I will never hear his funny jokes when I'm sad, or hear his laugh, or feel his gentle touch. I have to deal with his death every day. The only solace I have is that [redacted] is no longer suffering and it is my hope, that we can re-unite when I pass away. My love for [redacted] will never die.

Yours Truly,

[redacted]

From: [redacted]
To: [redacted] Kathryn Podrebarac
Subject: Hepatitis C Settlement
Date: Friday, August 28, 2015 17:21:42
Attachments: [redacted].docx

Hello,

I sending this Email in regards to the Hepatitis C Settlement letter I received.

After reading the letter and other information on the current state of the Settlement, I have attached a letter expressing my concerns.

Please have a read of my attachment and feel free to contact me if you require any additional information.

If possible, please send me an Email confirming receipt of the attachment.

Thank you for your time.

[redacted]

[redacted]

Kathryn Podrebarac
Suite 701, 151 Bloor Street West
Toronto, ON
M5S 1S4

Dear Mrs. Podrebarac:

I am writing this response in regards to the letter I received outlining the 1986-1990 Hepatitis C Settlement. In the letter it stated that the Joint Committee would like input on the current state of settlement and how we, Class Members and Family Class Members, can provide input regarding how the surplus should be used.

To begin, I contracted Hepatitis C from a blood transfusion. The last 26 years I have had to deal with looming medical peril along with the anxiety and the fear associated with having this disease. The first thought on my mind with respect to this most recent contact is that I have been reminded how long it has been without reaching resolution. I feel that the discussions regarding how the previous settlements have fallen short and now how the surplus that exists, is a discussion that is long overdue. In regards to the settlement, I am not sure how the calculations were ever calculated and the reality is I am waiting once again to hear how this is tied up in the courts. This makes no sense! We have been left in the dark for many years and when contact has been made, documents were so convoluted to the point that when I received a letter regarding the Hepatitis C Settlement, I find it difficult to understand, to follow and to respond to. In regards to the surplus, I ask myself, how is this possible? How is it that those affected with this disease have to wait for additional decisions to be made regarding how the funds will be divided? To me, the answer is simple.

At this point, I believe that I am entitled to a settlement that is fair and compensates the challenges I have experienced thus far and will possibly experience in the future. I deserve an adequate settlement that is fair. It is not about the value but instead it is about what is owed to a person for mistakes made.

I appreciate the opportunity to express my thoughts on this issue. Many years I have been quiet regarding this issue but after 26 years it is time to have my voice heard and attach a name and face to this debilitating disease. If you have any questions or would like to speak with me further, please do not hesitate to contact me at the [redacted]

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: HCV Trust Fund Surplus Request for Comment
Date: Friday, August 28, 2015 9:23:34
Attachments: Joint Committee Submission - [redacted] .pdf

Dear Ms. Podrebarac,

Please find attached a copy of my comment letter regarding the HCV Trust Fund Surplus. A hard copy of the letter has also been sent to you by registered mail. Please do not hesitate to contact me if you would like any additional information.

Best,

[redacted]

[redacted]

RECEIVED
AUG 3 1 2015

August 27, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4
Via Registered Mail and Email:kp@toughcounsel.com

Re: HCV Trust Fund Surplus Request for Comment

Dear Ms. Podrebarac and members of the Joint Committee,

I am writing in response to your invitation to provide comment as to how the surplus funds in the Hepatitis C Trust Fund (the "Trust Fund") should be used. To that point, I am of the strongest opinion that any use of the Trust Fund's surplus that does not result in a direct benefit to the victims it was intended to help would be not only a miscarriage of justice, but also a violation of the understood agreement that victims signed on to in exchange for accepting the settlement offer in lieu of litigation.

To be clear, this is not an issue of financial need, but one of adequate compensation and fulfillment of an agreement. When the victims were presented with the proposed settlement and Trust Fund, they were presented with a Sophie's choice of sorts. While class action litigation was certainly an option – and thousands of poisoned innocent victims, many of them children, would certainly have presented a compelling case both in courts of law and courts of public opinion – litigation would have likely dragged on for years. The years of litigation would mean the further foregoing of incredibly costly treatment for many victims, and with the timeline of health risk associated with Hepatitis C somewhat unknown, potential irreparable physical harm or death. The pool of defendants would have had a huge leverage advantage in a litigation war of attrition with Hepatitis C victims. Accordingly, victims and their families made the only sensible choice: accept a settlement that provided coverage for out of pocket expenses associated with treatment including unreimbursed costs for the incredibly expensive antivirals required for treatment, some limited compensation for the harm caused (certainly far less than what could have potentially been realized in litigation), and a Trust Fund to provide for unknown compensation needs of victims in the future. What it was never understood to be was an investment vehicle that could ultimately be clawed back by those that were in the wrong and forced to create the Trust Fund in order to avoid a mountain of litigation that would tie up the courts and risk bankrupting companies and governments alike. Both sides of this deal accepted risk. The victims sacrificed the ability to utilize the legal system to maximize their compensation in exchange for fulfilling an immediate financial need; the defendants risked that they would agree to a compensation amount that ultimately resulted in a somewhat now over-funded compensation package in exchange for cost certainty and an absolute cap on liability. However, that's how settlements work – both sides agree to an amount, accept the risk that they could have a better or worse result from pursuing litigation and, most importantly, they live with that deal. Settlements should not permit one side – especially the side that was arguably in a superior bargaining position at the time – to decide years down the line that they do not like the deal they made.

[redacted]

Moreover, calling the Trust Fund overfunded or the approximately $240,000,000 at issue here a surplus is a bit of misnomer. Speaking as a victim myself, I would strongly argue that the pool of victims has never been adequately compensated for the harm caused in the first place. The treatment that I underwent nearly ten years ago, interrupted a year of my life that I'll never get back. During that year, the night sweats and chills, loss of appetite and weight loss, insomnia and constant exhaustion – not to mention unrelenting symptoms not unlike an influenza from hell – were the most difficult experience I have ever endured. Refusing to fully sacrifice a year of my life, I managed to undergo treatment while completing my final semester of University and my first semester of law school. While most of my friends were traveling the world as recent college graduates backpacking around Europe and the like, I was at home making the best of a difficult situation and focused on getting through the treatment. Against the advice of my confidants and doctors, I did not defer my acceptance to Columbia Law School, and since I realize most of the audience for this letter will also be law school graduates, I challenge all of you to recall what your first semester of law school was like and now imagine doing it while being on drug cocktail of pegylated interferon and ribavirin. Undoubtedly my grades suffered. I made it through, though, and I had two more years of clear evidence to see what my abilities were when not hindered with debilitating treatment. That said, I will never know what the impact of that all-important first year had ultimately on my career. Did I miss out on certain firm positions; clerkship opportunities; scholarships? That loss and the ultimate financial impact are nearly impossible to measure, but the cost was certainly something.

People get sick and sometimes have to undergo unpleasant treatments to ultimately get better – that is an unfortunate reality of life. But there is a critical distinction here. This is not a case of a bad role of life's dice. Instead this was the result of, plainly, an assault-- an infliction of harm on victims by a third party against whom we had limited, if any, recourse. This is also not a case of victims engaging in a risky act voluntarily and suffering the consequences. For me the choice was pretty simple – use the hemophilia blood products that would keep me alive – the products I was ultimately poisoned by – or die.

So far I've been quite fortunate. The year of hellish treatment resulted in my clearing the virus, and, nearly a decade later, it's remained clear. But the truth is I still feel like I'm sitting on an internal time bomb. Is it a fear that constantly consumes me? No, but it's still in the back of my mind regularly. I still get nervous awaiting the results of periodic bloodwork, and the fact is that medical science really does not yet know whether the treatment is permanent because there is no precedent to base the long term success rate on. Are there viral remnants still lurking somewhere in my bloodstream silently waiting to strike again? Was living with the virus for nearly 20 years before viable treatments were available already irreparably damaging to my health? Is the damage going to impact the quality of my life in ten, fifteen, twenty-five years? I hope the answer is no to all of those, but the Trust Fund was put in place for that exact reason. But there is an undeniable anxiety that comes with the unknown and, frankly, I'm not sure any amount of compensation will ever make up for that lifelong burden. However, while no amount of compensation may be worth this experience and the lifelong impact it will have on me, that does not mean we cannot recognize the inadequacy of compensation to date.

The tainted blood scandal in Canada affected many, but it would be difficult to argue that hemophiliacs like myself did not suffer disproportionately to the general population. Bluntly put, the hemophiliacs of

[redacted]

my generation have been decimated. Our criminal justice system may have disagreed, but this was negligent homicide at best. It was an injustice to this fallen population, the survivors and all of their families that no companies or individuals entrusted with the protection of the blood system were ever called to the carpet for this. It is a lesser injustice that the pain and suffering of these victims has never been adequately compensated. And it is an absolute offense to any sense of justice to think that those who were responsible for this irreparable harm – even if we are now talking about different government regimes – can now take any portion of Trust Fund established for the victims. Distributing a "surplus" to the victims and their families will never make them whole, but it might finally give them a sense that a system put in place to protect them actually worked the way it was meant to-- and the way they understood it to-- when they agreed to waive their rights to other legal remedies.

Sincerely,

[redacted]

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SEP 02 2015

Aug.29, 2015. Iam writing this in response to the surplus in the hep c settlement case. I believe any surplus should be given to the survivors or familys of the infected like myself who became infected thru a transfusion I was given during surgery . I have received some compensation and used that money as a down payment on a home for me and my son who lives with me. I am very grateful for that but I fear my health may worsen. My liver specialist Dr Scully indicated that the amount I received was somewhat lower than average but I don't know. I am more than thankful for what I got though. How ever I think the victims of this horrible decease should be the ones who would and should benefit from any surplus in the fund. Since I have since moved to a new address I will include it in this letter. Thank You for this opertunity to express my opinion . Your Truly [redacted]

[redacted]

RECEIVED
SEP 04 2015

[redacted]

August 29, 2015

Dear Ms. Podrebarac,

Re: 1986 – 1990 Hepatitis C Settlement Agreement

I am a claimant in the above noted settlement.

I received tainted blood products in a 1986 transfusion after having given birth to my fourth child in hospital. In 2000, during an attempt to donate blood, I was informed that I had Hepatitis C. At that time I was 51, had a sound marriage and five children, the youngest an eleven year old; I felt well. There are few words to describe how I received the news, although *terrified* would be among them. My husband and children! In those days Hepatitis C was known as the Silent Killer. I told only my immediate family, and we carried the secret is silent horror for nine years. I did not want to be known as "the lady with Hep C", I wanted my accomplishments and my points of character to define me, not my disease.

Nine years only? In 2009, under the supervision of Dr. Eric Yoshida and his team at Vancouver General Hospital, I underwent an experimental drug trial to test dosage levels/frequency of a combination of ribavirin and interferon. The expenses were covered by the drug manufacturer. I experienced 24 weeks of extreme exhaustion, flu like symptoms, itchy skin rashes, weight loss, and pain; but, the virus was vanquished and I was cured. Lucky, plucky me.

There will be more days to the rest of my life than I anticipated as "the lady with Hep C"; still, my liver is scarred and it functions less than optimally. I feel, however, well.

Each claimant in the settlement has a story. Some did not survive, and their story must be told by another. I wanted one of the Committee members to hear mine in brief, to know that each story has a face. Mine is 66 now and shows no sign of the fear nor the suffering I once felt. As I said, lucky.

If there is a surplus of money in the Trust Fund I would hope that it or a portion of it would be divided among all claimants. We are deserving.

Thank you for listening.

[redacted]

Aug 30/15

to Kathryne Podrebarac

In reply to the letters sent as to what should be done with the surplus of funds for the H.C. 86/90 victims. It should be allocated to the family members + class members.

[redacted]

From: [redacted]
To: info@hepc8690.ca
Cc: [redacted] Kathryn Podrebarac
Subject: [redacted] (file #4744 Hep C)
Date: Sunday, August 30, 2015 18:00:31

Attn: administrator:

My aunt [redacted] file #4744 had passed away July 9 2008 at which time I had notified your office of this. She was diagnosed with Hep C, as a result of a blood transfusion on or about 1986 to 1989. She had many surgeries during this period. I was her primary care giver, having to ensure her level of care both in and out the hospitals over the years. Unknown to me , because at the time we were not aware of the Hep C transfusion. As her primary care giver, I often had to bathe, change, diaper my aunt and often touching urin/feces. Witch subjected me to risk of Hep C. As well, I had to assume the care of her husband who was blind, and had maintain his house hold as well as my own. For 15 years, while my aunt was hospitalized and eventually put in long term care at Queens Gardens, Hamilton. I had to make the daily trip out to ensure her husband was fed, clean and in good health. He himself passed away in 2005.

The gentleman I had spoke to when I called to inform of her passing, advised me that he would put the information on her file.I have never heardanything back so I had assumed that it was closed.

i received a letter about a meeting on Aug 26 2015 at the Sheraton hotel in Hamilton, Ontario. Although she received a small settlement, I was informed that there was an entitlement of $5.000.00 for a child or caregiver. As well as funeral expenses. (as I paid for this cost out of my own pocket).

During our conversation at the Sheraton, It was request that I pull all documents pertaining to the Hep C. I have documentation from surgeries during this period, and will have all documentation available to you once I receive from Queens Gardens, long term care facility.

Please accept this letter as my request to follow up on any entitlement pertaining to this case.

thank you

[redacted]

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SEP 0 3 2015

Kathryn Podrebarac, August 30, 2015

Podrebarac Barristers Professional Corporation

Suite 701, 151 Bloor Street West

Toronto, Ontario, M5S 1S4

Dear Kathryn, [redacted]

Recently I received a letter with the above notation. In the letter, the Joint Committee has asked for my input.

1) First I will let you know that my mother, [redacted], passed away in May of 2006. There was no autopsy done so whether it was from the Hep C in her blood, it is not sure. At the end she often had fluid accumulating in her lungs that needed to be drained. At her death she was 84.
2) I understand from the letter sent to me as her eldest daughter, that there is a surplus of between $236 to $256 million in the trust fund for the Class members and Family Class Members.
3) The Questions were : a) Is there any kind of expense incurred or loss due to HCV that I feel the plans failed to cover or address. Answer: not that I know of . b) does the payment under any particular payment category seem out of line with the loss or expense it is intended to compensate? Answer: No. c) If I could change one thing about the Plans or the payments received under them what would I change? Answer: nothing
   d) If the courts decide to enhance benefits to the class from the surplus , should it be a lump sum payment or an increase in the ongoing recurring payments being received. Answer: In my case I would say a lump sum payment .
   e) If there is a lump sum, should the same amount be set for each infected class member or should disease level, loss of employment and /or other identified factors be considered in setting the amount. Answer: I would suggest that it not be the same amount set for each case, but that other factors ie: loss of employment etc should be considered.

Yours truly,

[redacted]

From:	[redacted]@yahoo.com
To:	Kathryn Podrebarac
Subject:	Written Submission to Joint Committee re 1986-1990 Hepatitis C Settlement Agreement
Date:	Monday, August 31, 2015 12:09:36
Attachments:	Written Submission.pdf

Please see the attached written submission.

I would ask that you please confirm receipt.

Thank you in advance,

[redacted]

[redacted]

BY E-MAIL August 31, 2015

Ms. Kathryn Podrebarac
Podrebarac Barristers
Professional Corporation
151 Bloor Street West, Suite 701
Toronto, Ontario
M5S 1S4

Dear Ms. Podrebarac:

Re: [redacted], Claim Number 18698

Please see the attached submission regarding the above-noted claim.

[redacted]

[redacted]
Enclosure

Written Submission to Joint Committee

1986-1990 Hepatitis C Settlement

Contact Name: [redacted]

Address: [redacted]

I believe the surplus should be **fully** allocated in favour of Class Members and Family Class Members, namely dependants.

My late husband, [redacted] [redacted] was infected with the Hepatitis C virus by a blood transfusion in late 1987. [redacted] was only 17 years old at the time of infection.

Since [redacted] passed away in 2008, I have been receiving a Loss of Support from the Settlement Agreement. The amount I received this year (which represents Loss of Support for 2014) was $26,327.21. This amount only increased by a mere $511.33, since I received $25,815.88.

a) this is not an acceptable amount to consider as a Loss of Support since in this day in age, $26,327.21 is not enough for a man to support his family; and

b) an increase of $511.33 is less than a 2% increase.

In 2005, after finding out about the virus, [redacted] and I had made some inquiries with the 1986-1990 Hepatitis C Claims Centre ("**Claims Centre**"). After all the initial investigative work and approval was completed, the Claims Centre had advised us that since [redacted] was infected with the virus in the spring of 1987, and was not 18 years old at the time, that he would only be entitled to the "Average Industrial Wage in Canada".

I do not believe it is fair to restrict one's potential support based upon the fact that they were infected at an early age.

Also, the amounts that were received for the various disease levels and funeral expenses could have been more generous.

From: [redacted]
To: Kathryn Podrebarac
Subject: FW: follow up to Hamilton meeting
Date: Monday, August 31, 2015 19:30:20

Corrected address

From: [redacted] [mailto[redacted]@quickclic.net]
Sent: August 31, 2015 7:11 PM
To: 'Kp@toughcouncil.com' <Kp@toughcouncil.com>
Subject: follow up to Hamilton meeting

Dear Kathryn.

Thank you for the excellent presentation and question and answer session at the recent Hep.C meeting on the evening of August 26.

My name is [redacted], claim #587. After hearing the sad and tragic stories from some of the members of our group, I realized how fortunate I was to have my claim accepted and processed with support from the Administrative person at every level. I am currently classed at level 6. However the virus has been dormant, much to the surprise of Dr. David Wong, my hepatologist and of course my family and myself.

I would not presume to recommend how the excess money from the fund should be distributed except for the strong recommendation that the government <u>not</u> be included.

Given that I had to retire from the teaching profession thirty years ago-I was 49 years old-with a total and permanent disability pension due to chronic heart disease, I was able to support my family.

The Hep C disease is horrible and like many other victims, we suffered major problems. The interferon\ribavirin treatment was hell and unsuccessful in my case. After eleven months, and no change in enzyme levels, slowly increasing to a dangerous level, Dr. Wong and myself agreed after a one year rest, to repeat the treatment at a lower dose. After six months I decided to stop the treatment. It just wasn’t worth it.

Surprisingly and thankfully, the virus is dormant and my wife and I have welcomed grandchildren and a great-grandchild.

Best wishes with your deliberations. I feel confident that the final submissions next June will reflect the priorities of the victims.

Yours truly.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Trust Fund Surplus
Date: Monday, August 31, 2015 17:27:38

Hi Kathryn,

I'm writing to you with regards to the Joint Committee and what to do with the surplus.

I do feel that there is a difference in levels three and four of the payout and feel there should be a payout on Level 4 of the scale (whether or not that is the law with regards to paying out I do not know).

Secondly - with regards to out of pocket expenses, there is no way to recoup the monies that one looses when they have to take the day off and usually a person that accompanies them has to take off as well. To pay some money per appointment would make sense.

Lastly - I feel the easiest payout would be to divide the money in lump sums per disease level and pay it out. I.E. Level 1 - 1,000. Level 2 - 1,000. Level 3 - 1,000. So a person in level 3 gets a combined $3000.00 in payout, Level 2 $2000.00 etc.

Those are my comments. Thanks. [redacted]

[redacted]
[redacted]@yahoo.ca

Fax to: 416-348-7502 AUGUST 31/2015

PAGES 5

ATTENTION : KATHRYN PODREBARAC

RE; HEP C JOINT COMMITTEE SETTLEMENT SESSIONS

PLEASE FIND ATTACHED 4 PAGES REGARDING IMPACT STATEMENT OF [redacted] 01402370 regarding the hep. C 86-90 Settlement.

I see there was a meeting added to the agenda in Saskatoon at a late date. I just found it today and am sorry I am unable to attend due to the short notice. I hope this statement will help understand my position as well as those of others.

1986-90 HEPATITIS C SETTLEMENT

IMPACT STATEMENT

From: [redacted] Aug 31, 2015

01402370 (TE)

[redacted]

The traceback procedure that was done when this claim process first began found that I had been given the virus in 1988. At that time I was 33, had a husband and 4 sons aged 9, 7, 5 and 6 weeks.

Although I wasn't diagnosed until 1998, we had 10 years of living with a disease we didn't know existed. I was a stay at home mom, but our children had to pitch in a help with many household chores from a very young age; younger than should have been the case and that I feel guilty about to this day.

In 1998 because the kidneys were damaged at a much higher degree and in different areas of the kidney than normal from cyclosporine, it was suggested to test for Hep C and I was found to be positive. By then my creatinine levels were quite high, I had my appendix removed and started to have menorrhagia. Therefore I became anemic . The kidney was not producing red blood cells fast enough. My nephrologist told me if I kept having blood transfusions I would have too many antibodies to have a successful kidney transplant. Therefore I opted for a hysterectomy in May of 2000.

By July of 2000 I was put on dialysis. It was 3 hour drive one way for several weeks until I was moved to Lloydminster dialysis center closer to home where it was only a 40 min drive instead of 3 hours one way in Saskatoon. By 2000 our sons were aged 21, 19, 17, 12.

We still had 2 children at home. Our 12 year old son has a brain injury. I always felt I was not able to help him as I should at school, but that year was the worst and is difficult to think about. He was bullied that year and every school function a parent could take part in was on a dialysis day.

In Sept., 2001 a friend gave me her kidney. After the first few months which included a month long hospitalization due to infection, lymphocele repair and drug reaction, life was once again ok for a couple of years. By the end of 2003-04 my creatinine levels were once again rising. Also my liver function was deteriorating.

I was sent to the transplant team in Edmonton for a kidney/liver consult and was told they would **not** take me on as a patient as the Hep C genome was too difficult to treat, I had other underlying problems, was past treatment stage anyway and would not be a good outcome. In other words I would wreck their statistics!! That was quite the emotional toll on both my husband and I. They sent me home to die.

In August 2005 I was sent for a second opinion to London, Ont. where I had had my first liver transplant. Dr. Ghent put me on their waiting list for a kidney/liver transplant and we very thankfully came home to wait, possibly 2 years.

3. [redacted]01402370

The rest of 2005 and the beginning of 2006 were quite busy with bouts of encephalopathy. I was hospitalized many times and put my family through quite an emotional journey as they watched me struggle so hard with my very obvious deteriorating health.

By July 2006 I not functioning well and during a hospital stay went into a coma and was sent by air ambulance to London, Ont. Within a day there was both a kidney & liver available for me.

Following transplant surgery, there was another surgery to clear infection in my abdomen, following that there were tubes inserted to clear other infections, I would be sent home to Sask., have a problem and have to go back to London, be sent home and have to go back to London. The last trip was to check out the liver enzyme problem and start hep C. treatment. This took place between July and Dec. 2006. During that time we had 1 son left at home. He was in Grade 12 so was pretty much on his own for those months, with the help of grandparents and friends. I finally told my husband I couldn't stand the thought of our son being on his own so much so asked that he stay home. Then I was on my own in London and needed emotional support as well. My friend came to stay so I wasn't alone, taking time off her work. It was a very difficult time.

Therefore I feel that the Hep C claim settlement has never taken into account the emotional toll this disease takes on families. My husband had always taken time off work for appointments and hospitalizations. He was always there to help me find my way through doors or out of bathrooms when I had encephalopathy.

4. Salzl 01402370

Our sons should not have had to grow up with the emotional strain of a mother who always seemed to have a health issue to deal with.
They should not have been expected to do all the chores they had to do at such a young age or wonder what was going to happen to their mother and be without a father when he had to travel with me out of province.

For these reasons I feel the family members payment on death falls far short of what is fair. How does a small amount of money at death in any way compensate for 27 years of living with this disease. Thankfully I have been able to function this long and be here to see my family grow but from what I understand the death benefit is linked to death relative to Hep C. How does that in any way compensate my husband and sons for what they went through if I die in an accident, heart attack or some other problem not related to Hep C-.or have yet to go through. I feel strongly this is a problem with this plan.

Also, the plan provides very little for funeral expenses,... again if death is related to Hep C. Because of Hep C I have been unable to purchase life insurance so on once again on death there would be very poor coverage if I were to die of something else.

I have also felt the loss of services comes up a little short. I have only ever worked some part time. We live in a small rural community but replacement services are more than the compensation allows for if I would need them.
My husband now helps with many, many of the household tasks I used to do.
As a stay at home mom I at one time worked more than 20/week between housework and raising 4 children.

Thank you for your consideration.

RECEIVED
SEP 0 8 2015

[redacted]

Ms Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
TORONTO Ontario M5S 1S4
CANADA

I am sorry for the delay in contacting you about the papers sent to my previous address concerning the surplus in the Hepatitis C Trust Fund.

The amount is astonishing and I hope that some portion can be made available to make additional payments to Class Members and Family Class members. I realise that I seem selfish. Certainly any payment would be welcome.

My husband [redacted] income, for the most part died with him (Life pensions W.C.B payments etc). I had to sell our home in Etobicoke and return to N. Ireland. I lived with family before buying a little one bed-room apartment at the above address.

In case you think me completely mercenary, I miss my husband every day. [redacted] was brave & resilient. The surgery in 1988 when he received the contaminated transfusion was to repair a non-union of bone from leg surgery at St Josephs Health Centre TORONTO. in 1985. Three surgeries followed at St Joseph's a half knee replacement which was removed & replaced by a whole knee replacement & then a knee replacement to the other leg. [redacted] came through these procedures and the recovery periods with determination and little or no complaints and persevered with physical therapy with enthusiasm.

* Copy please note correction of date BRK.

[redacted] was very grateful that his new knees gave him a better quality of life. He did not know at that time that he had received a contaminated transfusion in 1988.

Im very glad he didnt because his attitude to life changed completely when he was informed in late * ~~1985~~ 2005 that he had proven to be Hepatitis C positive. [redacted] became fearful about his health, didnt want anyone but me to know. He felt that there was a stigma involved. I urged him to get counselling but he refused. I loved him so much but nothing I could say could really comfort him.

In April 2006 the thing he dreaded happened. He had to be rushed to St Joseph's Health Centre for emergency surgery to repair a hernia involving the bowel. My husband who had come through so many surgeries so bravely was unhappy and I think frightened. The surgery appeared to go well but [redacted] developed MRSA and on 3 May 2006 I was being asked to give permission to switch off the machines that were keeping [redacted] alive. My wonderful husband who had come through so much was gone. I expected to have him for a lot more years [redacted] mother lived to be 105 and his twin brother is still living in England.

It seemed so tragic to me that [redacted] should contact Hepatis C through an untested transfusion and then lose his life to a hospital based infection

Please forgive the writing. I have been ill and although I am recovering my hand is a little shaky.

[redacted]

September 2015

From: [redacted]
To: Kathryn Podrebarac
Subject: FW: Questions regarding the administration of the Settlement Agreement
Date: Wednesday, September 2, 2015 12:32:55
Attachments: Notice to Class Members 2015.pdf

From: Miller, Carol [mailto:Carol.Miller@crawco.ca] **On Behalf Of** Hep C Info
Sent: September-01-15 2:17 PM
To: 'Kathy Gardipy'
Subject: RE: Questions regarding the administration of the Settlement Agreement

Good Day,

I believe you are sending this email as a result of the Notice sent to claimants by the Administrator on behalf of the Joint Committee.

If you wish to have your thoughts registered with the Joint Committee please send your email to the Representative from Ontario (the link to their contact information is in the attached notice)

Regards

The Administrator

From: [redacted] [mailto [redacted] @cogeco.ca]
Sent: Tuesday, September 01, 2015 1:29 PM
To: Hep C Info <EmailDistribution3@crawco.ca>
Cc: [redacted] eastlinc.ca
Subject: Questions regarding the administration of the Settlement Agreement

My name is [redacted] nd my brother [redacted] passed away Oct. 17 2012 from Hepatitis C which he contacted from blood transfusions when he had a triple by-pass. My Mother , brothers and sisters received a settlement of about $6000.00. At the time I posted my feelings on a Hep C page. I would never have signed anything accepting this amount except for the fact my mother (and [redacted]) was 90 years old and would most likely not have lived to see any conclusion to this if I had not signed. I cannot understand why [redacted] was not given a liver transplant years earlier. They said they THOUGHT his heart was not strong enough to survive the operation but his heart went through his illness when he went from a healthy senior to his death. I watched my brother lose all his body functions and could not even feed himself in just a matter of months. Perhaps he would not have survived a liver transplant but there was a chance. There was no chance without it. I believe it was the fault of the government that he received this bad blood so in essence they killed him to save money and did nothing to try and rectify this. My brother’s life was worth more than money could buy. He can never be replaced. I know there have been a lot more people who have gone through what my did and I am sure a lot of family members feel as I do. There is no amount of money that can ever be enough but I honestly believe that this money belongs to all these people, and, because there are probably few still living, this money belongs to all their surviving family members. I hope with all my heart this will be resolved while my mother is still with us. She will be 93 in Oct. of this year.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: To the Joint Committee for the 1986-1990 Hepatitis C Settlement:
Date: Tuesday, September 1, 2015 7:07:09

To the Joint Committee for the 1986-1990 Hepatitis C Settlement:

I understand and fully agree with compensating for lost earnings and wages. I am not aware of how those sums were determined. I hope that someone with a higher income was not compensated more than someone who earned less. No life is worth more than another.

I understand that there are still some people who meet the criteria for compensation but have been denied because they did not submit their applications in the required time frame. I feel they should be compensated. The application process was not an easy undertaking.

My situation is somewhat different. I was not in the work force when I was diagnosed with Hepatitis C. I was supported by my parents.
Now as an adult, I am having difficulty finding employment to support myself and plan a family.

I was diagnosed with hepatitis C when I was 12 years old. I remember my Mom crying. As a young teenager this was an enormous burden. At that time there was no cure and this was considered a life sentence. I thought my life was over, or would be very soon.
Any motivation to do well in school despite the efforts of my parents was shattered. I lived for the moment, consequently my grades suffered.

I did receive some financial compensation and much to my parents' disapproval I spent a lot of it as if I only had a few years to live, buying musical instruments, turntables, records, CDs etc...

By the end of high school, my compensation money was depleted and my marks insufficient to attend the choice university programs. Ultimately after 6 years of post secondary studies, and financial support from my parents, I got a 3 year business degree Bachelor of Business Administration (BBA).

Immediately following university, my Hep C doctor and I decided this would be the best time to undergo the Pegetron treatment to try and attack the virus.
This decision required me to postpone any job applications as the treatment makes you feel so ill you cannot hold down a position, but I did not have a family to support and my parents would house and support me financially during the year of treatment.
Good news, I cleared the virus, at least as far as the sensitivity of the current testing is concerned. But the recession was starting and the job market was starting to tank. In hindsight I should have been in the job market a year earlier. My resume now indicated that I had taken year off after university which proved somewhat challenging to explain to possible employers.

Around this time, complications from hemophilia required me to undergo ankle surgery twice, which took me further out of the work force because of the significant recovery time required. As well, the resultant handicap permanently eliminated any career options requiring me to be on my feet for more than 2 hours at a time.

So now I am struggling to support myself. I understand there is a compensation surplus available and feel that I am deserving of further compensation, to make up, in part, for the ongoing hardships and lost wages due to the tainted blood products I received.

How the original compensation amount I received was determined, I don′t know, but it could barely be considered a year′s salary.

Some may argue I brought some of this onto myself because I did not focus/concentrate enough on my studies. Such focus/concentration was very difficult for me given that I had a disease for which, at that time, there was no cure.

In addition, two family friends, [redacted] and [redacted] passed away due to the tainted blood. As I write this, I read that [redacted] a leading advocate for compensation, recently passed away. The burden and worry caused by the tainted blood scandal will remain with those infected forever.

Thank you for your difficult deliberations concerning these compensation matters.

Sincerely,

[redacted]

Claim Id: 0110017 (HE)

From: [redacted]@bellaliant.net
To: Kathryn Podrebarac
Subject: Fw:
Date: Tuesday, September 1, 2015 8:22:37
Attachments: HEP C RESPONSE TO SURPLUS xxx.docx

Good morning Kathryn

As I mentioned on our telephone conversation last week this is our submission to the Hep C surplus. The attachment includes a two page letter and four photographs. If you have any problem with the attachment please do not hesitate to contact me at [redacted] [redacted]@hotmail.com.

Again thank you so much for your help and good luck to you and your committee.

Sincerely

[redacted]

From: [redacted]
Sent: Monday, August 31, 2015 8:34 PM
To: [redacted]@bellaliant.net

August 28, 2015

[redacted]

RE: HEPATITIS C 1986-1990 TRUST FUND SURPLUS

TO WHOM IT MAY CONCERN:

We, the children of [redacted] (claimant 1401719) wish to make a submission on the distribution of the surplus in the Trust Fund for the 1986-90 Hepatitis C Class Action Settlement.

We lost our Dad to Hepatitis C on January 12, 1999.

We are adamant in our belief that none of this surplus should be going back to the government, allocated for research or any other third party interests.

These funds were designated for class members and their families when it was established in 1999. This should not change.

Our recommendations are as follows:

1. **Provide to the class members and family members a lump sum based on the difference in the current indexing and their previous allocations. This formula worked then and we feel it would be the least costly and equitable to administer.**
2. **Remove the deadline of June 30, 2010 so that persons infected during the 86-90 period who missed the deadline could be considered on the same basis as the current class members.**
3. **Review the needs of the existing infected persons.**

As Hep C took over his life we watched our Dad suffer and deteriorate over a period of 10 years while fighting so hard to live. As his quality of life diminished, our lives were put on hold filled with anxiety in the desire to keep our Dad as comfortable as possible. We made weekly schedules so that one of us could be with him at all times. We juggled work schedules and vacation days to allow for this. We were seven children with families, jobs and commitments of our own and this became increasingly difficult as his disease progressed. We dealt with endless doctors' appointments, hospital stays and medication changes. It was a very emotional time for us and although we never begrudged helping our Dad Hepatitis C certainly changed all of our lives. Our Dad was such an amazing person and we loved him dearly. As we had lost our mom to cancer 3 years prior to his infection he was our life line.

We miss our Dad every day as do his grandchildren and siblings. We miss his jokes, his laughter, his compassion and most of all his companionship. He would likely still be with us today were it not for the infected blood transfusion. He would be enjoying life with us and his grandchildren whom he loved so much. He would be getting to know his great-grandchildren that have since been born.

Unfortunately our Dad never lived to see any of this settlement but he did tell us before his death and I quote " You guys need to go after this money. They did this to me"

Pictures speak a thousand words. We have included pictures of our Dad before his infection with Hep C (at my sister [redacted] graduation dance) as well as 2 pictures of Dad a few months before his death. No words can accurately describe the pain of witnessing the deterioration of such a wonderful human being.

Speaking on behalf of our entire family we appreciate the opportunity to provide our input and hope it will be considered in the final decision.

I may be reached at [redacted]@hotmail.com.

Yours truly,

[redacted]

Photo(s) submitted
but not included
for privacy reasons

From: [redacted]
To: Kathryn Podrebarac
Subject: Re Comments Trust Fund 1986-1990 Hepatitis C Settlement
Date: Tuesday, September 1, 2015 22:53:17
Attachments: HepC.docx

Dear Ms. Podrebarac

Enclosed please find my written comments in response to the Joint Committees Request. Please keep me informed of the progress of your application to the court.

Regards

[redacted]

Sent from Windows Mail

August 30, 2015

[redacted]

Comments Re 1986-1990 Hepatitis C Settlement

I recently received the Joint Committee's Request for Comments about the Surplus in the Trust Fund. I am the son of one of the individuals [redacted] that received contaminated blood from a Prisoner in a US jail during a routine operation which resulted in him contracting Hep C.

In 2002, he passed away from a number of complications which I feel were directly a result of him having contracted Hep C. He slowly withered away in front of our eyes and he left us way before his time. I know that everyone grows old but statically speaking based on our family history he should have survived at least another 10 years.

What are the impacts to my mother, my brothers, me, his grandchildren and his not seen great grandchildren? Ten plus years of lost laugher, ten years of the grandchildren hearing his war/life stories, ten years of missed birthdays, Christmases, family dinners. The list goes on.

He went in for a minor operation, received what should have been clean blood for a transfusion and he was left with a non-curable disease which destroyed his life. He left my mother alone, missed fishing trips and family events with his sons, missed his grandson's and granddaughter's weddings and left his family with the last reminder of him sitting in a chair wrapped in blankets because he was always cold unable to get up without assistance.

My three brothers were each given $5,000 and his grandchildren each $500. I found this to be disrespectful of the value that we have lost. It is hard to put a value on what we have lost or missed because of the tainted blood and in reality there is no amount of money that can replace what we have lost.

I am 100% in favour of the surplus being equality allocated to all affected people, wives, husbands, sons, daughter and grandchildren. I am sure others have more horrific stories but we all share the same feelings of loss and hardship as a result of a mistake.

I hope that you will do the right thing and provide compensation which reflects the value of the time lost for everyone equally since we are all impacted by his loss.

Regards

[redacted]

[redacted]

RECEIVED
SEP 0 8 2015

To the joint Committee
1986 - 1990 Hepatitis C settlement.

To Whom it may concern.
I think they should use the surplus for class members and family members. I was awarded a sattlement and my settlement is gone. I still have Hep. C also I develope cancer, lost my breast and now I live of a Welfare.

[redacted]
Sept 1, 2015

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: hepc@strosbergco.com; jjcamp@cfmlawyers.ca; info@savonitto.com
Subject: 1986-1990 Hepatatis C Settlement Agreement - Phase 2 Sufficiency Schedule
Date: Wednesday, September 2, 2015 13:36:05

To whom it may concern,

This email serves to provide my input and opinion on how the original settlement fell short and how the surplus should be allocated.

My father, [redacted], passed away at the very young age of 63 in the year 2000, after contracting HEPC from a blood transfusion. He died at a time when he should have been preparing to retire and enjoying his life. He never got to do that. Not by any fault of his own, but by the mistakes of the health care system. My father was not ready to die and we, his wife, his children and grandchildren were not ready for him to die.

Sorry, the below email was originally sent to the wrong email address.

When my father was first diagnosed, the doctors were convinced that he was an alcoholic and accused him of such. Thought he was lying when he denied it. They called my mother and his three children into a meeting to further accuse him to us and asked us to verify that he was not an alcoholic. This was a horrible time, when we first found out when his liver was failing and the doctors would not put him on a transplant list because they did not know about nor understand HepC and kept accusing him of being a drunk. My family was devasted by this treatment.

My father died at a time when I and his grandchildren needed him most. i was going through a very difficult divorce and my children needed their grandparents. My father was gone but my mother was also grieving and not available to help or comfort us.

I have four children. The oldest two got to have their grandfather for 12-15 years and miss him every day. My younger two don't remember him. But in either case, they wish they had him to take them camping and fishing etc. All their friends have a grandfather and he is missing from their lives and they feel it every day.

I got re-married and wanted my father to see that I am finally happy and have a good man. He will never get to see that.

My new husband has essentially become my mother's husband as well. He cuts her lawn, he does all her chores and repairs.

The cost my father's life? For his children $5,000 and his grandchildren $500. I think that was very unfair. There is no price on a life, no amount of money that can bring him back, but $5,000 and $500 respectively is a slap in the face.

Other people who contracted HEPC by their own fault got compensated a heck of a lot more than those of us who had no choice.

Respectfully,

[redacted]

RECEIVED
SEP 04 2015

Sept 2, 2015

Re: FBO the Estate of [redacted]
and
[redacted] (Executor + Sibling).

To,
Kathryn

I am the executor + Sibling of [redacted] who passed away at a very young age. She suffered a very painful death. The very blood transfusion that was supposed to save her life, ironically, killed her.

Please pay out the proceeds from the Surplus as Quickly as possible. These people who are still alive have very short time. Do not didle daddle and get bogged down into administrative nightmares. Let them enjoy ~~whatev~~ whatever time they have left. The Compensation paid to these people and the estate was peanuts compared to the enormity of the Mistake made. People who have bike-accidents receive more.

My baby Sister died way before her Time. Please pay the surplus out to those alive and to the estates of those who ~~pd~~ died and paid the price.

[redacted]

From: [redacted]
To: Kathryn Podrebarac; hepc@strosbergco.com
Subject: Hep C 86-90 review
Date: Wednesday, September 2, 2015 9:57:32

Good day,

I am a co-infected (HIV & HEP-C) hemophiliac at level 5. I have reviewed the presentation slides and assisted to some of the webcasts presented recently on the Hep C 86-90 review.

As part of this process, I would like to forward the following comments.

I have taken all the drug therapies offered to me in the past (including the ones with Ribavirin and Interferon). The last drug therapy I was offered was originally approved by my private insurance plan. I was to pay upfront for the drugs and my private plan would reimburse me once the paperwork was submitted. However, once the drug therapy plan had started, my private insurance indicated that they were reviewing their approval. This meant I had to take up a loan to pay for the drugs. In the end, they did pay for the drug therapy but it did bring much anxiety and uncertainty at the time. While I am told there is no maximum ceiling for in province medication claims by my private insurance, I can't help but wonder whether this will change at any time. I also take expensive HIV medications and I could not afford to lose the coverage given by my private plan. I would like to suggest that the process of drug therapy approval be facilitated by the settlement. Is it not possible to have the HEP-C settlement approve the drug therapies and leave them in charge of recuperating funds either with government plans and/or private insurances (where there is no impact on lifetime ceiling) and therefore relieving the individuals already subjected to health medical issues and stress to deal with this? I believe this would go a long way to pave the way for an easier process for people affected by HEP-C. At this point, the drug therapies have not been successful in clearing the virus. I therefore expect that there will be future therapies available to me and, therefore, a similar approval process.

Thank you for this opportunity to comment.

[redacted]

RECEIVED
SEP 0 8 2015

[redacted]

Sept. 2 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario, M5S 1S4

To whom it may concern:
Hep C 1986-1990
Claim ID: 01400934

As one of many who received tainted blood through a transfusion, I was frightened of all the consequences of this unforgivable occurrence.

With the dedication of my family doctor, the regiment of injections to beat this was undertaken for a year. Fortunately this worked wonderfully and only a trace of Hep C remains to this day. I am still checked periodically to insure that all is still okay.

In regards to the trust fund surplus, I feel that it should be divided amongst all the eligible parties to whom it was first intended.

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Responding to "The Joint Committee wants to hear from you"
Date: Thursday, September 3, 2015 23:09:28
Attachments: Joint Committee Letter- Hep C.docx

Good Evening, Kathryn!

I am writing to you in response to the recent letter that I received, titled "The Joint Committee wants to hear from you". I have attached a word document; a letter I have written to you, providing my comments and feedback.

Please let me know if I can provide anything further.

I appreciate the Joint Committee- Thank you!

Regards,
[redacted]

August 7, 2015

Dear Kathryn,

I am writing to you in response to the recent letter I received titled "The Joint Committee wants to hear from you". I'd like to provide you with my input.

Looking into my past documentation, it appears that I was assigned claim # 10081- should that assist.

I am not sure that I understand entirely the way this next hearing will work or how financial disbursements will be distributed, however from what I've read am I correct in assuming as your condition worsens, the more likely you are to be awarded financially?

I am thankful every day that I am alive and not in the condition of some of the other class members; although having contracted a disease, such as Hepatitis C, through no fault of our own is a difficult and unfortunate situation for us all.

I am not currently in the hospital, nor am I actively receiving treatment for my Hep C, however, I have had to endure many associated stresses and sacrifice things that I would never have had to if I did not have this disease in my blood.

We'd received communication from Alberta Health and Wellness in May of 2001 stating that there was a possibility that I'd contracted Hep C via transfusion while receiving my cancer treatment between 1986 and 1990. I was diagnosed with Hep C in 2001; however I'd contracted the disease via transfusion when I was a small child while receiving treatment for Acute Lymphoblastic Leukemia (A.L.L). I had lived with the disease without knowing I'd contracted it until the age of 17. Being diagnosed at the age of 17, with a disease that could potentially end my life early was a very difficult piece of information to deal with. It left me questioning everything, leaving many uncertainties unanswered. Can I have children without infecting them? Will someone want to marry me? Will everyone think of me as a liability? How long will I live? What will happen to me if I consume any alcohol? Etc.

I had the support of my parents and we looked into things that I could begin doing to prevent liver damage. After consulting with my family doctor, I began taking milk thistle and drinking dandelion tea-items that provide liver support. I began eating right for my liver and was advised that I needed to be conscious of any alcohol consumption. This was a big step as I was continuously thinking of my diet and how my liver would be affected.

I am very blessed to have met my husband who has stuck by my side, regardless of having Hep C. Although, I often worry that he has to live with the risk of my disease and potentially passing it to him. I am overly cautious in all aspects of my life with respect to passing it- even with things such as paper cuts.

In 2008 the doctor`s had advised that in order for me to know the actual state of my liver health that I would have to have a biopsy. I am not sure if you`ve ever had to have a biopsy, but they are not fun. This procedure I would also not have had to have had if I never had Hep C.

We started facing obstacles and enduring stress because of my Hep C in our home buying experience. I am unable to receive life insurance on my home through my mortgage at the bank because of my Hep C- a burden to my family should anything happen to me. Looking into other means of life insurance also proved difficult as many would not insure me, and those that would have quoted outrageous premiums or capped the financial coverage due to my Hep C. This is very unfair, places unwarranted burden on my family and puts us in a financial disparity.

When we wanted to start a family the stresses and risks of Hep C became a problem once again. I was somewhat relieved to hear that the risk of passing my Hep C to my children during the birthing process had reduced to less than 3%. Although, I still fret about it. When I spoke to the doctor regarding nursing my children, there was a risk of passing it as it`s blood to blood, and along with nursing can come chaffing, cracking, bleeding, biting, etc. Due to the risk, even if it was low, I couldn`t live with myself if I passed my Hep C to my children knowing that there was a risk free option- formula. We decided to formula feed my children. In addition to being robbed of my choice as a mother to nurse my own children, I had to endure the judgement of nurses and others. I felt I continuously had to explain myself to folks as to why I was not nursing- it made me feel awful! It also meant that I had to keep divulging to people that I have Hep C. I then felt that I had to explain that I contracted through no fault of my own to reduce further negative judgement. Aside from the emotional stresses there is the cost of formula feeding that hit us. Formula, bottles, sanitizers, bottle warmers, etc. These costs were costs we would not have been faced with had I been able to breastfeed.

I saw a liver specialist in 2013-2014 when I was first pregnant with my second child. My specialist had wanted to discuss potential treatments once I had my second child and gave my body time to return to normal. I plan to see my specialist in the near future to discuss potential treatment options. I have no idea if I`ll be a candidate for treatment, but if I am, I am unsure of the associated costs. These costs I should not have to pay for because it is not my doing that I have this blood disease.

In summary, for those of us lucky enough to not have already paid with our lives, or diagnosed as terminally ill because of Hep C, it`s not as though we do not face continual hardships because of our disease. We have challenges- we fatigue faster, have irreversible emotional damage, have to watch our diet more closely, etc. We also will continue to face uncertainties and financial disparities due to this disease. I think those of us wrongfully infected are all entitled to further compensation for the damages that we`ve faced and will continue to face.

I am very appreciative for the Joint Committee- it`s nice to have someone fighting in our corner. Please let me know if I can provide you with anything further.

Sincerely,

[redacted] [redacted]

[redacted] [redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Fw: chronic hepC decision of surplus
Date: Thursday, September 3, 2015 8:58:01

----- Original Message -----
From: [redacted]
To: [redacted]
Sent: Thursday, September 03, 2015 9:45 AM
Subject: chronic hepC decision of surplus

Dear [redacted]:

In reply to our recent phone conversation regarding the 86-90 surplus. This is my response:

I do not want the government to receive any funds as it was not the government that was infected it was those persons who received tainted blood and blood products that are suffering from HIV or Hep C.

I believe those who were ruled out due to an application deadline of June 30, 2010 be included with those who had applied in the necessary time limits be taken into consideration for compensation if they received the tainted blood and are infected.

The surplus should be given to those infected and consideration given to those suffering with cancer to the liver. Since last Sept I personally have been receiving chemo for a malignant tumor in my liver caused from the blood products with diagnosis of Hep C in the 86-90 time frame.

I personally think persons receiving blood or bloodproducts at any time be tested and if they have received the virus be included in the surplus regardless of the dead line.

[redacted] I just received another chemo treatment in Moncton Aug 25 and will have to have more treatments at a later date. This has been a costly ordeal with travel and the fact my daughter has to take me and leave her employment to do so.

I am thankful that I received compensation after my diagnosis of the active cancer. I had applied for compensation prior to this but was turned down after several applications.

Note: my address was 2001 until June 2010 when I had to move in with my daughter at 1993. I have received two letters regarding these questions. Please delete the address of 2001 and also for my brother [redacted] He passed away in 1996. I was his care giver and his address was 2001 as he was with me at that time. All corespondence should be sent to [redacted] [redacted]@hotmail.com Thank you [redacted]
[redacted]

ATF

Claim# 13264

RECEIVED
SEP 08 2015

Administrator . Sept 3/15

To Whom it my Concern:

I did have a clam in because I have a head injury and was never treated and I still havent:

My head injury happened in 1990 in Joyceville Institution I was an inmate there when I got atacked by one or two inmates from behinde

The frist time I filled the forms for the Ca clam was done by a Nurse Carol Young the doctor didn.t fill the forms out. and the forms are still on my Medaiel file CSC. The medaction they have me on is Elvil 25 mg twice a day.

In 2010 June your department got ahold of me, after we talked he sent me new forms to fill out. Dr Wayne Marten filled them out, and I did as well.

I feel that I should get some kind of ~~clam~~ claim cause, I never got treated for the Hip C. and still haven-t it seems I have Hip C since 1996 and yet I was never told by Health care while I was in the pen, I had to find out by a Doctor Martin in 2010

I just feel that I should of gotten Some typ of Claim.

Clam # 000-13264-TE

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Hep C Class Action suit
Date: Thursday, September 3, 2015 14:20:42

Kathryn Podrebarac,

My name is [redacted] and I have received your information package about the financial sufficiency review. I understand there is a surplus for the class action settlement for Hemophiliac's who contracted the Hep C virus.

I am quite adamant that the excess funds be distributed to the member's of the class action suit. I want you to know that I went through 6 months of Interferon treatments and it really took a toll on my physical and mental condition.

I have never had a sip of alcohol due to my liver condition and cirrhosis of my liver has already started, with the constant fear of further liver issues.

It is unfortunate that I even have to reply to your letter , but I just wanted to share my experience and truly expect the funds to be distributed between the class action group.

If there is anything else you would like me to assist you with, please let me know

Thanks

[redacted]

RECEIVED
SEP 0 3 2015

My name is [redacted], my dad [redacted] being a Hemophiliac contacted hepatitis c because of the tainted unchecked blood. My dad went through years of sickness , plus a liver transplant which failed. He then died three years ago. I gave up my life in Ontario and moved home to be help and support for my mom and dad. After his death i received a one time amount of $6600.00 from hepatitis c. ,this in no way compensates for the loss of my dad. My mom receives a yearly amount of $16000.00 which no way can support her. Please allot the surplus money to class member and class members families.

[redacted]

[redacted]

RECEIVED
SEP 0 3 2015

my name is [redacted] my dad [redacted] being a Hemophiliac contacted hepatitis c. because of the tainted unchecked blood my dad went through years of sickness plus a liver transplant which failed. He then died three years ago. after his death I received a one time amount of $6600.00 from hepatitis c. This is no way compensates for the loss of my dad. and his grandchildren received a one ~~H.~~ time amount of $600.00 from hepatitis c. This is no way compensates for the loss of there grandfather. my mom receives a yearly amount of $16000.00 which no way can support her. please allot the surplus money to class member and class members family.

[redacted]

[redacted]

[redacted]

RECEIVED
SEP 0 8 2015

September 4, 2015

To Whom It May Concern:

I was infected with Hepatitis C in the 86-90 group and eventually required a liver transplant resulting from the ongoing disease process. I have recovered well and have returned to full-time work, I am however unable to continue my duties at home so I do draw from the loss of service in the home funding, for which I am grateful. I do foresee a time in the near future where I will be unable to work due to my immunosuppression and ongoing fatigue that is associated with liver transplantation. This concerns me in the following ways which I will outline below and in doing so express my thoughts about how the surplus can be redistributed to the 86-90 group.

One of the greatest costs to me is medication. I do have a drug plan through work that does cover my medication currently; when I am unable to work I will lose these benefits. It is my belief that medications that are directly related to treatment of the hepatitis C infection and resultant outcomes, such as transplantation, should be covered for the lifespan of the infected individual. This would encompass any shortcoming of drug plans or other types of medical insurances.

The second point is that of loss of income. It is extremely difficult to accurately pinpoint what an adequate coverage of an individual's loss of income should be. The other consideration is that if the member has lost the ability to work they perhaps need access to loss of service in the home. It is my belief that the infected individual should be compensated for their entire salary, based on current work force agreements in the area in which they live. There needs to be a maximum set and I would put forth a maximum annual salary of $250,000. This would be a small number of participants, but the majority of us would choose to work in our career if physically and mentally able to do so.

My final submission is three fold. The first branch is that a set amount of funds be set aside for research into treatments and greater understanding of liver disease. The second is that a set amount be set aside to ensure the fund is able to be sustained until all of the affected claims are resolved. The last is that a onetime lump sum payout be given to the remaining members. This would be those outlined as primarily infected and the secondarily infected individuals as of January 2015.

I must express my gratitude for what has been afforded to me and that I am able to access this fund to continue in a reasonable quality of life. With thought and careful planning this compensation package will be a great benefit to all.

Thank you for your consideration and your time.

[redacted]

RECEIVED
SEP 04 2015

My name is [redacted] my dad [redacted] being a Hemophiliac Contacted hepatitis C because of the tainted unchecked blood my ~~dad~~ dad went through years of sickness. plus a liver transplant which failed. He then died three years ago. after his death i received a one time amount of $6600.00 from hepatitis C. This is no way compensates for the loss of my dad. and his grandchildren received a one time amount of $600.00 from hepatitis C this is no way compensates for the loss of there grandFather. my mom receives a yearly amount of $16000.00 which no way can support her. please allot the surplus money to class member and class members Families

[redacted]

[redacted]

To the Joint Committee,

I still hesitate before I say aloud or type the words "Hepatitis C". When I was 19, my face would flood with blood any time I heard the word Hepatitis, and it took a counselor to bring me to physically say the words "Hepatitis C" out loud. It is painful for me to talk about something that I've habitually kept a secret from my close friends and extended family members since I was young due to the negative stigma associated with the virus and also my fear of it. Yet I feel my experience living with Hepatitis C (Hep C) is unique and worth sharing. I also suspect that other class members struggle to speak about this topic and hope my experience might speak for some of them as well.

In order to address which areas of the settlement that I feel fall short, I feel I must first address how the contraction of Hep C has impacted me personally, as it is my belief that it is the impersonal nature of the compensation fund distribution and aid offered to class members that fails to fully meet the specific needs of each class member, especially in unique cases.

I would like to discuss this problem through my own experience, unique in the sense that I have suffered immensely, not as much from symptoms of the virus itself, but from treatments for Hep C, coping with my fear associated with having Hep C, and ongoing conditions that by medical standards are considered to be indirectly related to the virus. As a result, I have not qualified for additional compensation, other than to cover medical costs deemed appropriate. In my opinion, due to the lack of acknowledgement for the complex and unexpected health implications related not only to contracting Hep C, but living with and treating Hep C, I am perhaps one of many to have slipped through the cracks of this government aid system.

I first discovered that I had Hep C when I was 7 years old. I learned that I contracted Hep C through a blood transfusion at birth and have had Hepatitis my entire life. I can remember crying as I ran home from school one day in grade 5, because a Hepatitis vaccination nurse showed the class an educational video that used a cartoon monster to represent Hep B, and an uglier monster to represent Hep C. That monster depiction was how I understood the virus that I had as a 10-year-old, and the thought manifested as a great burden of fear in me. My anxiety over the matter persisted throughout my youth.

During my second year of university, I underwent the only available medical treatment at the time: 10 months on Interferon and Ribavirin. The physical symptoms of this treatment are known to be horrific, but for me, it was the psychological side effects that were particularly devastating. This treatment had a profound impact on my self-confidence, social engagement, and an already deep-seated anxiety. I reflect upon this period of my life as one of great loss. When contemplating the decision to undergo treatment, I thought about the side effects of the drug, the timeline, and I measured out the pros and cons. I took some time to imagine what it might be like to have the treatment and how relieved I'd feel to rid my body of that cartoon monster that I still felt possessed by, silenced by.

In practice, the experience of the treatment is far more brutal than what I had imagined. Before agreeing to the Hep C treatment, I didn't account for the isolation I would feel, or for the friendships that would fall apart when I wasn't myself, or for the lasting mental distress that wouldn't go away, even after my hair grew back and the treatment was completed. I didn't realize that I would be trading that Hep C monster for a series of new ones. I didn't account for these things because they aren't detailed on the treatment's list of side effects.

It has been 4 years since I've completed the treatment and my mental health has continued to suffer. I have been diagnosed with severe anxiety disorder, panic attacks, depression, and generalized anxiety disorder. I have suffered persistent long-term physical side effects from anxiety, including burning skin sensation, numbness in my hands, feet, and lips, chest tightness, fatigue, insomnia, muscle tightness, and pelvic floor dysfunction. Above all, my pelvic floor dysfunction has been the most challenging physical manifestation of anxiety. It took several years, five urologists, two emergency visits, and countless hours of diagnostic testing and surgical procedures to diagnose. It causes debilitating pelvic pain, severe urinary frequency, urinary urgency, sexual dysfunction, and has served as a barrier to my employment, romantic relationships, as well as to carrying out my daily life.

As you can see, the way in which Hepatitis C has affected me has been complex. It has been an ongoing domino effect of health problems. In the last year especially, I've spent the majority of my time either in bed or seeking medical attention. I've struggled to hold down a full time job, provide for myself as an adult, and I continue to do so. I have not been compensated for these disabilities since they are not covered by “the 1986/1990 Hepatitis C Class Act”, and consequently our government wrings their hands of responsibility.

On top of all that, because I underwent the Hep C treatment before completing university, and have suffered from impaired health ever since, I have never been employed long enough to qualify for disability leave through an employer, employment insurance, or any other social aid program other than the “1986/1990 Hep C Class Act”. Indeed, these funds have played a vital role in my survival, allowing me to provide for myself in times of unemployment. However, I have been living on my own for 7 years, and in that time have spent the majority of my compensation money. It is only a matter of time before those funds evaporate entirely, and I'm left with nothing but my disabilities and no safety net.

Given all of the above, it is of my opinion that the surplus of funds goes towards the following:

1. Research that seeks to understand the entire impact of Hepatitis on one's life (beyond the medically listed symptoms) with a focus on the indirect physical and medical consequences of having Hepatitis C, and the entire impact of all Hepatitis treatments on Class Members' lives.

2. Providing a social aid program that seeks social and financial support for class members who require additional aid due unforeseen consequences arising from contracting Hepatitis C, especially in cases where class members do not qualify for additional compensation under the 1986/1990 Class Act.

3. To the class members themselves, as it is my belief that the amount of compensation distributed does not account for the entire impact of Hepatitis on one's life, including indirect symptoms and the mental distress associated with having Hepatitis C.

Thank you very much. I hope you take my letter into careful consideration.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: HEP C
Date: Sunday, September 6, 2015 9:11:23

To the Joint Committee representing the Hepatitis C settlement agreement from 1986-1990, in regards to the potential surplus fund estimated to be between 236 million and 256 million.

As the son of a haemophiliac who died as a result of having contracted Hep C by tainted blood. I feel that the surviving children should be compensated further for their loss. The loss of my father at a young age has had a deep and lasting effect on me emotionally and physiologically. I don't think that money will replace this loss but I feel that if it is available I believe the victims are deserving of it.

I also feel that the spouses of those victims of the tainted blood scandal deserve to receive compensation as the loss of their significant other will have an effect on their financial needs as many of them reach the point of retirement or face significant financial needs beyond their means.

I think that some of the money should be set aside for research and the fighting of Hep C as well as other blood born disease' in the future.

I believe the amount should be 80% to victims and 20% to research.

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Re: 1986-1990 HEPATITIS C
Date: Sunday, September 6, 2015 20:56:29

Sorry for the delay of my reply. In my opinion, the Court should distribute the surplus to victims and their families to compensate for the hardship, pain and sufferings. These people suffered a lot knowing they have been inflicted with Hepa C thru blood transfusion. In the case of my brother (when he was still alive) the whole family was so worried when we found out that he was inflicted with Hepa C. The patients and their families suffered sleepless night thinking what will happen to their relatives inflicted with Hepa. So, I think it is just right and proper that the Court distribute these surplus to the victims and their families. Thanks.

Very respectfully,

[redacted]

Sent from my iPhone

> On Aug 28, 2015, at 4:42 PM, Kathryn Podrebarac <KPodrebarac@toughcounsel.com> wrote:
>
> Hello [redacted]
>
> Please accept my apologies for my delayed reply. Your email went into my junk mail for whatever reason.
>
> You can send your submission in an email to me. It does not have to be formal. Simply tell me in your own words what you think the courts should do with the surplus and why you have that opinion. Your email can be as short or as long as you wish.
>
> I am happy to speak to you on the phone on Monday or sometime next week if you have any questions.
>
> Best regards,
> Kathryn
>
> Kathryn Podrebarac
> Podrebarac Barristers Professional Corporation
> Tel 416.348.7502
>
> This email communication and any attachments are confidential and legally privileged.
>
>> On Aug 28, 2015, at 1:10 PM, [redacted] gmail.com> wrote:
>>
>> Hi, my name is [redacted] I sent you an email asking on how I can send written submission and what are needed to do it, but I didnt receive any repky. This is in regards to my brother, [redacted] who was inflicted by Hepatitis C thru blood transfusion.
>>
>> Please help me on what to do. Thank you.
>>
>> Very respectfully,
>>
>>
>> [redacted]
>>
>> Sent from my iPad

RECEIVED
OCT 13 2015

September 7, 2015

To Whom It May Concern:

My father died in 1999 infected with Hepatitis C through no fault of his own. He trusted the powers that be to take care of him when he was having an operation when he received blood transfusions with the HEP C virus.

He has missed a lot of enjoyment watching his first great grandson whom he met as a baby & 3 great granddaughters that he never had a chance to meet. It is just not him that has suffered it is my mother, sister, brother, granddaughters, & great grandchildren that could have learned so much from him. He has missed some great family moments & we have missed sharing them with him.

I can't believe the excess amount that is in the trust fund & why you haven't given it out to the survivors of these men & women that have died because of someone's else's mistake. The hardship that my mother has had to go through by herself for years & the companionship of growing old with her husband of so many years astounds me that you haven't given more to them. Now she is in a senior's residence & is scared that she can't take care of herself on her own, but if he was still alive it might just have made a difference.

Shame on you all!!!

[redacted]

RECEIVED
SEP 1 5 2015

Sept. 08, 2015

[redacted]

Podrebarac Barristers Professional Corp.
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S1S4

RE; 1986-1990 HEPATITIS C SETTLEMENT

Dear Ms Podrebarac

I am writing this letter in response to your request on the opinion of Class members and Family Class Members. I am under the understanding that the Federal government and the Joint Committee express the Trust Fund has sufficient funds to meet the expected needs of the Class and Family members.

I personally lost my one and only SON with Hepatitis C. The pain myself and family suffer never goes away. There is not a day we do not morn our loss.

In my own feeling to the Joint Committee I felt at the time there was not enough information given to the family members. I would like to see the surplus funds divided EVENLY among ALL Family Class Members.

Please note above my new address that I wish all future correspondence forwarded too.
Thank you

Sincerely

[redacted]

RECEIVED
SEP 15 2015

Sept. 08, 2015

[redacted]

Podrebarac Barristers Professional Corp.
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S1S4

RE; 1986-1990 HEPATITIS C SETTLEMENT

Dear Ms Podrebarac

As executor of my late husband [redacted] estate, I am writing this letter in response to your request on the opinion of Class members and Family Class Members. I am under the understanding that the Federal government and the Joint Committee express the Trust Fund has sufficient funds to meet the expected needs of the Class and Family members.

[redacted] and I personally lost our one and only SON with Hepatitis C. The pain [redacted] and myself suffered never goes away. There is not a day I do not morn our loss.

In my own feeling to the Joint Committee I felt at the time there was not enough information given to the family members. I would like to see the surplus funds divided EVENLY among ALL Family Class Members and my husband share should be payable to his estate.

Please note above the new address that I wish all future correspondence for the estate to be forwarded too. Thank you

Sincerely

[redacted]

September 8 2015

To the Joint Committee Representing the Hepatitis C Settlement 1986-1990.

Attention Ms Katherine Podrebarac.
Podrebarac Barristers Professional Corporation:

Dear Ms. Podrebarac:

Regarding the potential surplus of the Trust Fund estimated to be between $236-$256 million

As the wife of a hemophiliac, who died as a result of Hepatitis C contracted by tainted blood, I feel that the surviving children in particular should be considered for ongoing compensation. My children lost their father in their early 20's, and the reason for his long illness and untimely death has had a deep emotional effect on them. Their recovery has been deeply marred by the nature of his death.

Widowed at age 54, ongoing compensation in the form of “loss of support” would be of benefit as retirement looms and a one person income is not sufficient to meet the future needs.

I wish to say as well that I feel strongly that ongoing research for the prevention, diagnosis and treatment of Hepatitis C as a blood borne disease is necessary.

I would suggest that a 70/30% split of the funds be developed where 70% of the remaining funds be distributed to the immediate families of victims and 30% be carefully distributed to the Hepatitis C based research and treatment.

Respectfully,

[redacted]

RECEIVED
SEP 0 8 2015

[redacted]

Attention; Kathryn Podrebarac

Podrebarac Barristers Professional Corporation

RE: 1986-1990 Hepatitis C Settlement Agreement

Concering the "surplus" amount that the courts will be concidering, I feel that the Class families and Class family members should recieve that portion directly, no trust fund.

At present day, I see my Mother and Father, Aunts and Uncles aging and not being able to enjoy life as they use to. This also pertains to myself as well, we are all aging. Therefore allowing the courts to use a "trust fund" for settlement surplus amount would withhold the amount from them and would pronlong this further. The families that have suffered the loss should be in favour of the surplus.

Since the passing of my Grandmother, I have started a family, one in which she will not be able to experience, and enjoy. We have all suffered a great loss and will continue to as she only survives in memory. Therefore, our loss as a family should be compensated directly.

In conclusion, for the ones that knew, loved and expereinced my grandmother have suffered the greatest loss. Keeping the surplus in a trust fund would not give the immediate families members compensation for their loss, yet the future generations would. I feel that the surplus amount should allocated to the Class Families and Class

Family Members enitrely.

Sincerely

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: [redacted], our daughter
Date: Tuesday, September 8, 2015 20:35:34
Attachments: Letter to Kathryn P.docx

Good evening Kathryn,

Thanks again for taking the time to explain some of the matters surrounding the settlement plan. It was much appreciated. We have attached a letter chronicling the story of our daughter [redacted] and the medical journey we are on. We have a few questions at the end and hope for you to give us a sense of direction and how we can best take care of our daughter. We have never been able to do this at this level and appreciate the opportunity.

Sincerely,

[redacted], our daughter.

Good Morning Kathryn,

Hopefully you remember us from our August 26th meeting in Hamilton. We just received notice that Dr Wong did end up sending out the form "Treating Physician's Form" that we had asked him to fill out and he had responded by asking us for the GEN 11 form which the administrator said did not apply to [redacted].

A few comments and observations at this stage, especially after attending the meeting. We were encouraged by some of the stories, others made us sad. Especially some of the ones that had quite a struggle to receive the help that was out there. Your encouragement was a motivator for us. But to us there is a common denominator, most people struggle on their own. Not many felt they had the help required to enable them to work their way through the settlement plan in a way that gave them peace of mind.

Here is part of our story. It may be somewhat disjointed because our journey is lengthy and it includes many more issues than just Hep C. If you would care to google "micro deletion of the 22nd chromosome" It tells part of the story. What follows is the condensed version as it relates to [redacted].

[redacted] was born [redacted] the day after her birth she was transferred from the local hospital, to a Hamilton hospital and from there to HSC in Toronto where she was diagnosed with "truncus arteriosus Type 1". This required almost immediate complex cardiac surgery. She received a Hep C infected transfusion during this surgery. This surgery was required to close up "holes" in her heart and to put in a pulmonary artery and valve. Her heart defect was such that she was born without a pulmonary. The surgery she underwent had only been done for a few years prior to her birth. Before that most children with this particular defect died shortly after birth. While the surgery was deemed to be a success, [redacted] was held back because of low grade fevers, failure to thrive and generally unwell. At the time it was attributed to the complex surgery but the Dr's were very puzzled. After many interventions including cardiac catherizations and other invasive measures, she was finally allowed to go home at 8 months of age, weighing just 9 lbs. My wife practically lived at Sick Kids during her stay, helping the staff there take care of her. I was there for part of the day as well after work. We had one other child at home. Note: *the Dr's now attribute her problems to a sick liver, which went undiscovered. The compensation plan did pay for our out of pocket expenses after quite a struggle to collect all the information to support this claim. It was a huge effort.* Her large liver at that time was attributed to other issues, primarily heart failure. Her second cardiac surgery happened at 3 years, again a successful surgery but a difficult recovery. She had a Strep A blood infection at 4 years of age and was admitted to HSC for necrotizing fasciitis. Flesh eating disease in lay language. *Was that because of her weakened immune system? We don't know*. She miraculously survived this infection and did not lose any body parts as many do when they have a Strep A. Shortly after this we received the request to have her bloodwork done for Hep C, and were shocked to receive word that it was positive. We had friends who had two hemophiliac sons and understood the implications. In the meantime [redacted] continued to grow and was able to go to school, having a modified program. At 13 she underwent a third cardiac surgery. Again surgery went well but the recovery was complex. This time she suffered a hematoma in her brain and we came close to losing her. She had to have a drain put into her brain to drain the hematoma and required physio since she had lost the ability to speak and move. It was nothing short of a miracle that she made almost a complete recovery from this. *Note: It was never determined what the cause was for this hematoma, was it platelet issues? Blood thinners? Or was it as the compensation schedule puts it, "excessive bleeding after trauma?" a level 5 criteria.*

At 16 she underwent scoliosis surgery to correct her spine curvature. Again the surgery went well, it was very complex but it was deemed a success. But the recovery again became an issue. The site on her hip where the bone graft came from developed a huge hematoma. It was as big as a baseball. The Dr's were puzzled. *Our question now is, was it again "excessive bleeding following trauma?"* No-one knows or is willing to guess. When [redacted] was 18, she was admitted to HSC with abdominal pain. It was discovered one of her ovaries had ruptured. She required emergency surgery to remove this ovary and was put on medication to reduce the chances of this happening again. *Was this issue related to her blood disorder related to Hep C?* When she was 20 she was admitted a number of times to TGH and TWH for unexplained vomiting and nausea. It was discovered she had intracranial pressure and was put on medication for this. The reason for this pressure was never discovered. *Was there a neurological issue related to Hep C?*

When reviewing her medical records prior to moving into the adult setting, we observed that at HSC her cardiac status was deemed to not be responsible for her large and stiffened liver. When we read the notes and recall some of the conversations with her Dr's over the years in the adult setting, they attribute her liver status to her cardiac situation. That is been one aspect that has put as at odds with some of her Dr's. When we ask about this, we receive very few answers and we get the brush off. The collaboration and the cooperative atmosphere we enjoyed at HSC is missing in the adult setting. Just a quote from one of our conversations with Dr. Wong when we expressed our sentiments on [redacted] receiving an infected blood transfusion when she was an infant. He said to us "did she need a transfusion? Would she have died if she had not received one? Be happy she was able to get a blood transfusion." That is the nature of our care in the adult setting with some Dr's. This is not right. As parents we have a sense of an adversarial atmosphere. Dr's sure don't like to be asked about the care they are giving. It is like we are trying to challenge them and take advantage of the situation.

We know justification for the wrong done to many like [redacted] will not just come without effort, as many at the August 26 meeting spoke of. When I did not accept the settlement back in 1997 and objected, this was my greatest fear, that because a Dr had to sign off on this, we would come into conflict with [redacted] Dr's. And as it is, we are. Dr's are uncomfortable when we ask them about supporting us with evidence. We do not need this. We are trying to do what is right for [redacted] and to have her receive a level of care and compassion that will allow her to live as independently as she can. We need to help her along this difficult path because she is not capable to do this on her own. If all [redacted] had was Hep C, this matter would be somewhat cut and dried. But because she is medically complex, with multiple specialists attending to her care, it gets to be quite a task.

Part of planning for the future is what to do with the help that comes to her in the Hep C settlement. We hope to update our will again and take into consideration the settlement plan. If I am gone, there is no one who is able to speak to this. I update my wife with what I am doing. For the most part I have taken care of the challenge of addressing [redacted] financial needs, especially as it relates to the settlement. There is help that she is getting now at level 5 which is much appreciated. She qualified for this primarily because of persistent low platelet count (thrombocytopenia) and to get that took quite an effort. Dr Wong was not helpful at all, blaming this condition on her other medical issues. But we pushed through for a better understanding, knowing that the administrator and others are supportive of the claimants in this. In the end we did find a Dr that gave us insight and directions as to what issues there were related to hep C that would allow for the next care level. This only came about through a lot of effort on our part. Most people would have given up. What kept us going was that we had been assured in the past that if symptoms are attributable to other underlying medical conditions as well as hep C, the plan will default and attribute them to Hep C. We can appreciate what you said about finding a cooperative Dr. who is willing and who is looking after [redacted] interest and will take an active role in determining what she may qualify for. We had that in HSC but in the adult setting we don't and it is a struggle. The position of the Dr's at Sick Kids was that her *stiffened, enlarged and pulsatile* liver was due to her Hep C. Her liver has been that way since she contracted hep C. Now her hepatologist asserts that it is attributed to her cardiac issues and here we are, caught in between.

We understand that some of the present symptoms she has or had come up in the past can possibly be traced back to liver issues. She has had intermittent bouts of skin irritations that displayed itself in petechicae and cold urticaria and what looked like bleeding under the skin. These resolve themselves after some days/weeks and has left her Dr's puzzled when this happens. We have pictures of this when this occurs. Dr Yeo, her thrombosis Dr. from TGH is involved in this and he may not be aware that the diagnosis of these symptoms is important to us in establishing the next level of care. Two criteria among others for accessing this level of care is that there is indication of either decompensation of the liver or symptomatic cryoglobulinemia. Is there a link between these symptoms and her liver? We suspect it, but don't know. We have yet to find a Dr to support us in this.

We are asking you to give some direction to us in this endeavour and so avoid getting multiple specialists involved in this issue. What is the best way to approach the Dr's involved with [redacted]? Give them a copy of the settlement schedule and get them to agree with us that the present symptoms are what they are and should be attributed to Hep C? Should we hire a lawyer to do this for us? We are sure that we are not the only ones struggling with this, there must be more like us, especially when you hear the stories of some who have given up. We believe that one of the biggest reasons for this is because, like us, people feel alone in this struggle.

Kind regards,
On Behalf of [redacted]
[redacted].

From: [redacted]
To: Kathryn Podrebarac
Subject: Some more feedback re: fund sufficiency.
Date: Tuesday, September 29, 2015 21:22:42

Good Evening Kathryn,

My wife and I have had some more time to reflect on the fund sufficiency. You explained to us at the information evening that there were various groups that the surplus funds could be directed to, including researchers and scientists. I am sure that while the work these groups do is worthy and of benefit to the public, who are these groups and who are they comprised of? Could there be a conflict of interest between their interests and the claimants? Are there perhaps Dr's involved in research who would have an interest in preserving money in the fund that could eventually go to them in their research instead of claimants? You did say that anytime there are monies available, quite quickly there are those who line up for those funds. We would not want someone who is in position to determine if someone is eligible as a claimant to deny them what should be theirs with the intent of keeping that money in the fund in order to have those funds go to them in research. This may be a stretch but I have a suspicious mind. What we heard during the course of the evening with people having given up because they felt they were against something that was to onerous for them to tackle, this begs the question why?

What this then requires is full disclosure of interested parties that are lining up to have access to these funds and make sure that there is no conflict of interest. Can this be done?

What percentage of eligible claimants attended the consultation sessions? It would be good to see a larger ratio of people have the opportunity to provide input than not. We are saddened with the sense of helplessness we felt most people had that came to the meeting. We believe that most like us, feel very isolated and on their own. We did go home more encouraged, could this format be continued, is there a forum available where the victims of this scandal can come together? Is this worthwhile to pursue? What other ways are there that victims can benefit from the fund? What out of pocket expenses or other benefits can the fund provide? Victims could share their experiences and learn from each other what can be done to make their lives easier. We had various items paid for over the years that [redacted] benefited from, for instance, she did not have the stamina to ride a bicycle with the family outings so she qualified for an electric one. We believe we could all learn from each other this way.

Please let us know what you think of what we have expressed here in this letter, Are there any ideas that have some value?

Thanks Again,

[redacted]

RECEIVED
SEP 0 8 2015

My name is [redacted]my husbands name was[redacted]. [redacted]came from a family of thirteen siblings,five who are hemophiliac.Four out of five because of tainted unchecked blood transfusions contacted hep c . He died three years ago because of liver complications and a failed liver transplant. [redacted]suffered needlessly because of someones neglect . He spent long periods of time in the hospital. First in Halifax and then in St. John's NL . Because of lack of finances our three sons and[redacted] siblings could only visit him periodically . Thus[redacted]didn't have the support of his family he needed. No amount of money can bring [redacted]back but i believe that the surplus money should be given to the class members and class members families. I myself has to live on the sixteen thousand dollars a year which you have allotted me,this amount is far from sufficient to meet my financial needs. The amount allotted to other family members was sparse compared to their lost. Please allot the surplus money to class members and class members families.

[redacted]

[redacted]

RECEIVED
SEP 0 9 2015

To the Members of the Joint Committee

Good Day,

As the eldest child of the late [redacted], and spokesperson for the [redacted], situated both in Quebec and Ontario, I was heartened to receive your letter informing me that there was a surplus in the Hepatitis C Settlement Trust Fund. As one of the recipients of that fund, my father has need of your assistance.

My father, Mr. [redacted], is the widower of my late mother, Mrs. [redacted], who died as a result of hepatitis C, which she contracted as a result of having received tainted blood transfusions.

My father is now 97 years of age, in poor health, and slowly losing his ability to function independently. He requires hours of costly care on a daily basis, and this has resulted in a major reduction of his modest life savings. The future holds little of a positive nature for him, and he will require increasingly more care in the months ahead; this at a huge cost.

When he started to receive benefits under the terms of the Hepatitis C settlement, we were elated that he would be taken care of for the rest of his days. I believe the committee probably used actuarial tables in the calculation of the number of years the surviving spouses and children would receive benefits, but my dad has outlived those tables. He still has need of your help and anything that the committee could do in order to assist a man who has already suffered for many years over the needless loss of his wife, would be both welcome and appreciated. The fund obviously has a considerable surplus, and I cannot see the benefit to anyone if those funds are simply held, to accrue interest, until all the legitimate applicants have passed away. I believe my father has an ethical right to be accorded additional funds; funds which would be used in order to ensure that his remaining years are spent with the assurance that he would be cared for in a caring and comfortable manner.

I do not wish to appear self-serving by the following suggestion, but I believe it has merit as well.

When my late mother passed away, we, her family, were compensated in a small way, for our loss. The money, although welcome, did little to assuage the sense of loss and grief, as I am sure you are aware. My siblings and I were thinking that it would be appropriate, if there were additional funds available today, as a result of the surplus, to distribute additional sums to the families of those who had passed away. In our family, such funds would go directly into an education fund for her grandchildren and great grandchildren, as a lasting legacy to my late mother. In other families, any injection of additional money in today's economy, could only help. My mother was a woman who spent her life taking care of the needs of others. I believe it would be the right thing to do, for the committee to enable her to continue to be a presence in the lives of her descendants. My father still cries for her on a regular basis, and we, her surviving family, still regret that she was taken from us so young.

I will leave it to your wisdom and understanding to effect a significant use for this surplus fund, but I hope that it will be to the benefit, specifically, of my father, and perhaps, to our family, as well as all of those other families who have experienced such a horrific loss.

Yours in good faith,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: [redacted]@cbi.ca)"
Subject: HEP C 2015.docx
Date: Wednesday, September 9, 2015 14:14:46
Attachments: HEP C 2015.docx

Kathryn,

Please find attached a response to the letter we received from the Jointy Committee.

Thanks
[redacted]

Kathryn Podrebarac

September 9, 2015

Suite 701, 151 Bloor Street West

Toronto, Ontario M5S 1S4

Telephone: 416-348-7505 Fax 416-348-7505

E-mail KP@toughcounsel.com

Dear Kathryn,

The 1986-1990 Hepatitis C Claims

I [redacted] am writing on behalf of myself and my siblings as I am the sole living Executor of my late father [redacted] estate.

[redacted]

Our late father [redacted] had Open Heart surgery at Women's College Hospital December 10, 1987 where he had received a blood transfusion. Following that, many years passed before our father actually knew that he had contracted HEP C from the blood transfusion following his open heart surgery. Our father made many trips to various doctors throughout the province trying to find out why he was always sick. (internal bleeding). On a trip to St John's Newfoundland he became seriously ill and had to be hospitalized as he was bleeding internally once again. It was the doctor in Newfoundland that told our father that he had Hepatitis C, this was in the years 1996-1998 (I believe).

Our father was never the same after that, he was in and out of hospitals until the illness took his life in 2002. In late 1999 he had his right leg taken at the knee as a result of Gangrene (Diabetes), which was almost impossible to control with the blood disorder he was dealing with (HEP C). At this point, his wife (the late [redacted] was unable to care for him anymore in their home (March 2002) so our father was then placed into a nursing home. Our father lived in the nursing home for a few months as he was in and out of hospital for most of that time. When our father was hospitalized he was treated very unfairly by the nursing staff because they thought he was an excessive drinker, which he was not. It was because of the severe damage to his liver which was from the HEP C. This was a very hard time for us to watch as our father never received the care and compassion that was deserving to him.

I believe that our father went downhill very fast once he found out that he had contracted HEP C. Our father lived a very prosperous and outgoing life, he did a lot of things in the short time that he was here with us. He did have great support through his children to try and make the best of a bad situation.

As a family we were compensated an amount to each of his biological children and grand children. The amounts were $5452.03 per child and the grand children received $500.00 in trust until they turned the age of 18. My late father [redacted] estate did receive a total amount of $432,827.51 (that we are aware of) which was disbursed as per the conditions of his last will and testament. The HEP C case was #00000371 (TE).

After having long discussions with my siblings and not knowing all the amounts that might have been paid out to the late [redacted] (our stepmother who passed in April 2012) we would like to know if we can find this out so we can then know if the estate was compensated fairly. Can you please provide us with this information or put us in touch with someone who can.

We do believe as a family, that all class members that have not been compensated fairly, between the years 1986-1990 should be compensated first before any of the surplus is used or paid out to anyone else.

If any other information is required, like our father's death certificate or a copy of his WILL, please let us know.

Thanks

[redacted]

J-C.

MCINNES
COOPER
LAWYERS | AVOCATS

Brian Perry
Direct +1 (506) 458 1036
brian.perry@mcinnescooper.com

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SEP 15 2015

Our File: 128515
September 9, 2015

Via mail

The 1986-1990 Hepatitis C Claims Centre
PO Box 2370, Station D
Ottawa ON K1P 5W5

Dear Sir/Madame:

Re. Surplus – Submission of [redacted]

You have asked for my client's comments on one disposition of surplus funds in the current. The within comments would apply to future years as well. My client's thoughts are as follows:

1) Compensation for medical expenses should be extended to include premiums for private insurance and/or prescription drug coverage;

2) Surplus funds ought to be kept within the "Hepatitis C group" and not disbursed to haemophiliacs;

3) Increased or any compensation ought to be made available for assisted living care, especially as the class members are aging; and

4) Closer attention ought to be paid to adjusting compensation rates for inflation.

Yours very truly,

McINNES COOPER

Brian Perry
BP/mb

[redacted]

[redacted]

Phone (613) 628- 54723192

RECEIVED
SEP 15 2015

September 9, 2015

To: Kathryn Podrebarac, Suite 701, 151 Bloor Street West, Toronto, On M5S 1S4

Re: The Late [redacted]

Please be advised I am [redacted], widower of the late [redacted] who received level 2 compensation per class action settlement Hepatitus C in 2002/3.

My wife passed away in November 2005. It has been a financial struggle with only one pension cheque every month, that is not how we planned to retire but unfortunately that is reality.

It is my opinion that at least 50% of the surplus should be paid out to the victims or their surviving families to assist with the expenses, lost income and unforeseen expenses. I request to take the plight of victims and survivors who are also victims to the Courts on our behalf.

Attached is a copy of my late spouse's death certificate, if you require any other information please contact me at the above address.

Sincerely yours,

[redacted]

LAUNDRY FUNERAL HOME

EGANVILLE, ONTARIO

FUNERAL DIRECTOR'S STATEMENT OF DEATH

GORDON LAUNDRY

Name of Deceased: [redacted]

Residence: [redacted]

Place of Death: [redacted]

Date of Death: [redacted]

Date of Birth: [redacted]

Age: 58 years.

Birthplace: [redacted]

Occupation: Housewife

Name of Husband or Wife: [redacted]

Name of Father: [redacted]

Name of Mother: [redacted]

Date of Funeral: [redacted]

Place of Funeral: [redacted]

Interment: Zion Lutheran Cemetery, R.R.# 5, Eganville, Ont.

Next of Kin: [redacted]

S.I.N. No.: [redacted]

We hereby certify that the foregoing information has been taken from our records and we believe it to be true and correct.

Dated at Eganville, Ontario

This [redacted] Day of [redacted]

LAUNDRY FUNERAL HOME

per: Gordon E. Laundry

[redacted]

RECEIVED
SEP 15 2015

Sept. 9, 2015

Dear Sir or Madame,

My name is [redacted], my brother ([redacted]) died 3 years ago, with this sickness, He was a very Out door person. a big part of our life will never be the same. I wasn't able to visit when he had to go out of town, it was to expensive.

I have 3 brothers with the same sickness (Hepatitis C). My brother [redacted] [redacted], took a treatment he was very sick. I couldn't visit him because it was to expensive.

You ask for my opinion on how to use the surplus, I think some of it should go to Families of our brothers, to go to where our brothers are and spend time with them when they are really sick.

It's time for you guys to step up and do whats needs to be done.

Please help us, we lost one brother and we don't want to Lose another.

Thank You

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: [redacted] - Hep C story
Date: Thursday, September 10, 2015 11:41:23
Attachments: [redacted] hep c story.doc

Good Morning

I have attached [redacted] story of contracting Hep C at Sick Kids Hospital. I hope it will be of some help to you. I have all [redacted] medial information to back this story. If you need any further information please contact me at this email or [redacted]

Please change the grammar if need be.

thanking you in advance

[redacted] (POA [redacted] mother)

[redacted]

HEP C SETTLEMENT 1986 TO 1990

I'm writing this on behalf of my son [redacted] as he can not write for himself. He has Primary Progressive MS and is bedridden.

[redacted], a healthy little boy of 7 lb. 13 oz.

About 3 years old [redacted] fell and cut the inside of his mouth and the injury would not heal. I took him to the doctors several times. After having the cur cauterized twice it finally healed. I was concerned about the problem of taking so long to heal.

At 4 years old [redacted] had to have his tonsils taken out. The blood work for pre-op was preformed. A very diligent technician discovered that [redacted] was hemophiliac. Upon finding this out the operation was to be performed at Sick Kids in Toronto. The day of the operation the doctors informed me that they would us a laser and not the traditional operation. I waited several hours before hearing from the surgeons and when they did come to speak with me I was advised that the laser machine was broken and [redacted] surgery was preformed the traditional way but all was well. I was allowed to see my son and within 1 hour of being with him he started to hemorrhage. A surgeon was called to stop the bleeding. We were escorted to a private room and the surgeon advised me that he needed my help to keep [redacted] calm. [redacted] was not allowed to have any medication to help calm him. I have never seen so much blood in my life but finally the surgeon succeeded in stopping the bleeding. I almost lost my son that night. [redacted] needed blood transfusions that night.

More testing was preformed in the weeks to come to find out more about [redacted] and my bleeding problems. [redacted] was diagnosed Hemophiliac A with trauma and ciro. A blood product could be used to help stop bleeding problems.

After being advised how to handle mishaps in [redacted] life we went home.

[redacted] had several visits to Sick Kids in the next few years receiving this blood produce several times.

I was not formally advised that [redacted] had Hep C from Sick Kids.

In 1986 my husband and I decided to move to my home town in Quebec. At that time I asked for a letter of introduction from Sick Kids to present to the doctors in Quebec.

Upon reading this letter from Dr. Blanchette I became aware that [redacted] had tested positive for Hep C. It was a total surprise and a major blow to our family. We are about to leave the province and had never heard of this disease. What do we do now??

[redacted] was only 9 years old when receiving this information and it made many new bridges for him to have to deal with.

Schools needed to be notified and dealt with as Hep C was new to everyone. Upsets in [redacted] life with participating in activities, making sure that he would not be ostracized within our community became a daily chore.

Then dealing with his personal life as he matured, advising him how to deal with intimate situations. That he must share his problem with partners. This was always a burden for him to deal with.

As far as the settlement, [redacted] was approved at level 3 and received his funds. He didn't qualify for loss of income or any other benefits of the settlement as he was a child upon becoming infected with Hep C.

I believe because of everything that [redacted] had to endure in his young life that maybe some compensation would be in order.

[redacted] is now 38 years old and lives with his parents as he is bed ridden now with the Primary Progressive MS. [redacted] his mother is 68 years old and [redacted] his father is 78 years old have agreed that they will look after [redacted] as long as they can. They are low income seniors and have modified there home to meet all [redacted] needs, most of the expenses shoulder by them as Help was not available to them.

Any help would be a blessing.

From: [redacted]
To: Kathryn Podrebarac
Subject: FW: Consultation Session Aug 26/15
Date: Thursday, September 10, 2015 8:10:43
Attachments: Notice to Class Members 2015.pdf

From: Miller, Carol [mailto:Carol.Miller@crawco.ca] **On Behalf Of** Hep C Info
Sent: September-10-15 7:57 AM
To: [redacted]
Subject: RE: Consultation Session Aug 26/15

Good Day,

The Notice was sent by the Administrator on behalf of the Joint Committee. In order to ensure your comments are reviewed by the JC you should email the JC members from Ontario. Their contact information is included in the Notice attached. (Just click on the email address and it will bring up the link automatically).

Regards

Carol

From: [redacted] nbnet.nb.ca]
Sent: Wednesday, September 09, 2015 3:47 PM
To: Hep C Info <EmailDistribution3@crawco.ca>
Subject: Consultation Session Aug 26/15

The following are my suggestions on how to distribute the surplus in the Fund.

There is No Way the funds should be returned to the Fed Govt , the surplus is for the sole use of the beneficiaries

Loss of Income—By leaving the work force early this affected my pension plan, it also affected my benefit pkg asin the work force my benefit pkg was paid by the employer ie life ins, ltd, and health benefits, I had to find my own health care ins at an increased premium. When loss of income comes to an end I would suggest you use the surplus to pay a severance pkg to the individual ie number of years on loss of income x 1 month per year x annual rate if the person received income for 10 years they would receive 10 months of severance pay. I believe the formula for calculating loss of income was difficult , the various deductions seemed complicated.

Loss of Service in the Home this should keep up with inflation, 20 hours /week seems adequate for this service

Out of Pocket very adequate

Family member payments would like to see the complete list ie aunts, uncles , in laws etc.

I incurred additional expenses post level 6 and was very sick before transplant , therefore should have some compensation for that time frame.

Life insurance and travel insurance have been denied due to my disease level

Lump sum payments should be based on each individual case and not the same amount for each infected class member

Thank you

[redacted]

From: [redacted]
To: jjcamp@cfmlawyers.ca; hts@strosbergco.com; info@savonitto.com; Kathryn Podrebarac
Cc: [redacted]
Subject: HCV settlement Trust Fund
Date: Thursday, September 10, 2015 11:23:00
Attachments: image001.png
20150091 [redacted] LetterToCounsel.pdf

Dear Counsel:

Please find enclosed correspondence of today's date on behalf of [redacted].

Sincerely,

Jennifer Gambin
T: 416.365.1600
F: 416.365.1601
jgambin@polleyfaith.com

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mpolley@polleyfaith.com

Assistant: Jennifer Gambin
jgambin@polleyfaith.com

September 10, 2015

VIA EMAIL

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Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
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Toronto, Ontario M5S 1S4
kp@toughcounsel.com

Dear Counsel:

Re: HCV settlement Trust Fund

We write this letter on behalf of [redacted], a member of the hemophiliac class and beneficiary of the settlement. We understand that the latest actuarial estimate is that the Trust Fund has between $236 million and $256 million more than is required to deliver the current plan of compensation.

We thank you for inviting class members such as [redacted] to provide their views on the appropriate response to this latest actuarial estimate.

1. No funds should be returned to the Federal Government

First, we agree with the Joint Committee's expected position that no funds should be returned to the Federal Government.

At the Toronto consultation held August 25, 2015, Ms. Rumble Peterson and Ms. Podrebarac said that there was a chance that the Federal Government would apply to the courts for the return of amounts in the Trust Fund. The circumstances in which the parties agreed to the terms of the settlement suggest that any return of funds to the Federal Government would be unjust. In the course of approving the settlement agreement in B.C., Smith J. wrote about these circumstances as follows:[1]

> this is not a situation where the parties have negotiated the global settlement amount by estimating its constituent parts, as is the usual case in litigation. Here, the global amount was predetermined, and the benefits payable had to be made to fit within it. As well, it is a term of the settlement that the claimants bear the risk of insufficiency of the fund. Thus, it was open to the plaintiffs to instruct the actuaries to use neutral or liberal assumptions and to provide for

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[1] *Endean v. Canadian Red Cross Society*, 1999 CanLII 6357 (B.C.S.C.).

> more generous benefits to claimants with a concomitant increase in the risk of the fund turning out to be insufficient.

The parties agreed to a settlement amount and then conservatively tailored compensation levels to fit within it. Now that the settlement fund appears to have the ability to provide compensation over and above what the parties agreed to, greater compensation should be provided. HCV Infected Persons and their Dependents should not be penalized for the caution they reasonably exercised at the time of the settlement.

Section 4.03 of the settlement agreement provides that the FPT governments will have no further liability, even if the $1.118 billion provided for in the funding agreement proves insufficient to make all the payments the settlement requires. This reinforces that the essence of the settlement was not the level of compensation, but, rather, the amount of money that the FPT governments would make available.

The courts have stated that an extension of compensation available under a settlement will be particularly appropriate where the parties have already agreed on a set settlement amount. Perell J. wrote as follows in *Lavier v. MyTravel Canada Holidays Inc.*:[2]

> [34] In some instances...the court's administrative jurisdiction may allow adjustments to be made to the scheme of the settlement, and at first blush, these variations might resemble a variation of the settlement agreement. For example, in my opinion, an extension of the deadline for making claims would be permissible administrative adjustment in a settlement in which the contribution of the defendant was fixed with any surplus being paid *cy pres*. In such a settlement, the defendant should be indifferent to how the settlement funds are allocated.
>
> [35] In contrast, in a claims made, no-cap settlement, unless the settlement agreement provided for an extension of the deadline for making claims, an extension of time for making claims would vary the settlement and not be a permissible administrative adjustment because the defendant would not be indifferent to having to pay more claims. See *Gray v. Great-West Lifeco Inc.*, 2011 MBQB 13 (CanLII) at paras. 41-42, 63.

In the present case, the parties did agree on a set settlement amount. Although the settlement agreement and the court orders that approved it do contemplate a theoretical return of funds to the Federal Government, they also contemplate an extension of compensation. The relevant parts of the Ontario order, for example, read as follows:[3]

> 9. THIS COURT ORDERS AND ADJUDGES that the Agreement, annexed hereto as Schedule 1, and the Funding Agreement annexed hereto as Schedule 2, both made as of June 15, 1999 are fair, reasonable, adequate, and in the best interests of the Ontario Class Members and the Ontario Family Class Members in the Ontario Class Actions and this good faith settlement of the Ontario Class Actions is hereby approved on the terms set out in the Agreement and the Funding

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[2] *Lavier v. MyTravel Canada Holidays Inc.*, 2011 ONSC 3149.

[3] Quoted in *Parsons v. Canadian Red Cross Society*, 2013 ONSC 7788 at para. 46.

> Agreement, both of which form part of and are incorporated by reference into this judgement, subject to the following modifications, namely: ...
>
> > (b) in their unfettered discretion, the Courts may order, from time to time, at the request of any Party or the Joint Committee, that all or any portion of the money and other assets that are held by the Trustee pursuant to the Agreement and are actuarially unallocated be:
> >
> > > (i) allocated for the benefit of the Class Members and/or the Family Class Members in the Class Actions;
> > >
> > > (ii) allocated in any manner that may reasonably be expected to benefit Class Members and/or the Family Class Members even though the allocation does not provide for monetary relief to individual Class Members and/or Family Class Members;
> > >
> > > (iii) paid, in whole or in part, to the FPT Governments or some or one of them considering the source of the money and other assets which comprise the Trust Fund; and/or
> > >
> > > (iv) retained, in whole or in part, within the Trust Fund;
> >
> > in such manner as the Courts in their unfettered discretion determine is reasonable in all of the circumstances provided that in distribution there shall be no discrimination based upon where the Class Member received Blood or based upon where the Class Member resides.

This case fits better into the first of the two criteria that Perell J. set out in the above quotation from *Lavier* than it does into the second. An extension of compensation, rather than a return of funds, is therefore the appropriate course of action. We would note, however, that Hinkson C.J., writing for the B.C. court,[4] disagreed with the suggested applicability of *Lavier* in rejecting the extension of the deadline to make claims.

Further arguing against a return of funds to the Federal Government is the fact that many victims have not received anything approaching full compensation for their losses. Justice requires that the losses be compensated to the extent possible. As Perell J. wrote in the course of provisionally approving the extension of the deadline for claims in 2013,[5]

> the spirit of the Settlement Agreement and the court's approval order rather suggests that Class Members with genuine needs for compensation for the injuries they suffered from have at least a better moral if not legal claim to any actuarially unallocated assets than do any of the governments, especially when it seems that the prevailing view of the parties at the time of the

---

[4] *Endean v. Canadian Red Cross Society*, 2014 BCSC 621 at para. 25.

[5] *Parsons v. Canadian Red Cross Society*, 2013 ONSC 7788 at para. 73.

approval of the settlement was that the Fund was underfunded and unlikely to produce any surplus to be returned after the anticipated 80-year projected lifespan for the Trust Fund.

Finally, there can be no certainty that the current actuarial estimates will materialize. If the estimates are not borne out by actual events, more money may be required to fulfil the settlement's compensation goals. Once funds are returned to the Federal Government it is unlikely that they could ever be recouped, raising the risk of a shortfall. This would do further injury to the wellbeing of HCV Infected Persons and their Dependants, who bargained with the FPT Governments in good faith.

2. Considerations in favour of incremental extensions of compensation

The most appropriate response to the latest actuarial analysis would be an extension of those forms of compensation that the settlement agreement already provides for. Such a strategy has several key advantages:

- It is likely that at the time of the settlement the parties would have agreed to more generous provision of the types of compensation that the settlement already provides for, rather than agreeing to wholly new forms of compensation.

- The mechanisms in place to effect the current regime could likely be modified more easily to accommodate extensions of current forms of compensation than wholly new forms of compensation. This would minimize implementation costs.

- The extension of forms of compensation that already exist under the settlement agreement would probably result in more predictable increases in the amount of compensation that would be paid out than would the creation of wholly new forms of compensation.

- Changes that are incremental and in line with the compensation strategies that already underlie the settlement fit better with what the courts initially approved.

- Sections 10.01(1)(i) and (j) of the settlement agreement and paragraph 9 of the original Ontario settlement approval order (along with that paragraph's counterparts in the other provincial settlement approval orders) grant wide leeway to the courts to remove restrictions on payments. Articles 7 of schedule A and 7 of schedule B demonstrate the sort of extensions of compensation that would best fit within the parties' intentions. These contemplated extensions (which have already been granted) show that:

    - the parties intended that extensions should be to the amount of periodic payments, so as to come closer to full compensation;

    - the parties had a disinclination to create new lump sum payments, except where such payments would make up the difference between (a) past periodic payments and (b) the raised level of periodic payment that the courts consider appropriate; and

    - the parties preferred the extension of already-existing forms of compensation over the creation of new forms of compensation.

3. Suggested extensions of compensation

With these considerations in mind, we provide the following proposals for your consideration.

a. No lump sum payment

Any recommendation the Joint Committee makes should call for periodic compensatory payments, not the payment of lump sums, unless those sums are intended to make up for past inadequate compensation.

With the exception of the payments in ss. 4.01 of schedule A and 4.01 of schedule B, and payments intended to make up the difference between old and newly ordered periodic payments, the strategy of the settlement agreement is that HCV Infected Persons and Approved Dependents should get periodic compensatory payments. This approach reduces the risk that recipients will run out of funds, and comes closer to providing compensation that represents real losses, since the compensation will be more closely tailored to individual circumstances.

Moreover, requesting court approval of lump sum payments could create the false impression that the class members have come across a windfall. This may strengthen the Federal Government's case for the return of funds. But there has been no windfall. Instead, what the latest actuarial estimates show is that there is now a chance to provide something closer to real compensation.

b. Extension of the age for loss of income claims

At the Toronto consultation session, it was apparent that the age-65 limitation on HCV Infected Persons' loss of income claims in ss. 4.02(2) of schedule A and 4.02(2) of schedule B, and the same limitation on Approved Dependents' loss of support claims in ss. 6.01 (1) of schedule A and 6.01(1) of schedule B have the potential to create great hardship, reducing parties' compensation to the small amount that the settlement agreement provides for loss of services.

The age-65 limitation fails to recognize that:

- there are many people who work beyond the age of 65;
- many HCV Infected Persons who were unable to work would have accumulated pension benefits if they had worked; and
- many HCV Infected Persons and Dependants of HCV Infected Persons have needs that go unmet once the age-65 limit is reached.

The age-65 limit therefore has a real potential for under-compensation and to cause great hardship.

The loss of income and loss of support benefits should be extended to the entire life of the recipient of compensation where that recipient is an HCV Infected Person or an Approved Dependent who is a parent, grandparent, sibling, spouse or former spouse. This will increase the likelihood of adequate compensation, taking into account the fact that many HCV Infected Persons would have worked beyond 65, and taking into account the inability of many HCV Infected Persons to qualify for pensions for which they would otherwise have qualified. It will also reduce the severe financial hardship that the current age limit has the potential to create.

The loss of support benefit should be extended to the date on which the HCV Infected Person would have turned 75 where the recipient of the compensation is a child or grandchild. This will help satisfy the same concerns as the above proposal for HCV Infected Persons and Dependant parents, grandparents, siblings, spouses and former spouses, but the age cut-off for children and grandchildren will guard against the possibility of over-compensation.

In addition to helping with the under-compensation and hardship problems identified above, this suggested approach would also avoid the need for an individualized assessment of how long a particular HCV Infected Person would have worked or what sort of pension that HCV Infected Person might have qualified for. This is in line with the approach the settlement agreement already takes: it creates a generally applicable cut-off of 65 in the interest of administrative efficiency. The extensions suggested directly above would represent an appropriate incremental extension to the settlement agreement.

c. Elimination of limitations on Approved Dependents' compensation

As currently worded, ss. 6.01 of schedule A and 6.01 of schedule B allow continuing loss of support and loss of services payments only where HCV caused the HCV Infected Person's death. This condition has been difficult to administer, and has the potential to result in unfairness, since HCV Infected Persons are unable to obtain life insurance that would provide for their dependents in the event of early death not caused by HCV.

Moreover, ss. 6.01(1) of schedule A and 6.01(1) of schedule B provisions also currently limit Approved Dependents' loss of support payments to 70% of the relevant HCV Infected Person's loss of income payments. This 30% reduction should be eliminated. These persons should be made eligible to receive compensation for loss of income and loss of services. There is no good reason to suppose that an HCV Infected Person's death will result in a full 30% reduction in a family's financial obligations. Moreover, eliminating this 30% reduction would help to make up for the income losses that Approved Dependents almost invariably suffer during the late stages of an HCV Infected Person's life.

As with the other extensions to compensation that this letter suggests, these suggested changes to ss. 6.01 of schedule A and 6.01 of schedule B would represent an easily administered extension of the compensation plan that the parties agreed to.

d. Readmission of HCV Infected Persons who elected to receive payments under s. 4.01(1)(c) instead of compensation for lost income and loss of services

Under ss. 4.01(3), 4.02(1)(a) and 4.03(1)(a) of schedule A and 4.01(3) and 4.02(1)(a) and 4.03(1)(a) of schedule B, HCV Infected Persons had the option to take a payment under s. 4.01(1)(c) of schedule A or s. 4.01(1)(c) of schedule B in lieu of compensation for lost income and loss of services. We understand that some HCV Infected Persons who did not expect to live long took this option, but fortunately survived longer than expected. Readmission of these HCV Infected Persons into the general benefit scheme should not pose undue administrative difficulties, and would allow the compensation regime that is already in place to provide additional compensation to deserving HCV Infected Persons.

e. Termination of reductions that account for payments related to HIV

The reduction in benefits to account for EAP, MPTAP and Nova Scotia Compensation Plan payments, provided for in ss. 4.02(2)(c)(i) of schedule A and 4.02(2)(c)(i) of schedule B should be eliminated. Make-up payments for those deductions in former years should be made, with interest.

HIV infection causes separate harms for which those payments aim to compensate. These harms include the unjust stigma that HIV-infected people face in their day-to-day lives; the pain and suffering, both mental and physical, from which HIV infected persons suffer; and the life-disrupting effects of the HIV treatment regime. The three HIV compensation programs go some way towards compensating for these HIV-specific harms, but they do not aim to compensate for lost income like the HCV settlement agreement does. The fact that each of the three HIV programs provides only for payments of fixed, unindividualized sums further shows that these payments are not intended to compensate for an individual's lost income. Payments under these three programs should not be deducted from an individual's lost income calculation for the purpose of the HIV settlement agreement.

f. Coverage for sofosbuvir-based treatments

Our information is that at present the Administrator is not providing coverage for some new sofosbuvir-based treatments that promise life-changing results for many HCV Infected Persons. The refusal to cover these treatments is contrary to ss. 4.06 of schedule A and 4.06 of schedule B, which require coverage where the treatment is generally accepted in the medical community, coverage is not otherwise available and the treatment is on recommendation of the HCV Infected Person's treating physician.

The courts should issue a declaration that the terms of the settlement agreement require coverage for these forms of treatment.

g. Alteration of deadlines in ss. 3.08 of schedule A and 3.07 of schedule B

We were pleased to hear at the Toronto consultation session that the Joint Committee intends to request that the courts allow compensation for those who missed the deadlines in ss. 3.08 of schedule A and 3.07 of schedule B. This would represent an incremental extension of coverage that would expand the number of people who can receive compensation, but would not expand the form of compensation itself. In many cases, such an extension would also be consistent with general limitation law principles of discoverability.

We are concerned that the court in British Columbia may reject this proposed extension, relying on its previous rejection of a similar proposal in 2014, referred to above.[6] However, we still support the Joint Committee's intention to reapply to the courts on this issue.

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[6] *Endean v. Canadian Red Cross Society*, 2014 BCSC 621.

We thank you for your consideration. If you would find it helpful, we would be happy to discuss these proposals further.

Sincerely,

POLLEY FAITH LLP

Mark Polley
MP/jg

RECEIVED
SEP 10 2015

WRITTEN SUBMISSION TO JOINT COMMITTEE

Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S 1S4

Attention: Kathryn Podrebarac

Re:1986-1990 Hepatitis C Claims
Claimant - [redacted] #00006878 (HE)

Dear Madam:

When this is addressed before the courts, I trust the Courts and Canadian Government remember what a tragic event this was for the hemophiliacs and their families.

I still have daily memories and anguish of what my husband and I went through. My nightmares of reading his medical file, while he lay in bed praying to God to live. His medical file was littered with notes from his doctors and nurses of his despair, after he was infected with tainted blood.

My husband ([redacted]) passed away infected with the tainted blood in May, [redacted], leaving a wife and two children.

I have lived with the pain daily of the shame attached to this time in my life. I, as a family member was also a victim. Living in Alberta and only sharing this pain with the two of my family members and knowing the prejudice facing me and my children.It took many months for me to get over the horror of frequent trips to Dr. Poon at the Foothills hospital in Calgary for my own testing.

I believe there has been many injustances against the victims and their families, not having the resources to seek lawsuits against the Red Cross and others. We had no choice but to accept this Agreement from the Canadian Government.

The Red Cross was found to be criminally responsible for the tainted blood transfusions, but no enhanced compensation was given to the victims. The Canadian Red Cross and other agencies, should have been held more financially responsible towards the victims and their families, for having tainted blood distributed while knowing full well testing was available.

As a victims family member of the tainted blood scandal,this has deeply affected me. I have been treated for both anxiety and depression. In 2009, I was diagnosed with lymphoma cancer and missed two years work. Studies have shown that stress is a link to this type of cancer. If my husband would still have been alive, he would have been able to share in the financial support while I was off work.

WRITTEN SUBMISSION TO JOINT COMMITTEE

I feel the Joint Committee have concerns to present on my behalf:

1) In the beginning of the Settlement Agreement (1988), I believe all victims and their families should have had access to councelling.This would have eleviated any fear of our own infection and the stigma of speaking to anyone they knew.

2) My husband worked for the Government of Canada and paid into a pension fund. Taking this into consideration, his annual pension would have been far above the Loss of Support payment I am now receiving. I also lost my benifits package, as well as other benefits upon his death.

3) My husbands Loss of Income was calculated on his best three years of his employment. Because of his early death, I feel this was unfair given his earning potential with the Federal Government through raises and promotions. If he had stayed at his same level of employment(at his time of death) he would have been receiving approximately $70,000 per annum, far above what I received for Loss of Support.

4) The decision to change from Loss of Income to Loss of Support seems unfair as because of the current cost of living, etc. many people have to work beyond the age of 65, and the retirement age is no longer manditory. I feel all victims should have stayed on the Loss of Income program, regardless of age.

5) My husband lost his chance to provide for his family's future, and assist with the education of his children.

6) To lose all income from this program at the age of 71 seems unfair. Because of the tainted blood scandal my husbands income, earning potential, and pension was shortened. I strongly consider this should have been a lifetime payment as I would have received his pension (which would have been considerably higher) for the rest of my natural life. I feel the "surplus" in the Trust Fund could be used to extend payments past the age of 71.

In closing, I feel the surplus in the Trust Fund belongs to the victims, and their families who have had to live with this tainted blood scandal.

Thank you for allowing me input to the Joint Committee.

[redacted]

RECEIVED
SEP 2 2 2015

September 10, 2015

To whom it may concern,

The claimants and families of anyone impacted with the HepC class action lawsuit all received letters with regard to the "surplus" in the plan. They asked our opinions on what we, the claimants or families, would like to have done with the surplus.

What I would like to have done is to bring my brother back but as that is not the case, instead of keeping the surplus or putting it to research or some such ideas, give it to the people! Nothing can replace the loss and devastation of watching someone die with liver failure or having to think if only that person were here today they would sure have loved this time or that time.

My brother [redacted] didn't live a grand life but he lived a life. He loved his family, took care of his mother when she was dying, took care of his kitty children, took care of everyone in general. He really didn't have anything bad to say about anyone. We lost him far too early. He battled Cancer by having a radical new bone marrow replacement in Ontario which ultimately is how he contracted HepC...what are the odds successfully in remission for Cancer, oh wait you now have HepC!

Those are my thoughts about the surplus in the plan...give it to the people!

Sincerely,

[redacted]

[redacted]

RECEIVED
SEP 17 2015

Date: September 10, 2015
To: Kathryn Pordrebarac
From: [redacted]

Subject: 1986-1990 Hepatitis C Settlement Agreement

I am responding to your recent correspondence regarding the 1986-1990 Hepatitis C Settlement Agreement wherein you are seeking the input of Class Members and Family Class members on areas of the settlement that we feel fall short and how we think the surplus in the fund should be used. My Mother died on November [redacted], eight years after receiving a tainted blood transfusion during life saving surgery - Claim ID: 01000113 (TE). As part of the settlement, in 2001 my Mother's estate received a one time amount of $50,000 and $5,000 to cover funeral expenses. In addition, I along with my siblings and her siblings each received $5000. Her grand children received $500 each.

Three things were wrong with this settlement. First, because the settlement came after her death, **no funding was ever provided to my Mother to pay for special care to help her cope with the disease or to compensate her for the additional expenses she had to incur because of her illness.** She used her life savings to pay for this herself and died almost penniless. While I understand that nothing could be done in 2001 to help ease the pain and suffering of members who were already deceased, shouldn't the estate of these class members as least be entitled to the funding that would have been afforded them. The additional living expenses members have had to incur as this disease progresses are well known today.

Second, the current documentation on the Hep C website clearly indicates that there were two options for deceased members - **a settlement with or without election;** however, in 2001 my Mother's representative was **not given the choice.** The option imposed was a very prescriptive on the way the settlement was to be distributed. As such, the process was tremendously **disrespectful of her wishes as stated in her last will and testament**. In our case, my mother's brothers and sisters who refused to visit her when she was dying from Hep C were compensated the same amount as her children who were by her side every day and ten times more than her grandchildren who she loved so dearly. We are sure that our Mother would have wanted otherwise. Rather than imposing what a total stranger thought should go to siblings, children, and grandchildren, the funds should simply have been allocated to the estate of the deceased class member so that it could be dispersed in accordance to that class member's will and testament. The option to proceed with election would clearly have been more appropriate in our case.

Third, $5000 is **not even close to being enough to compensate for the loss of a Mother** and neither is $500 for the loss of a Grand-Mother. My family and I have been without our

Matriarch for over 15 years and we miss her very much every Christmas, every Easter, every time there is a wedding, a baby shower, or any family get together. Furthermore, somehow it does not seem right that **a child that was older than twenty one was compensated $5000 while one that was younger would receive $15,000.** A mother is important at all stages of one's life. Although an infant requires more "care", loss of care and support was addressed otherwise in the settlement.

I'm sure you will understand that it was difficult to learn of our Mother's illness, heart wrenching to see her deteriorate prematurely, and tough to finally let her go. While I appreciate that you are reaching out to us to seek our input, I must admit that the process is once more opening up old wounds. Just as my family seems to finally be starting to reminisce about her in happier and healthier times, this request comes to **remind us yet again that our mother was infected with a deadly virus and died a horrible death**. I'm very angry and sad that in addition to having been treated like a leper for her last years, my Mother was isolated for her final months because she contracted yet another virus from the hospital where she was staying. We were forced to wear gloves, masks, and gowns when we saw her. Nothing will ever erase this tragedy.

In closing, my recommendation for any remaining funding is to first address the issues raised as part of this process and then, if there is any money left, to divide the amount evenly among all the class members (living or deceased). Where the Class member is deceased, the funds should go to the estate to be distributed according to the wishes of the class member – to let the deceased class member have a voice. **Most importantly, I ask that you please ensure none of the funding makes its way go back to the government who was after all responsible for this debacle.**

[redacted]
Claim ID 6635

RECEIVED
SEP 19 2015

[redacted]

Dear Sir or Madam,

We received your papers in the Mail, alittle late for the Consulations Sessions, for Aug, as we got the letter Aug 26/15. but thats OK as we couldnt afford to go anyway. We were Pleased to hear that the Class Members and their family have a surplus, this is Wonderful. we think that People infected with tainted Blood 86-90 because of our government. Should be compensated. this fund Was Created for the Victims. and None should be given to the government. and those poor Victims like me. who have no money, ~~and~~ they gave us so much and ask us to Sign, (Probably to Keep Quiet) Well of Course we did Sign to get what help we can, Not Knowing that their was more to get. We Needed money to get back and forth hospital and other things at time so yes We think individuals, that sign off should have our their Share of this, also and yes leave some in bank to grow interest to help with Special medical or Life insurance.

for those who contracted hep C in 86-90. in fact this Should Pay for our life ins etc.. and the 200 Mill Should be given to all those that were infected. doesn't matter, about when or what they went through and most, still are having issues. and if they had any they still had hep "C" because of this tainted Blood. and we all suffered enough. and me my self, have never been the same after my treatment. my Nerves are just about shot and there are other mental + Medical things, that Cause the whole family to suffer for years. I'm Not the same Person, therefore it doesn't matter, all familys may have different issues and maybe like me don't like to talk about it. Keep things inside about the Hep "C" and also the treatments took alot out of me Not to mention my wife for all we know she might have it from me. I just thank God every day for her as I know I would of gave up if it wasn't for her help and support, even though we don't talk about this stuff as we have so much other family stuff to worry about, our financial Problems, sickness in family etc. as far as this (Bad Blood money) we call it. I think we all can Benefit at least help as many as you can

I have suffered alat, but know, of others that went through alat more then I did, and these family that Lost these kids, familys all gone how in the world are you going to compensate them. yes money helps, but it dosent bring back familes. doesnt stop needles or what we already Lost because of feniances. I only Pray that you can help all the victims who are still alive and the familes that Lost their familys due to aids etc. the Goverment shouldnt have a say. there is alat of People that can't or won't speak out. believe me Hep 'C' would be bad enough but the way we all got sick was murder to some and Life changing for all of us. Please Try to help everyone that was infected with this bad Blood Betweed 86-90. there is enough Problems in this world without added sickness and expenses. Please keep us informed.

While We're still alive. and We all have had family
members Cousins etc who have already died. yes I think
maybe we should extend the deadline again all persons
infected who meet the Cretia for acceptance should be
included regardless, our Wifes, family members might
be infected but don't know. thats why we think
a percentage should stay in Bank to grow ~~whom~~
~~might be infected or family~~ to help others that
may be infected or hasn't claimed as didn't know
then after a certain amount of time given - dived to
all who were infected. this surplus 200 mill plus should
be divided up Now to help all these Vitims from
claims 86-90. and help them Now while their living
We all have been through enough and should all be
compensated but leave 15 to 20 Mill in Bank to help
others who may come forward. as far as the
Government, I'm pissed at the govenment for letting
this happen in this day and age. so No to the govenment
they should get Nothing. there is so many that could
use the help they suffered enough and still on going
so if it can help to ease the Victims then do it "Now"
Sorry we don't have a computer or internet but would
Love to get the results of these meetings. would appreciate
a update on how its going to help. "well us all."

Thank you

Sincerely [redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: jjcamp@cfmlawyers.ca; info@savonitto.com; hepc@strosbergco.com
Subject: 1986-1990 Hepatitis C Class Action Settlement Disposition of Fund Surplus
Date: Friday, September 11, 2015 10:57:22
Attachments: HCV Class Action Concerns and Comments P.pdf

Dear Kathryn:

Please find attached a pdf document containing my Comments on Disposition of Fund Surplus – Hepatitis C Settlement.

If you need to speak with me in regards to this matter you can reach me a [redacted]

Sincerely,
[redacted]

[redacted]

11 September, 2015

Dear Kathryn Podrebarac:

Comments on Disposition of Fund Surplus – Hepatitis C Settlement

I am writing in response to the consultation sessions relating to the 1986-1990 Hepatitis C Settlement and, in particular, to provide comment on disposition of the remaining surplus funds. Please accept my thanks for your excellent presentation material and for providing this opportunity to provide comments.

My comments are as follows:

1. Equity or Parity with Other Court Actions. As a general principle I feel that benefits should be enhanced to provide the same level of compensation that an individual would have been able to obtain had they pursued their claim as an individual in court. I ask that you seek that level of compensation.

2. No return of funds. It is my unequivocal recommendation that all surplus funds should be made available to the various victims, or their surviving dependents, who are part of the class action and that no part should be returned to government at any time.

3. Loss of Income and Support Payments. The portion of the settlement relating to loss of income seems to have been based on the assumption that the average victim was in mid to late career and had a defined benefits pension plan (or some similar retirement arrangement). This inadvertently prejudices at least two classes of victim. Consequently, in my opinion, the settlement for these two classes was inadequate and below what a court would have otherwise decided had individual claims been pursued.

    a. Self-employed or small business owners. This entrepreneurial group tends not to have pension arrangements and works to a later age to accumulate sufficient funds for retirement. The disease forced some in this group, such as myself, to exit the workforce earlier than intended. This, in turn, had an adverse impact on quality of life in retirement. It is common for people in this group to work well past age 65. (I note that common examples today include lawyers and judges.)

    b. Early or no career persons. The loss of income awards used the "best three years" as the basis of calculation. This omits those who had not yet entered the workforce or were just beginning their careers. Simply put, the compensation was inadequate as there were no earnings on which to base a claim.

4. In the two examples above I suggest the following as possible remedies:

    a. For late career self-employed or small business owners I suggest a one-time lump sum "top up" payment using some reasonable and equitable allocation basis.

    b. For early or no career persons I suggest the claim be re-calculated based on a current Canadian average wage based on information provided by a reliable third-party source such as the Canada Revenue Agency or Statistics Canada. This adjustment should be retroactively applied although without interest.

5. Pain and Suffering. I recognize that all victims have suffered and that the suffering of one cannot be easily compared to another. Nevertheless, I would like to point out that seniors infected with HCV were equally debilitated, their treatments just as severe and the lasting effects just as great. Indeed, it is widely acknowledged that it takes longer to heal as you age and injuries or illnesses can seem to both linger and be more intense. Seniors have lived with all of the illness, have suffered through the treatments, and been left with lasting side effects that continue to impair quality of life in what should be years enjoyed in relaxation. In addition to the physical issues, seniors suffered the social stigma of the disease as their peers were both afraid of catching the disease and did not understand its effects. They were less able to provide the care and companionship to family and grandchildren. In summary, the disease has been more intrusive than originally expected and side effects more pronounced (e.g., dental disease, fatigue, impaired healing from normal wounds).
6. With respect to pain and suffering I suggest the following remedies:
    a. For seniors, a lump-sum payment in recognition of both the physical and social impacts.
    b. For others, the option of a lump-sum payment or an annuity.
    c. That both of the above be equal in value on a net present value basis.
7. Cost of Replacement Services. Generally, the cost of the actual services required to maintain properties has been adequate for basic maintenance but not sufficient to replace what a healthy person would have done in and around their property or premises. With respect to cost of replacement services I recommend an increase in the rate or hours of approximately 25% of the current value.

I hope the above information and opinions are of some assistance. I would be pleased to discuss the points raised in greater depth if that would assist your deliberations. Please accept my best wishes as you enter into discussions with the Court.

Yours very truly,

[redacted]

RECEIVED
SEP 15 2015

Sept. 11, 2015

[redacted]

Podrebarac Barristers Professional Corp.
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S1S4

RE; 1986-1990 HEPATITIS C SETTLEMENT

Dear Ms Podrebarac

I am writing this letter in response to your request on the opinion of Class members and Family Class Members. I am under the understanding that the Federal government and the Joint Committee express the Trust Fund has sufficient funds to meet the expected needs of the Class and Family members.

I personally lost my one and only Brother with Hepatitis C. The pain myself and family suffer never goes away. There is not a day we do not morn our loss.

In my own feeling to the Joint Committee I felt at the time there was not enough information given to the family members. I would like to see the surplus funds divided EVENLY among ALL Class and Family Class Members. I truly believe this is the only way to avoid greed amongst all members. No one can judge how one as suffered more then another. Everyone has.

Sincerely

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: info@savonitto.com; hepc@strosbergco.com; jjcamp@cfmlawyers.ca
Subject: HEP-C
Date: Friday, September 11, 2015 13:52:20
Attachments: HEP-C.docx

Please find attached my response to Hep-C info session.

[redacted]
Claim 9385

[redacted]

September 10, 2015

Dear Members of the Joint Committee:

My father [redacted] was unfortunately one of the HEP-C victims. He contacted the disease in 1990 from a blood transfusion and it caused his untimely death in 1996.

My family and I appreciate the efforts made by the Joint Committee and were fortunate to be able attend the very helpful information session held in Dartmouth, NS on August 26, 2015.

In response to the request from leaders of that session, I would like to suggest to the committee that the remaining funds be assigned to victims and their immediate family members.

My father suffered for 6 years with an incredible "itch" and did not find out until the last days of his life that the cause of his itch was from HEP-C. Dad's quality of life was greatly diminished. His primary caregiver was our mother who also suffered the consequences of this disease. In turn, her quality of life was also greatly affected. While no amount of money can ever compensate for their pain and suffering, I do believe that they deserve any extra funds.

For myself, as a daughter, I feel that the funds allotted to the children of the victims should be increased. Knowing my Dad and Mom were in such pain caused a great deal of care, concern, worry and frequent trips for medical appointments that I often attended with them.
My two sons, who were teenagers at the time of Dad's death, missed wonderful opportunities to continue to enjoy their Grandpa's love and companionship and the compensation assigned to them for the loss of their wonderful Grandpa was minimum.

Thank you again for your efforts on behalf of the victims and their families.

Sincerely,

[redacted]

CLAIM: 9385

[redacted]

RECEIVED
SEP 2 2 2015

To whom it may concern:

My brother,[redacted] had the misfortune of having Cancer. After many years of putting up the fight he was given a bone marrow transplant in Ontario, cancer cured, HEP C from tainted blood the after affect.

My anger still runs deep and it will be 12 years this December 26th since he died from liver failure from the cure. Now, after all this time, correspondence asking what to do with surplus funds. I remember the hoops that we had to jump through to receive some funds, something which should have been simple was made difficult. I digress from main topic. The remaining funds should be given to family members. It cannot ease the pain of the loss of a family member at the age of [redacted] but makes more sense than giving it back.

In closing I want to say that the family of [redacted] remember him and his life struggle, Fought hard till the end.

[redacted]

Sept. 11/2015

RECEIVED

SEP 1 1 2015

Dear Members of the Joint Committee concerning the1986-1990 Hepatitis C Settlement

In 1990, my father, [redacted] was diagnosed with non A, non B, hepatitis after he received a blood transfusion in a Halifax hospital. After seven years of declining health and finally his death in 1996 at age [redacted], his family was told that he actually had contracted hepatitis C, not A, not B as had been previously told his family. Prior to his receiving the transfusion, he was an active 90 year old, walking 3 km daily and being a major contributor to the well being of the home he shared with his wife, our mother. From 1990 until 1996, his health declined significantly, he experienced extreme itching all over his body, he scratched uncontrollably, bled constantly, and was unable to sleep at night. Despite the numerous creams prescribed to alleviate the symptoms, there was really no relief. During this time, he did not know what his illness was, and we his family were not told that he had Hep C and it was only upon his death that we learned the diagnosis.

Our father's illness put an immense strain on our family, particularly on our mother who spent numerous sleepless nights trying to help. In the last few years before he died, the relationship that they had shared for 50 plus years had become filled with anxiety. Our mother who was in her late eighties and virtually on her own, and not sleeping herself because our father could not sleep, became a nervous wreck. Supporting our father, creaming his body, washing his everyday soiled clothing and running their household by herself became an impossible undertaking. All of us, five working adult children lived in Halifax and took turns making weekend trips to Cape Breton to help.

In desperation, both Dad and Mom came to Halifax where our mother stayed with our brother and our father came with me, my husband and two university aged children. We gave up our bedroom so that he could have our bed, close to the ensuite. Every night, my husband, our teenage son and I helped him into the bathtub, creamed his body, got him ready for bed, and helped him through the night when he needed help. My husband and I were both working, our children were studying at university. Enormous strain was put on them as well as my husband and me, but loving their grandfather with the same intensity that we loved our father, they were glad they were able to help.

So in light of the questions asked by the Joint Committee, I would suggest that the payment that our mother received, having been given a financial benefit for 2.09 years which was based on the actuarial date of Dad's expectancy, was insufficient. She could have used compensation for the loss of support she had for the years Dad was sick and for the 10 years she lived after Dad died. Dad's death at [redacted] years after so much suffering was a reflection of his strength and commitment to living, always positive and hoping that he would get better. As a testament to his family's longevity there is a monument in Cape Breton to his great grandfather who died at 114 years. Dad's three sisters each reached 102 years so it would not have been inconceivable that Dad would have lived past 100 years if he had not received tainted blood.

In addition, I suggest that the $5000. each of us children received did not ever compensate either symbolically or realistically for Dad's illness and the $500. granted to his grandchildren was insufficient for the loss of their grandfather, and the loss of history that went with him.

Thank you for reading this letter and for pursuing just settlements for all.

[redacted]

From: [redacted]
To: jjcamp@cfmlawyers.ca
Cc: info@savonitto.com; hepe@strosbergco.com
Subject: letter for joint committee
Date: Friday, September 11, 2015 8:13:00
Attachments: letter for joint committee.docx

Hello,

I had difficulty sending the attached document to your e-mail addresses so I will try again this morning.

I am a grand-daughter of a victim of the 1986-1990 Hepatitis Settlement. The name of my grandfather is [redacted].

Attached you will find my letter as well as my contact information.

Thank you,

[redacted]

[redacted]

Attn: Members of the Joint Committee

RE: 1986-1990 Hepatitis C Settlement

In 1990, my grandfather, [redacted] was diagnosed with non A, non B, hepatitis after he received a blood transfusion in a Halifax hospital. After seven years of declining health and finally his death in 1996 at age 97, his family was told that he actually had contracted hepatitis C, not A, not B as had been previously told his family. Prior to his receiving the transfusion, he was an active 90 year old, walking 3 km daily and being a major contributor to the well being of the home he shared with his wife, my grandmother. From 1990 until 1996, his health declined significantly and he physically suffered extreme itching, bleeding, and insomnia. Despite the numerous creams prescribed to alleviate the symptoms, there was really no relief. During this time, he did not know what his illness was, and we were not told that he had Hep C and it was only upon his death that we learned the diagnosis.

Our grandfather's illness put an immense strain on my grandmother and my parents and my aunts and uncles. Our grandmother, in her late eighties at the time, made much effort to help our grandfather with creaming his body, washing his clothes and running their household on their own with no outside support. It was impossible. My mother and my aunts and one uncle, all working full time, took turns making weekend trips to Cape Breton to help her.

I remember most when it was decided that my grandfather would come to live in my childhood home with my parents while my grandmother lived with my uncle in Halifax. I remember vividly the work my parents did to ensure that my grandfather was as comfortable as possible. My mother, in particular, and my brother spent time assisting my grandfather with regular routine habits; bathing, feeding, creaming his body, and helping him through the night when needed. I remember that this put a lot of strain on my family, even though we all loved our grandfather.

Looking back, I feel angry and saddened because my grandfather was so healthy prior to this diagnosis and I am so sure that he would have lived longer had it not been for this mistake that was made. Further he was not ready to die – he kept saying "I am getting better" and had had no intention of dying as he was very active in his community in Cape Breton – walking the beach, playing the fiddle, participating in church parish community activities, and knowing the long history of his life and family.

In light of this and the questions asked by the Joint Committee, I do not feel that my grandmother, my mother, my aunts and uncle, and all of the grandchildren were sufficiently compensated. Thank you for reading this letter and for pursuing just settlements for all.

Yours truly,

[redacted]

[redacted]

RECEIVED
SEP 14 2015

Friday, September 11, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4

Dear Kathryn Podrebarac,

I request that all of the surplus in the Trust Fund be allocated in favour of Class Members and Family Class Members.

Please be advised that my previous mailing address of [redacted] [redacted] has changed and further mailings should be sent to the address above.

Sincerely,

[redacted]

[redacted]

RECEIVED
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Sincerely,

[redacted]

[redacted]

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Sincerely,

[redacted]

[redacted]

RECEIVED
SEP 14 2015

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Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4

Dear Kathryn Podrebarac,

I request that all of the surplus in the Trust Fund be allocated in favour of Class Members and Family Class Members.

Please be advised that my previous mailing address of [redacted] [redacted] has changed and further mailings should be sent to the address above.

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Att; Kathryn Podrebarac (Hep C)
Date: Friday, September 11, 2015 10:09:18

I have to say, when I got the letter about the a few weeks about the claim and money, I felt that any money that was there was meant for the hep c plantiffs. It brought back memories that i had tucked away at the back of my mind, only because it brings back feelings and thoughts that are hard for me to deal with,but here we go. Yes, I do think the money should be divided up, maybe not evenly, but fairly. The government had to put the money aside, because of the tragedy and suffering they put many people through. People and families who are still suffering today and will be in the future.I am sure like me and others, we would give everything back, if only our lives could be normal. We could have been the person we were meant to be! At the age of 19, I graduated from high school and two years later i got sick with kidney failure in the year 1985 and started dialysis. Two and half years later got a kidney transplant. I was so happy, here was my life again (it was like starting again).That did not last long, 3 years later it quit,(not the best 3 years either). Wait 3 more years on dialysis and get another transplant, but 3 years ago the second one quit too. After each one quit one year later, they blew up and had to be taken out right away. that is not usually happens when a transplant quits, the usual shrivel up.

I have been trying to write this letter for weeks and wrote 2 different ones, but last night as i i was trying to type it, i started to cry. The same thing has been going on since i got the letter about all this. So i decided the only way for me to do this, is to do it as quickly and as short form as possible. So as of last night where i left off 2 transplants gone. I have spent 30 years sick. That is how many years and many more to come that I have been unable to have a normal life, I am 51 now. I have had more operations that you can count, in all those years. I had to have all my teeth taken out, not because of any fault of mine but because calcuim broke down my teeth. they were breaking off at the root and now i have false teeth which I hate. I took care of my teeth. I also have nerve damage in my legs, which makes my balance off. It has gotten bad in the last 5 years or more. I never thought it was a problem before but I got off a plane years ago and the people behind me were whispering to each other about me being drunk and i had not been drinking< i was so embarrassed. I have 3 valves that have calcuim building up them, which is called hyper tension of the lungs. The problem can never be fixed because I also have extremely low blood pressure. The doctors say I can not be put to sleep for surgery because when you are put to sleep your blood pressure goes down even lower and my heart could not take it. it would kill me.So that no major surgerys for me at all. I only found out 12 years ago I had hep c.. before that I thought I had dodged a bullet but I guess I did not. It was there the whole time, doing more and more damage to me. I thought how can I be so unlucky. there is so many things medically that happened to me for for reason back than that no could explain till the ball was dropped and ten it all made sense.Why was I not one of those people tho got a letter to be tested for hep c. I had 76 blood transfusions back then. People who got 1 unit of that blood got letters, why not me! If anyone was going to get it would have been me! Now we have a big problem,(!) I have hep c, (2) no surgeries,(3) no liver or kidney transplants for me means life on dialysis. with that comes years of current medical and future problems getting even worse., (4) i know am one of the 25% of people who have hep c who end up with cirrhosis of the liver. (5) there are new meds out but because I am on dialysis I can not take then. i took the other drugs years ago and they did not work either and the side effects almost killed me. I also recommend that level 6, which I reached when I lost my 2 transplants should be expanded to higher levels because me and many other people have other serious medical issues that came after we had reached the last level. In my cause you can see it from the list above, and there is a lot more things that were not mentioned because I just could not wrap my mind around it all.

I recommend that there also be changes to the loss of income versus the loss of services. I do not feel this is a fair way this procedure is determined. many of of us including me were young when we got sick and never had a chance to a career because from the time forward our illness only got worse. while others had a chance at a career before they got hep c and so they receive loss of income, which can put them under loss of imcome so they receive more money. we who never had that chance receive loss of services. i know me as a single person has to pay all my services out of that money, which is costly. So I think this should be changed and respectfully so. We should be all on the same playing field!

I was never blessed with having a family of my own. I feel that my life is the same, as I see my friends with husbands, kids and grandchildren by now.their life is moving forward. Those were things that were taken away from me. I realize that it is hard for a man to want to walk into a life where your spouse is sick all the time and as a couple you will never have kids of your own,so i really do understand why marriage was not in the cards for me.So i have to live my life alone, but hep c, loss of my transplants, dialysis, and my many other illnesses did not help either.

I feel the services provided for a family member to help with my personal needs is fine and fair but I do think this should be expanded to friends because sometimes a family member just can not be there.

As I have explained at this point, my situation like other is a no win situation,my only thing keeping me alive for years is dialysis but time runs out. I hope that this situation is resolved sooner than later as I would like to see it in my life what good is it for us as hep c victims who are alive now, who really need these changes now!

thank you for your time and i am really hoping that this letter will be of some help, because I wrote 2, 10 page written letters and cried through them all. then decided to just draft this letter over a period of days so that could write it still with tears but at least get it done. I feel it was very important to speak from experience because that is all I have!

Thank you.

[redacted]

claim no.13165

RECEIVED
SEP 2 2 2015

September 13, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4

Re: Joint Committee for 1986-1990 Hepatitis C Settlement
Claim No. 014010 Estate of [redacted]

Dear Ms. Podrebarac:

After listening in on the webcast of August 25, 2015, I would like to tell our families story and give our opinion on the surplus money in the Trust Fund, for the Class Members and Family Class Members in our case. Our brother died December 26, [redacted] from advanced liver failure due to the tainted blood that he received while in Toronto May 6, 1989. He was there to have a bone marrow treatment for his cancer that he first got in 1979, Hodgkin's disease, at the age of 25 years. He struggled for ten years with his cancer, treatments, remission, and treatments again over the years. The last time he contracted the cancer, he was told that treatments were not an option. So a new treatment was just out and [redacted] was a candidate for it. The treatment worked for him, and he was cancer free, only to find on Jan 2, 1991, that the blood transfusions he received while in Toronto was infected with Hep C.

Attached you will find, letters from the late [redacted] siblings, [redacted] [redacted] and their thoughts on the surplus distribution.

All of us whole heartily believe the surplus funds should stay in the fund and not be returned to the government or used for any medical studies. The fund was set up to help the infected people, and their families, and should be used for that and that alone.

When our brother, [redacted], died he was at Level 6 in the disease. The last few months of his life were hard on his body and hard for us family members to watch as the disease was taking over him.

A couple of questions that was on our minds, are what and how were the payments for each level of the disease determined. I heard from one lady on the webcast, that her benefits (for loss of income) that she now received for her late husband would be terminated when she reached 65 I believe. Why was there a cap on the amount of years you could receive this money? So if a person dies before they reach 65 years of age, should not the family members who are left behind, receive some sort of benefit after they die. Each of us siblings got a family death benefit for our brother, [redacted] in the amount of $5000.00 and his estate, which I am the executor of, got his Level 6 benefit, after he died for that year 2003. So why not distribute the remaining surplus to the claimants still alive and the claimant's families of the deceased claimants. That is our view on the surplus.

Our brother suffered over the nine years that he had Hep C, and from listening to the webcast, the people who are still alive, do not have any quality of life at all.

In our opinion, the reason there is a surplus in the first place, is to receive any benefits from the Hep C Settlement, the paperwork involved was very detailed and lengthy. We can only imagine that a lot of infected people either did not have the resources and help to file claims, or died before they could. Our brother, [redacted], helped our late brother [redacted], with the claims which took quite a few years before he received any benefits at all.

In closing, as we all agree, the surplus should remain in the fund, and on the basis the claims were paid out previously to Class Members and Family Class Members, be disbursed the same way.

[redacted]

P.S.

Could you please email me that you received our letters okay?

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement Agreement
Date: Monday, September 14, 2015 23:59:07

My name is [redacted]. My Mum is [redacted] I received the letter informing me of the Phase 2 Sufficiency Schedule.

I just want to inform you of what I would like to be done with the surplus.

I believe it should be given to those of us who lost our loved ones. More specifically, the people who ended up losing everything, like my Mum, as a result of the incompetence of a few. I watched her, heartbroken, as she struggled to put her life back together.

The government has no need for this money. My Mum needs it. It won't bring my Dad back, but, it will help to ensure that my Mum will have a better quality of life.

If you have any questions, please don't hesitate to contact me.

Thank you.

RECEIVED

SEP 17 2015

September 14 2015.

[redacted]

To The Joint Committie,

In my opinion I believe the surplus should be allocated to the class members and the class families who have suffered from the effects of Hepatitic-C from the years 1986-1990.

Sincerely

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: info@savonitto.com
Subject: Hep-C
Date: Tuesday, September 15, 2015 15:50:11
Attachments: HEP-C.pdf
ATT00001.htm

Please find attached my statement regarding hep-c

Sent from my iPhone

Begin forwarded message:

> **From:** [redacted]@hotmail.com>
> **Date:** September 15, 2015 at 4:46:45 PM ADT
> **To:** [redacted]@hotmail.com>
> **Subject: HEP-C**

[redacted]

September 10, 2015

Dear Members of the Joint Committee:

My grandfather, [redacted] contracted hepatitis-c from a blood transfusion in Halifax, Nova Scotia in 1990. He died as a result of that disease six years later.

Several members of my family were able to attend an information session hosted by members of your committee last month. In response to a request made at that session, I would like to suggest remaining funds be assigned to victims and their immediate family members.

My grandfather always maintained a remarkably healthy lifestyle; daily exercise and healthy eating were important to him. After receiving this blood transfusion, his quality of life deteriorated drastically. As his primary caregiver, my grandmother was also severely impacted by his illness. This situation was only made worse since the cause of his suffering - hepatitis c - was not revealed to my grandfather, or members of his family, until near the end of his life.

My grandfather's death was profoundly painful for my family; particularly because of the way he suffered in the end. This illness deprived him of the healthy, productive lifestyle he maintained, robbed our family of further happy memories of him and caused years or worry and work for those who loved him best.

Thank you again for your efforts on behalf of the victims and their families.

Sincerely,

[redacted]

CLAIM: 9385

From:	[redacted]
To:	Kathryn Podrebarac; hepc@strosbergco.com
Subject:	Input regarding Joint Committee surplus distribution
Date:	Tuesday, September 15, 2015 11:25:29
Attachments:	To the Joint Committee.doc

Hello please find attached a document indicating my feelings and input regarding the HEPC/ Joint Committee surplus letter I have recieved this August as a Class Family Member.
Thank you.

September 15 2015

To the Joint Committee,

Hello my name is [redacted] and I am the daughter of the late [redacted] who was tragically also a tainted blood victim and has passed away from his battle with the Hepatitis C virus. I am writing to provide my personal input on how I think the surplus should be used. As a university student starting my second degree here in Nova Scotia which has some of the highest tuition rates across the country I have accessed and used the National Endowment Fund Scholarship that is provided by Ottawa University for children of tainted blood victims. This year I am pleased that this scholarship has now been made available to adopted and step children of tainted blood victims as well, instead of previously when it was only available to biological children. However as I am sure you are aware, young adults from my generation are facing extremely high tuition rates and are looking at more years in university to obtain more degrees or higher employment qualifications. This increased cost and length of time for post secondary education coupled with the increased volume of applicants applying for the National Endowment Fund Scholarship means that the amount of money within the fund is going to be distributed among all the applicants making the scholarships received of a lesser amount. I think part of the surplus should go to funding the National Endowment Fund in light of these factors and would be positively used to help these children of tainted blood victims bear the cost of post secondary education today.

Also I believe that the remaining surplus should be distributed among the Class Members and Class Family Members in a lump sum payment instead of a payment that may proceed over many years. I believe a lump sum payment among Class Members/ Family Members would be the best option to distribute the surplus before the courts or government use their own discretion to decide what should be done with it.

Thank You very much for your time and consideration, I hope to hear from you soon.

Sincerely,

[redacted]

From: [redacted]
To: hepc@strosbergco.com; Kathryn Podrebarac
Subject: Surplus Funds
Date: Tuesday, September 15, 2015 6:40:31

To Whom It May Concern;

My name is [redacted] I am the daughter of the late [redacted]. My father died in August 2006 from complications due to Hep C contracted through tainted blood. I believe the surplus funds should continue to fund the National Endowment fund and be allocated to Class Members and Class Family Members in a lump sum payment. I have accessed the National Endowment fund in the past and it was a great help to me completing my post-secondary education. However, not everyone attends university and therefore a lump sum payment might be more practical.

This annual payment has been a huge help to my mother, my sister and myself throughout the last nine years living without the support of my father. Although no amount of money will ever heal our pain or give me back my father, it does help families get by a little easier.

Do not hesitate to contact me if you require any additional information.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Impact letter for Hepatitis C claim surplus Claim#20526
Date: Wednesday, September 16, 2015 12:53:45
Attachments: September 16.docx
CCF16092015.pdf

Kathryn,

Please find attached impact letter in regards to my my mother [redacted] who passed on [redacted] If you need any further info please feel free to contact me.

Thank you

[redacted]

September 16, 2015

The Joint Committee,

My name is [redacted], I am writing this impact letter in regards to the mother I lost, the grandmother my children lost to her battle with Hep C infection her name was [redacted] She passed away [redacted] after a very chronic and unenduring with the symptoms and struggles that arose from being infected with the tainted blood, just 7 days before what would have been her 50th birthday we lost her.

The last 3 years of my mother's life was one of constant torment, sadness, sickness and the uncertainty of what tomorrow had in store, this was traumatizing for the whole family, and we never knew when the end was coming. As I was her oldest son majority of my mother's care this includes house chores, making sure she was bathed and comfortable, cooking, grocery shopping all of the things she was unable to do fell into my lap. This meant many hours away from my own family, time off of work and at times not being able to work at all. This is something that I naturally took on being the oldest and closest to her. This whole process changed my own relationships with others I loved and it was a very stressful time on many levels.

I can't even begin to describe what watching the rapid decline in my mother's health and spirit did to myself as well as my son, this pain and time in my life is forever etched in my mind, my heart ,my entire being. This was already tough enough to deal with, these cards that she was handed, unknowingly and trusting in our medical system, which has failed her gravely. About a month or so before her passing I had to take my 2 younger brothers in and care for them as they couldn't deal with the stress the whole situation was putting on them, this in turn increased my load, responsibility and stress 10 fold, how do you say no?! This is my family, my mother is all we had left our fathers died when we were all young, and she is all we had. This was devastating to say the least, it was even more disheartening when I came to realize how flawed the payouts and system was for the family class members, there is absolutely no space to make a case based on individual circumstances, everything and everyone is lumped together. I am sure that is a huge undertaking but losing a mother, a grandmother is a lifelong struggle and leaves an everlasting hollow in every part of our lives, you can't put a price or streamlined figure on the heaviness this Hep C epidemic has caused in so many lives.

Having to plan my mother's funeral, which was by no means what she would have truly wanted was by no means satisfied by the small amount provided, I couldn't even afford her a proper burial, not even an urn for her ashes, and they still sit in a box in a bookcase in my home. The whole thought of not giving her last requests still haunts me to this day. Which brings me to my next grievance which is she was unable to secure life insurance because of the infection she was inflicted with, this seems so unfair considering this was a fate in which she had no control, a fate in which she was handed through a very flawed system. If she had been able to obtain the life insurance policy she wanted things would have been significantly different on many levels. She hadn't even reached 50 yet, these should have been the best times in her life, watching her children and grandchildren grow and doing the things she always wanted to do in her life. These things were taken away from her and taken from all that loved her, this pain will never go away. Her box of ashes waiting for an urn a place of rest, weighs on my mind daily.

On top of dealing with my own depression, loss, grief and obstacles this has created in my life I have also had to take on the responsibility of my 2 younger brothers, one of which is struggling with addiction he left a year or so after our mothers passing and has just recently moved back into my home, my other brother just recently moved out of my home after years of being with me, he is having many issues trying to find his way and struggles with depression & anxiety.

The loss of services, cost of care is so far reaching yet I have received next to nothing while the younger ones continually receive monies and the initial amount was triple the amount of what I had received. This is extremely hard to make sense of considering the significant responsibility I took care of from the beginning helping her in the home, taking care of her when she couldn't take care of herself,

Then the frequent and lasting hospital visits, where I would stay by her bedside day and night, watching her rapid deterioration, numerous comas, forgetting our names, being in-coherent, feeding her having to change her diapers because she wasn't getting the proper care in the hospital at times, being a constant roller coaster specifically the last few months when every call I received from the hospital , every visit with her I never knew if it was the last, her health was that bad, our life was in constant flux and turmoil, how do you put a price on that? I can't even begin to suggest what this would be in a dollar figure, my time, and loss of income, how it has emotionally and mentally affected myself, my family, the trauma is lifelong.

In my opinion there should not be a age restriction or cut off to define dollar amounts as you can see just from my story alone the brunt of the responsibility fell on my shoulders, the oldest but yet there is no consideration for that. I have also attached my son [redacted] "proof" (baptismal certificate) of being my child and [redacted], which in my opinion was another issue that just added insult to injury, I have not received any monies for him to date. I also had another child, a daughter that will never know her grandmother except for in pictures and stories of her memory, is there anything for her?

I can appreciate how far reaching and how many families and different situations need to be dealt with and taken into consideration. Being a part of the Toronto consultation session on Aug 25, 2015 was a huge eye opener, I left with a very heavy heart & a great appreciation for everyone's struggles and pain, and it was quite overwhelming. It really brought the big picture into view, how devastating! I also trust that you, the committee, will fight the good fight and get these monies to the people whom deserve it. Our lives have been forever changed and the trickledown effect of it all is huge.

Please let me know if you need any further information, I look forward to hearing from you and getting a better idea of where, how this surplus will be divided and having faith that it will stay with the people suffering directly from or with the infection& disease. Most definitely not back in the hands of the government.

Sincerely,

[redacted]

The 1986-1990 Hepatitis C Claims Centre
Settlement Administrator
PO Box 2370, Station D
Ottawa ON K1P 5W5
Toll free: 1 877 434-0944
Fax: (613) 569-1763
www.hepc8690.ca

DEF

June 22, 2012
Claim No: 20526

[redacted]

Dear Claimant:

Thank you for submitting your *Initial Claim Forms Package* to the Administrator.

After reviewing your submission, we noted that required information has yet to be received or that your submission is somewhat incomplete. For your convenience, a description of what remains outstanding is provided below.

In some cases, we kindly ask that you provide the Administrator with the information, proof or evidence as maybe listed below. Where applicable please affix your signature. In other cases no further action is required on your part. We are simply writing to advise that an internal procedure is underway.

LFB FURTHER DOCUMENTATION REQUIRED - PROOF OF FAMILY MEMBER STATUS

We require documentation to establish your relationship with the Infected Person. This documentation may include (in order of preference):

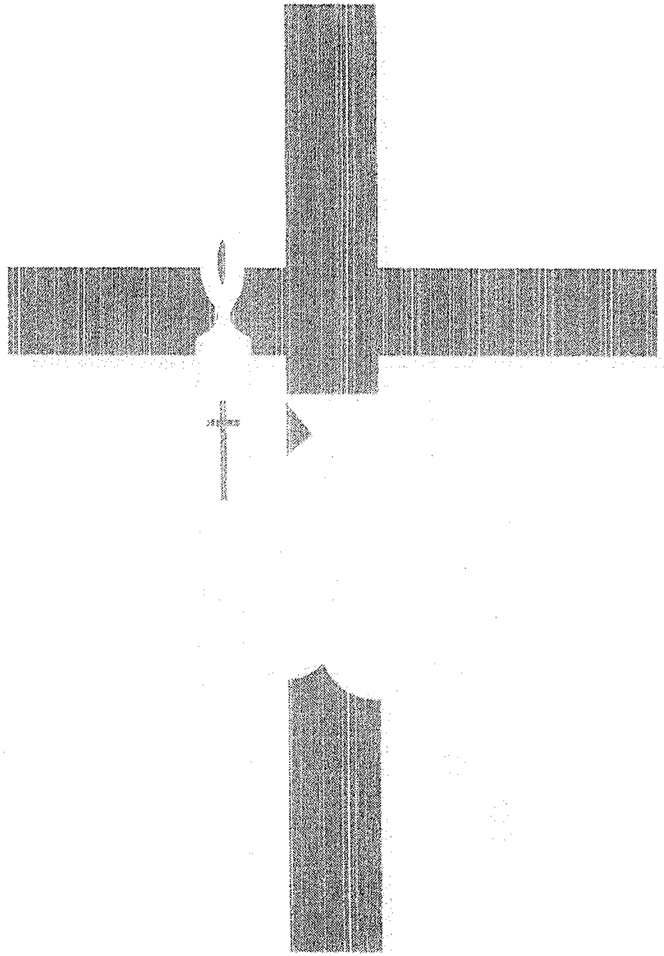
- A long form birth certificate that includes the parents' names which can be obtained from your Provincial Department of Vital Statistics; **or**
- A baptismal certificate that includes the names of the child's parents; **or**
- A death certificate if it includes the parents' names; **or**
- Proof of adoption; **or**
- An affidavit that may be accepted in exceptional cases only. The affidavit can be sworn before a Commissioner for Oaths or a Public Notary confirming the family member status being claimed.

NOTE: If you are claiming as a Sibling, we must also have similar documentation as listed above that names the parents of the HCV Infected Person.

In accordance with the terms and conditions of the Settlement Agreement, the above information is required by the Administrator to fully process your claim for compensation. If applicable, please return this letter with your response to the above request(s) to the 1986-1990 Hepatitis C Claim Centre. Your cooperation and effort is very much appreciated.

Yours truly,

The 1986-1990 Hepatitis C Claims Centre



Baptismal Remembrance

[redacted]

Child of [redacted]

and [redacted]

born in [redacted]

on the [redacted] day of [redacted]

in the year [redacted] was Baptized

on the [redacted] day of [redacted]

in the year [redacted] according to

the Rite of the Roman Catholic Church

by [redacted]

Godparents [redacted]

as recorded in the Baptismal Register of this Church.

Our Lady of the Lake, Keswick, Ontario

PDC PROUSE DASH & CROUCH, LLP
BARRISTERS AND SOLICITORS

50 QUEEN STREET WEST
BRAMPTON, ONTARIO L6X 4H3
TEL. (905) 451-6610 FAX (905) 451-1549

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Richard D. Prouse, M.A., LL.B.
Dalkeith Palmer, B.A., LL.B., LL.M.
(Also of the New York State Bar)
Mahzulfah S. Uppal, B.A. LL. B.
Paul Dhaliwal, B.A., J.D.
Evan Moore, B.B.A. (Hons.), LL. B.
Meaghan Longfield, HBA, J.D.

Robert B. Crouch, B.A., LL.B.
Ralf R. Jarchow, B. Sc., LL.B.
Kalen L. Brady, BES Hons, LL. B.

Louie I. Sopov, B.A. (Hons), LL. B.
Chris Tonks, LL. B.
Kate M. Saldanha, B.A. (Hons.), J.D.
Russel E. Prouse, Q.C. - RETIRED

RECEIVED
SEP 17 2015

September 16, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S 1S4

Dear Ms. Podrebarac:

Re: 1986-1990 Hepatitis C Settlement Agreement

We are solicitors for [redacted] who has received your recent correspondence and has asked that we respond on her behalf. [redacted] would like any surplus proceeds rateably distributed among the living claimants.

Yours very truly,

PROUSE, DASH & CROUCH, LLP

Richard D. Prouse

Per: Richard D. Prouse
RDP\smf

From: [redacted]
To: Kathryn Podrebarac
Subject: HepC8690 response
Date: Wednesday, September 16, 2015 0:02:17
Attachments: Sept 15 2015 Hep C.docx

Re: The Estate of Claimant [redacted] Claim Number 2357
A Level 6 Claimant

Hello Kathryn,

We have spoken on the phone and my brother, sister and I attended the Hamilton meeting. I have been asked to represent our family and I have prepared a response to some of the issues raised during your power point presentation and our family perspective and included them as an attachment.

In particular you asked if the $67,000 covered the cost of care away from home. We answered that it did not however, that was misleading. It did not cover all costs because Mom moved into a retirement home and we supplemented her care. Since it was a retirement home, the rent was not covered.

Could you please tell me the number/proportion of claimants in each disease level?

Thank you for your inclusive approach in preparing for the Court Settlement. Please do not hesitate to contact me if you have any questions or concerns.

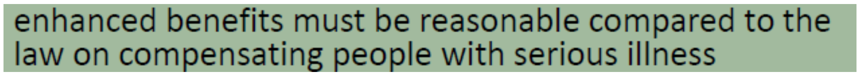
Sincerely,

[redacted]

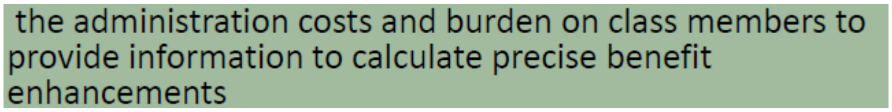
Claimant: **The Estate of** [redacted] ID # 2357

I am submitting this outline in memory of our mother, [redacted] on behalf of all the claimants in her family which include the estate of our father; [redacted]: their children; [redacted]: and their grandchildren; [redacted] Mom contracted Hepatitis C in 1986 when she received blood during a hip replacement. We would like to address the issues raised by the Power Point Presentation provided by the Committee at the various information meetings and on the HepC8690 website. I will then present our perspective on how the excess funds should be managed and how Mom's illness impacted all our lives.

Issues raised by Powerpoint Presentation:

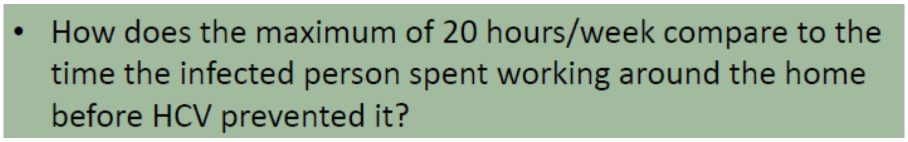

enhanced benefits must be reasonable compared to the law on compensating people with serious illness

We feel that this class action is new territory and should be treated as such. This goes beyond severe illness; in several cases it has been lethal after lengthy periods of demise. Although similar in some respects to the Walkerton E. coli hemolyis uremic outbreak, we believe there is sufficient uniqueness for this class action to stand alone in consideration.


the administration costs and burden on class members to provide information to calculate precise benefit enhancements

The class action members have already provided enough information and each claimant has been catagorized according to disease severity. We strenuously object to the disbursal of surplus funds being considered "benefit enhancement". It is an adjusted level of compensation for wronged individuals and their families. We recognize that disease severity may change over time but the amounts needed to address these cases could be kept in trust. The administration cost will be far less using this approach. We do not think that any further information should be needed from members.

After notification through the Administrator and perhaps a one-time media flood through newspapers and TV, it should be up to the estates to be in contact with the Administrator. The monies owing could be kept in trust for a set period of time. We feel that any compensation adjustments should be tax free. It is not a gift, it is not a service. It is an adjustment to the previously determined compensation.


- How does the maximum of 20 hours/week compare to the time the infected person spent working around the home before HCV prevented it?

We submitted 34 hours per week based on a modest account of all Mom gave up and all the care she needed but were only compensated for 20 hours. Her livelihood was significantly diminished . There was minimal consideration given to stay-at-home members.

Pages 12 -14 focused on at-home activities given up by class members who worked. Our mother worked as a church secretary part time (volunteering) but mostly was a homemaker. Our father developed complicated health problems and our mother was unable to provide the amount of care for him that she normally would have and desperately wanted to. She could no longer cook and serve food because of her frailty and also because of her concern of infecting others. Mom would have to prioritize which tasks to do knowing she had reduced stamina. We think this section underplays the effect of this disease and how limiting it was to all members whether they worked outside the home or not.

- Do you hire out the replacement services for work the infected person did around the home or are these tasks performed by another family member?

Most of the services were provided by family members but other tasks were hired out.

- How does the hourly rate you receive to replace work the infected person did around the home of approximately $16.50/hr compare to the rates you are paying for replacement services?

The $16.50/hr falls short of all the replacement services that were needed. We had to pay for dad's care at home for six months before he was admitted to a nursing home and then nursing home costs. Mom would have been able to do this care had she not been ill. Family members were not compensated for their time spent helping and caring for Mom . Mom was allowed $240 per week – we do not feel that this was sufficient.

Costs of Care – a payment of up to $67,000 annually to pay the costs of care and assistance with daily living for the infected person at Disease Level 6

- Is the care being provided in your own home or at another facility?
- If provided at home, are these care services hired out or are they performed by a family member?
- Does the amount you receive cover the costs being incurred and hours being spent for care?

Mom was not compensated for the cost of 2 years she was in a retirement home as it did not qualify as a health care institute. We chose a retirement home over a nursing home as it allowed us to easily provide daily transportation for her to visit our father who developed Alzheimer's and also underwent a leg amputation during the time Mom was dealing with Hepatitis C. Mom received partial compensation for the time the family had to administer medication, and help with her meals and shopping but only with a letter of support from the facility she was staying. The other 16 years she was at home. The care services were provided by family. Because we believe that "love does not keep score," we did not record and calculate the hours our family spent or the costs incurred, so these costs were not recovered. It was very difficult to estimate the hours we all put in. We knew we needed to be there to provide care but it was more important to Mom that we wanted to be there. We were especially sensitive to our mother's sense of dignity and although we realize that we can only expect to be compensated for what we submit, honouring and respecting our mother's autonomy was foremost on her and our submissions. We were very aware that many other families experienced the same dichotomy.

- Does the money reimbursed for out-of-pockets generally cover the full amount of the expenses you incur?
- If not, how/where does the reimbursement fall short?

The 20 hour cap for reimbursement on the loss of ability to do things around the house was not enough.

Mom was not compensated for costs incurred prior to diagnosis ie rheumatologists, effects of prednisone, gall bladder removed. It did not cover her rent at the retirement home or the costs incurred making sure she got to see Dad daily whenever possible.

Mom could not drive from 1994-2004 due to initially to accumulation of ascites and confusion (due to increased bilirubin) and then due to weakness and general ill health. The additional cost of needing a driver for her transportation was not compensated for.

Does someone usually accompany the infected person to medical appointments?

Are the expenses of the accompanying person generally covered in full?

How many medical appointments does the infected person have for HCV in a year when he/she is receiving HCV drug therapy versus a year when he/she is not receiving HCV drug therapy?

Someone always accompanied Mom to her appointments. No, costs were not covered in full ie a full day of tests resulted in meals, parking, costs for child care for the person accompanying her. Other than Interferon, Mom did not receive HCV therapy. She had a minimum of one appointment per week for 14 years and often more.

- Does the payment to any particular family member seem out of line? If so, how or why?
- Does the payment to any particular family member seem out of line with the payment to any other family member? If so, how or why?

The last few years of intimacy between our mother and father were stolen by this disease. Mom and dad could not live together for the last 2 years of theirs lives. The prior years of Mom's Hepatitis C battle were dominated by her need for health care and support and fear of infecting Dad. $25,000 was not only insufficient compensation for Dad, it was insulting. The damage caused by the tainted blood our mother received turned their so called "Golden Years" to rust.

If you received money to reimburse funeral expenses, did it cover all of the expenses you incurred?

Yes, all direct expenses were covered. We did not submit the cost of flowers or travel by family members or friends.

Is there any kind of expense you've incurred or loss you've experienced due to HCV that you feel the Plans failed to cover or address?

The expenses Mom incurred prior to a definitive diagnosis were not covered. Mom became infected in 1986. They were still not testing for Hep C in routine labs (although the technology was available) so she went through a lot of testing and mis-diagnosis (she saw a rheumatologist, an internal medicine specialist-a trial of prednisone,and had her gall bladder removed) before a biopsy confirmed her hepatitis in 1990. Hepatitis C was confirmed serologically in 1992. Mom was only compensated from 1990 until 2004, when she passed away.

The plan did not cover her rent at the retirement home because it was not a nursing home.

The stigma/embarrassment of having Hepatitis C was never addressed. Mom was often treated differently in the hospital, at the dentist, by friends. Mom did not want people to know what she had. Some friends would not visit or were afraid of getting infected. Mom was embarrassed and afraid of infecting other people. No one ever recommended or offered any kind of therapy or counseling.

The cost of legal fees for help in filling in the forms or for obtaining medical forms was not compensated for nor was compensation given for the time it takes to fill in the forms, getting receipts etc.

- Does the payment under any particular payment category seem out of line with the loss or expense it is intended to compensate?

Loss of companionship was too little, particularly to spouses, but also each member of our became a caregiver and lost a major part of their relationship with our mom and grandmother.

The 20 hour cap on activities at home was far too low. We were very conservative in our estimates and submitted only 34 hours per week and were denied.

The loss of quality of life for our mother was not adequately compensated. It seems that Level 6 encompassed a large number of symptoms/disorders of which a claimant only needed one to qualify. Mom had a transplant AND lymphoma AND increasing kidney failure with low platelets. As a result of HCV, she had uncontrollable loose stools for 13 years requiring Depends (another reason her social activity was limited). Mom relied on Ensure as a major source of nutrition for over 13 years. After her transplant, Mom was hospitalized an additional 7 times (see medical summary). There is a low ceiling of maximum compensation.

- If the Courts decide to enhance benefits to the class from the surplus, should it be a lump sum payment or an increase in the ongoing recurring payments you receive?

Again, we strenuously object to the use of the term ‘enhance benefits’. The compensated victims all clearly understood that funding was distributed to the injured parties knowing that payments would held back or capped until it was clear how many lives had been compromised by the administration of tainted blood and thus how far the alloted funds would stretch. As these numbers are now known, the so called ‘surplus’ funds (amassed by lower initial payments) provides for the opportunity to adjust the distribution to the harmed parties.

We feel that the current funds should be distributed as a compensation adjustment only to the affected claimants or their estates as a lump sum.

- If there is a lump sum, should the same amount be set for each infected class member or should disease level, loss of employment and/or other identified factors be considered in setting the amount?

We feel that the lump sum should be based strictly on disease level. Each claimant has had an opportunity to claim expenses and hopefully over the next year claimants will have approached the Administrators and settled any outstanding queries. There are claimants who are now virus free and had minimal health affects from the hepatitis C. We are so very happy for them and we acknowledge their right to compensation but in our mother’s case, she endured 18 final years of disease and we feel the spectrum of disease should be the major consideration.

There was discussion at the meetings about “loss of potential”. We do not agree with this premise and cannot imagine how anyone could determine this kind of compensation. Perhaps our mother may have inspired one of her grandchildren to greater feats had she been well enough to engage with them more often. Perhaps an aspiring lawyer will have decided to become a hermit and leave his family behind. There are too many unknowns to predict what a person may or may not have done.

Our Perspective:

Mom contracted Hepatitis C through blood she received during a hip replacement. Until that time, Mom was an active member of the community, on many church committees, in 2 bridge clubs, attending her grandchildren's activities, hosting dinner parties and family gatherings and maintaining a busy social life with her husband while providing the increasing support he needed. Mom lead a busy and happy life.

Overall for all Mom went through, there was not enough compensation for the ordeal of having Hepatitis C. With that diagnosis came shame and humiliation. Some friends were not comfortable being near her for "fear of getting infected." Mostly Mom kept the diagnosis private. By the time she had her required liver transplant there were few friends around due to her chronic ill health. Family was her primary support system. She did not want her grandchildren around for fear of infecting them. A passionate supporter of all that her family partook in, Mom was left having to hear about everything second hand. This disease stole the last years of intimacy our mother and father could have shared.. No amount of compensation will bring those lost moments back.

Three of us watched the Toronto meeting and attended the Hamilton meeting. We greatly appreciated the opprtunity to hear the perspective of the Committee as well as hear from other Class action members. It is heart breaking to hear each tragic story. It became apparent that many families also found the experience of applying to the Administrator overwhelming.

We noted a disparity in the issues brought forward at the Toronto meeting compared to those issues discussed with the Hamilton group. Most of the Hamilton group did not have any comments or issues with private insurance coverage limits or pensions because sadly they do not apply. We also felt that there was also a great difference between those who were lawyers or who had been represented and those who tried to chart the Administrative course on their own.

Has any auditing, or demographic research of the claims been done to assure that all class action members were comparably compensated based on disease status regardless of geographic location or whether they applied on their own or through legal counsel? In other words, have the funds been fairly dispersed?

We realize that the onus is on each member to provide the required information but the more ill the claimant was the more taxing the forms and information gathering was for the families. We chose to seek the advice of counsel, which helped but still left us having numerous phone conversations with the Administrators and innumerable look backs, medical records, timelines, requests to doctors, pharmacists, hotels etc to get compensation. Please be assured that we always found our contact person at the Administrator's to be patient and helpful but no one could really answer our specific concerns and we often chose to not submit claims or follow-up on claims that were returned requesting more documentation (ie. we were asked to provide proof of all Mom's visits for blood work that required the time of someone to take her and parking etc. Mom had her blood taken on average once a week for 10+ years. How do we get proof for that?). As patient as Mom's attending physicians were, we felt we could not repeatedly go back and ask for additional records and signatures. This process was fatiguing. Availability of case workers would have helped in filling out forms and following the process as well as providing counseling to claimants

Thank you for the opportunity to express our concerns.

My name is [redacted], I am a 75 year old male. I have a wife; I am the father of six grown children, grandfather to 18 children and great grandfather to 3 children.

In 1988, I was an extremely active and fit 48 year old male; I owned and operated a cow-calf business and finished cattle in a feedlot on my beef farm. I also managed a ski resort for 24 years responsible for hiring employees, keeping track of payroll and overall maintenance of the outdoor areas.

I was the manager of the mens league fastball team in my community and I often filled in as a player if the roster was low.

On September 13th 1988 I was involved in a farm accident. I was trapped in an auger of a forage wagon while attempting to free the unloading belt. The auger caught the top edge of the farm boot that I was wearing and pulled my left leg around the auger and the spikes of the auger tore into my abdomen.
I was cut free of the machine by fire rescue workers and immediately taken by ambulance to the nearest hospital where I was stabilized. Subsequently I was airlifted to Toronto General Hospital where emergency life saving trauma surgery was performed. I suffered through multiple cardiac arrests; thankfully I was resuscitated each time.

I underwent surgery for repair of a significant laceration to both groin areas, above knee amputation of my left leg; major abdominal surgery was required to repair the liver laceration and small bowel perforation. Both groins were repaired with skin grafts as there were severe and deep wounds. I was kept on a ventilator for 19 days. In addition I had chest tubes placed on the left side to drain the pleural effusions and was fed by the total parenteral nutrition via a central line. I was given multiple transfusions during the surgery, and throughout my hospital stay which included packed cells, platelets, cryoprecipitate and plasma transfusions. There were 96 transfusions in all.

On the 15 of September 1988 I was given a transfusion with tainted blood.

I spent 19 days in the intensive care unit of Toronto General Hospital. During this time I was on a ventilator and developed septicemia. In order to help fight off infection I made many trips to the operating room to irrigate the wounds and was on many high dose antibiotics. I also underwent additional plastic surgeries to cover my wounds with skin grafts.

After discharge from the ICU I was transferred to the surgical unit where I spent time recuperating under the care of the three surgeons who operated on me. There was a general surgeon Dr. Girotti, a plastic surgeon Dr. Bowen and an orthopaedic surgeon Dr. Brookes. After a period of time I requested to be transferred to my community hospital as the daily drive to Toronto was taking a toll on my wife. I was transferred against my surgeons wishes so that I could recover closer to my family.

I was discharged to home care on November 11, 1988 for a period of 3 weeks as my wounds still required extensive dressings. My wife was educated to cleanse and dress the wounds. This dressing regime continued until I was admitted to the rehabilitation facility at the end of April 1989. I spent an additional 5 weeks at Westpark Rehabilitation Hospital where I was fitted with a prosthetic leg. This proved to be quite a challenge for the staff as my stump was extremely short and made up of skin graft over bone as the flesh and muscle had be torn away during the accident. I was taught to walk on the prostheses although I found this extremely uncomfortable so I used crutches most of the time.

My youngest son, [redacted] who was 18 at the time, took a leave of absence from his new work placement to run the farm in my absence.
[redacted] has assisted me greatly throughout the past 27 years. He has purchased a home 2 kms away so that he can be here on a moments notice. He and his sons are responsible for all of the tilling the soil, planting, and harvesting the corn, hay, wheat, soya beans and oats. He also assists the calving procedure and any other medical attention as required. I am very thankful for his ability to step up at such a young age to help me as I was no longer able to do the job I loved. It was essential to me that I be able to stay on the farm as this farm had been passed down to me from my parents, I was born in my home.

My wife has given up her job as postal courier in order to be home to help me with my activities of daily living and farm work. She is an amazing woman I am extremely grateful to have her in my life. She assists me in bathing, dressing, putting on my compression stocking which is no easy task. She is also responsible for the day to day care of the animals and any other duties as required. Somehow she manages to cook and clean and look after the home duties as well.

In October 1989 I returned to my previous surgeon Dr Girotti at Toronto General Hospital for a repair of my left inguinal hernia.

I developed gastric reflux and dysphagia(difficulty swallowing) from an esophageal stricture from the trauma which requires esophageal dilatation intermittently by Dr. Toth

In July 2000 I was admitted to Southlake Regional Health Centre for perforated diverticulitis with a fistula to the bladder and abscess requiring a large bowel resection. This was related to the scar tissue formation from my original trauma surgery.

In 2005 I was admitted to Southlake Regional Health Centre for chest pain. I underwent an imaging stress test as I am unable to walk on tread mill and an angiogram. There was significant left main and right coronary artery disease noted and I was taken to the operating room that night. I underwent a coronary artery bypass x 4. After the bypass surgery I had significant swelling to my right leg where the saphenous vein was harvested. I still have to wear a compression stocking during the day to reduce the swelling.

Twenty months later I had three drug eluting stents placed as my vein graft to the right coronary artery occluded.

Following the bypass surgery my family physician Dr. Bell asked me if I felt any better. I had to admit that in fact I did not feel any different. My wife had read in the newspaper that individuals who had received blood transfusions ought to be tested for hepatitis C. I mentioned this to Dr. Bell and the testing was arranged that visit.

I was devastated to learn 18 years after my trauma that I had tested positive for hepatitis C.

I have a daughter, a son in law and two grand daughters that work in health care and I truly understand the risks these individual take on a daily basis.
I was mortified to know that I had put the lives of the doctors, nurses and dentist and dental assistants at risk during my many health care visits during the 18 years I didn't know that I was hep C positive.

We were referred to a gastroenterologist specialist for treatment of hepatitis C. I underwent yet another invasive procedure, a liver biopsy before I was able to start the 48 week treatment called Pegasus.
This was an extremely difficult time in my life. This treatment caused many unpleasant side effects including, hair loss, terrible itching, moderate depression, extreme fatigue, weakness and the feeling of `sitting on broken glass``. The only thing that helped me survive this ordeal was being surrounded by family members and an outstanding hepatitis C nurse practitioner Marla Ulman. Marla was able to help me through my symptoms, offering sound expert advice.

During one of my many gastroscopy visits I was forced to go home prior to being fully aware. Unfortunately I was still heavily medicated and unstable on my foot. I fell to the ground onto my stump and this resulted in a fracture to my left hip. I was admitted to Stevenson Memorial then transferred to Southlake for a hip pinning procedure. After much discussion with the orthopaedic group at Southlake it was determined that I could not undergo this surgery as my stump was too short to fit in the traction device on the fracture table. I was left to heal this fracture naturally without fixation.

I developed extreme pain in my shoulders and I was referred to an orthopaedic specialist, Dr. Randle. It seems that I have arthritis in my shoulder and if I wasn't reliant on my arms to walk (with crutches) he would book me for a total shoulder repair. Unfortunately, he felt that the total shoulder prosthesis would not be strong enough to allow me to use the crutches and I would be forced to use a wheelchair permanently. This is something I have battled against for many years. Although now, I will utilize a wheelchair when I have to travel any distance as I am unable to manage on the crutches alone.

In 2014 I developed a small bowel blockage due to adhesions in my abdomen just below the liver. I underwent another abdominal surgery for lysis of abdominal adhesions. I spent 13 days in the hospital and developed MRSA infection. Upon discharge to home I was given home care nursing for 2 and a half months to pack the draining wound.

Additionally I have suffered with clonus so severe that I have had to seek strong pain relievers/muscle relaxants to stop the violent spastic muscle contractions. These usually occur in the middle of the night when I have overexerted my bodys' limitations during the day. I have sleep apnea which I have been prescribed a CPAP machine, which is difficult to manage considering I am claustrophobic. I also have had many issues with oral health with maintaining healthy gums and teeth. I have also noted that I have an altered sense of taste; which takes all the joy out of sitting down to one of my wifes delicious meals. Most recently, I have developed type II diabetes which I am currently required to take glucometer readings and medication daily.

According to my family and friends, I have managed all of these challenges with both dignity and strength. With my family and friends support and assistance I have been able to live on my family farm where I was born. Hepatitis C has truly tested me and my family.

Sincerely,

[redacted]

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: hepc@strosbergco.com; info@savonitto.com
Subject: Claim No.: 7438
Date: Thursday, September 17, 2015 23:30:52

Dear Sir/Madame.

I have already contacted the Joint Committee before the last consultation sessions but I would like to submit the following impact statement so that the Committee can include my case in its Notice of Application this October 16.

My mother, [redacted], was infected with the hepatitis C virus during a surgery in 1990 in the Mount Sinai Hospital, Toronto.

Her symptoms first appeared in the mid 1990's and subsenquent tests confirmed the presence of hepatitis C. She was devastated as was I. Over the following years her symptoms and debilitating condition progressively deteriorated until her death on christmas eve 2000. The autopsy showed terminal cirrhosis of her liver. I will not touch on the responsabilty of the blood system here, it is well known by everyone.

In 1998 I myself got infected with the Lyme bacteria which progressed into Lyme Disease. I was not diagnosed for over a year, unfortunately. Early diagnosis and treatment (within 24 hours after the bite) are imperative for successful outcome. I myself nearly died from the disease. The first phase of the disease was the worst with symptoms ranging from heart problems and neurological disorders to arthritis and chronic fatigue. Until today I am sure that concerns and worries over my condition and fate contributed to my mother's early death. Believing that the Loss of Services benefits would take care of me, even if modestly, and continue to the end of my life she opted for the lump-sum compensation instead of initiating her own law suit with all the uncertainities that it entailed. Just imagine, a disabled adult son becomes totally dependent on his even more sick terminally ill mother.

As it turns out it was not the case. The Loss of Services benefits were terminated on October 1, 2012 when my mother would have reached her natural life expectancy based on the Canada Life tables. This event was a shock to me and utterly unexpected. Until that time, as now, I was existing on the Loss of Services benefits and CPP disability payments of approximately $600/month. It was not much but the two incomes provided me with an acceptable standard of living. Now and since October 1, 2012, almost exactly three years later, I live exclusively on my CPP payments. My saving are almost all depleted and I don't know what to do or how I will manage from now on.

After the termination of the Loss of Services benefits I had appealed the Referee's decision to no avail. (Please see C. Michael Mitchell's decision of November 14, 2013.) Subsequently the

Referee's decision was upheld by Justice Perell's ruling on December 16, 2013. I have never contested the lawfulness of the decisions of the Administrator or the Referee or the Judge. Nor that they have made errors. I only argued that the framers of the Settlement Agreement must not have foreseen or anticipated circumstances such as mine and therefore there are no remedies or redress. Fortunately, however, now there is an opportunity, if the Joint Committee is so inclined, to include my case to be put to the consideration of the Court.

I am aware of only two cases, Claim Numbers 8162 and 15686, in which the Claimants argued for the continuation of Loss of Services benefits beyond the life expectancy of the HCV infected person. In both cases they were over ruled by the Referee. However, there is an important difference between their circumstance and mine and that is that the Claimants were spouses of the HCV-infected person and well into their senior years presumably with adequate pension benefits. In my case, I was a disabled dependent son with no other means of support.

This unique and difficult circumstance I find myself in, it seems, was not anticipated at the time of the Settlement Agreement. The spirit and the intent of the Settlement Agreement must have been to compensate, as far as possible, and redress those that were, and still are, touched by this tragedy.

Therefore, I respectfully ask the Joint Committee to include my case with its Notice of Application to the court on October 16, 2015

[redacted]

RECEIVED
SEP 2 1 2015

From;
[redacted]

Brossard, September 17th,2015 Registered
Mail.

To-
Podrebarac Barristers Professional Corporation,
Suite 701,
151 Bloor Street West,
Toronto, Ontario ,M5S 1S4.
Attention; Mde. Kathryn Podrebarac;

The Joint Committee Wants To Hear From You;-
Subject: [redacted]

To Whom It May Concern;-

I wish to acknowledge receipt of your letter,title shown above,postmarked 2015.07.31.

As the sole survivor of the [redacted] Family, I hereby
submit the name of my late brother
for your consideration.
I understand there could be a previous file opened with
your committee by my late sister
i.e. [redacted]

Facts and/or details which are unknown to me.

[redacted] was born a hemophiliac and suffered a long and
painful life.He was on crutches
until the age of 21. Alway under weight, only with great
determination he managed to complete
home schooling courses and finally managed to obtain
employment in the accountancy field, where
a desk sit down job was a necessity.

[redacted] was diagnosed at birth and and lived a life of ever
continuing blood transfusions and it was
the Doctors' prognosis at that time he would not expect to
live beyond the age of 21 years.

[redacted] was well known in the Hemophilic Society in and
around Montreal. He was written up in Journals
by various medical personnnel.

[redacted] attended St. Mary's Hospital in Montreal for many
years, where he was well liked by the staff
and medical personnel. And it was only later when his

[redacted]

employment was transferred to the Toronto/ Burlington area, his file was placed withThe Burlington General Hospital.

I believe it was there he received tainted blood,resulting in AIDS, and his subsequent death in [redacted], at the age of 68.The age of 68- much longer than expected life of 21 years BUT still too short for a normal life span.

As the time and place of death incurred in the Toronto/ Burlington I am submitting this letter to the office Messrs. Podrebarac Barristers Professional Corporation i.e.Kathryn Podrebarac.

Please note as the Consultation Session held August 20th,2015, was held in Montreal in french, I did not attend as I am not fully bilingual.

Signed and humbly submited;-

[redacted]

From: [redacted]
To: info@savonitto.com
Cc: Kathryn Podrebarac
Subject: Hep-C Joint Committee
Date: Friday, September 18, 2015 20:53:14

E-mail to:

J.J. Camp Q.C.
Harvey Strosberg Q.C.
Michel Savonitto
Kathryn Podrebarac

It is ludicrous to think that they want to remove this money from the fund. Obviously, they felt at one time that this was what was required and I see no reason to think that they were wrong then and correct now. Who knows what the future holds? Next month they could come up with a cure that is ultra expensive and if more money was required, I expect it would be considerably harder to get money flowing in instead of flowing out. If you wait long enough we will all be dead and you can have all of the remaining money.

I have no idea how many people, their families and friends are suffering because of this UNNECESSARY disease. I would presume that myself and most, if not all, of the others would gladly give up the disease if they were offered this money.

One point that could require compensation is the many hours that other people have to supply to make all of the necessary trips for medical reasons, etc. In our case it requires trips to Toronto through horrendous traffic most of the time, with the accompanying stress of the driving. In addition, there is the stress on family members and friends as to the overall problem of the disease.
[redacted] 00000737 Sept. 18, 2015

RECEIVED
SEP 25 2015

September19, 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S 1S4

Dear Ms. Podrebarac

Seeing the surplus in the Trust Fund I can only assume that the amount that has been given to the families to compensate for the loss of their loved ones has not been calculated accurately.

As my family has been a recipient after losing my husband, father and grandfather to this insidious disease I can tell you that compensation has not been adequate.

The small bit of funding that was given to my children at the loss of their father and to my grandchildren at the loss of their grandfather was miniscule.

I have had to retain a lawyer and am still not settled in the courts regarding what is owing to myself.

I also believe that the amount that I am given yearly for loss of service is not adequate as I grow older and am not able to do a lot for myself. I also think that this funding should follow me until I die.

I hope that the Joint Committee will rethink what compensation has been issued because of the loss of our loved ones through no fault of their own and provide us with further recompense.

I look forward to a favorable decision.

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: hepc letter
Date: Sunday, September 20, 2015 20:34:19

---

hi my name is [redacted] i got your letter about the remaining money in fund set up for the recepitents jam one of those exuse my typing I'm not very good i feel in my opimion that it should be given to all those who suffered due to this blood scandal i was pregnant at the time when i had my blood transfusion i was only given 35 thousand at the time i feel that i should as others be given the rest i have suffered with tiredness s because of this i have to go for blood work every 6 months because of this i feel that government is keeping interest on this money and it should be distributed among all the victims in this case I'm sorry i haven't got back to u sooner its important to all those who got the bad blood etc from this terrible scandal and I'm sorry i wasn't able to go to the sessions thank you for repsention on our behalf please keep me informed and please excuse my spelling sincerely
[redacted]

From: [redacted]
To: jjcamp@cfmlawyers.ca; hepc@strosbergco.com; info@savonitto.com; Kathryn Podrebarac
Subject: hepc8690 surplus
Date: Monday, September 21, 2015 19:13:23

September 21 2015

[redacted]

To the estate of [redacted]

Joint Committee Members
J.J. Camp Q.C.
Camp Fiorante Matthews Mogerman
Michel Savonitto
Savonitto & Ass. Inc.
Harvey Strosberg Q.C.
Kathryn Podrebarac
Podrebarac Barristers Professional Corporation

To The Joint Committee
Following the meeting on August 25 2015, with regards to the 1986-1990 Hepatitis C Settlement
Agreement Surplus, we strongly feel the surplus should accept late applications and redistribute
the surplus of money using the original formula to the Class Members and the Family Class Members
as it was original intended.
Respectfully yours

[redacted]

[redacted]

Youtube Video Click HERE

[redacted]

RECEIVED
SEP 22 2015

Kathryn Podrebarac, Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St. W.
Toronto, ON M5S 1S4

09/16/2015

RE: 1986 – 1990 Hepatitis C Settlement Agreement,
Phase 2 Sufficiency Schedule Follow-up Letter of Aug.4, 2015

NOTICE OF INTENT TO FILE ONGOING CLAIM

This letter shall serve as formal Notice for my Intent to file an Ongoing Claim as a family class member of the late [redacted], my Grandfather.

The current settlement falls short of meeting my injuries in that I was under compensated for the untimely loss of my grandfather. In the early death of my grandfather I was emotionally wounded and impacted by the overall loss of income in our family due to his lost financial contribution. The years that I lost with my grandfather have made me a clear family member victim in the Hepatitis C Settlement Agreement.

Please include my name in the list of victims to be compensated re: Phase 2 Sufficiency Schedule.

Thanking you in advance,

[redacted] (Granddaughter of [redacted])

[redacted]

Sept 21 2015
Date

RECEIVED
SEP 2 2 2015

[redacted]

Kathryn Podrebarac, Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St. W.
Toronto, ON M5S 1S4

09/16/2015

RE: 1986 – 1990 Hepatitis C Settlement Agreement,
Phase 2 Sufficiency Schedule Follow-up Letter of Aug.4, 2015

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Please include my name in the list of victims to be compensated re: Phase 2 Sufficiency Schedule.

Thanking you in advance,

[redacted] (Granddaughter of [redacted])

[redacted]

Sep. 21/15
Date

From: [redacted]
To: Kathryn Podrebarac
Subject: Patient
Date: Monday, September 21, 2015 15:45:33

Hi Kathryn
I work with [redacted], a 33 yr old who received Hep C thru a blood transfusion . She has Cerebral Palsey and Muscular Dystrophy as well.
She has written about the extra surplus of $ and has asked me to forward this on.
My name is
[redacted]
Community Hepatitis Support nurse
[redacted]
Should you need to reach me, and I have excluded her contact info as well
[redacted]

Pg 1 of 4

To Kathryn PODREBARAC

from: [redacted]

Re: Hepatitis C patient
class action 1986-1990

fax 416 348 7505

Hi Kathryn

attached pls find my patients account.
She is a truly remarkable woman

[redacted]

[redacted]

Pg 2 of 5

TCIT ~~ashand~~ ashamed and ~~Embarresd~~ embarrassed

amount given?

- $25,000 from Red Cross

- $128,000 from Crawford class action

Where do we think the money should go?

- We think the money should be given to the parents of the people who are and who were infected. with hep C

Why I never got treated before?

- because the treatment would be to harsh on me

- The treatment was similar to having Khimo

- my doctor ~~and~~ suggested that I shouldn't take it and ~~recom~~ that I should wait for a less invasive treatment.

[redacted] Y F 596206
9462-789-976 51 VER: BT
5-6466418
PHONE # [redacted]
[redacted]
FP: XXXNICHOLSON, MARCIA

[redacted] (husband) pg 3 of 4

Did I want [redacted] to get treated in the past?

- yes I did want her to get treated But the treatment the originally had before was like a Khimo and would take a toll on her body

When did you apply and why?

- [redacted] called on my behalf to see if I was edgible to apply for money and they denied me because when [redacted] first applied with in that year I too should have applied in that same year because that was there policy of 2011

[redacted] applied for the money in Febuary 2011 and received the money by June 2011

pg 4 of 4

How did I get Hep C?

- I was getting blood transfusions every other day because I was a premature ~~me~~ ~~new~~ newborn baby

- ~~Hospital~~ The hospital were I was getting the transfusions was at Mc mastur~~s~~ university hospital in hamilton, Onturio.

When was I diagnosed?

- In 2001 when I was 24 years old, I got a call from the public health and they told me I was diagnosed with hep c.

How did you feel when found out you had hep c?

- I felt scared

- I went through my whole life not knowing I was infected

- ~~to~~ When I was ~~dig~~ diagnosed I wanted to close my self off from everyone

- I was afraid ~~to~~ to tell people who weren't my family that I was living with this disease because they ~~would treat~~ treat me differently. → might

From: [redacted]
To: Kathryn Podrebarac
Subject: Impact Statment
Date: Monday, September 21, 2015 21:05:09
Attachments: Impact Statement.doc

Hello Kathryn,

Please find attached my impact statement.

Could you please confirm that you have received it as I am aware you are working on a dead line and I wanted to add my input.

If you require anything else please feel free to contact me.

I would be happy to support in any way I can.

Thank you.

[redacted]

[redacted]
B.ES., B.Ed., M.Ed.

Dear Kathryn Podrebarac,

I have a piece of paper in my files dated April 17, 2001 acknowledging receipt of my signed Release and a compensation directly deposited into my account "Hemo23 Payment" the value of which was $52,075.65. At that point I had been with my girlfriend (now wife) for a little over a year, I was new to my career and we were deciding to make a life together.

When the 1986-1990 settlement agreement became available I explained to her that I have been through these sorts of things before. Legal battles are mind and heart consuming, drawn out and hard on your soul. The last time I endured this sort of process my health dropped considerably, I dropped out of university and was so very angry. I explained to her that I felt that taking the package was the best option based on my experience to date. I didn't think I could go through that sort of pain again.

Knowing what I know now I question whether I should have elected to take the package at all. I could not have guessed how awful Hepatitis C treatment would have been for my physical, emotional and mental health. I could never have guessed the burden my wife would carry while I endured 48 weeks of treatment. I would never have imagined that I would get depressed and have to take a leave from work due to the myriad of treatment side effects. The health care system was virtually vacuous in its support of myself and my family during this time of treatment. Every support that helped me through this time was sourced by me and paid for by me. I have rarely felt more abandoned.

I am a husband and father now. I have a career and a demanding life. I am free of Hepatitis C because I managed to withstand 48 weeks of treatment. I am certain that it has affected me permanently. I know, now, that the compensation package was not in line with what my wife and I had to endure in the slim hopes of getting better.

I would like the opportunity to opt back into settlement discussions (less what I have already received) because I now understand what it means to have Hepatitis C and what the real costs are to get cured.

[redacted]
[redacted]
[redacted]
[redacted]

IMPACT STATEMENT

The Cost of Treatment

How do you worry about something that you have no personal, tangible proof even exists?

How can I believe a mythical beast is inside of me? They tell me it's killing me and I don't see it, I don't feel it, and if it were not for the doctors telling me so (and the medications every day), I'd have no reason to believe I have HIV or (had) Hepatitis C at all. I am reminded that I have Hemophilia every day. It is very real. It hurts.

I have been poisoned because of blood products and other peoples' decisions. I didn't do anything wrong. It's not as if I lead some risky lifestyle in my early teens to get myself here. I was just a kid. But here I am with difficult issues that need to be dealt with.

I was learning about medication side effects, drug plan paper work, lawyers, co-morbidities and the social necessity for anonymity, when other kids my age were learning how to drive. I remember lawyers asking me what I figured my life was worth. I remember doctors telling me that I needed to realize that I was eventually going to die from these diseases. These are traumatic statements for a young teenager to face, yet alone actually deal with appropriately. I wish someone would ask me some of those questions now that I'm older. I know what I'm worth. I know what a good life is worth.

When we started the discussion for me to begin Hepatitis C treatment life was going exceptionally well. I was married with my now wife and we were living the "double income and no kids" (at the time) phase of our lives. We are both teachers and at the time I was an intermediate teacher at an inner city school with a team of colleagues who I would consider some of my best friends. Work was intense and difficult, but my professional community really was a pedagogical dream team.

At the time I was also doing graduate studies and actively pursuing the idea of leadership in our board. I had definitely received "the tap" to move forward in my career and was putting the plan in place to move forward if that is what we decided as a family. I was the fittest I have (probably) been in my life. I was going to the gym with my friend three to four days a week. I brought intensity to my work and my work out. I am six feet tall and I was 180 lbs. of undeniable fitness. My wife and I had life by the tail. So when my HIV doctor told me that my

HIV was under control and she worried that the Hepatitis C was going to be the thing that "gets me in the end", we decided to pursue treatment.

I had strain 1A and the odds were not especially good, but now was the time. I would start just before school ended so that if I struggled with side effects at the beginning it would be summer holiday. Decades of being a hemophiliac made me confident that I could put up with the physical discomfort so I basically said "bring it!" Together we will do our best, and our best is pretty exceptional.

48 weeks later we barely made it. Every Friday night, every cursed, f-ing Friday I would say "I wish I didn't have to do this" and my wife would say "I know, we will get through this". I can't even type these words now without crying. Wipe away the tears lest my son ask, "What's wrong Daddy?"

You see when a person goes through cancer treatment they are a hero. They light candles for you on the high school track. There is no heroes walk for me. No ribbons on my car for Hep. C. My bravery, my suffering, the bravery and suffering of my wife is a silent secret known by very few. No one can ever know my hardships and success. It would be a career ender. Instead I protected myself and I lied out my face to almost everyone around me for a whole year. Everyone knew there was something going very wrong.

For 48 Fridays I'd give myself those injections and over time they would, essentially, pretty much destroy my understanding of myself.

My hair fell out for a while and I had irritation at the injection sites the whole time. Big red spot on my stomach. It was a blackfly bite – liar. Red bald spot on my thigh. Must be my underwear rubbing – liar

I went from 180 lbs. of tall and lean muscle to 155lbs. of sickly concern. Most people have a healthy respect for my space, but what could I say when my beloved colleagues ask if I'm ok, could they help me. What do I say to a female colleague who drums up the courage to tell me that she is worried about me? It was so obvious I was getting sick. So I lied and said I was going through a pain management problem (whatever that was supposed to mean).

I made it to the Christmas holidays and had to take a leave. I felt weak. I felt like a quitter. I felt like I was abandoning my beloved team and students. I felt people were talking about me. I remember talking to the superintendent of human resources about whether this leave would affect my prospects at leadership. There was no way I could go through this treatment and work with kids. I was emotionally and mentally unwell.

I was in physical pain for the whole treatment. I couldn't prepare food. I was basically nauseated the whole time. I had to buy food whenever any sort of willingness to eat would occur. My wife would prepare meals and by the time she was done I often couldn't bring myself to eat. I even had to buy new clothes because I was getting so thin.

I turned to the health care system but they did not have the resources or experience to support me. It was as if no one had ever really finished this program. One doctor told me "the first Christians got the hungriest lions" which I interpreted as it was a curse to always be at the front of the learning curve. I was poisoned and now I was abandoned to endure the antidote which had slim chances of success to begin with.

During my Hepatitis C Treatment I had to secure my own resources which included:

- Nutritionist to help me fight the weight loss
- Social worker who would be able to "handle" my intellectual processes
- Reiki was a new thing that helped me to heal and rest
- Massage therapy as I was in constant "flu like symptom" and pain
- Cannabis – at one point the doctors prescribed a cannabis pill but it made me cry so I got my own. Cannabis really played a huge part in my success. Without it I am certain I would have lost so much weight, and become so angry, that I would have quit.
-

During my Hepatitis C Treatment I:

- Needed to quit work
- Needed to become a recluse. I couldn't drink alcohol (or be around food) and therefore, to avoid the scrutiny, I would not take part in celebrations and social events. I missed an entire year of my friends and families lives.
- Needed to lie about my appearance and wellness
- Couldn't do anything around the house including preparing meals
- Was nauseous, and, sore all over, all the time
- Was depressed and angry and impatient

- Had no tolerance for others, especially children
- Felt weak and frail and vulnerable
- Struggled with concentrating and stamina
- Cried

Eventually my treatment ended. I had to wait to see if the process worked. It did.

[redacted]

RECEIVED
SEP 2 2 2015

Kathryn Podrebarac, Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St. W.
Toronto, ON M5S 1S4

09/16/2015

RE: 1986 – 1990 Hepatitis C Settlement Agreement,
Phase 2 Sufficiency Schedule Follow-up Letter of Aug.4, 2015

NOTICE OF INTENT TO FILE ONGOING CLAIM

This letter shall serve as formal Notice for my Intent to file an Ongoing Claim as a family class member of the late [redacted], my Grandfather.

The current settlement falls short of meeting my injuries in that I was under compensated for the untimely loss of my grandfather. In the early death of my grandfather I was emotionally wounded and impacted by the overall loss of income in our family due to his lost financial contribution. The years that I lost with my grandfather have made me a clear family member victim in the Hepatitis C Settlement Agreement.

Please include my name in the list of victims to be compensated re: Phase 2 Sufficiency Schedule.

Thanking you in advance,

[redacted] (Grandson of [redacted])

[redacted]

Sept 21. 2015.
Date

RECEIVED
SEP 2 2 2015

[redacted]

Kathryn Podrebarac, Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St. W.
Toronto, ON M5S 1S4

09/16/2015

RE: 1986 – 1990 Hepatitis C Settlement Agreement,
Phase 2 Sufficiency Schedule Follow-up Letter of Aug.4, 2015

NOTICE OF INTENT TO FILE ONGOING CLAIM

On behalf of my mother, [redacted] I would like to see the surplus money distributed fairly amongst the victims as defined in the 1986-1990 Hepatitis C Settlement Agreement.

The small amount of financial compensation my mother received hardly compensated for the devastating loss of her husband. My mother was handicapped and was in a wheelchair for many years while her husband [redacted] looked after her both financially and emotionally. The untimely loss of her husband caused a very deep sorrow from which she never recovered from. From the loss of her husband, [redacted] lost her will to live and died in a state of depression.

The current settlement falls far short of meeting her emotional injuries and the financial loss she had to bear when he passed away from Hepatitis C tainted blood received at the time of a heart operation.

Please include her name in the list of victims to be compensated re: Phase 2 Sufficiency Schedule.

Thanking you in advance,

[redacted] on behalf of [redacted] (EXECUTOR of ESTATE) [redacted]
(Daughter and Beneficiary of the late [redacted])

[redacted]

Sept 21/15
Date

RECEIVED
SEP 2 2 2015

[redacted]

Kathryn Podrebarac, Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St. W.
Toronto, ON M5S 1S4

09/16/2015

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This letter shall serve as formal Notice for my Intent to file an Ongoing Claim as a family class member of the late [redacted], my father.

I would like to see the surplus money distributed fairly amongst the victims as defined in the 1986-1990 Hepatitis C Settlement Agreement. My father's untimely death due to Hepatitis C created a great deal of personal and family hardship. My father up until his illness from Hepatis C had lovingly looked after his handicapped wife [redacted]. When my father became gravely ill, I stepped in to look after him and my handicapped mother. This action necessitated that I take an early retirement. In taking my early retirement, my CPP benefits and pension were greatly decreased.

Along with dealing with the anguish of watching helplessly as my father painfully declined, I was left with a financial hardship to which I have not be been fairly compensated for.
The current settlement falls short of meeting my injuries in that I was under compensated for my direct financial loss.

Please include my name in the list of victims to be compensated re: Phase 2 Sufficiency Schedule.

Thanking you in advance,

[redacted] (Daughter of [redacted])

[redacted]

Sept 21/15
Date

From: [redacted]
To: Kathryn Podrebarac
Subject: hep c
Date: Monday, September 21, 2015 12:48:24

Hi Ms. Podrebarac,

I am responding to the letter sent to me about the surplus funds and collection of information. I was part of an initial settlement many years ago. One of the issues I would like to raise is a secondary issue that I feel requires further compensation, that being the issue of life insurance ratings and cost that has incurred because of this. I am unsure if this is something that I am able to bring up or whether I am even understanding the issue of the surplus in general.

I thank you for your response,

Sincerely,

[redacted]

RECEIVED
SEP 2 2 2015

Re: [redacted] (deceased)

Claim 01400855 Hepatitis C January 1 1986 - July 1 1990

To whom it may concern,

My name is [redacted] and I am the eldest of four daughters of the above mentioned [redacted].

This letter is being written on behalf of my sisters, my mother (who is now deceased) and my nieces and nephews in regards to the 1986- 1990 Hepatitis C settlement Agreement.

According to a previously agreed statement of fact it was affirmed that our father had received a blood transfusion that was later found to be contaminated with the Hepatitis "C" virus.

Originally we had no concerns about a simple blood transfusion; after all it was being done by the Red Cross, normally a beacon of reliability. Thus we as a family placed our complete trust in them.

However, what we didn't know at that time, and heard later through news reports that the contaminated blood came from inmates in USA prisons. This fact, in our opinion should have, at the very least, raised red flag. It should have told someone to re-check the blood.

Instead this was the beginning of a nightmare for our father and us. We had to witness our dad and grandfather deteriorate from the debilitating pain which prevented him from taking any pleasure in his life. He could not appreciate his children or grandchildren or indulge in his hobbies.

Due to all the pain and suffering he endured and all the pain we, his family endured having to witness this big strong man fading, affected us greatly. We all wanted our dad back. The dad we grew up with. The dad that was always there for us, the dad we all loved very much. Instead we had to settle for the shell of a man our father had become.

Although we realize that you cannot (or should not) put a price on a human life, it is incomprehensible to us how the Compensation Committee could have ever arrived at such a paltry sum. Our dad suffered a slow lingering death from something that was not his fault. He was the aggrieved victim in this case and should be recognized as such. It is the Red Cross and the government who are the perpetrators here, and that should be noted.

Our father was so much more than you can put on paper. He was a wonderful son, husband, father and grandfather. He was an artist and an extraordinary man with qualities too numerous to mention. We all his four daughters, seven grandchildren as well as other family members miss him tremendously.

We feel somehow cheated out of our dad and we know that he was definitely cheated by being robbed of his golden years.

As a result of negligence our father was infected with Hepatitis C and in his lifetime suffered loss, damage and expense.

Our father passed away August 31, 1996 as a result of complications related to HCV infection. Our mother was never the same after his death. She blamed herself for his death. She felt that she should never have allowed the blood transfusion. With our fathers death we also lost our mother who was always full of life and the rock of our family. She lost all the zest and enthusiasm she had for living. She suffered from depression and was tragically killed in a car accident driving home from a doctor's appointment, September 25, 1999. Both of our parents were gone in the short space of 3 years. We had to deal with 2 tragic deaths due to blood not being screened properly.

As children we want to grow up and have children and grandchildren. Our dad loved his grandchildren and looked forward to having great grandchildren. He did not get to see his grandchildren get married and enjoy his 14 great grandchildren.

Therefore, in closing we sincerely hope that you will carefully review this case and a favourable outcome would perhaps ease our minds somewhat.

Thank you

[redacted]

Attached please find names, address and claim numbers of family members listed in the class action settlement.

[redacted]

[redacted] claim #00004730

[redacted] claim #00004732

[redacted] claim #00004735

[redacted] claim #00004738

[redacted]

[redacted]

claim#00004731

[redacted]

claim# 00004734

claim# 00004733

[redacted]

claim #00004737

[redacted]

claim #00004736

[redacted] claim# 00004740

[redacted] claim# 00004739

From: [redacted]
[redacted] [redacted]
Subject: Joint Committee Submission
Date: Tuesday, September 22, 2015 8:12:00

Good day,

My husband, [redacted], is a hemophiliac who got Hep C and HIV through blood products. He is a level 5 HEP C survivor… so far. I am writing to provide comments on possible avenues for the surplus in the HEP C Settlement Fund.

He did submit comments to the committee regarding the approval process for the drug therapies. I am writing as the wife of a sick man, who constantly has to worry whether his private insurance will keep paying for extraordinary expensive drug therapies IN ADDITION to HIV medications which he takes on an ongoing basis. Our fear is that our private insurance may close the door on us which would escalate into a major financial problem for us.

Over the years, my husband participated in all the drug therapies that were offered, some with intense side effects. Last year, his doctor suggested that it would be beneficial to go on a new drug therapy given the success of it. While my husband's private insurance did approve of the therapy at first, once he had started on the therapy, they indicated they were reviewing their approval. Since he was being reimbursed by his private insurance after the fact, it meant we had to take up a loan to finance the first part of the therapy. His private insurance finally did pay, but it was not without a lot of anxiety for us. While the therapy seemed to work at first, it did not hold positive results in the long term.

Here we are again… His doctor has recommended he goes on another drug therapy. The wheels are in motion to identify who will pay for the medications. People from his doctor's team are in contact with his private plan to identify whether they will pay. We also have contacted the Hep C Claim Centre to see if they would pay for the recommended medications if they were not paid through other sources. They said they only pay for those medications listed on their website. Only one of the prescribed medications (Sovaldi) was found on that list. One other (Ribavirin or Ibavyr) seems to only be approved when in combination with Interferon. The last one (Daklinza) was not found on the list. We were told it could be months before the drugs are approved and added to the list.

I fail to understand how come it takes so long for drugs to be approved by the Hep C Claim Centre once they have been approved by Health Canada. I understand these drugs have been tested and offer hope to people affected by the HEP C virus. Why is it not the Hep C Claim Centre that deals with the coordination of payments for these drugs? When the Hep C settlement plan was put in place, I don't think anyone imagined that there might be expensive drug therapies available to treat and/or cure people. Now is a good time to re-evaluate the situation and we would suggest that the Hep C Claim Centre should coordinate and pay for medications that are directly related to the Hep C virus.

Our life has been altered in many ways because of Hep C and HIV. My husband is a very positive person and so we have managed to live an overall happy life so far. I must admit, however, that there have been – and still are - many difficult periods throughout these years.

He is a HEP C survivor for now… but for how long?

As long as those therapies are being withheld because money cannot be rapidly secured, his time is ticking away along with his health…

How long will we have to wait to see drug therapies being approved when needed? We sure did not ask to be in this situation… but we have to live with it and we have to make the best of it.

Sincerely,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Hep C claim
Date: Tuesday, September 22, 2015 8:37:27
Attachments: Recours Collectif.docx

Good morning Kathryn,

I participated in your web cast and have prepared comments on the Hep C claim. My comments are in french. Is that OK or do you want me to send it to the Montréal office. I can always send you a quick translation if you prefer.

Thank you for your time and effort.

[redacted]

Use Group - Hep C 86-90 Claim ID: 01000113 (TE)
People infected with HCV following transfusion of blood between 1986-1990

[redacted] died November 13, [redacted]
Proximate cause: Cirrhosis of the liver
Morbid question: hepatitis C

Subject: The Joint Committee is seeking the collaboration of all members of the class action as well as members of their families in order to l ' help to formulate its recommendations for the distribution of the surplus.

Here are my comments:
Injustice: To my mother – any compensation or assistance of his living since she died before the decision on the lawsuit. No compensation for the pain and suffering that my mother suffered upon learning that she had less than 10 years to live.

Injustice: Compensation for costs incurred for travel, loss of household services, etc. was not available from 1996 to 1998 as they are for those still living after 1999. It is unfair not being able to claim any such compensation of 20 hours per week for care at home since she died before 1999.

All expenses incurred for the care of my mother have been paid from his pocket and not by the class action such as home care and the monthly payments for the residence until his death. No reimbursement has been made for his personal needs such as diapers, orthopedic wheelchair, etc. It was mentioned an amount of 20 hours per week for these services while my mother had to use his savings to his pension cheque and cashed her life insurance to make ends. Yet it has also been a victim, she also suffered, she also had to rely on his children for specialized care she needed the last two years of his life.

Injustice: The fact that the lawsuit has been imposed in presenting us with two options that did not meet our expectations and not giving us no choice between option A or B. A lump sum could be designated to the executor. The option to give $5,000 to her brothers and sisters she frequented that rarely we to capsize the heart especially learning that only $500 had planned for each of her 11 grandchildren.

A compensation of $ 5,000 to ease the loss of a mother is an affront and unacceptable. Private insurance grant $ 5,000 for an amputated finger. me and my family have received a blow of dagger in the heart. For me and my family this pittance compensation is not enough to alleviate the pain and suffering of having my mother deteriorated under my eyes while being powerless to soften its torment.

Injustice: Why has the Court chosen to give $15,000 to children 21 years of age and only $5,000 for those over 21 years. The role of a mother is often more important to 21 and more begin to form a family and need the support from their mothers during and after pregnancy, the presence of their mother to their scale, their marriage, their birthday, etc. I lost not only a mother but a confidante, a counselor and a close friend.

Injustice: Compensation of $ 500 for grandchildren is an insult. My mother lived for his children and grandchildren. They spent their summers in the 'camping' with it. This disease has affected them deeply.

She was not present at their graduation, their marriage, the birth of his grandchildren, to birthdays, to Christmas.

Injustice: Report this after 15 years of mourning is to relive all the emotions once again. It is unfair to make us live emotions without the assurance that excess funds will be distributed fairly among the members of this class action.
That the federal Government and provincial and territorial Governments can file a request for access to the substantive surplus is an insult. Who's right! They are the ones who created this situation by their negligence. They are not victims; they are accomplices! This is the reason for which they contributed $ 1.18 trillion in this lawsuit.

Injustice: My mother had likely reached level 6 when he died since she was confined to bed, could not drink and eat alone and the compensation has not identified this fact; the evaluations being done periodically (three years?) and my mother has died in two years.

Consider
The Committee must review the way in which the payments were made to the children and grandchildren since distribution has been unfair. The allowance in our case included not only the children and grandchildren but also brothers and sisters (they already in their advanced age 70.

The Committee must review the way in which members who died before the decision of the Court on the class action lawsuit (1999) have been ignored. These members have all suffered and no compensation was provided to cover the costs incurred at their own expense.

The Committee must realize the impact that this presentation will be on all members making us relive moments difficult especially for those of us who have deceased relatives.
The Committee could not predict the decision of the Court... then this presentation will serve as what? Revive us a painful past or we make believe in illusions that there is justice after all?
The Committee has the moral obligation to be open and frank with all members and hide nothing on the conduct of legal proceedings.

The Committee must review the revaluations (level 1-6) time because the disease from my mother to grow very quickly aware of the past two years.

Thank you for your attention and best wishes for success in your deliberations.

[redacted]

Recours Collectif – Hep C 86-90 Claim ID: 01000113 (TE)
Personnes infectées par le VHC à la suite de transfusion de sang entre 1986-1990

[redacted] décédée le 13 novembre [redacted]
Cause immédiate : Cirrhosis du foie
Cause morbide : Hépatite C

Objet : Le Comité conjoint sollicite la collaboration de tous les membres du recours collectif ainsi que des membres de leur famille afin de l 'aider à formuler ses recommandations pour la distribution du surplus.

Voici mes commentaires :
Injustice : Pour ma mère – aucune compensation ou aide de son vivant puisqu'elle est décédée avant la décision du recours collectif. Aucune compensation pour la douleur et la souffrance que ma mère a subie en apprenant qu'elle n'avait moins de 10 ans à vivre.

Injustice : L'indemnisation pour les frais engagés pour les déplacements, la perte de services domestiques, etc. n'était pas disponible de 1996 à 1998 tels qu'ils le sont pour ceux encore vivant après 1999. C'est injuste de ne pouvoir réclamer aucune indemnité tels les 20 heures par semaine pour les soins à la maison puisqu'elle est décédée avant 1999.

Toutes les dépenses encourues pour les soins de ma mère ont été payé de sa poche et non par le recours collectif tels les soins à domicile et les paiements mensuels pour la résidence jusqu'à son décès. Aucun remboursement n'a été effectué pour ses besoins personnels tels les couches, fauteuil roulant orthopédique, etc. On mentionne un montant de 20 heures par semaines pour ces services alors que ma mère a dû se servir de ses épargnes, de son chèque de pension, et d'encaissé son assurance-vie pour réussir à joindre les deux bouts. Pourtant elle aussi a été une victime, elle aussi a souffert, elle aussi a dû se fier à ses enfants pour les soins spécialisés dont elle avait besoin les deux dernières années de sa vie.

Injustice : Le fait que le recours collectif nous **a été imposé** en nous présentant deux options qui ne rencontraient nullement nos attentes et ne nous donnant aucun choix entre option A ou B. Un montant global aurait pu être désigné à l'exécuteur testamentaire. L'option de donner 5 000 $ à ses frères et sœurs qu'elle ne fréquentait que rarement nous à chavirer le cœur surtout en apprenant que seulement 500 $ avait été prévu pour chacun de ses 11 petits-enfants.

Une compensation de 5 000$ pour soulager la perte d'une mère est un affront et inacceptable. Les assurances privées octrois 5 000$ pour un doigt amputé; moi et ma famille ont reçu un coup de poignard au cœur. Pour moi et ma famille cette compensation de pitance ne suffit pas pour alléger la douleur et la souffrance d'avoir vu ma mère détériorée sous mes yeux tout en étant impuissante d'adoucir son supplice.

Injustice : Pourquoi est-ce que la cour a-t-elle choisi de donner 15 000 $ aux enfants de moins de 21 ans et seulement 5 000 $ pour ceux de plus de 21 ans. Le rôle d'une mère est souvent plus important au 21 et plus qui commence à former une famille et ont besoin du soutien de leur mère durant et après la grossesse, de la présence de leur mère à leur graduation, à leur mariage, à leur anniversaire, etc. J'ai perdu non seulement une mère mais une confidente, une conseillère et une amie intime.

Injustice : Une compensation de 500$ pour les petits-enfants est une insulte. Ma mère vivait pour ses enfants et petits-enfants. Ils passaient leurs étés au « camping » avec elle. Cette maladie les a profondément affectés. Elle n'était pas présente à leur graduation, leur mariage, à la naissance de ses arrière-petits enfants, aux anniversaires, à Noël.

Injustice : Rapporter ceci après 15 ans de deuil c'est de revivre tous les émotions encore une fois. C'est injuste de nous faire vivre ses émotions sans l'assurance que les fonds excédentaires seront distribués de façon équitable **parmi les membres de ce recours collectif**.
Que le gouvernement fédéral et les gouvernements provinciaux et territoriaux peuvent déposer une requête pour accéder au surplus de fond est une insulte. A qui de droit! Ce sont eux qui ont créé cette situation par leur négligence. Ils ne sont pas les victimes; ils sont les complices! C'est la raison pour laquelle ils ont contribué 1,18 billion de dollars à ce recours collectif.

Injustice : Ma mère avait tout probablement atteint le niveau 6 lors de son décès puisqu'elle était restreinte au lit, ne pouvait boire et manger seule et la compensation n'a pas relevée ce fait; les évaluations étant fait périodiquement (trois ans?) et ma mère a dépéri en deux ans.

A considérer
Le comité se doit de revoir la façon dont les paiements ont été effectués aux enfants et petits-enfants puisque la distribution a été injuste. L'indemnité dans notre cas incluait non seulement les enfants et petits-enfants mais aussi les frères et sœurs (ceux-ci déjà dans leurs 70 ans avancés.

Le comité se doit de revoir la façon dont les membres décédés avant la décision de la cour sur le recours collectif (1999) **ont été ignorés**. Ces membres ont autant souffert et aucune indemnité n'a été prévu pour recouvrir les frais encourues à leurs propres dépens.

Le comité se doit de réaliser l'impact que cette présentation aura sur tous les membres en nous faisant revivre des moments difficiles surtout pour ceux d'entre nous qui ont des parents défunts.
Le comité ne peut prédire la décision de la cour … alors cette présentation servira à quoi? A nous faire revivre un passé douloureux ou nous faire croire à des illusions qu'il y aura justice après tout?
Le comité a l'obligation moral d'être franc et ouvert avec tous les membres et ne rien cacher sur le déroulement des procédures judiciaires.

Le comité se doit de revoir le temps des réévaluations (niveau 1 à 6) puisque la maladie de ma mère à progresser très vite au courant des deux dernières années.

Merci de votre attention et meilleurs vœux de succès dans vos délibérations.

[redacted]

[redacted]

The Claimants/Families have been asked for our (the family of [redacted]) opinion on what should be done with the surplus of funds regarding the HEPC Class Action Lawsuit.

My brother, [redacted] was a very special person right from birth being the oldest sibling. He did, however, unfortunately have the misfortune of being diagnosed with Cancer (Hodgkin's Disease), and had to endure the many hospital stays for both Chemotherapy and radiation and of course their side effects. Then he was given the good news that he was a candidate for one of the newer treatments of cancer, a bone marrow replacement, done in Ontario (Toronto).

Since I live in Ontario, I was able to visit him quite frequently while this treatment was on going. He would always try and be positive when I visited but I could always see through him and knew this is not how he thought his life would turn out, but he was excited about the possibility of **remission**. When this treatment was over, he BEAT THE ODDS, and was in **REMISSION**! Only to find out the blood transfusions received in Ontario were that of the TAINTED BLOOD!

My personal last memories of [redacted], was when he came for a visit in October of 2003. My belief is that he was making his 'rounds' so to speak, and to visit and spend time with his siblings, as I suspect he was told by his doctor that his time was running out. His visit this time around was different, he was very skinny with a protruding stomach, tired and lethargic, but he being [redacted], said no he was fine!

He was to return home to New Brunswick in November, but just days before the flight he was in my bathroom and yelled for me to help him. He was vomiting blood. I immediately called 911 and he was taken to the Bowmanville Hospital for a few days given various meds and also to drain the excess fluid in the empty cavities of his body. When he was finally able to be discharged we had asked about the flight to New Brunswick and were told absolutely not for him to fly. Once back at my place I realized he was having some difficulty with walking and making it up the stairs. I rented him a walker and also a port-a-potty to have in his room on the second floor as he was having difficulty with making it on his own to the washroom (more symptoms of liver failure). He never really came out of that bedroom on his own again until that fateful day Dec. 26th [redacted]. I didn't hear him call out my name that morning, as he normally would, as he loved his popsicles. I went to check in on him and realized he was in distress. I felt his body and it was cold to the touch. I immediately called 911 and this time he was taken to Oshawa General where he succumbed to this horrendous disease only minutes after being taken to emergency!

So now the business of having his remains flown back to New Brunswick for the funeral. We had to rely on the Government death benefit to bury him. We were very lucky that my parents had the fortitude to purchase a burial plot next to theirs years ago as the Government assistance was not enough.

In summary, I know I have been in a little more in detail of [redacted] last days with us, but think people need to know the pain and suffering of those affected by the TAINTED BLOOD and the HEPC disease!

The surplus monies should be given to those that it was intended for at the beginning (claimants/family members), not returned back! No amount of money can replace the loss and suffering of losing a loved one – but this fund was set up to help those affected with HEPC!

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement - Disposition of Surplus
Date: Wednesday, September 23, 2015 17:30:54
Attachments: [redacted] HepC Letter - Kathryn Podrebarac.docx

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Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4
Telephone: 416-348-7502
Fax: 416-348-7505
Email: kp@toughcounsel.com

RE: 1986-1990 Hepatitis C Settlement – Disposition of Surplus

Reference: Written correspondence from 1986-1990 Hepatitis C Settlement Joint Committee post marked August 4, 2015

Dear Ms. Podrebarac

Please find attached a copy of my response to the request for my recommendations as a class member regarding the disposition of the surplus identified by the joint committee.

I would appreciate a confirmation email that you have received and read this document to ensure that my recommendations are documented for submission to the courts for final disposition.

If you have any concerns or questions, please email me.

Regards

[redacted]
Class Member
[redacted] persona.ca

[redacted]

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4
Telephone: 416-348-7502
Fax: 416-348-7505
Email: kp@toughcounsel.com

RE: 1986-1990 Hepatitis C Settlement – Disposition of Surplus

Reference: Written correspondence from 1986-1990 Hepatitis C Settlement Joint Committee post marked August 4, 2015

Attention: Joint Committee Member

As I understand it, the Joint Committee and the federal government have identified a surplus in the 1986-1990 Hepatitis C Settlement Trust Fund estimated at between $236 and $256 million. It is also my understanding that the Joint Committee, of which you are a sitting member, have applied to the courts to have all or part of the surplus allocated in favor of the Class Members and Family Class Members.

The letter requests that I, as a Class Member, provide input regarding the disposition of this surplus.

I believe that the intention and spirit of the original settlement and associated trust fund was and is intended to both compensate and support the affected class members over the course of their lifetimes and subsequently to their dependants after their death. At the time of the original settlement, I had been asymptomatic. However, I have recently been diagnosed with liver cancer (hepatocellular carcinoma), which has been attributed to Hep C. I am now more fully aware of the impact this has had on my quality of life and the burden this disease has placed on my family. I also was not aware of the availability of additional funding as my disease progressed and continues to progress. Perhaps other class members and their families are also unaware.

It would be my contention and recommendation that the surplus be allocated to the Class Members or Class Member Families and that these funds NOT be retained in the trust fund and NOT returned to the Federal government or any other competing body or organization.

Furthermore, I would request that surplus amounts allocated to Class Members/ Family Class Members be provided as a lump sum payment based on disease level in keeping with the original settlement.

Respectfully

[redacted]

RECEIVED
SEP 23 2015

My name is [redacted]
I am writing to let you know, that I received your letter.

In response to your question as to where the excess funds should go or be used.

I had three brothers born with Hemophilia which required many Blood Transfusions through the years. This was to keep them alive and healthy as possible.

All three brothers went through Blood Transfusion's at the time it came out, and of course we didn't find out until later.

As a result of this all three brothers have Hepatitis C.

The older of the three passed in 2009 because of this. His name was [redacted] a wonderful Son, Brother and Husband & Father.

He left behind his beautiful wife and two daughters, his Mother, Myself and three brothers.

My brothers names are [redacted] & [redacted]

I feel strongly this money should go to all the people ~~in~~ dealing with this problem.

Nothing will bring our loved ones back but I'm sure it help with all the ongoing expense they deal with to stay alive.

Sincerely
[redacted]

August 2015

From: [redacted]
To: Kathryn Podrebarac
Subject: Hepc8690
Date: Wednesday, September 23, 2015 16:21:13

Dear Ms. Podrebarac, I am writing to you today because I received a letter from the hep c foundation. In the letter it explains that there is a surplus in the fund, and they would like our input as to where it should go. Let me first explain to you that my father received tainted blood from the blood supply in a transfusion he had to get because of a bleeding ulcer. It saved his life at the time, but little did we know it would end up killing him! He passed away 12 years ago this month , and there is not a day that goes by that I do not think of him. He was only 50 years old when he died, and I miss him more than anyone will ever know. After he died my family and myself were paid out a minimal amount by the fund, but the money we received was nothing compared to the loss we suffered. I believe the surplus should be paid to the remaining family members in the settlement for loss of companionship. Thank you for your time. [redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: HEP C - #6351
Date: Thursday, September 24, 2015 7:11:09
Attachments: HEP C letter.doc
image001.jpg

[redacted]

September 22, 2015

To Whom It May Concern:

My grandfather died in 1999 infected with Hepatitis C through no fault of his own. He trusted the health care providers that they would take care of him when he was having an operation. Unfortunately, he received a blood transfusion with the HEP C virus.

My grandfather has missed the enjoyment of watching his own kids & grandchildren growing up, getting married and having families of their own. It is just not him that has suffered it is my grandmother, his kids, his granddaughters & great grandchildren that could have learned so much from him. He has missed some great family moments & we have missed sharing them with him.

I can’t believe there is a surplus of money that is still in a trust fund & why it hasn’t been given out to the survivors of these men & women that have died because of someone’s else’s mistake. The hardship that my grandmother has had to go through by herself for so many years. Missing out on the companionship of growing old with her husband, is heartbreaking. Just not fair!!

I just don’t understand why there is a surplus of money left in a trust fund that has not been given to the families of the victims. Money will not bring the loved ones back, but it is not right that there is a surplus of money. I want to see this money handed out to the victims families and not held in trust funds. It does not belong to the government or in a trust fund !!!

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Joint Committee Surplus
Date: Friday, September 25, 2015 14:32:16

Dear Ms. Podrebarac,

My name is [redacted], I am seventeen years old and currently a senior at Rimbey Jr Sr High school in Alberta. My grandfather passed away when I was five years old due to a blood transfusion for a bleeding ulcer that caused him to contract HCV. When this occurred, I was at a very young age and had no idea what was happening to my grandfather, nor was I aware that I would never get to see this man again. He was always high spirited, and never showed his frustration with the fate of his life and that he would have to leave his grandchildren and daughters so soon. Many occasions I wish he could witness, like being able to see his grandchildren graduate, or even little things; like helping with homework or singing songs together at the campfire. Concerning the surplus that the Joint Committee must decide what to do with, I feel that the surplus should be given back to those who have suffered the loss of their loved ones. After twelve years living without this man, it has caused me to realize how large of a life he could have accomplished, and how much he could have been there for our family. This man was a poet, he documented every thought and jotted down wishes and regrets and heartbreak that he had to endure. In the belongings he left behind, my sisters, mother and I indulged in his words in the hundreds of filled scrapbooks. These are the only recollection we have of him with us now. The minimal compensation given to our family for loss of companionship was quickly gone as it was given to us. Now that I've grown up and have multiple responsibilities, it's crucial that the money I have is put towards my future. This future soon includes a wedding that my grandfather should have been able to contribute to, or at least be able to attend. The money we received from the committee at the time was nothing compared to the loss we had to endure, and I believe the surplus should be paid to the remaining family members in the settlement for loss of companionship.

Thank you kindly for this opportunity to be heard,

[redacted]

RECEIVED
SEP 30 2015

[redacted]

September 25, 2015

Ms. Kathryn Podrebarac
Podrebarac Barristers Prof. Corp.
Suite 701, 151 Bloor St. W.
Toronto, Ontario
M5S 1S4

Dear Ms. Podrebarac:

I have received information from The Joint Committee regarding a surplus of funds in the 1986-1990 Hepatitis C Settlement Agreement.

When I lost my brother, [redacted], I remember being struck by the fact that the amount being paid represented his ‘worth’ and I was shocked that this was all his life was worth.

$6,267.84

I feel that if there is a surplus, then it should be distributed amongst those who were directly affected by the 1986-1990 Hepatitis C and their family members. I am not saying this because I need the money, but because the loss of my brother, [redacted], is devastating and will affect me for the rest of my life.

If there is that much of a surplus, then people obviously were not sufficiently compensated and should be.

Thank you.

[redacted]

RECEIVED
SEP 30 2015

Kathryn Podrebarac
Suite 701, 151 Bloor street west
Toronto Ontario M5S 1S4

September 28, 2015

Dear Kathryn,

Our family received a settlement from the government of Canada because our father died from Hepatitis C, which he was infected with from a blood transfusion. He had the blood transfusion during prostate surgery at Scarborough General Hospital. We were told it was safe for him to have it. Screening had been done by the Red Cross Society of Canada. The blood transfusion bag numbers were traced and we were never informed as to where the tainted blood came from. We were kept in the dark. It was the Government of Canada Red Cross! We were made to grovel for any speck of information. We supported our mother who went through hell trying to get to the source and get answers and wanted compensation for the years of suffering inflicted on the whole family. My mom died tragically as a result of grief and trying to continue to fight for her rights to a settlement.

My Dad was a World War Two veteran. He was a lieutenant in the army. Went to Europe and came back alive. Never once did he talk about what happened when he was in Europe during the war. Now we realize it was PTSD. He suffered in silence but went on to have a good life and besides his business career, was an artist. Painting landscapes was his passion. He retired at 65 and was focused on painting, his passion. He had a stroke and then during prostate surgery, had a blood transfusion. Then he "went to war" again. This was with Hepatitis C, caused directly by the government of Canada and the Red Cross, and their inferior, inadequate blood screening process. Our family was given no help. My Dad fought in this war and lost his battle with Hepatitis C. He suffered a horrible death at the end of this war. He suffered terribly, my mother suffered as his caregiver and suffered after his death. We all suffered and continue to suffer with PTSD.

Our family had to grovel in the dirt to provide the government with every single specific piece of medical information they demanded. They were not accountable for causing our father's death. We finally did have a family settlement. No apology, or government letter. A cheque for a paltry pittance and we were then forced to sign a paper saying we would pursue nothing else in the future. It was "blood money", you got your share, "go away now". The victim's families in plane crashes, receive millions in compensation from the government and from lawsuits. The pilots are accountable when a plane crashes, why isn't the government accountable for their negligence? Nothing will bring my Dad back but time helps and more money now (that we should have received then), would help. It would be fair and right and just. This Remembrance Day, November 11, I will be remembering my father, Richard Thomas Homewood who fought for his country in WWII and came home. He then went on to fight again in the war with Hepatitis C, acquired through negligent blood screening. He died during that war. This is my impact statement and it grieves me greatly to write it. Thank you for trying to get us more compensation. An apology and a larger financial settlement is what we need for closure.

[redacted]

From: [redacted]
To: Kathryn Podrebarac; hts@strosbergco.com; jjcamp@cfmlawyers.ca; info@savonitto.com
Subject: Hep c claimant
Date: Monday, September 28, 2015 14:25:32

Good morning,
My name is [redacted] and I am claimant # 4675
Hep c only goes to level 6. At level 6, you have received a transplant. I would like to tell you about why I believe there should be a level 7 & 8.
Level 7 is comatose
Level 8 is recovering from being comatose

Dr Lilly at Toronto General Hospital in Toronto knows me very well and calls me his worst case ever. You see, they use what they call a MEL score to try and figure out how long your body can go before you need a transplant. Well, it didn't work for me. They left me too long and I ended up in a sepsis coma for many months. When I woke up, I was completely paralyzed. Every muscle in my body had atrophied. I couldn't move, talk, blink......nothing. My brain was damaged too. I couldn't remember very much at all. Friends would come and see me and I wouldn't know them. I knew my family, but many memories were gone. I was in horrific pain and I couldn't speak to tell anyone.
You will no doubt read my file, but what myself and my family went through and what I pulled myself out of, now 8 yrs later, is not in that file. All of my Dr's look at me and tell me "you shouldn't be here,you should be dead". Dr Lilly says it was my husbands drive and not taking no for an answer when the Dr's didn't want to waste a liver on someone that had "0" chance of living. I was in multiple organ failure at the time. They called my family members in at least 3 times and notified them that It was doubtful I'd make it through the night. He stopped listening after the 3rd time. He would say, "you don't know her, she's strong and she has a lot of people praying for her. It was our faith in God that kept him going.
I was like a newborn baby. Even had a diaper on and I was 49 yrs old. Had to learn to talk, hold a spoon, spell again and yes, I tried my darnedest to walk. I was on dialysis when I woke up and told I would be on it the rest of my life. Ha! I was off it before I came home! I Abe nerve damage, mostly on the right side of my body and when I woke up, both of my feet had what is called drop foot. My poor feet had atrophied so badly that laying in bed my toes were flat on the mattress and I couldn't lift them up back into normal position.such pain......... Silent pain...........
I was in hospitals a good part of a year and finally signed myself out of St John's rehab hospital, because I couldn't take it anymore. They kept trying to straighten my leg and make me lie straight on a mat. So much pain............ Come to find out after I convinced my family Dr to take an X-ray of my hip, that I had another rare event happen while in the coma. It's called heterotrophic oxiffication where muscle turns into bone. They found it in my hip and then about a year later in my back. Then, in 2010 to top it off, they found a brain tumor that had calcified while I was in the coma.......
I'm better now!
Now, 8 years later, I'm missing a vital muscle in my back so I cannot retain my weight from the waist up, but with the help of 2 canes I can walk a little bit! I mostly use a walker around the house and a scooter outside to walk my dogs in the good months. Winter is hard. My brain tumor is dormant so far, my feet still do not work, but I can drive a car. I still have a hard time remembering many things, so I take notes or set alarms. My husband still loves me and I've been told that many marriages do not make it through such ordeals. They had me on addictive drugs and I've gotten myself off of everyone of them by my self. I'm still in pain, but I can manage it with meditation. I have trouble with depression sometimes, but my furry friends make up for all the human friends I have lost. So life is good.
I would like to tell you that when we call the Hep c administration staff, they are mostly very helpful. [redacted], who has since retired, went out of her way to both listen and help us out all she could. Usually returning our call within a day. I have nothing but praise for the admin personnel.
My problem is, I am now disabled and there is now guideline or allowance for disabilities in the class action suite. No ones fault, but it needs to be amended and addressed. Please, I'm not asking you to give me a big lump sum, like I believe a lot of people were hoping for when they heard there was a surplus. My husband had a very good job working 13 yrs for a company in Tampa Florida. He was let go because we could not move back to head office because of my illness. We now live on his odd job and what Hep c gives us monthly. He is my caregiver and this takes much of his time now. We were paying for a personal trainer to come and work with me because Dr Lilly said I was putting on too much weight and needed to get it off. Being immobile, it's very hard to stay fit. My trainer

was a great help and i lost 14lbs in 9 months! Plus, something spectacular was happening! She was pushing me harder then any of my physiotherapist's ever had. She was the one that had me try 2 canes and walk! I was walking! Bit by bit, I was walking a little further and further! Finally spring came and she had me outside and I could walk a kilometer! Me! I could do it! I might need to sit on my fanny 4-5 times but I walked a kilometer! Then when I phoned hep c to see why they wouldn't approve my trainers fees, they said it wasn't in there guidelines. She was $50 an hour......... we couldn't afford her any longer. I gave up and crawled back into my hole...... Slowly, I gained back all my weight. Then I got a letter in the mail from you and hope came trickling back in.
All I ask, is that you review my claim for more aid due to my disability, a direct cause of hepatitis "C"

Thank you so very much and I know after listening to Katherine at the Hamilton meeting, that you will continue to take excellent care of us and our settlement moneys!
Keep up the good work,

God bless you
[redacted]

RECEIVED
SEP 28 2015

Dear Kathryn Podrebarac,

My name is [redacted] and I'm concerned about what is going on with the Hep C settlement agreement.

I've been dealing with this disease for 29 years and haven't had a day that I haven't suffered from this. Having contracted it from a transfusion at one of two hospitals here in Calgary AB.

I recieved a settlement of 11,000 dollars which didn't go very far after being out of work for so many years. Then I finally got a job in the Trade Show buisness and managed to stay at it for 18 years. And had to retire at 66 years old because of my health. I wanted to work til I was 70, but no such luck.

I have no idea what the final plan will be for the surplus of the money from the fund, but my hope I'll be informed with the desission.

I agree they should hold back a certain amount for new claims to compensaite them and also famillys.

I don't know how I managed to live this long, but I'm hoping for a few more years.

Your Sincerly

[redacted]

RECEIVED
OCT 0 2 2015

[redacted]

September 29, 2015

Joint Committee
Kathryn Podrebarac
Suite 701, 151 Bloor St. West
Toronto, Ont. M5S 1S4

To whom this may Concern:

I am responding to your letter regarding the 1986 – 1990 Hepatitis 'C' Settlement Agreement which involved my late brother [redacted]

I have learned so much in the past years since my brother passed away.
I am truly disappointed that his life could have been saved through proper screening of blood products and medications.

To think this all could have been prevented, the years my brother suffered pain through his illness or the years his Family a son, brother, husband, father and now grandchildren, that will never have known or seen their Grandfather.

As I write this letter the memories and the reality of what might have been are so real, the tears of sadness come flowing back for such a tragedy that is intolerable to bear of losing our loved one.

The small compensation our Family received in 2002 of 72,000 from the government divided among 9 people was a disgrace and embarrassment, for the significant loss and death of our Family member.

I am asking the Joint Committee to continue to represent the Families and have this surplus of $236-$256 Million dispersed equally among the peoples that have suffered the loss and death of their Family member.

Thank –you

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Impact Statements (3)
Date: Tuesday, September 29, 2015 9:31:58
Attachments: Hepatitis C Settlement pg 1.jpg
Hepatitis C Settlement pg 2.jpg
Hepatitis C Settlement pg 3.jpg
Hepatitis C Settlement pg 4.jpg
Hepatistis C Settlement pg 5.jpg
Hepatistis C Settlement pg 6.jpg

Good morning Kathryn

I am send this email with the impact statements from myself
[redacted]

Victim [redacted] Deceased

I am also sending by fax [redacted] statement might read clearer.

Any questions please contact me at [redacted]
Email [redacted]@gmail.com

--
[redacted]

September 29, 2015

<u>ATTENTION</u>

1986-1992 Hepatitis C Settlement Agreement

Lawyer Kathryn Prodrebarac

I [redacted] *am sending <u>3 impact</u> statements for:*

[redacted]

<u>Victim</u>

[redacted], *Deceased May 22,* [redacted]

To whom it may concern, *September 21, 2015*

I [redacted] sister of [redacted] who died May 22, [redacted] from Hepatitis C , Liver Cancer from the tainted blood scandal of 1986-1992, I am writing this impact statement to tell how my sister's death has affected me in many ways.

Year 1986-1992

My life without my sister has been so different and hard as before she was diagnosed with Hepatitis C, the whole family had been tested to see which one of us could donate a kidney to her. My brother [redacted] was the perfect match and I was her cross match. This transplant never happened because she was diagnosed with Hepatitis C and they wouldn't do the operation. We had a plan to make her life longer and that was destroyed by this disease.

Year 2000-2003

I watched my mother gain weight so fast (160-260 pounds)and her emotional stability tried and broken, which I could never make better. My dad died inside as he couldn't fix my sister and he looked at life so differently and sadly. My son [redacted] was like her little brother and he lost his aunt, who was like his big sister and his confidant. My sister and brother were devastated as [redacted] was their best friend.

Year 2000-2011

I then had the emotional ride of losing my father in March 5, [redacted] who was my son's father as well as grandfather.

In 2002 three weeks after my father's death on [redacted], my son was in a horrible accident where he lost 2 friend and suffers from Post-Traumatic Stress Disorder and can't work a steady job because of the tremors he experiencing every day. As work places now demand DR's notes all the time if you are a worker coming in with health issues, plus proof that you have seen all avenues of medical help usually at a cost to yourself; before you start your day.

On November 1 [redacted] I found my mother dead in her home in the hall way and my brother and sister and I lost our last parent and my son lost his grandmother who acted as his other mom as I was a single mom; I lost three very important people to me. They were my grounding and my support base and they are gone. I believe that my sister's death really killed my parent's soul and heart and the enjoyment of life for myself, brother and sister and (5) nephews and (1) niece. And her death caused by no testing of blood. This is so sad and so unnecessary.

I then became the martyr of the family trying to keep everything together , which I didn't do well I gained a lot of weight and ballooned to 375 pounds by the year2007, because I couldn't *control what happened but I could control food. I experienced many health issues because of this weight gain. I suffered from asthma, Polycystic Ovarian Syndrome, Sleep apnea, IBS, Diverticulitis, Gastric Reflux, Post Atrium tachycardia and bordered on becoming a diabetic.*

My life with the weight gained became home to work, work to home no ability to do much, the weight stopped me. I couldn't do my house work, my own laundry, my own shopping for groceries. It would take me 5 minutes to go up 14 steps and anywhere I went I looked for a bench or seat as I could only walk 5 minutes at a time. I also wasn't able to work as much as I would like as I turned down lots of overtime because my back and legs were so sore from carrying all that weight. I would go to work early and leave later than the rest because I didn't want them to see me cry when I walked, I was hidden in my own body and isolated from normal activities that I should have been able to do.

I had Gastric By-Pass surgery on February 8, 2007. This shouldn't have been needed but my weight gain because of my depression of losing my sister [redacted] caused me so many health issues and if this wasn't done I may have died because of the added weight.

I had gall bladder surgery on May 27, 2010 due to keeping all my personal problems bottled up inside, yes I was mad still that I has lost my sister who should have been here to enjoy life and this affected my health again.

In [redacted], I was diagnosed with stage 2 breast cancer on December 5, [redacted] and it would have made my recovery so much easier if my mom and dad and my sister [redacted] were here as they would have been such a great support system.

My brother [redacted] and [redacted] were there for me, but they also haven't fared very well themselves well with our sister [redacted] dying the way she did. Have you ever watched a person take their last breath, because of a disease that could have been prevented? It is a horrible memory that I can't forget and will never forgive the government for.

My sister [redacted] wasn't able to do the essentials of life for many of us that were simple. On a good day she could shower herself, but many days she needed our help. She couldn't clean her own room or anything other part of the house. She was controlled and stopped by pain and sleep was her savior. She never had the chance to marry, have children, hold a full time job, travel or enjoy all this beautiful world had to offer, I miss her and believe that her life was taken way too early and that someone needs to pay for improper testing of blood that caused my sister's death.

Yours with a heavy heart

[redacted]

September 22, 2015

To Whom It May Concern:

Re: [redacted]

Where do I started, not a day goes by that I don't think of her and wish she was here!

My baby sister was the most loving person and would give you the shirt off her back if asked. Unfortunately she was dealt a horrible hand in life. My parents had 4 children and my mom knew something was not quite right with [redacted] growth, my mom had taken her to our family doctor and at first he said that was the way she was, finally after many many test it was found out that the she only had 1 kidney and it was full of cysts. She was sent to Sick Kids where she had many many surgeries including 3 kidney transplants. She was unable to finish school as she spent most of the years in the hospital. She thanked her lucky stars that she had the family she did as we were all she had, she really didn't have any friends as never had a long enough time out of the hospital to grow any type of relationships. My mom and dad would go down every day to see her. [redacted] and I would go probably 2 or 3 times a week, remember we were in our teens trying to get our lives started. She always came first though, no matter what. With all that she has been through she really never complained as long as we were around.

As years passed my brother, sister and I got married and had kids. [redacted] was included in everything we did as much as she could. This is where it gets hard. As I was the softie [redacted] would call me at home wanting me to either bring her something or pick her up food as the hospital food was not so great. I would be in the middle of my dinner with my own family and I would drop everything and run out. My husband [redacted] was not happy about this but understood. I wish the circumstances were different where [redacted] could have her own life but not possible and we all had our lives and the future ahead, where as she did not. I would do anything for her. My last child is named after her.

Since [redacted] could not work everything that she needed or wanted was the responsibility of the family, we weren't rich by any means but we would somehow someway make her wishes happen. The cost for the gas, parking at the various hospital's all added up over the years to be quite a bit. My brother and I when younger would go to many concerts and if [redacted] was able to go we would buy her tickets.

We were robbed emotionally and financially! It wasn't enough she only had 1 kidney but she got tainted blood on top of that. I always thought she would die of kidney issues and nope because of the tainted blood she died of liver cancer. How unfair!!!

They never expected [redacted] to live past 18 years she proved them wrong she was 36 years old when she passed away. I truly believe in my heart that if she had not received the tainted blood she would have lived longer than her short 36 years.

When [redacted] passed this took quite a toll on my parents, I thought it would be my mom that fell to pieces but it wasn't It was dad, he felt he faiedl her somehow cause he couldn't save her you see he was the fixer of the family and he couldn't fix this. My dad passed away 2 years after [redacted]. When my dad passed my mom came every day to my house for dinner, she was not the same she had lost a little of her sparkle, she was sad and had to do things she never did before as dad was gone. Then 1 year later my passed what a shock. We have gone from a family of 6 to 3 how sad is that?

I wish I didn't have to write this impact statement but the hardship that we have endured is unbelievable. Even though my mom, dad and sister are gone does not mean that they are forgotten, think of them every day. [redacted] missed so much that she would have loved like seeing her niece and nephews grow up into the wonder adults they are. My daughter when young would hang out with [redacted] she was [redacted] only true friend. As [redacted] could not experience life she was a little immature and my daughter could spend hours with her doing young things that her sisters and brother could not. It is unfair that at very young ages that her niece and nephews had to experience all the pain and suffering she went through, saw way too much so young. DAMM we all saw and experienced way too much!!

With a heavy heart

[redacted]

To Whom It May Concern September 28, 2015

Since the death of my sister [redacted] my life is not of the same quality. After her death both of our parents passed away within 3 yrs. I'm sure of broken hearts that do not heal, mine is forever broken.

I still cannot look at my sister [redacted] picture. Visiting the grave where my parents and my sister [redacted] are for eternity is not a visit I can make often the pain is too much because I lost 3 people so important to me, and I was left with my 2 other sister's [redacted] and we have bonded but each dealing differently to this horrible outcome.

To think [redacted] suffered all those years and endured numerous operations way over 100, that it would be Hepatitis Liver cancer that would kill her is mind numbing and so unforgiveable.

When you put FAITH and TRUST into your Government and the Blood Services, that are supposed to protect you , only to find out that through no action of her own my sister [redacted] paid the ultimate price, her life. Dying at a young age of just 36 years old and so much more life could have been enjoyed and shared by myself and my own family and with my other sister's and their families. [redacted] was the most family oriented and loved like no one else.

It takes a piece of you with it. I could go on but what would be the point nothing can bring her back and I will always have a longing for the way my life used to be.

In the deepest sorrow and big brother can suffer.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Joint Committee letter on 86-90 Hep C
Date: Tuesday, September 29, 2015 0:31:44
Attachments: JointCommitteeLettertoKathrynPodrebarac.rtf

Hello Kathryn Podrebarac,

Here is my letter pertaining to the 86-90 Hep C Joint Committee meeting. Thank you for your time in reading, and as well you consideration. It is very much appreciated.

Regards,
[redacted]

24th September 2015

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor St West
Windsor, O.N N9A 6V4

Dear Ms. Kathryn Podrebarac

Hello Joint Committee Members, I am [redacted]. I am writing in lieu of your decision on the 1986-90 Hep C trust fund surplus. I will begin by telling you about myself, and my own correlation to this matter. I am a 27 year old woman, born and raised in Alberta. My Mother and Father are homegrown Canadians as well. Above all we love and respect this country, my family have all been hardworking and patriotic. We are if I might say upstanding citizens, and have never been known to bend the system or attempt to swindle our way into anything. We value honesty and integrity, so please know that this letter comes from my heart and is not an act of futility.

The reason I am writing this letter is on account of a substantial loss my family was made to endure.. You see, I lost my Grandfather. And my Mother lost her Father, far too soon.. He meant the world to us, and so many others. It is of my honest opinion that for the grief that we still endure to this day the standard compensation was not nearly feasible. In fact it was insulting to say the least. A mere pittance contrast to the amazing soul that we lost on account of government negligence.. I am quite sure that we are far from alone in this thought as well. Could you put yourself in the shoes of a woman who lost her father at the age of 33? Only to receive a degratory $1500 for the loss of your beloved father? Luckily my Mother is a very strong woman, I can only pray that any others in her situation were and still are even half as strong.

So there you are in a nutshell, I am requesting further compensation be paid out to those nearest and dearest to the deceased that were affected by the 1986-90 Hepatitis C incident. Based solely on the fact that we have all endured so much, and gained so very little. The Trust was created for those affected, & it is only right that it should belong to the ones who lost their loved ones. It is only right. Thank you for your time reading my letter and as well your consideration in this matter.

Sincerely,

[redacted]

From: [redacted] aol.com
To: Kathryn Podrebarac; hepc@strosbergco.com; info@savonitto.com; jjcamp@cfmlawyers.ca
Cc: [redacted] otmail.com; [redacted] gmail.com; [redacted]
Subject: Letter to Joint Committee Members Re:Hepc8690
Date: Wednesday, September 30, 2015 21:26:22
Attachments: Joint Committe Letter Hep C Settlement.pdf

Hello Committee Members, please see attached letter submission regarding compensation Surplus for Hepatitis C Settlement. Please feel free to contact any of us regarding our submission. We would be happy to be consulted or to be witnesses for court hearings.

Regards,

[redacted]

[redacted]

September 25, 2015

Joint Committee
Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto,Ontario
M5S 1S4

To Whom this Letter Concerns:

I am responding to the memo sent out to my family, the family of the Late [redacted] that was received regarding the 1986-1990 Hepatitis C Settlement Agreement.

First of all, I look back on the settlement that was received by the family for compensation in the Hepatitis C scandal in contracting Hepatitis C through the blood products administered to my late husband. Because of his timely death of December 1, [redacted] there was not a test available to determine if [redacted] was infected with this disease. He was receiving blood products on a daily to weekly basis depending on his bleeding as he was a severe Hemophiliac.

As time and years have passed it has been determined that it would have been impossible for a Hemophiliac receiving the amount of human blood products that he intravenously received to have not contracted Hepatitis C. I have to think, about the many conversations surrounding [redacted] treatment back in the late 1980's when his body wasn't responding to medication, as his liver enzymes were elevated and the Doctors administering his medications were reluctant in proceeding with more medication, to help with his present issues regarding HIV. This tells me now, what was going on with him and there was so little known about hepatitis C at this time.

I received the information package in 2002 regarding the compensation for the hemophiliacs and that may have contracted Hepatitis C and basically felt that this was a one shot deal, sign it or get nothing at all.

I am truly disappointed when I have learned so much more over the years that my dead husband's life could have been more jeopardized with the Hepatitis C rather than the HIV, as it prevented him from responding to medication not only because of his immune system but because of the poor liver function caused by this deadly disease Hepatitis C.

As years have passed there is NOTHING that will bring back [redacted] or the years we suffered through his illness or the years we lost not having him with us as a son, brother, husband or father and now grandfather. He was the bread winner for our family and the shoulder that many of us leaned on.

I look at the compensation received back in 2002 for the significant loss in our family. A total of $72,000 paid out to his family which was his 2 Parents, 3 sisters, his wife and three children all under the age of 10. What an insult this monetary gesture from the government for the loss of a significant person. It was split amongst 9 family members and his estate.

As [redacted] wife, I was left to pay for our home, raise 3 young children, educate them and provide for the house hold with my single income of a part-time job because when he was sick I went to a part time status to accommodate the family and Franks needs and care.

I find it absolutely appalling to hear there is a SURPLUS of money of $236 - $256 MILLION Dollars in the Class Members and Family Class Members Trust Fund. Really, how that could have helped me raise my children, give them an education without borrowing money, pay off debt and give my family what they deserved and what [redacted] would have wanted and provided for them if he had been given the chance to live.

I am asking the Joint Committee to stand up for the people/families with a "fair monetary pay out" that have died because of this Hepatitis C scandal. The very least they could do is disperse of it fairly to the people that have suffered a significant loss such as a death in their family whether it be a parent, sibling, spouse, or child to help ease the burden financially for those still suffering whether personally or because of the illness or death of a loved one.

Regards,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hep. C settlement
Date: Wednesday, September 30, 2015 17:26:37

Dear Kathryn Podrebarac

Hello, I am writing to let you know how appreciative we are that you are trying to do something more for all of those affected by the tainted blood tragedy.

I am one of four daughters of [redacted] (claim#01400855) who will always feel that our government is responsible for killing our Father.

My name is [redacted], claim #00004737 and I truly miss my Dad. I miss my Mom just as much and blame the same people for her death. They were indirectly responsible for her premature death as she could never get her mind around why he died as he did. She was a very healthy woman when she died in a car crash that I don't believe would have happened if she didn't dwell so much on how and why he died. He was a very special man, a fair man, an intellectual man, an artist but especially a great Father and Husband. He loved us without question and loved his grandchildren. This love was always given in return. If you did something that hurt him he would sit you down and discuss it. When the Red Cross (whom we all trusted and would donate our blood to) cared more about the money than they did about people, they made my Dad deathly ill. He didn't have the chance to sit down with them and ask WHY! After my Mom and others, I assume started a lawsuit against them, they shut down with the backing of our government. My Mother and ourselves had an extremely difficult time getting his records from the hospital to prove that they gave him bad blood. They told us it was against regulations to give out that information, they couldn't find the records, the records had been shipped elsewhere, anything and everything to avoid the truth. Later when we went to visit our Dad In the hospital, as each one of us came in they separately asked us "how much does your Father drink"? Next question was " what type of drugs does or did your Father do?" According to the hospital, they wanted us to help them pin their part of the crime on our Fathers' drunken or drug addicted lifestyle. I told them as did my sisters that our Father may have one or two drinks a year and for him, his drug of choice was to look up at the sky or into a river and see the natural beauty that surrounded him. He could not comprehend why anyone would need drugs when all you had to do was open your eyes and view all that life had to offer anyone who chose to see. This is one of the reasons that most of the Mayors in the G.T.A. At that time had his paintings, as did former Prime Minister Pierre Trudeau and the President of Taiwan, as well as many others. He loved life and all that surrounded him. He had job offers from around the world and although we did move once to the U.S., he didn't last as he missed his country and we returned. A true Canadian who was greatly hurt when his country turned on him and took his life. He didn't lose his life because he fought in WW 11, he lost his life because the Red Cross and our government cared more about the almighty dollar than they cared about their citizens.

I was always his little girl, I know we all were and it is not right what they did to him and put him our Mom and us through, watching him die like that. It still hurts and we will always miss him, his smile, his love, his advice and so much more. Our Mother was never the same after that, she felt she should have somehow been able to prevent him from this horrible death. She worked so hard to try and get some Justice for him but never lived to see the outcome and how little our government felt our Fathers' life was worth. She had done everything to help him for so long but tragically died before the the paltry settlement came about. She would have been very upset about the outcome I am sure. I know they would both be turning over in their graves if they thought this money was going back in the governments pockets so they could spend more money on foolish projects in order to create a need for something useless that someone's relative wanted to sell them for millions. Maybe a few more politicians need to spend more time on vacations paid for by the people. They could also start a new highway project or a subway then discard it. Oh our government has many ways of wasting taxpayers money but please do not let them have this money returned to them because somehow they will manage to have it slip away into their own pockets. They caused the grief while we had no choice but to endure it. We along with others very much miss the people they killed and are very saddened by all that they missed out on, in what could have been their lives.

I apologize to you if I am ranting but knowing what they did and what they could have done to prevent this terrible tragedy hurts me. It also shames me as I had always been proud to be Canadian believing that Canada was a country who took care of their people and helped others.

How times have changed or maybe I have just had my eyes opened and now see the ugly truth of everyone out for themselves and "to hell" with the little people. Please help me believe in the justice system again and return to all of us what is rightfully ours.

Return the money to the government, "PLEASE"? They were not charged with murder nor even manslaughter, which in the world we "peons" live in, would have happened. I, we miss him more than words could ever say. I have his and my Mom's pictures and paintings everywhere. It always hurts when someone you love with all of your heart dies. My fathers death hurts more though as he died as a betrayal of his own country.

Thank you for listening to me, I cried through writing this as all the memories resurfaced and made me miss him all the more-so.

Please help all of us who are still very hurt and saddened by all of the unnecessary suffering of our loved ones and the too early loss of their lives.

Sincerely

[redacted]

Sent from my iPad

From: [redacted]
To: Kathryn Podrebarac
Subject: [redacted]
Date: Thursday, October 1, 2015 23:58:07
Attachments: [redacted] .pages

Dear Kathryn Podrebarac
If you have any questions regarding this letter please call me at [redacted]
Best regards
[redacted]

Sent from my iPad

October 1st, 2015

Kathryn Podrebarac,

I am writing this letter to assist you in understanding the life I have been dealt by a mistake that was made by careless choices, that have caused me intimate suffering and alienation. No amount of words will allow you to really understand the undo hardship I have been given, but I will do my best to help you gain a sense of what living with a chronic/ terminal disease is like.

The mandatory tests to confirm level five and six of this progressive disease is like running a marathon blind, and being told you're at the end. Regarding level five, Advanced Disease level, cirrhosis of the liver. The progression of symptoms at this level is increasing my risk of dying. Some of the symptoms of level five,

I will identify some of the symptoms that accompany level five, you can judge the severity:

- Enlarged spleen.
- Kidney problems.
- Spontaneous bleeding.
- Overwhelming fatigue.
- Increased risk of liver cancer.
- Compromised immune system.
- Disfigurement.
- Yellowing skin.

These symptoms result in chronic pain and suffering, not to mention the effects it has on ones psychological state. Personally, disfigurement and yellowing skin alone will bring an end to the already dwindling social life I have. For me, life is imminently over even if your eyes aren't closed.

If these symptoms at level five are not bad enough, level six, simply is unimaginable. If one should make it to this level, they are surly on their death bed waiting for an end. Compensation at levels five or six is disconcerting. It is inevitable, any monetary compensation will be left to their estate, and in what sense is this fair, or just?

There is no amount of compensation that will ever take back this awful, life altering disease, but if I can ask one thing of the courts it would be to provide us with compensation while we can still make our own choices by allocating such compensation in a way that will help maintain our quality of life.

Sincerely,

[redacted]

October 1st, 2015

Regarding Surplus

Before a decision is made regarding the surplus, I am hoping the following will be taken into consideration.

Was it ever taken into account the overwhelming pain and suffering we will have to endure. The physical symptoms we have to prove for compensation is assessed accordingly, I can only assume this includes pain and suffering. There is much more to consider, the emotional and psychological pain is chronic. I hope my situation allows a perspective of emotional and psychological pain and suffering.

In 1987, I received five blood transfusions. Sixteen years later in 2003, I became very ill for many weeks, causing me to be bedridden. Doctors ran tests, and two days before Christmas it was confirmed I was positive for Hepatitis C. Being informed there was no cure for this disease, I was extremely devastated. In 2004, my marriage ended, in part due to my depression. My daughter, at the time 13 years old, had a hard time dealing with such information, leading her to believe she was going to loose her mother. When informing friends and family, they became concerned this was contagious, no matter what I told them. This created a stigma and therefor made it very difficult if not impossible to continue socializing. My life has forever been changed, causing me to feel very isolated in many aspects.

If granted, please determine it not fair or just to assign and include monies to level 5, and/or 6. Please recognize when an advanced disease level is reached, we are less in charge of making choices and our ability to improve our quality of life is no longer possible. Not knowing any dollar amount, at this stage I can only suggest a one time disbursement or once a year until reduced.

Sincerely,

[redacted]

[redacted]

RECEIVED
OCT 0 7 2015

October 2, 20015

Joint Committee
Kathryn Podrebarac
Suite 701, 151 Bloor St. West
Toronto, Ontario
M5S 1S4

To whom this may concern:

I am responding to your letter regarding the 1986 – 1990 Hepatitis 'C' Settlement Agreement which involved my late brother [redacted]

I have learned so much in the past years since my brother passed away.
I am truly disappointed that his life could have been saved through proper screening of blood products and medications.

To think this all could have been prevented, the years my brother suffered pain through his illness or the years his Family a son, brother, husband, father and now grandchildren, that will never have known or seen their grandfather.

As I write this letter the memories and the reality of what might have been are so real, the tears of sadness come flowing again, for such a tragedy that is intolerable to bear of losing a loved one.

The small compensation our Family received in 2002 of $72,000 from the government, divided among 9 people was a disgrace and embarrassment, for the significant loss and death of our Family member.

I am asking the Joint Committee to continue to represent the Families and have this surplus of $236 - $256 Million dispersed equally among the peoples that have suffered the loss and death of their Family member.

Thank you for requesting my input
Sincerely

[redacted]

RECEIVED
OCT 0 7 2015

October 2/2015

1986-1990 Hep C Settlement

Attention
Kathryn Podrebarac

My name [redacted]
Ref# 3455.

I Received Hep C 1989 through operation to remove tumor at York County Hospital - now called Southlake Regional Health Centre.

I ~~trade~~ tried Victrelis 2012 for 48 weeks - paid by OHIP as I am a Senior - aprox 65000 this lasted 48 weeks of terrible side effects - lost all my hair etc - I was paid 1000 per month by Hep C Claims Centre but not until 6 months had passed & lots of paper work & signed by DR. - also out of expenses that were to be paid had to be signed by DR - I did not even bother with milage as my DR Sjotland a Gastroenterolog was always very busy at hospital

This Treatment did not work & virus still there.

I was to start another Treatment But in March of this year was diagnosed with Breast Cancer

I think if there is Surplus as Indicated by Letter it should Be devided to all members that were affected:

Yours Truly

[redacted]

"I do not have Internet"

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Cc: Dave Lam
Subject: Joint Committee - Surplus Input
Date: Sunday, October 4, 2015 23:52:39
Attachments: Joint Team Committee Input Letter.docx

Dear Ms. Podrebarac,

Please find attached a letter in response to the correspondence my family received in the mail from the Joint Committee, regarding the Surplus from the Trust Fund set up as a result of the 1986-1990 Hepatitis C Settlement Agreement. In it you will find my family's input on how we think the surplus should be used.

Kindly acknowledge receipt of the attachment.

Sincerely,
[redacted]

[redacted]

Kathryn Podrebarac,
Joint Committee Member
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4

Sunday, October 4, 2015

Dear Ms. Podrebarac,

Re: The late [redacted]

I am writing to you on behalf of my father, [redacted]; my mother, [redacted]; my brother, [redacted] and myself, [redacted], Claim ID 01400156 (TE). My sister was the late [redacted] [redacted] who died November 29, [redacted], three years post-liver transplant.

My family and I watched the webcast consultation session live on the internet on August 25, 2015. I am submitting to you a brief version of what my dear sister had to live through because of contracting the Hepatitis C virus from a tainted platelet transfusion and how her passing has affected us. I will also submit to you our input on how we think the surplus from the Trust Fund should be used.

[redacted] was diagnosed with Hodgkin's Lymphoma in March of 1987 when she had just turned 22 years old. She underwent radiation and chemotherapy treatment while working and attending Chartered General Accountant (CGA) courses. The cancer went into remission but she relapsed in August 1988. [redacted] then underwent further chemotherapy and eventually an experimental Autologous Bone Marrow Transplant in January 1989 (as opposed to the alternative palliative care for terminal cancer). She received many blood product transfusions while battling cancer, one of which was a platelet transfusion on February 10, 1989, that was, unbeknownst to us at the time, contaminated with the Hepatitis C virus.

My sister was a fighter, a strong person, and the Autologous Bone Marrow Transplant was a success. She returned to Rehabilitation Employment in September of that year, after being on Long Term Disability Leave. [redacted] was thrilled to be back to work full time after that, and was instrumental, as one of the Founding Members of the Autologous Bone Marrow Transplant Peer and Support Team, to form such a group, as the Autologous Bone Marrow Transplant procedure was still experimental at the time.

Unfortunately, [redacted] got seriously ill after undergoing a Gall Bladder operation in October 1992. She suffered liver failure and was soon diagnosed with end stage liver disease. [redacted] was in the ICU and ACU for four months while she was put on the Waiting List for a Liver Transplant. She went on Long Term Disability once more.

After one year on the Waiting List, [redacted] received her new liver on November 14, 1993. Being the fighter she was, she recovered enough to return to work on a Rehabilitation Program in September the following year, and by April 1995, she resumed full time employment. She was happy to, according to her, "be paying taxes again."

Being on immunosuppressant drugs as a result of her liver transplant, many common viruses and bacteria, which healthy individuals could fight off, were life threatening to my sister. She had to go to the doctor every time she had a fever for precautionary measure. At times, she was admitted to hospital. Tragically, [redacted] was admitted to the hospital for the last time in September 1996, where she fought hard, but succumbed to her illness November 29, 1996.

As you can see, my sister suffered greatly in the last 10 years of her 31 years. Besides the physical pain, [redacted] suffered emotionally, spiritually, and mentally. It was extremely difficult for my family and me to watch helplessly as she went from one major trauma to another. I took two Leaves of Absence to help in her care, and to take my family to the hospital to visit and comfort [redacted] on so many, lengthy occasions. We spent long hours at her bedside. It was difficult to watch her health decline as she lost weight and became gaunt; to see her try to be strong when my mother worried and cried; to see [redacted] in a coma for weeks; becoming jaundiced; and watching her struggle to talk and even breathe. During her illnesses, her quality of life was poor and debilitating.

My first son was only one year old when [redacted] entered the hospital for the last time. My second son and my brother's two sons never got to meet their Aunty [redacted] She was robbed of the chance to get married and have children and grandchildren, to live a long, happy and fruitful live that she so deserved. My family has been devastated by her passing, especially at such a young age. It was most devastating for my parents to lose a daughter, and especially for my mother, who was bed ridden for two months as a result and had to be medicated. The pain of losing my sister will never ever go away. She was such a brilliant, motivated, ambitious, kind, spirited person. She should never have died the way she did, suffering immense pain and for so long, so early in life.

The compensation received from the Settlement was insulting as no amount of money can replace my sister. That amount of money could not replace what she would have earned in salary and investments had she survived, not to mention the money lost during her illness in salary, hospital care, medicine, transportation and out-of-pocket expenses. Money cannot make up for all the pain and suffering my family and I when through and still are. It cannot even begin to make up for her life. Words are insufficient to capture the hurt and desperation we felt, and the betrayal of the various systems that allowed such a tragedy to happen to so many victims and their family.

It is with this in mind, that my family and I wish that all or a portion of the surplus be allocated in favour of Class Members and Family Class Members, even those who had lost a family member and received a lump sum. If a portion only is allocated as such, then the remaining portion should be kept in the Trust Fund to continue to fulfil the Settlement Agreement for surviving victims, and new victims who contracted Hepatitis C during 1986-1990 as a result of the tainted blood. We believe that they should not be left out just because they fall outside the deadline to claim. Their suffering is just as important and unjust as the other victims. Since the Trust Fund was set up to compensate the Class Members and Family Class Members, the surplus should go back directly to them, not for research or any other purpose or to any person or groups, such as, organizations and associations, and most definitely, not to the Government.

At this time, I would like to thank the Joint Committee for the excellent job they are doing overseeing the Trust Fund, and looking after the interest of the Class Members and Family Class Members.

Please acknowledge receipt of this letter. I shall be sending a copy by mail also. I look forward to hearing from you on the outcome of the Courts' decision. Feel free to contact me should you need to.

Sincerely,

[redacted]

[redacted]

RECEIVED
OCT 14 2015

Kathryn Podrebarac,
Joint Committee Member
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4

Sunday, October 4, 2015

Dear Ms. Podrebarac,

Re: The late [redacted]

I am writing to you on behalf of my father, [redacted]; my mother, [redacted] my brother, [redacted]; and myself, [redacted], Claim ID 01400156 (TE). My sister was the late [redacted] [redacted] who died November [redacted], three years post-liver transplant.

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As you can see, my sister suffered greatly in the last 10 years of her [redacted] years. Besides the physical pain, [redacted] suffered emotionally, spiritually, and mentally. It was extremely difficult for my family and me to watch helplessly as she went from one major trauma to another. I took two Leaves of Absence to help in her care, and to take my family to the hospital to visit and comfort [redacted] on so many, lengthy occasions. We spent long hours at her bedside. It was difficult to watch her health decline as she lost weight and became gaunt; to see her try to be strong when my mother worried and cried; to see [redacted] in a coma for weeks; becoming jaundiced; and watching her struggle to talk and even breathe. During her illnesses, her quality of life was poor and debilitating.

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At this time, I would like to thank the Joint Committee for the excellent job they are doing overseeing the Trust Fund, and looking after the interest of the Class Members and Family Class Members.

Please acknowledge receipt of this letter. I shall be sending a copy by mail also. I look forward to hearing from you on the outcome of the Courts' decision. Feel free to contact me should you need to.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: RE: Victim impact - re settlement of [redacted]
Date: Monday, October 5, 2015 18:31:19
Attachments: image001.jpg

Hello Kathryn,

Following is my victim impact statement:

My name is [redacted] and I am the eldest daughter of [redacted] deceased in February, 1997 having contracted Hep C from a blood transfusion. I wish to illustrate the many ways in which my life, as well as the lives of my family, have been impacted by my dad's premature death.

I have three sons who were aged 18, 13 and 8 when Dad passed away. The eldest, [redacted] as very close to him and would attend weekly the (boxing) gym with him much earlier, before he became ill. [redacted] was his first grandchild, and to say he doted on him would be an understatement. The loss, not to mention Dad's rapid deterioration, affected him deeply, as all my sons were affected. Dad had been living with us for years, until he was hospitalized.

Dad had 8 grandchildren, most of whom were old enough to know him and mourn his loss. He was only 67 when he died, so young and such a loss to all of us.

When Dad became ill, the effect on his businesses was devastating, to say the least. Once a commanding entrepreneur, he started his first establishment in 1959, and it was so successful, he opened 2 more businesses in short order. He had several residences, including a lovely home on Fallingbrook, in an exclusive area of the beach, in Toronto. Once Dad became ill, his businesses suffered greatly, so much so that the family lost everything.

His area of expertise was bars and restaurants. In 1974, I left my job with a major bank to work for him, anticipating a lifelong career. I did return to banking around 1981, shortly after the birth of my first child. The hours obviously were more conducive to child rearing. However, at some point in 1986, it became necessary to go back to helping Dad at the restaurant.

In so doing, I forfeited approximately 16 years (in total) of contributing to a defined benefit pension package at RBC. When eventually I returned full time to the bank, I was denied the option of making compensation payments to the plan for years missed, thereby reducing my pension dramatically, while now having to work an additional 9 years until retirement next September. It is beyond stressful to contemplate how possibly I will be able to survive on just over $500 per month, my estimated RBC pension amount.

As difficult as his loss has been to all of us, it is almost impossible not to smile when I think of him. Dad was a very colourful character, unique in so many ways. He was a professional boxer in his younger days, he played baseball and basketball and everyone who knew him, loved him. He was naturally charismatic, loved to joke, and you could only pray that you wouldn't have to be on the receiving end of his teasing nature, all in fun of course. I continue to miss him dearly, and my boys talk about him so often and with such reverence, it still makes me proud to have been his daughter.

Sincerely,

[redacted]

From: Kathryn Podrebarac [mailto:KPodrebarac@toughcounsel.com]
Sent: 2015, October, 02 4:49 PM
To: Vitelli, Patricia
Subject: RE: Victim impact - re settlement of Michael Albert Hogan

Yes. There is still time.

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4
Tel 416.348.7502 **Fax** 416.348.7505
kp@toughcounsel.com

From: Vitelli, Patricia [mailto:patricia.vitelli@rbc.com]
Sent: October-02-15 4:23 PM
To: Kathryn Podrebarac
Subject: RE: Victim impact - re settlement of Michael Albert Hogan

Hello again Kathryn,

Time has gotten away from me! Hopefully I am still within the timeline to send you the email?

Please advise.

Many thanks, Patricia.

From: Kathryn Podrebarac [mailto:KPodrebarac@toughcounsel.com]
Sent: 2015, September, 22 5:21 PM
To: Vitelli, Patricia
Subject: RE: Victim impact - re settlement of Michael Albert Hogan

Hello Patricia

Yes, you can email it to me. There is no hard deadline, but the sooner the better as we are meeting and preparing our records to submit to the court. The next week or so would be great.

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4
Tel 416.348.7502 **Fax** 416.348.7505
kp@toughcounsel.com

From: Vitelli, Patricia [mailto:patricia.vitelli@rbc.com]
Sent: September-22-15 5:06 PM
To: Kathryn Podrebarac
Subject: Victim impact - re settlement of Michael Albert Hogan

Hello Kathryn,

I was present at the Aug 25th consultation session on Yonge Street in Toronto.
Please, can you advise as to the deadline for victim impact letters, and will I be able to email it?

Many thanks, Patricia

If you received this email in error, please advise the sender (by return email or otherwise) immediately. You have consented to receive the attached electronically at the above-noted email address; please retain a copy of this confirmation for future reference. You may unsubscribe from promotional emails.

Si vous recevez ce courriel par erreur, veuillez en aviser l'expéditeur immédiatement, par retour de courriel ou par un autre moyen. Vous avez accepté de recevoir le(s) document(s) ci-joint(s) par voie électronique à l'adresse courriel indiquée ci-dessus; veuillez conserver une copie de cette confirmation pour les fins de reference future. Vous pouvez vous désinscrire de la liste d'envoi de courriels

---

TO: Kathryn Podrebarac

[redacted]

Re: The Joint Committee

From: [redacted]

Date: oc
6/20

Basically I feel and think that the surplus should be given to these victims family members, (distributed) evenly for pain and suffering money. My grandmother got hep c from bad blood that was given to her in the hospital, we are supposed to be trusting hospitals to help us whe we are in need, not watching a family member suffer a disease due to a hospitals mistake. Not only do we have to be Saddened about that, but this incident could potentially make a person decide not to get a blood transfusion if they were really in need, Whereas if that incident never occoured that person denying the blood transfusion, could of chose to have been saved. As you can see the whole thought surrounding this hep c cause is not a good one, so therefore that is why families deserve to be receiving this money due to pain an suffering, as it effects us in more ways than one.

Signed,

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement Agreement
Date: Wednesday, October 7, 2015 10:02:47

I received the email and have been unable to attend some of the sessions due to business travel.

But my family feels the settlement surplus should be re-distributed amongst the family members who were impacted by this terrible event in the first place.

Thank You.

[redacted]

[redacted]

RECEIVED
OCT 14 2015

①

1743
Oct 07/2015

To Joint Committee Members
From [redacted]
FBO The Estate of [redacted]

I am writing this letter in regards to the information letter I received on the extra money in the Hep C class action settlement.

I believe at the time of the Hep C class action settlement decisions where made, some good and some not so good.

In our family scenario, our family was devastated to find out that our mother had been given tainted blood by a transfusion that wasn't tested or screened, which caused her to get Hep C.

Due to our mothers age, the time frame of living with Hep C was reduced, and because of this she opted not to have a liver byopsy and the extra pain and suffering to find out the extent of the infection.

Hilroy

Since we have (been there done that) as a family we feel the cash settlement of this huge unforgiving mistake was not sufficient for the heart ache suffered.

We believe there should be a one time extra payment to family members and infected family members. the pain of the mistake was the same for everyone, regardless of age or condition.

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: Hepatitis C Joint Committee
Date: Monday, October 12, 2015 13:13:22

Dear Ms. Podrebarac,

Thank you for the opportunity to provide my input to the Joint Committee. I did watch a live webcast session in August.

My brother was a hemophiliac and lost his life due to tainted blood. If the Trust Fund is sufficient to meet the expected needs of Class Members and Families, I feel the surplus should be allocated to the Class Members and Family Class Members also.

Thank you for your time.

[redacted]

RECEIVED
OCT 14 2015

SEPT. 2015.

TO JOINT COMMITTTEE: IN RESPONSE TO THE "SURPLUS", FROM THE 1986-1990 HEPATITIES "C" SETTLEMENT AGREEMENT. I THOUGHT ABOUT IT AND CAME TO THE CONCLUSION THAT, PEOPLE OR PATIENTS THAT WENT THROUGH "INTERFERON" TREATMENTS, SHOULD GET A LARGE PORTION OF THE "SURPLUS." THE MONEY I RECEIVED IN THE EARLY 2000'S (2000-2004) WHEN I STARTED TREATMENT WAS NICE TO HAVE, BUT THE HELL!, I WENT THREW WAS SOMETHING ELSE. THE FATIGUE, LOSS OF WEIGHT, LOSS OF APPETITE, LOST OF INTEREST IN SPORTS, IRRITABLE, AT TIMES, GOT VERY UPSET WHEN PEOPLE ASKED ME WHAT'S WRONG OR ASK QUESTIONS. IT WAS HARD TO EXPLAIN. LOST A GIRLFRIEND, LOST FRIENDS, MISSED APPOINTMENTS, AS YOU CAN SEE IT WAS TERRIBLE.

THAN AFTER A PERIOD OF TIME THE TREATMENT WAS STOPPED BECAUSE THE "INTERFERON" WASN'T KILLING THE HEPATITIES "C" VIRUS AT THE RATE THAT IT WAS SUPPOSED TO. I FELT LIKE "HELL"! FOR MANY, MANY, MONTHS AFTER THE TREATMENT WAS STOPPED. I FELT VERY DEPRESS, KNOWING THAT I STILL HAVE THE VIRUS. (NO, I DID NOT TAKE ANY MEDICATION FOR THE DEPRESSION, AT THIS POINT, I HAD ENOUGH), I TOLD DR. SHAFRON, NEVER, NEVER, AGAIN WILL I EVER TAKE "INTERFERON," I WOULD RATHER DIE.

ALSO, SOME OF THE "SURPLUS" SHOULD GO TO PEOPLE THAT WENT ON THE NEW DRUG "HARVONI", THAT GOT RID OF THE VIRUS. JUST AS MUCH AS THE FIRST PAYMENT.

HOPE THIS HELPS!

[redacted]

From: [redacted]
To: Kathryn Podrebarac
Subject: 1986-1990 Hepatitis C Settlement Agreement
Date: Wednesday, October 14, 2015 12:21:27
Attachments: [redacted].pdf
ATT00001.htm

Hello Ms. Podrebarac,

Please find attached my written submission regarding the 1986-1990 Hepatitis C Settlement surplus. I attended the consultation session in Toronto on August 25th, my apologies for the delay in getting this to you. Feel free to contact me.

[redacted]

October 14, 2015.

[redacted]

Kathryn Podrebarac
Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario
M5S 1S4

Ms. Podrebarac,

I am writing to you in regards to the surplus for the 1986-1990 Hepatitis C Settlement Agreement and why I believe that all of the surplus should be allocated in favour of Class Members and Family Class Members. My father was infected via a blood transfusion in 1986 when he underwent surgery for colon cancer. The hospital did not make my parents aware of the fact that he had had a blood transfusion therefore he was never treated for hepatitis C. He died May [redacted] of metastatic carcinoma. When my father passed away I was only 18 years old and had just completed my first year of University. The day I wrote my last final he went into the hospital and died there a month later. My father's death was traumatizing, within a year I began suffering from depression and severe anxiety. In 2003 my doctor had me on Celexa for 6 months. When you lose a parent you are faced with your own mortality and I found the grieving process overwhelming. After seeking counseling on campus I was able to continue with my studies and I graduated from York University however because I was struggling I decided not to pursue my original career choice of becoming a teacher-a career path my father had encouraged. Instead, shortly after I graduated I accepted a full time position with the company that had employed me part time for six years. My father's death has impacted me immensely and although no amount of money can ever make up for the loss of a loved one I believe I am entitled to a portion of the surplus to make up for financial hardship. I lost my father at a time when I should have been concentrating on my future instead I felt a huge void for a very long time and had difficulty coping on a daily basis. My father was a tailor and had his own very successful tailor shop, I can only imagine what that may have amounted to and what that would have meant for me and my two children, his grandchildren. My father's death has not only taken a toll emotionally but also financially and now that there is a surplus I believe his grandchildren are also entitled to benefit financially from the settlement.

Sincerely,

[redacted]

This is Exhibit "B" referred to in the
Affidavit of Alan Melamud
sworn before me,
this 15th day of October, 2015

Kathryn Podrebarac

A COMMISSIONER FOR TAKING AFFIDAVITS

Canadian Hemophilia Society
Help Stop the Bleeding
Société canadienne de l'hémophilie
Arrêtons l'hémorragie

September 14, 2015

Kathryn Podrebarac Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4
kp@toughcounsel.com

Dear Kathryn,

On September 13, 2014, the Canadian Hemophilia Society Board of Directors unanimously approved the following recommendations to the Joint Committee regarding the projected surplus in the 1986-1990 Hepatitis C Settlement Agreement Trust Fund.

1. No portion of the Trust Fund projected surplus should be returned to any level of Government. As the Fund was created with a pre-determined amount, and not based on the total projected needs of class members, the projected surplus should be entirely used to maintain or enhance benefits.

2. The June 30, 2010 deadline for applications should be extended indefinitely. All persons who meet the approval criteria should be compensated.

3. Those primarily-Infected hemophiliacs who are approved HCV-infected persons, who are also infected with HIV and who accepted the one-time $50,000 payment (section 4.08) should be allowed to re-apply to the fund and receive compensation as per all the terms of the Agreement while subtracting the one-time payment.

4. The Multi Provincial/Territorial Assistance Plan ex gratia payments for those infected with HIV should not be considered as income for purposes of compensation for loss of income (section 4.02c).

5. Where annual/lifetime limits on extended health care benefits are exceeded because of HCV care and treatment costs, a mechanism should be developed so these costs can be recovered and benefits used for their and their dependents' other health care needs.

6. The Settlement should be modified to allow members' access to life, mortgage, health and travel insurance based on the Irish HCV compensation model.

7. The Settlement should develop a mechanism to compensate for the loss of pension benefits resulting from the illness and inability to work.

8. The remaining surplus should be used to enhance benefits to all class members based on the spirit of the original Settlement:

- by adjusting the maximum age for compensation for loss of income to 67 (section 4.02.2);
- by adjusting the hourly rate for compensation for loss of services in the home to more realistic rates and increasing the maximum allowed number of hours per week (section 4.03.2);
- by adjusting the amount for funeral expenses (section 5.02);

- by paying out-of-pocket expenses of family members who help class members attend medical appointments;
- by paying one-time lump sum payments to all class members in proportion to the amounts set out in sections 4.01, 5.01, 5.02, 6.01 and 6.02.

9. The Settlement should develop a mechanism to compensate family members who have acted or continue to act as caregivers and in doing so have seen their own daily jobs, school and other activities negatively impacted because of the necessary time commitments.

10. Enhancements should be retroactive.

These recommendations follow discussions among people in the bleeding disorder community who are class members and an on-line survey that included the questions asked during the consultation meetings. The full results of the survey are attached in a separate document. In addition, we have encouraged individuals to contact you directly to express their opinions with regard to the surplus.

We hope these recommendations will be useful to you and the other members of the Joint Committee in establishing priorities in your submission to the Courts with regard to use of the surplus. Please do not hesitate to contact me for any points of clarification.

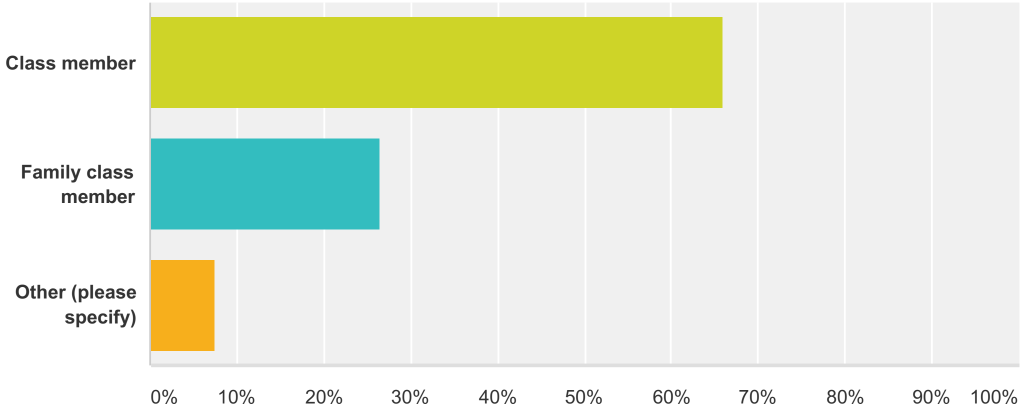
Best regards,

David Page

David Page
CHS National Executive Director

Q1 Are you a class member or a family class member?

Answered: 53 Skipped: 0

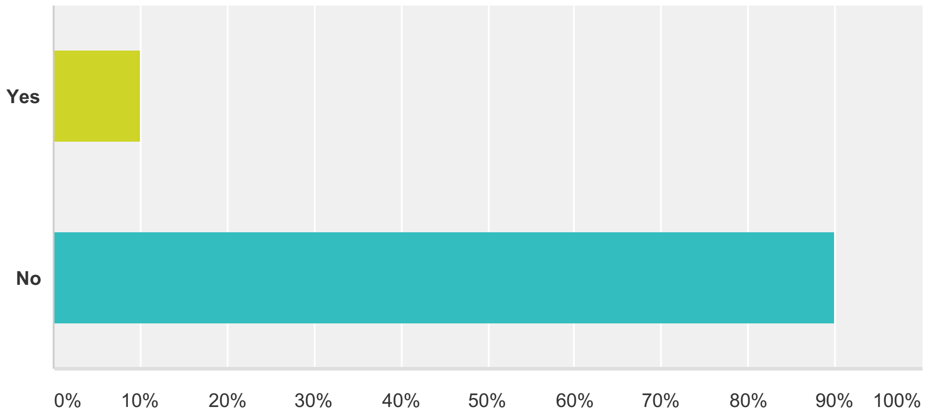


Answer Choices	Responses	
Class member	**66.04%**	35
Family class member	**26.42%**	14
Other (please specify)	**7.55%**	4
Total		**53**

#	Other (please specify)	Date
1	Class member and Family Class Member	9/7/2015 2:45 PM
2	fixed payment	8/23/2015 11:46 AM
3	Friend	8/23/2015 10:56 AM
4	Both Class Member and Family Class Member	8/21/2015 4:07 PM

Q2 Has the income loss payment kept up with the going rate in the infected person's field or job?

Answered: 30 Skipped: 23



Answer Choices	Responses	
Yes	**10.00%**	3
No	**90.00%**	27
Total		**30**

#	Comments	Date
1	This has not been available because employment has continued however the stigma may have resulted in a number of job changes however none which are proven in court. This has no affect as a family class member.	9/7/2015 2:52 PM
2	These questions do not pertain or pertain very little to self employed adults, retired or seniors; babies, toddlers, adolescents and young adults who have yet to start their careers, and therefore fall short of equal and fair compensation.	9/7/2015 2:38 PM
3	Earning potential was not realized due to the disease - base income test on what a normal healthy person would earn - not what an infected person earned - disease affected job performance - unable to participate in bonus plan / no consideration for promotion	9/6/2015 8:59 PM
4	I have more than 1 family member with Hep C . 2 died, 1 living. I do not know if income loss payments kept up.	9/3/2015 9:04 PM
5	I do not know. I have not received loss of income payments. I presume in my case, at a 6 figure salary, it would not be sufficient.	9/1/2015 7:55 PM
6	When diagnosed with HCC, I had just signed a contract for US$ 62,524 with the Asian Development Bank which required international travel. The doctor advised me not to undertake this travel. Consequently the contract was reduced to US$ 4162. A claim to the Claims Centre was rejected because I was over the age of 65. I would have continued to work including travel but had to stop on the doctor's advice. Consequently CPP contributions were also reduced. No compensation payments were made.	9/1/2015 3:19 PM
7	Non, j'ai perdu mon emploi, et tout surplus du fonds d'Indemnisation devraient nous êtres séparés pour combler le plus possible les pertes de revenus.	9/1/2015 11:29 AM
8	N/A	9/1/2015 10:42 AM
9	I was 4 1/2 years old when I contracted HepC, therefore I could not collect Income loss. I had to contend with questions at school and then in my teen years with in my personal life. I was able to go to work but then contracted Primary Progressive MS when I was 25 and could not work after that. The settlement in no way has compensation for such situations. My parents look after me now as I am bed ridden and the full weight is on them.	9/1/2015 7:18 AM
10	Because my employer is my brother and he kept my pay going didn't cute off .	9/1/2015 7:11 AM

11	no comment	8/31/2015 5:31 PM
12	Our son died in 1993	8/30/2015 9:33 PM
13	I was in high school Therefore i have not loss any income	8/30/2015 6:40 PM
14	We don't know. Our daughter was infected during cardiac surgery when she was 1 month of age. She has never worked. We are somewhat happy with the income loss payment but she will never reach her full potential.	8/28/2015 3:15 PM
15	Absenteeism due to sick leave during therapy trial treatments has impacted career advancement opportunities.	8/26/2015 8:05 PM
16	not even close	8/25/2015 12:01 PM
17	Doesn't apply	8/25/2015 12:40 AM
18	affected person deceased	8/24/2015 1:13 PM
19	N/A	8/24/2015 11:33 AM
20	person has died	8/24/2015 10:10 AM
21	Unfortunately i wouldn't know because my Mptap hinders my loss of income.	8/23/2015 3:31 PM
22	I believe it's using the national Canadian average of growth, unfortunately this doesn't keep up with the cost of living in the 'real world'.	8/22/2015 2:15 PM
23	N/A due to spouse is deceased and not working	8/22/2015 9:12 AM
24	He was a minor at the time of infection , lost interest in school feeling his life was going to be cut short he did not apply himself, eventually finished university but unable to find employment beyond minimum wage.	8/22/2015 8:59 AM
25	I was at the beginning, not the end of my career at the Corporate level of a Canada wide organization. I would have most certainly been promoted.	8/21/2015 9:42 PM
26	I was denied loss of income, my doctor told me I was not sick and would not approve anything even though I was not allowed go back to my job.	8/21/2015 8:59 PM
27	I have not been able to work for a very long time due to the side effects of the medicines and co-infection.	8/21/2015 4:32 PM

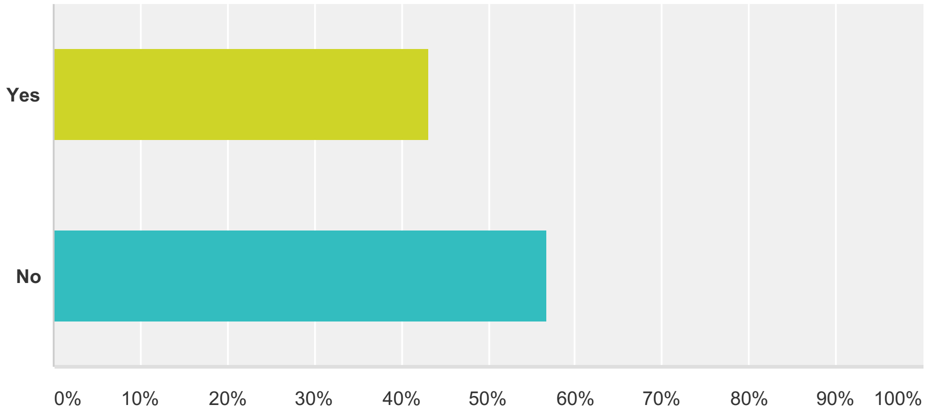
Q3 At what age do people working in the infected person’s field and job generally retire?

Answered: 33 Skipped: 20

#	Responses	Date
1	65	9/7/2015 8:05 PM
2	65 at this time however many continuing to work beyond	9/7/2015 2:52 PM
3	Retirement for self employed persons can happen at any time and does not have a "general retirement age".	9/7/2015 2:38 PM
4	70	9/6/2015 8:59 PM
5	n/a	9/5/2015 3:44 PM
6	At 65, the same as most either people do.	9/4/2015 12:57 PM
7	65 - now 67 -when Canada pension starts	9/3/2015 9:04 PM
8	65	9/2/2015 11:18 AM
9	60	9/1/2015 7:55 PM
10	No fixed retirement age for freelance international consultancies in Sovereign Debt Management.	9/1/2015 3:19 PM
11	45	9/1/2015 11:29 AM
12	65	9/1/2015 10:42 AM
13	N/A	9/1/2015 7:18 AM
14	65	8/31/2015 5:31 PM
15	65	8/30/2015 6:40 PM
16	67 plus	8/29/2015 9:15 PM
17	see above	8/28/2015 3:15 PM
18	65	8/26/2015 8:05 PM
19	65-70	8/25/2015 12:01 PM
20	65	8/25/2015 12:40 AM
21	65-70	8/24/2015 11:39 AM
22	65	8/24/2015 11:33 AM
23	immediately	8/24/2015 10:10 AM
24	n/a	8/23/2015 6:26 PM
25	65	8/23/2015 5:15 PM
26	I would say between 60-65	8/23/2015 3:31 PM
27	60-65	8/23/2015 10:59 AM
28	50	8/23/2015 10:59 AM
29	60	8/22/2015 2:15 PM
30	60	8/22/2015 8:59 AM
31	65	8/21/2015 9:42 PM
32	65	8/21/2015 8:59 PM
33	65	8/21/2015 4:32 PM

Q4 Did leaving the work force cause the infected person to lose a benefits package provided by the employer?

Answered: 37 Skipped: 16

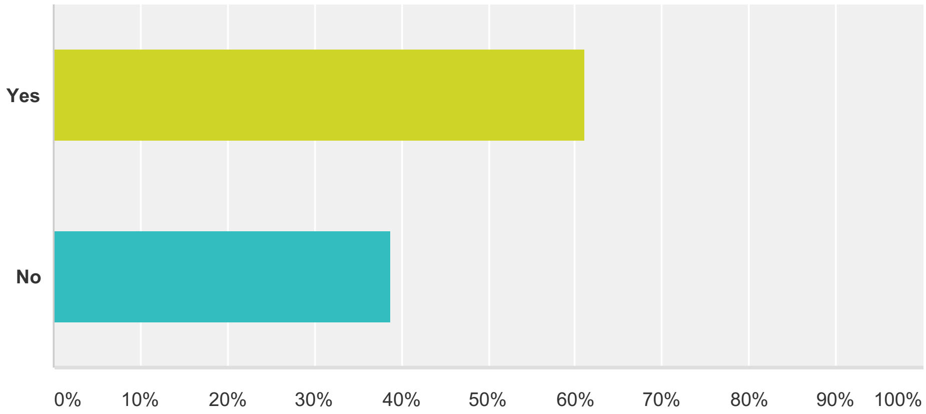


Answer Choices	Responses	
Yes	**43.24%**	16
No	**56.76%**	21
Total		**37**

#	Comments	Date
1	Self employed persons do not have benefit packages provided by the employer, as they are the employer.	9/7/2015 2:38 PM
2	because, I left the work force early, my CPP benefits will be reduced.	9/4/2015 12:57 PM
3	self employed. not able to get life insurance, disability insurance	9/3/2015 9:04 PM
4	Sick leave available.	9/2/2015 11:18 AM
5	insurance and medical benefits	9/1/2015 7:55 PM
6	Perte d'assurance médicaments beaucoup plus avantageux que le régime de base de la RAMQ qui n'est que de base!	9/1/2015 11:29 AM
7	N/A	9/1/2015 7:18 AM
8	shares in the company	8/29/2015 9:15 PM
9	see above	8/28/2015 3:15 PM
10	Did not leave workforce but life insurance increase denied	8/25/2015 12:40 AM
11	Diagnosed at 18. Could never really join work force	8/23/2015 6:26 PM
12	It currently has not, but the worry is always present.	8/23/2015 3:31 PM
13	no benefits in minimum wage job	8/22/2015 8:59 AM
14	I have barely managed to keep coverage. The Company has tried to remove me from their policy repeatedly as I have driven up their group rates. I had to hire an employment lawyer at my expense to keep them from cancelling my coverage.	8/21/2015 9:42 PM
15	Went from full benefits to zero	8/21/2015 8:59 PM

Q5 Did the infected person contribute to a Registered Retirement Savings Plan or have a pension plan while in the work force that has been impacted by leaving the work force?

Answered: 36 Skipped: 17



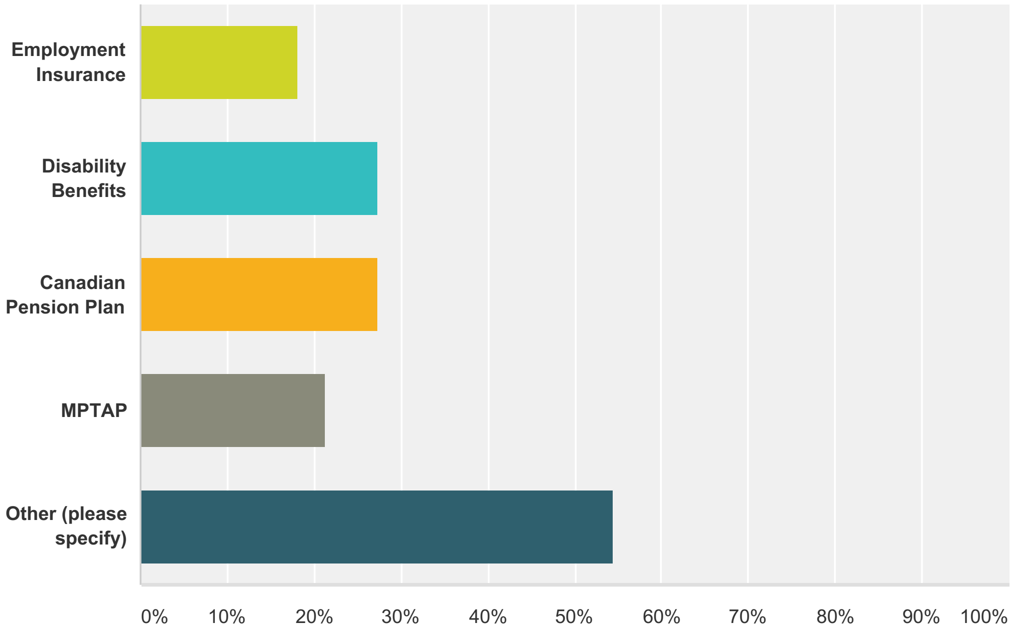
Answer Choices	Responses	
Yes	**61.11%**	22
No	**38.89%**	14
Total		**36**

#	Comments	Date
1	Deminishing income level has impacted RRSP contribution and pension plans gradually not offered	9/7/2015 2:52 PM
2	Insurance (life and other) packages had to be given up.	9/7/2015 2:38 PM
3	I do not make enough income to continue paying into RRSP plan.	9/4/2015 12:57 PM
4	too sick to work to make enough money to contribute to RRSP	9/3/2015 9:04 PM
5	Les REER sont encaissables mais beaucoup plus tard (plus de 60 ans) ce qui laisse une période de 10-15 ans de pauvreté et de 'flottement' ...	9/1/2015 11:29 AM
6	Pension plan	9/1/2015 10:42 AM
7	N/A	9/1/2015 7:18 AM
8	Our son died at age 22. He was not able to finish his college education	8/30/2015 9:33 PM
9	Company contributed 7 percent of wages to pension plan.	8/29/2015 9:15 PM
10	see above	8/28/2015 3:15 PM
11	Unable to participate	8/23/2015 6:26 PM
12	not sure	8/23/2015 5:15 PM
13	Haven't been able to contribute any longer.	8/23/2015 3:31 PM
14	Because of illness, I was not able to hold a great paying job at any time during my life, so my disability pension is not enough to live off of.	8/22/2015 2:15 PM
15	Contributions by both myself and my employer to my pension plan stopped in 1996 when I became too ill to work.	8/21/2015 9:42 PM

16	I have not been able to contribute and we ended up having to cash in some of it due to hardship.	8/21/2015 8:59 PM

Q6 Were Employment Insurance, Disability Benefits, Canadian Pension Plan and/or MPTAP deducted from the infected person's income loss payment? (check all that are appropriate)

Answered: 33 Skipped: 20



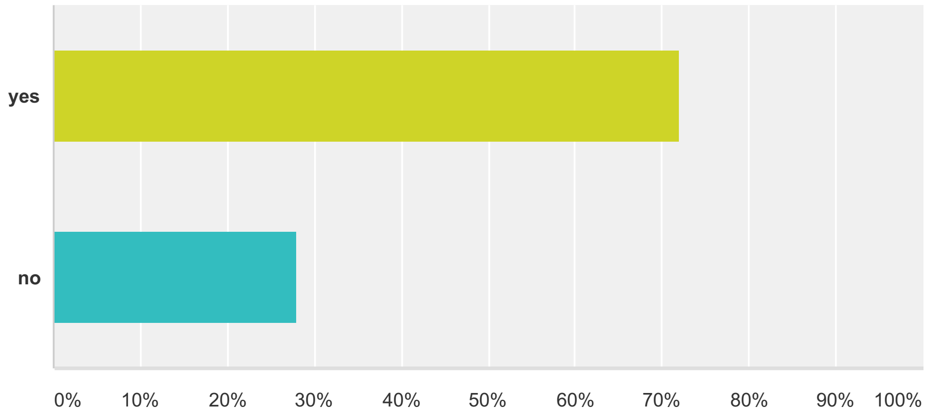
Answer Choices	Responses	
Employment Insurance	**18.18%**	6
Disability Benefits	**27.27%**	9
Canadian Pension Plan	**27.27%**	9
MPTAP	**21.21%**	7
Other (please specify)	**54.55%**	18
Total Respondents: 33		

#	Other (please specify)	Date
1	I DID NOT RECEIVE AN INCOME LOSS PAYMENT BECAUSE THE DISEASE ONLY DELAYED MY REEMPLOYMENT AFTER A DISMISSAL	9/7/2015 8:05 PM
2	na	9/7/2015 2:52 PM
3	Not applicable. As income loss payment was not available as I fall in the senior and self employed category. See comment in question 2.	9/7/2015 2:38 PM
4	N/A	9/6/2015 8:59 PM
5	n/a	9/5/2015 3:44 PM
6	No, because I never received any income loss payments.	9/4/2015 12:57 PM
7	N/A	9/2/2015 11:18 AM

8	No income loss payment was made to me by the Claims Centre.	9/1/2015 3:19 PM
9	N/A	9/1/2015 7:18 AM
10	not applicable	8/31/2015 5:31 PM
11	Not employed	8/31/2015 12:44 PM
12	ODSP	8/28/2015 3:15 PM
13	Doesn't apply	8/25/2015 12:40 AM
14	no	8/24/2015 1:13 PM
15	not sure, but I think so	8/23/2015 5:15 PM
16	Hcv loss of income	8/23/2015 3:31 PM
17	did not receive income loss payment	8/22/2015 8:59 AM
18	Did not get loss of income, my doctor said I was not sick even though I nearly died.	8/21/2015 8:59 PM

Q7 Did that deduction cause an unfair disadvantage?

Answered: 25 Skipped: 28



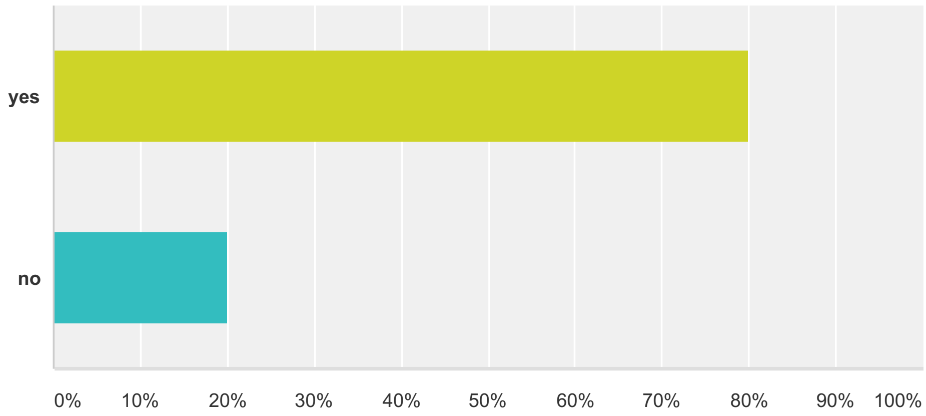
Answer Choices	Responses	
yes	**72.00%**	18
no	**28.00%**	7
Total		**25**

#	Please explain	Date
1	This does cause an unfairness with other class members	9/7/2015 2:52 PM
2	See comment in question 6.	9/7/2015 2:38 PM
3	N/A	9/6/2015 8:59 PM
4	n/a	9/5/2015 3:44 PM
5	j'ai un perte de revenus d'au moins $25,000 à S30,00 par année ...	9/1/2015 11:29 AM
6	N/A	9/1/2015 7:18 AM
7	not applicable	8/31/2015 5:31 PM
8	Not employed	8/31/2015 12:44 PM
9	I suppose a person cannot "double dip". But it happens in other places	8/28/2015 3:15 PM
10	it isn't even half of what I would be earning if I were still there	8/25/2015 12:01 PM
11	N/A	8/25/2015 12:40 AM
12	Obviously my NET income post claim is greatly reduced and any and all investments must be made with "AFTER TAX DOLLARS" this means any diferral to retirement age is effectively taxed twice!	8/24/2015 11:39 AM
13	less money	8/24/2015 10:10 AM
14	n/a	8/23/2015 6:26 PM
15	it was hard at times, but then it was ok at other times	8/23/2015 5:15 PM
16	I would have been makingvso much more money now compared to what i was earningvwhen my physician pulled me from working.	8/23/2015 3:31 PM
17	Disability should be tax free, and mptap should not be included as income.	8/22/2015 2:15 PM
18	I was forcedto accept LOS instead of LOI	8/21/2015 9:42 PM

19	We went from a comfortable life to one of struggle.	8/21/2015 8:59 PM

Q8 While the infected person was still in the work force, did he/she also regularly do household services around the home?

Answered: 35   Skipped: 18

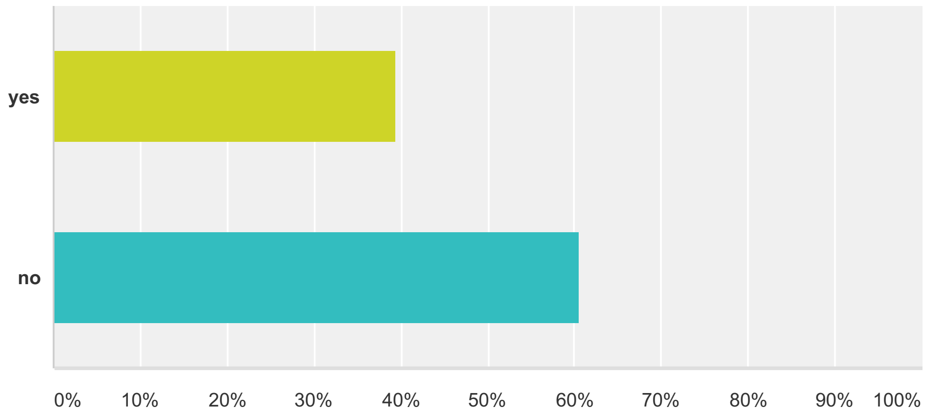


Answer Choices	Responses	
yes	**80.00%**	28
no	**20.00%**	7
Total		**35**

#	Comments	Date
1	When able.	9/2/2015 11:18 AM
2	Après traitement contre le VHC, même avec succès, je n'ai pu reprendre environ que les 2/3 (deux tiers) des tâches que j'effectuait auparavant ... mon épouse doit beaucoup compenser ce qui la fatigue énormément, et me rend triste (sentiment d'être inutile)!	9/1/2015 11:29 AM
3	N/A	9/1/2015 7:18 AM
4	To tired	9/1/2015 7:11 AM
5	Not employed	8/31/2015 12:44 PM
6	see above	8/28/2015 3:15 PM
7	the "man" work, some cooking cleaning snow-clearing etc	8/25/2015 12:01 PM
8	n/a	8/23/2015 6:26 PM
9	He was a mechanic at home.	8/23/2015 5:15 PM
10	It has become exhausting for me to do any household services	8/23/2015 3:31 PM
11	reduced	8/21/2015 9:14 PM
12	I could not hold a full time job.	8/21/2015 8:59 PM
13	yes and no, depending on how much energy I had	8/21/2015 4:32 PM

Q9 Once the infected person was not working outside the home, was he/she able to continue to do the things around the home he/she once did?

Answered: 33 Skipped: 20

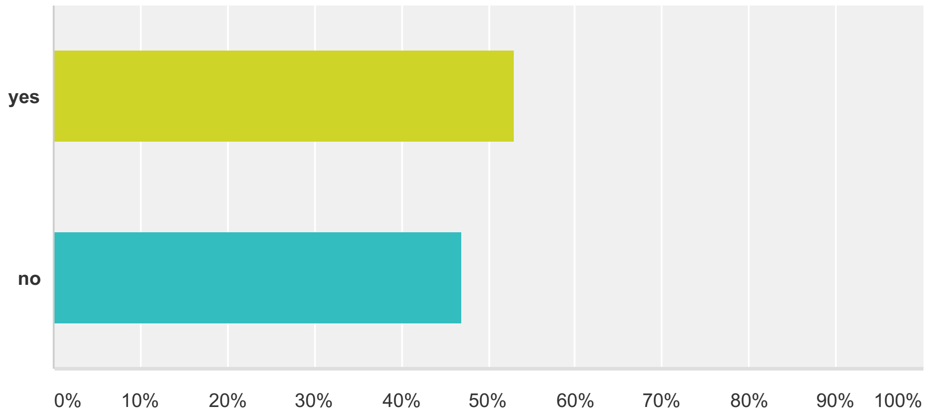


Answer Choices	Responses	
yes	**39.39%**	13
no	**60.61%**	20
Total		**33**

#	comments	Date
1	N/A	9/2/2015 11:18 AM
2	To a lesser extent.	9/1/2015 3:19 PM
3	obliger d'engager des aides domestiques pour travaux intérieurs et extérieurs de la maison.	9/1/2015 11:29 AM
4	N/A	9/1/2015 7:18 AM
5	i had no idea that this could be applied to us	8/30/2015 6:40 PM
6	see above	8/28/2015 3:15 PM
7	Limited as other family members took on larger roles.	8/26/2015 8:05 PM
8	the majority falls to the spouse	8/25/2015 12:01 PM
9	N/A	8/25/2015 12:40 AM
10	Yes and no somethings were starting to get harder for him to do	8/23/2015 5:15 PM
11	My body aches and my joints especially. The fatigue i feel is very hard to predict.	8/23/2015 3:31 PM
12	But limited	8/23/2015 10:59 AM
13	I get my husband to help out.	8/21/2015 8:59 PM

Q10 Did the infected person give up doing things around the home so that he/she could continue in the work force longer?

Answered: 34 Skipped: 19



Answer Choices	Responses	
yes	**52.94%**	18
no	**47.06%**	16
Total		**34**

#	comments	Date
1	Pushed self to do as much as physically possible.	9/2/2015 11:18 AM
2	N/A	9/1/2015 7:18 AM
3	To tired	9/1/2015 7:11 AM
4	see above	8/28/2015 3:15 PM
5	Full time graduate student - unable to pruse even part time	8/24/2015 1:13 PM
6	not able to do much of anything	8/24/2015 10:10 AM
7	n/a	8/23/2015 6:26 PM
8	He worked until he wasn't able to due to his condition	8/23/2015 5:15 PM
9	Before my physician pulled me out of work, my wife and family had to help me with househokd services.	8/23/2015 3:31 PM
10	I try, but I struggle.	8/21/2015 8:59 PM

Q11 Do you have any other comments or suggestions related to loss of income or loss of support ?

Answered: 23 Skipped: 30

#	Responses	Date
1	THE DISEASE TREATMENT NEGATIVELY AFFECTED MY PERFORMANCE LEADING TO MY DISMISSAL AND DELAYED MY REEMPLOYMENT LEADING TO A VERY SIGNIFICANT FINANCIAL LOSS.	9/7/2015 8:05 PM
2	Consideration for self employed adults, retired or seniors; babies, toddlers, adolescents and young adults who have yet to start their careers, have not been considered. Therefore their compensation falls short and is not equal to the compensation recieved by established adults employed by governments and private sector.	9/7/2015 2:38 PM
3	use surplus to correct loss of payment inequality	9/6/2015 8:59 PM
4	no	9/5/2015 3:44 PM
5	The was not set to help infected people, but to make a few government jobs to make them selves look good in the news off the day.	9/4/2015 12:57 PM
6	Disease and treatments are life altering for patient and family!	9/2/2015 11:18 AM
7	I would have continued working if I had not developed a HCC.	9/1/2015 3:19 PM
8	Une rente indexée au coût de la vie (IPC) selon statistiques Canada devrait être versées comme dans le cas des indemnités pour le VIH (à vie).	9/1/2015 11:29 AM
9	I believe that compensation should be sovered for those who the income loss does not apply, as they contracted Hep C from bad blood long before a working age. There must be more than one situation that this would apply to. A life time with Hep C and not being able to have any drugs that would help with a cure because it would accellerate the MS. I know having each case looked at would be a lot of work but I believe that each case is unique and the victum should have that luxury.	9/1/2015 7:18 AM
10	I owe my employer (my brother) he kepte on pay roll during my sickness for 2 years	9/1/2015 7:11 AM
11	no income, worked at home	8/31/2015 12:44 PM
12	Do something better for those infected as infants and where the burden now falls on the family	8/28/2015 3:15 PM
13	Therapy trial testing victims were grossly under paid for the level of effort. Consider the data research contribution please.	8/26/2015 8:05 PM
14	N/A	8/25/2015 12:40 AM
15	need to correct the MPTAP injustice and seriously give consideration for pension contributions post claim!	8/24/2015 11:39 AM
16	death benefit should be higher	8/24/2015 10:10 AM
17	Could not work	8/23/2015 6:26 PM
18	it is nice to be able to voice an opinion from the point of a family member as well as the infected person.	8/23/2015 5:15 PM
19	Mptap should not be used to calculate loss of income.	8/23/2015 3:31 PM
20	Son was infected while he was still young and did not/could not work until his death.	8/23/2015 11:34 AM
21	hard to evaluate loss of income when a person is just starting out in the work force and looking for meaningful employment	8/22/2015 8:59 AM
22	The recent changes to the annual renewal process for LOS are unreasonable. I have been unable to return to work. I should not have to take a complicated form to a doctor each year and essentially beg.	8/21/2015 9:42 PM
23	after getting diagnosed with Hep C and then treatment I lost my job due to having been exposed to Hep C. I had spent 17 years working in medical labs making $44,000 a yea. Due to my diagnosis I was not able to continue in my professio, since then I have only been able to get part time retail jobs. I have been struggling with trying to work due to low energy levels and have not worked in over 3 years. I was told I don't qualify for disability or Employment Insurance.	8/21/2015 8:59 PM

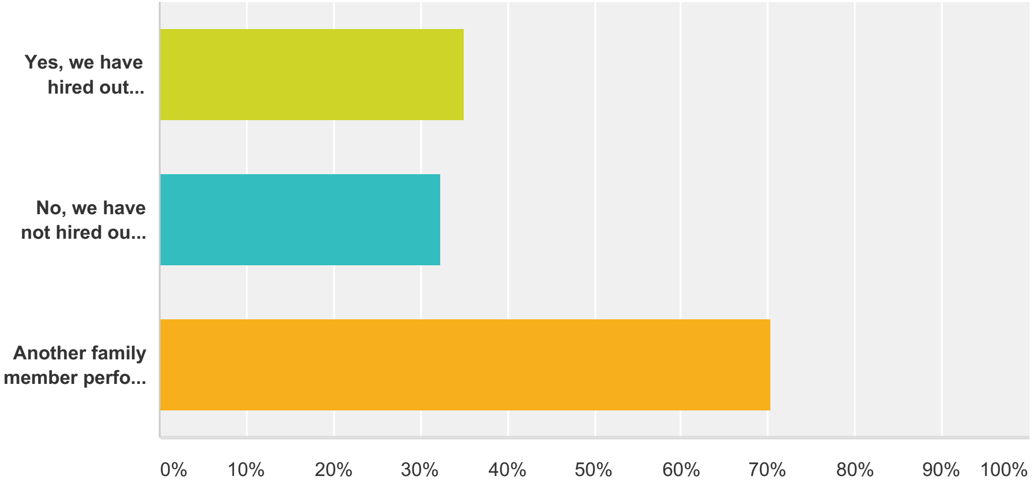
Q12 How does the maximum of 20 hours/week compare to the time the infected person spent working around the home before HCV prevented it?

Answered: 30 Skipped: 23

#	Responses	Date
1	I DID NOT KNOW ABOUT OR RECEIVE THIS PAYMENT	9/7/2015 8:05 PM
2	This is not sufficient to cover the shared work around the house	9/7/2015 2:54 PM
3	increase maximum	9/6/2015 8:59 PM
4	n/a	9/5/2015 3:44 PM
5	does not compare in any way....	9/4/2015 1:08 PM
6	worked from home, self employed. worked more than 20 hours/week on household	9/3/2015 9:08 PM
7	Not sure--did not receive same.	9/2/2015 11:21 AM
8	Before I developed the HCC I did not claim for loss of services because I did not know it was available even though I spent less time on housework.	9/1/2015 3:20 PM
9	Oui	9/1/2015 11:30 AM
10	insuffisant	9/1/2015 11:13 AM
11	I was a child	9/1/2015 7:19 AM
12	20	8/30/2015 6:41 PM
13	I worked alot more than 20 hours/week before.	8/29/2015 9:21 PM
14	don't know	8/28/2015 3:16 PM
15	Impacted 10 to 15 hours in my case.	8/26/2015 8:09 PM
16	doesn't compare	8/25/2015 12:02 PM
17	N/A	8/25/2015 12:41 AM
18	less than reality - closer to 30 hours	8/24/2015 1:15 PM
19	Probably a little low	8/24/2015 11:40 AM
20	zero	8/24/2015 10:11 AM
21	Worked according to ability	8/23/2015 6:30 PM
22	it's a big difference when you are used to working 40 hours a week and then having to cut down to 20. it hurts.	8/23/2015 5:19 PM
23	I think that the 20 hours is to low, it should be between 30-40 hours	8/23/2015 3:33 PM
24	Fair	8/23/2015 11:01 AM
25	Usually the hours were less than 20 hours	8/23/2015 11:00 AM
26	Fair	8/22/2015 2:16 PM
27	sufficient	8/22/2015 9:14 AM
28	ok	8/21/2015 9:20 PM
29	We to the best we can	8/21/2015 8:59 PM
30	There is no comparison. I have not been able to work for about 20 years.	8/21/2015 4:34 PM

Q13 Do you hire out the replacement services for work the infected person did around the home or are these tasks performed by another family member? (select all choices that are appropriate)

Answered: 37 Skipped: 16



Answer Choices	Responses	
Yes, we have hired out replacement services	**35.14%**	13
No, we have not hired out replacement services	**32.43%**	12
Another family member performs these tasks	**70.27%**	26
Total Respondents: 37		

#	comments	Date
1	I have to hire people to do most general repairs and yard work, which used to be able to do before getting infected.	9/4/2015 1:08 PM
2	We obtain casual help for which no receipts are available.	9/1/2015 3:20 PM
3	ma conjointe	9/1/2015 11:30 AM
4	His wife performed the tasks	9/1/2015 10:47 AM
5	Snow removal & family members take care of all landscaping.	8/26/2015 8:09 PM
6	owned own home prior to death - replacement services were required then	8/24/2015 1:15 PM
7	to save money and we could it	8/24/2015 10:11 AM
8	the family members have always helped out	8/23/2015 5:19 PM
9	We have had to use both!	8/23/2015 3:33 PM
10	We can't afford it so my husband helps out.	8/21/2015 8:59 PM

Q14 If applicable, how does the hourly rate you receive to replace work the infected person did around the home of approximately $16.50/hr compare to the rates you are paying for replacement services?

Answered: 27 Skipped: 26

#	Responses	Date
1	This is not sufficient for most services	9/7/2015 2:54 PM
2	Falls short. The minimum wage rate is above $10.00 per hour. Most companies and self employed person generally charge a minimum rate of at least $25.00 per hour.	9/7/2015 2:42 PM
3	replacement services >$20h	9/6/2015 8:59 PM
4	n/a	9/5/2015 3:44 PM
5	n/a	9/4/2015 1:08 PM
6	many tasks - cleaning, yard work, child care, snow removal are $20-30/hour or more hourso0p	9/3/2015 9:08 PM
7	N/A	9/2/2015 11:21 AM
8	Replacement services are $ 25 -30 per hour.	9/1/2015 3:20 PM
9	Oui	9/1/2015 11:30 AM
10	insuffisant	9/1/2015 11:13 AM
11	N/A	9/1/2015 10:47 AM
12	I was a child	9/1/2015 7:19 AM
13	no	8/28/2015 3:16 PM
14	Not sure.	8/26/2015 8:09 PM
15	spouse (wife) does it, obviously she doesn't get paid....fatigue is an issue	8/25/2015 12:02 PM
16	N/A	8/25/2015 12:41 AM
17	n/a	8/24/2015 1:15 PM
18	below most average charges for external services	8/24/2015 11:40 AM
19	did not claim	8/24/2015 10:11 AM
20	n/a	8/23/2015 6:30 PM
21	Replacement services are more	8/23/2015 3:33 PM
22	Not enough	8/23/2015 11:01 AM
23	na	8/23/2015 11:00 AM
24	Fair	8/22/2015 2:16 PM
25	doesn't he made $22/hr	8/22/2015 9:14 AM
26	difficult to find people at that rate	8/21/2015 9:20 PM
27	We can't afford to pay any one	8/21/2015 8:59 PM

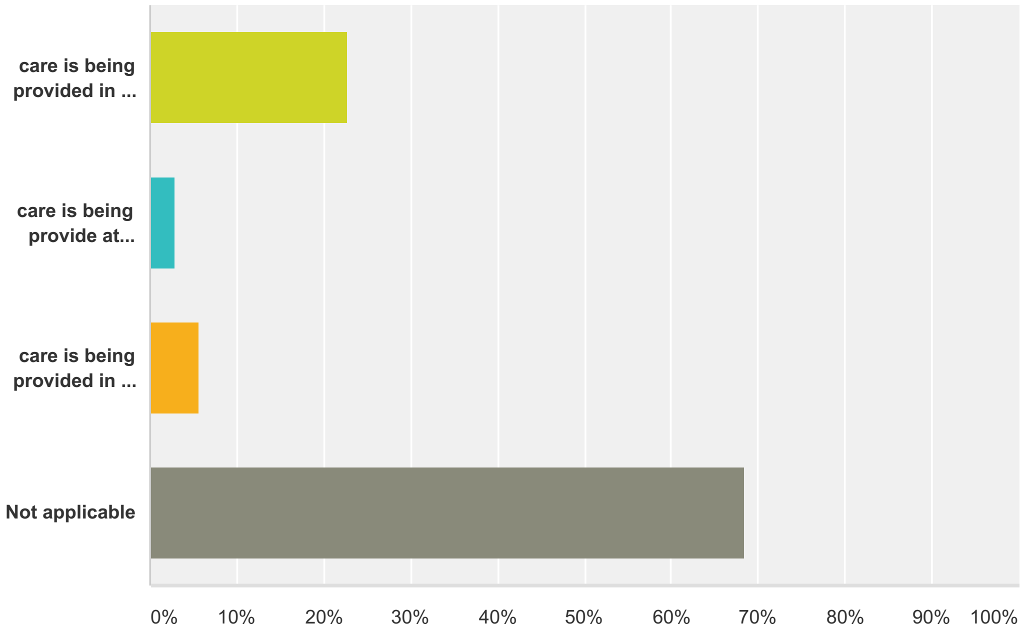
Q15 Do you have any other comments or suggestions related to loss of service in the home?

Answered: 16 Skipped: 37

#	Responses	Date
1	use surplus to compensate adequately for loss of service	9/6/2015 8:59 PM
2	not at this time.	9/5/2015 3:44 PM
3	not at this time	9/4/2015 1:08 PM
4	La solitude et le sentiment d'inutilité sont difficiles à chiffrer .... pourtant ils sont très présents!!	9/1/2015 11:30 AM
5	Augmenter le taux horaire et le maximum d'heure accordé par semaine	9/1/2015 11:13 AM
6	n/A	9/1/2015 10:47 AM
7	I never received compensation as I was a child	9/1/2015 7:19 AM
8	What about loss of services/companionship to the family by the provider of care to the infected person?	8/28/2015 3:16 PM
9	Please don't under estimate the impact this has had on family members as they have daily jobs, school and activities of their own being impacted.	8/26/2015 8:09 PM
10	No	8/25/2015 12:41 AM
11	n/a	8/24/2015 1:15 PM
12	No	8/23/2015 6:30 PM
13	it makes a person feel helpless	8/23/2015 5:19 PM
14	Return dignity to the renewal process. Simplify it, stop handling our compensation program like an insurance policy.	8/21/2015 9:44 PM
15	I am at level 4 and have receive loss of services for the past number of years. The application process has become a lot more complicated and more difficult to justify to my Dr	8/21/2015 9:20 PM
16	Adjust the hourly rate	8/21/2015 3:24 PM

Q16 Is the care being provided in your own home or at another facility?

Answered: 35 Skipped: 18

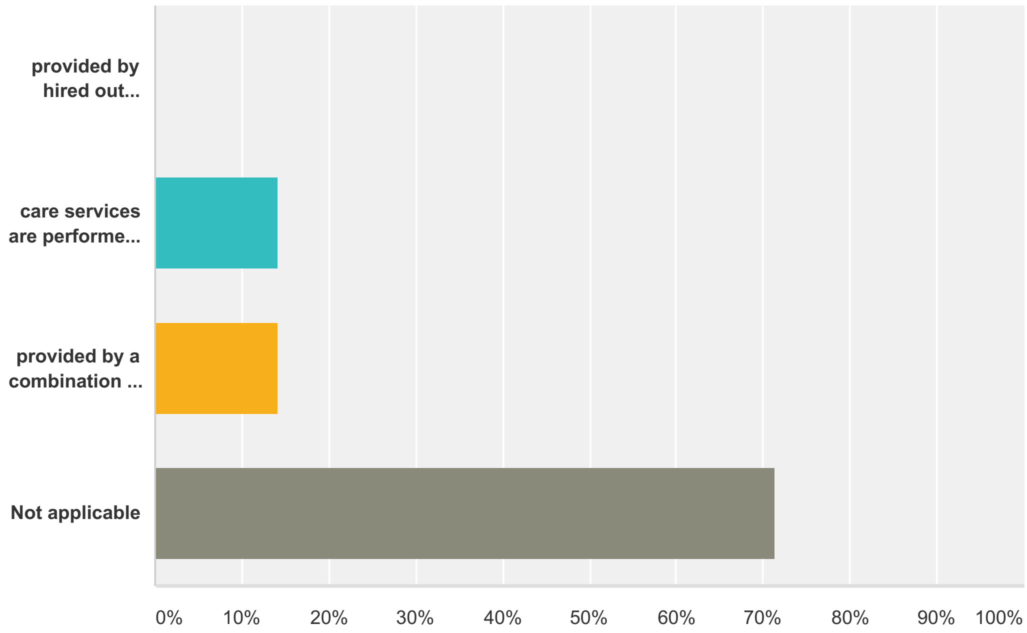


Answer Choices	Responses	
care is being provided in our home	**22.86%**	8
care is being provide at another facility	**2.86%**	1
care is being provided in a combination of home and another facility	**5.71%**	2
Not applicable	**68.57%**	24
Total		**35**

#	Comments	Date
1	Not a Disease level 6.	9/7/2015 2:44 PM
2	Care is provided by wife and casual help. We purchase a variety of cooked foods to help my wife.	9/1/2015 3:21 PM
3	My parents (seniors)	9/1/2015 7:21 AM
4	Son deceased	8/30/2015 9:35 PM
5	Our daughter could benefit from this but she the medical system does not help us in determining her level of compensation	8/28/2015 3:20 PM
6	the infected person passed away over a year ago.	8/23/2015 5:22 PM
7	infected is deceased b cell lymphoma	8/22/2015 9:18 AM
8	I am unsure if I am eligable and what is covered. I am afraid to call the Administrator as I find them difficult and frustrating	8/21/2015 9:47 PM
9	I am level 5	8/21/2015 9:00 PM

Q17 If provided at home, are these care services hired out or are they performed by a family member?

Answered: 35 Skipped: 18

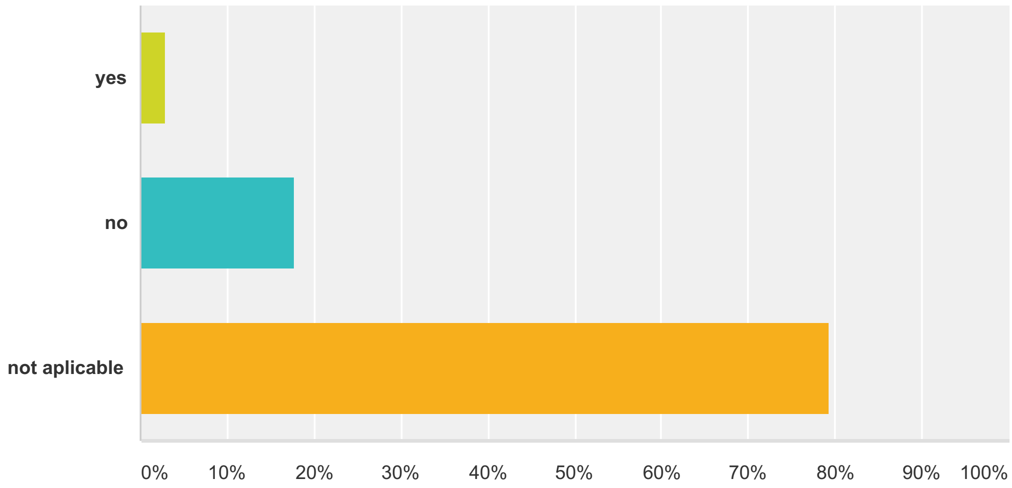


Answer Choices	Responses	
provided by hired out services	**0.00%**	0
care services are performed by a family member	**14.29%**	5
provided by a combination of hires help and help by a family member	**14.29%**	5
Not applicable	**71.43%**	25
Total		**35**

#	Comments	Date
1	Not a Disease level 6.	9/7/2015 2:44 PM
2	Please see comments in 16.	9/1/2015 3:21 PM
3	If she should qualify, be done by a family member	8/28/2015 3:20 PM
4	same as 16.	8/23/2015 5:22 PM
5	infected is deceased b cell lymphoma	8/22/2015 9:18 AM

Q18 Does the amount you receive cover the costs being incurred and hours being spent for care?

Answered: 34 Skipped: 19

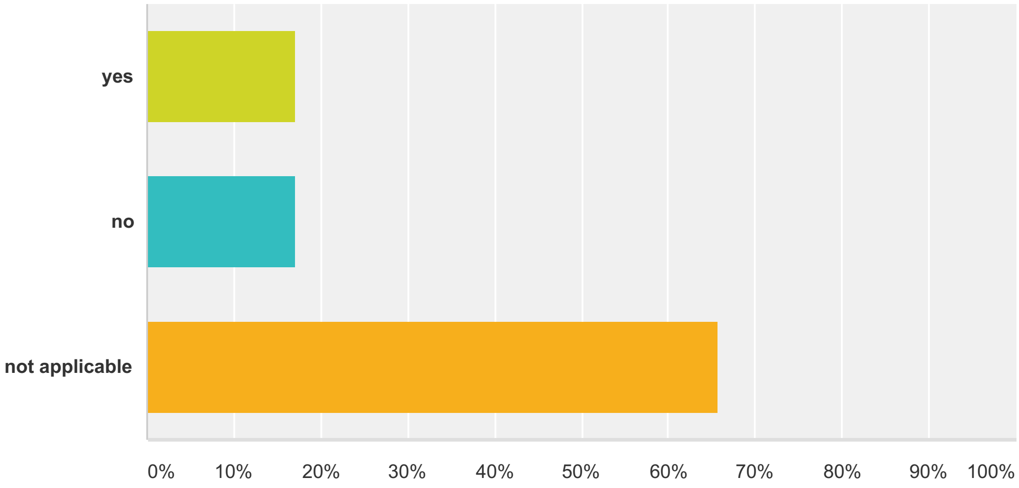


Answer Choices	Responses	
yes	**2.94%**	1
no	**17.65%**	6
not aplicable	**79.41%**	27
Total		**34**

#	comments	Date
1	Not a Disease level 6.	9/7/2015 2:44 PM
2	No compensation ever received	9/1/2015 7:21 AM
3	Yes it would	8/28/2015 3:20 PM
4	infected is deceased from b cell lymphoma	8/22/2015 9:18 AM

Q19 Did the infected person require significant care before he/she reached a Disease Level 6 medical condition?

Answered: 35 Skipped: 18



Answer Choices	Responses	
yes	**17.14%**	6
no	**17.14%**	6
not applicable	**65.71%**	23
Total		**35**

#	Comments	Date
1	Not a Disease level 6.	9/7/2015 2:44 PM
2	family provided care	9/3/2015 9:09 PM
3	Yes, but difficult to determine because there are other underlying medical conditions	8/28/2015 3:20 PM
4	hospital often for stays	8/24/2015 10:15 AM

Q20 If significant care was required before Disease Level 6, how did the hours and costs compare to the care required at Disease Level 6?

Answered: 14 Skipped: 39

#	Responses	Date
1	Yes prior to Level 6 care was required	9/7/2015 2:55 PM
2	Not a Disease level 6.	9/7/2015 2:44 PM
3	n/a	9/5/2015 3:44 PM
4	n/a	9/4/2015 1:11 PM
5	N/A	9/2/2015 11:22 AM
6	We did not claim for any assistance before developing a HCC because we did not know about the payments.	9/1/2015 3:21 PM
7	N/a	9/1/2015 10:49 AM
8	N/A	9/1/2015 7:21 AM
9	be about the same	8/28/2015 3:20 PM
10	spouse could not and still does not work outside the home to assist with daily chores, and care	8/25/2015 12:03 PM
11	don't know	8/24/2015 1:16 PM
12	family looked after although we had to pay many thousands of dollars of our own money for drugs that were legal in the U.S.A. but not covered in Canada	8/24/2015 10:15 AM
13	n/a...I was level 3	8/23/2015 6:31 PM
14	Higher	8/22/2015 2:18 PM

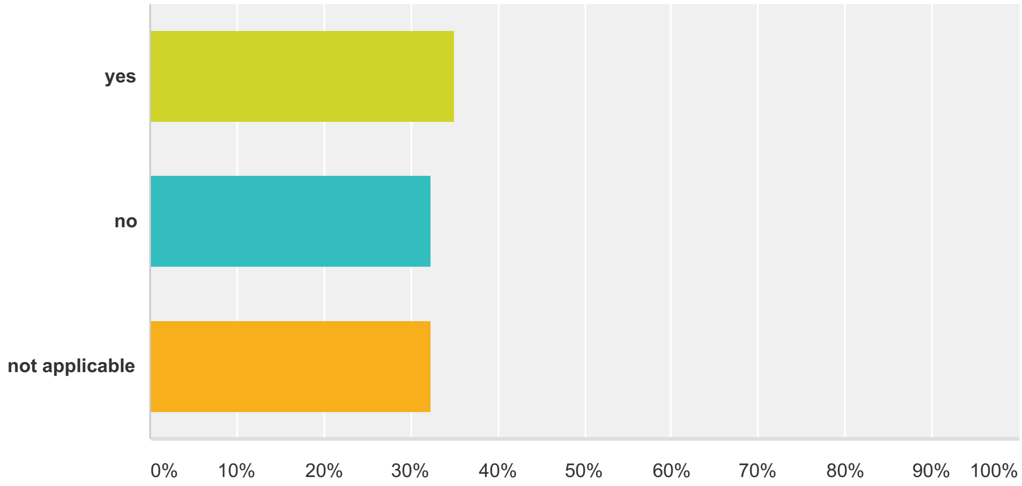
Q21 Do you have any other comments or suggestions related to Cost of Care?

Answered: 13 Skipped: 40

#	Responses	Date
1	THERE SHOULD BE MORE COMPENSATION FOR THE EARLY TREATMENTS THAT INVOLVED INTERFERON EXTENDED PERIODS. THESE TREATMENTS IMPACTED PRODUCTIVITY	9/7/2015 8:27 PM
2	Not a Disease level 6.	9/7/2015 2:44 PM
3	no	9/5/2015 3:44 PM
4	not at this time.	9/4/2015 1:11 PM
5	n/A	9/1/2015 10:49 AM
6	Again - I did not receive any compensation or help with care during my life and I am now 38 years old.	9/1/2015 7:21 AM
7	No	8/31/2015 12:49 PM
8	no	8/28/2015 3:20 PM
9	more direct financial assistance to family helpers	8/24/2015 10:15 AM
10	No	8/23/2015 6:31 PM
11	the cost of care was very expensive	8/23/2015 5:22 PM
12	There should be financial assistance available for modifications to your home to improve the quality of life for the patient	8/22/2015 2:18 PM
13	Sometimes my wife or father has to help me drive into the city for appointments. They sometimes miss work. This is not fair.	8/21/2015 9:47 PM

Q22 Does the money reimbursed for out-of-pocket expenses generally cover the full amount of the expenses you incur?

Answered: 37 Skipped: 16



Answer Choices	Responses	
yes	**35.14%**	13
no	**32.43%**	12
not applicable	**32.43%**	12
Total		**37**

#	Comments	Date
1	We accompany our daughter to all her medical and Dr's visits. we are not paid for that time. Why not.	8/28/2015 3:22 PM
2	Time away from occupation has had negative impact on career.	8/26/2015 8:17 PM
3	it was ok, not longer receive it	8/25/2015 12:04 PM
4	just more health deductible costs for income taxx	8/24/2015 10:17 AM
5	infected is deceased due to b cell lymphoma	8/22/2015 9:24 AM
6	resturant tips are not covered. Sometimes I forget the meal receipts and I don't claim as it will be denied	8/21/2015 9:55 PM

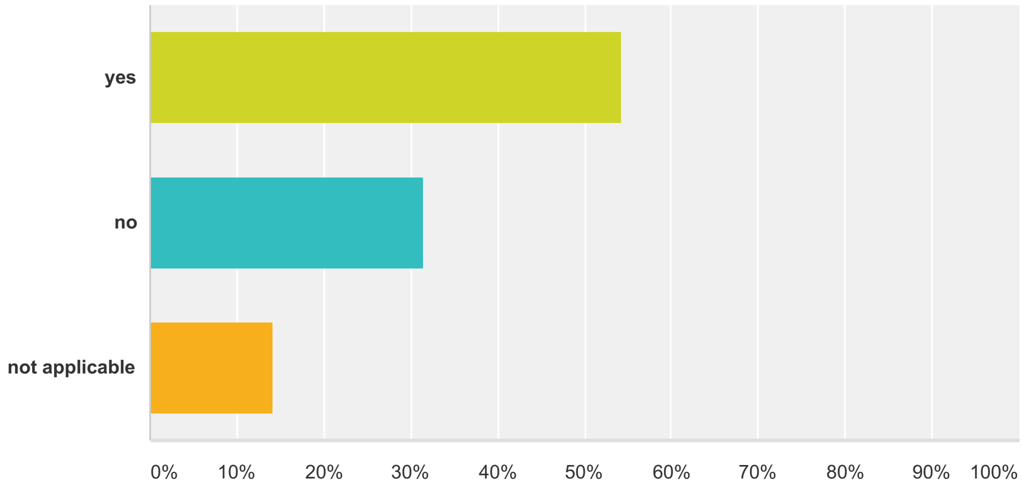
Q23 If not, how/where does the reimbursement fall short?

Answered: 12 Skipped: 41

#	Responses	Date
1	Claims have not been made for these costs as too much paperwork for the value of the claims	9/7/2015 2:57 PM
2	n/a	9/5/2015 3:44 PM
3	the program will not cover over night motel expenses.	9/4/2015 1:21 PM
4	La perte de revenus et de progressions de carrières (avancement, promotion, etc.) ne sont pas couverts!	9/1/2015 11:32 AM
5	N/A	9/1/2015 7:23 AM
6	Caregivers are not paid	8/28/2015 3:22 PM
7	fluctuating cost of fuel and meals	8/25/2015 12:04 PM
8	if you don't have every receipt for even a drive through meal they won't cover it.	8/24/2015 11:42 AM
9	$20000 a year	8/24/2015 10:17 AM
10	n/a	8/23/2015 6:34 PM
11	Absense/time off from work for appointment visits etc.	8/23/2015 11:01 AM
12	Make items like meal allowances standard stipends that do not require receipts. i.e. you drive more than 100km one way for an appointment you get one meal allowance per person. If you drive more than 300km one way, you get a hotel and accompanying meals. Structure this like common business travel policy.	8/21/2015 9:55 PM

Q24 Does someone usually accompany the infected person to medical appointments?

Answered: 35 Skipped: 18

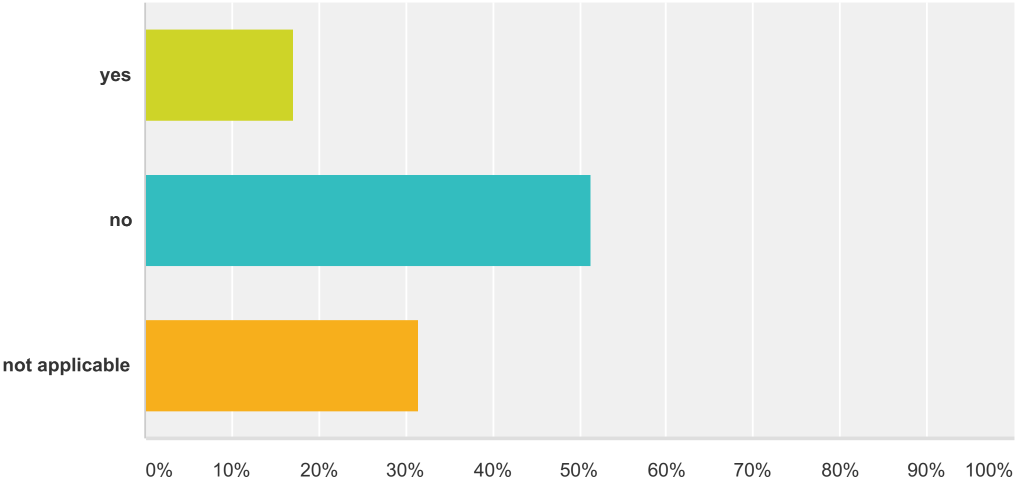


Answer Choices	Responses	
yes	**54.29%**	19
no	**31.43%**	11
not applicable	**14.29%**	5
Total		**35**

#	Comments	Date
1	My wife accompanies me to all appointments.	9/1/2015 3:21 PM
2	ma conjointe ou un bon ami.	9/1/2015 11:32 AM
3	My parents	9/1/2015 7:23 AM
4	they have to take some vacation or day off	8/30/2015 6:44 PM
5	50 % of the time, especially during trial treatments.	8/26/2015 8:17 PM
6	a family member	8/23/2015 5:26 PM
7	did when he was alive	8/22/2015 9:24 AM
8	yes and no	8/21/2015 4:37 PM

Q25 Are the expenses of the accompanying person generally covered in full?

Answered: 35 Skipped: 18



Answer Choices	Responses	
yes	**17.14%**	6
no	**51.43%**	18
not applicable	**31.43%**	11
Total		**35**

#	comments	Date
1	THE ACCOMPANYING PERSON IS HELD BACK FROM OTHER EMPLOYMENT	9/7/2015 8:30 PM
2	will not cover over night stay.	9/5/2015 3:44 PM
3	No, and why not?	8/28/2015 3:22 PM
4	generally	8/25/2015 12:04 PM
5	Yes they were	8/23/2015 5:26 PM
6	Take time from work? Loss of holiday time	8/23/2015 3:36 PM
7	never paid for time off my work	8/22/2015 9:24 AM

Q26 How many medical appointments does the infected person have for HCV in a year when he/she is receiving HCV drug therapy versus a year when he/she is not receiving HCV drug therapy?

Answered: 27 Skipped: 26

#	Responses	Date
1	ABOUT 40 EXTRA APPOINTMENTS	9/7/2015 8:30 PM
2	unknown	9/7/2015 2:57 PM
3	30	9/6/2015 8:59 PM
4	once a year	9/5/2015 3:44 PM
5	Between, 3 and 4 appointments.	9/4/2015 1:21 PM
6	Approximately 16 apps.per year and suffered through three separate treatment protocols.	9/2/2015 11:28 AM
7	8 compared to 1	9/1/2015 7:56 PM
8	HCV therapy period was 84 days. During this period and follow up I had 13 medical appointments. There are six appointments annually when not receiving treatment.	9/1/2015 3:21 PM
9	4-6	9/1/2015 11:32 AM
10	4	9/1/2015 11:14 AM
11	N/a	9/1/2015 10:50 AM
12	None - I can not have therapy	9/1/2015 7:23 AM
13	-----	8/31/2015 12:51 PM
14	4	8/30/2015 6:44 PM
15	not yet at that stage	8/28/2015 3:22 PM
16	2 times per month.	8/26/2015 8:17 PM
17	on therapy was once a month for a time, off therapy twice a year	8/25/2015 12:04 PM
18	24 vs 12	8/25/2015 10:29 AM
19	12 vs 2	8/25/2015 12:43 AM
20	don't know, my head hurts!	8/24/2015 11:42 AM
21	12/0	8/24/2015 10:17 AM
22	6 appointments	8/23/2015 6:34 PM
23	I don't remember	8/23/2015 5:26 PM
24	6	8/23/2015 11:02 AM
25	10	8/21/2015 9:22 PM
26	no difference	8/21/2015 4:37 PM
27	10 when receiving therapy, 1 when not	8/21/2015 3:25 PM

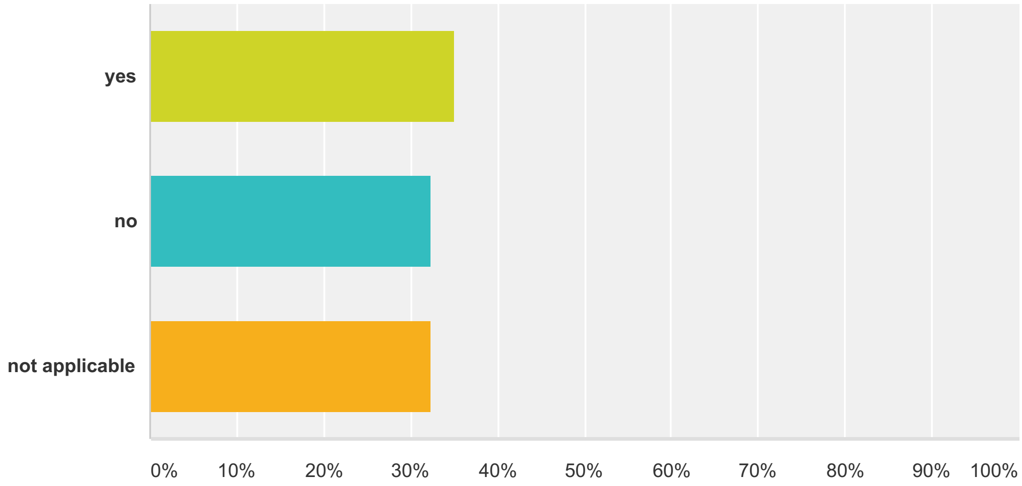
Q27 Do you have any other comments or suggestions related to out-of-pocket expenses?

Answered: 13 Skipped: 40

#	Responses	Date
1	THE INTERFERON TREATMENTS HAD A VERY NEGATIVE IMPACT ON MY WHOLE CAREER WHICH RESULTED IN CONSIDERABLE FINANCIAL LOSS.	9/7/2015 8:30 PM
2	use surplus to compensate for work days / time missed	9/6/2015 8:59 PM
3	no	9/5/2015 3:44 PM
4	Not at this time.	9/4/2015 1:21 PM
5	indexé à l'IPC fédérale, tout comme la compensation contre le VIH	9/1/2015 11:32 AM
6	n/a	9/1/2015 10:50 AM
7	Anythng would help	9/1/2015 7:23 AM
8	No	8/31/2015 12:51 PM
9	parking, transportation bus metro	8/30/2015 6:44 PM
10	no	8/28/2015 3:22 PM
11	I'm satisfied with the reimbursment process	8/25/2015 10:29 AM
12	No	8/23/2015 6:34 PM
13	Simplify the form. Asking for Clinic stamps is pointless when we have parking receipts and appointment reminder forms from the clinic.	8/21/2015 9:55 PM

Q28 Are/were extended health care benefits provided through the infected person’s employment?

Answered: 37 Skipped: 16

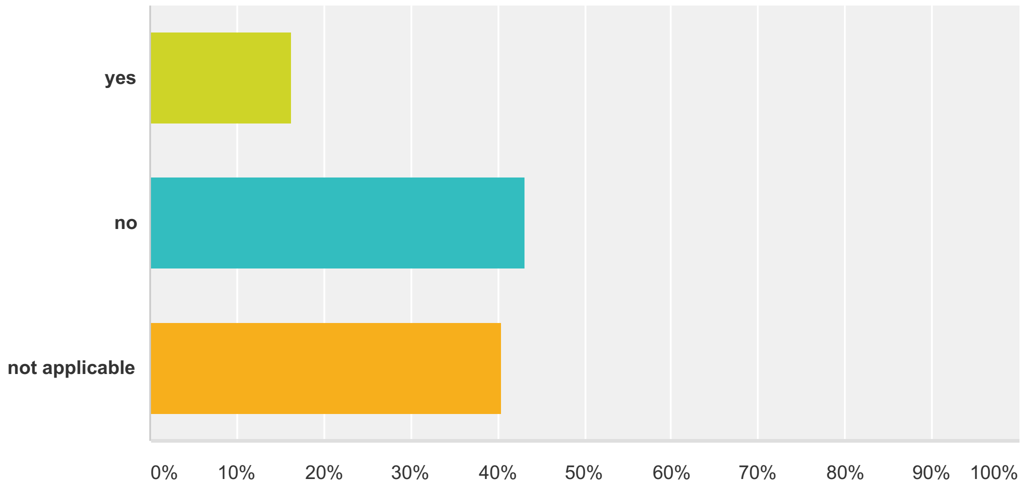


Answer Choices	Responses	
yes	**35.14%**	13
no	**32.43%**	12
not applicable	**32.43%**	12
Total		**37**

#	comments	Date
1	I WAS DISMISSED JUST AFTER THE TREATMENT WHICH LEFT ME IN POOR CONDITION FOR A FEW YEARS.	9/7/2015 8:33 PM
2	Was self employed.	9/7/2015 2:50 PM
3	self employed	9/3/2015 9:11 PM
4	emploi perdu à cause des absences dûes aux traitements contre le VHC.	9/1/2015 11:34 AM
5	I was a child	9/1/2015 7:24 AM
6	90 %	8/26/2015 8:28 PM
7	I'm not too sure.	8/23/2015 5:29 PM
8	But only certain Drugs	8/22/2015 9:26 AM
9	I should not have had to use these benefits. Covering hcv treatment has now reduced my available cap, that would hve otherwise been available to cover other conditions.	8/21/2015 10:01 PM
10	No	8/21/2015 9:01 PM

Q29 Have you had to purchase replacement extended health care benefits because the infected person isn't working or died?

Answered: 37 Skipped: 16

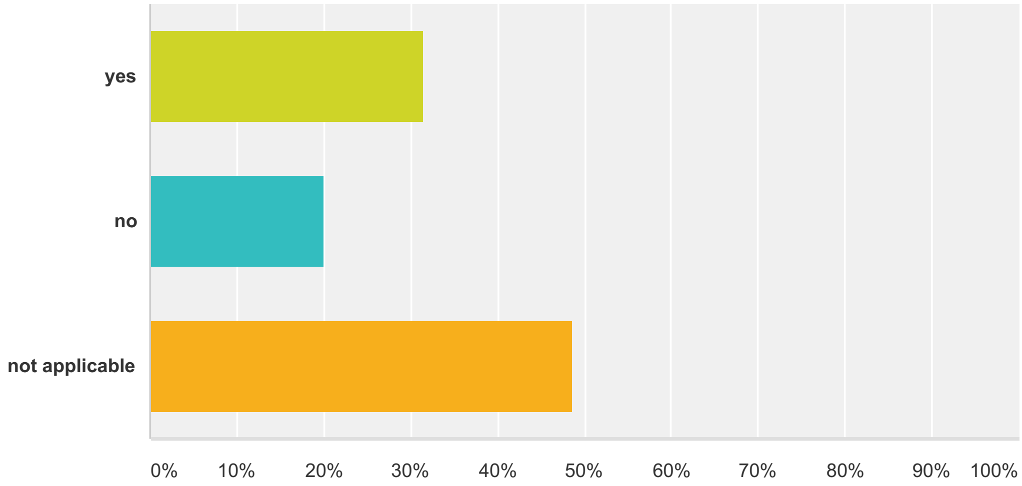


Answer Choices	Responses	
yes	**16.22%**	6
no	**43.24%**	16
not applicable	**40.54%**	15
Total		**37**

#	comment	Date
1	Was self employed.	9/7/2015 2:50 PM
2	I did not have medical insurance because the premium was very high. Recently I took a basic plan with ManuLife.	9/1/2015 3:23 PM
3	tombé par déaut sur le régime minimal de la RAMQ (assur. médicaments de base, déficient et pas assez complet!)	9/1/2015 11:34 AM
4	I was a child	9/1/2015 7:24 AM
5	can't afford replacement extended health care.	8/24/2015 11:43 AM
6	I have not Purchased due to cost but when he was working we had full benefits	8/22/2015 9:26 AM
7	Can not afford	8/21/2015 9:01 PM
8	I've had to rely on Social Assistance for that insurance	8/21/2015 4:38 PM

Q30 Is there an annual or lifetime limit on the extended health care benefits you can receive under your plan?

Answered: 35 Skipped: 18

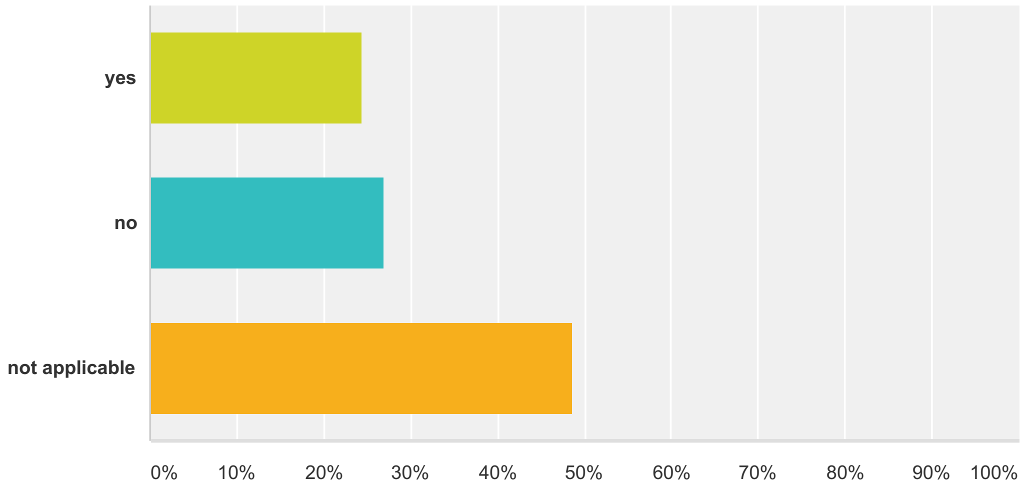


Answer Choices	Responses	
yes	**31.43%**	11
no	**20.00%**	7
not applicable	**48.57%**	17
Total		**35**

#	Comments	Date
1	Was self employed.	9/7/2015 2:50 PM
2	assurance perdue en même temps que mon emploi permanent depuis plus de 21 ans à cause des absences dûes aux traitements contre VHC (présomption d'invalidité, même si après 15 mois je voulais absolument retourner travailler, ce qui m'a été reusé!).	9/1/2015 11:34 AM
3	I was a child	9/1/2015 7:24 AM
4	unsure	8/25/2015 12:05 PM
5	only for certain things like hearing aids	8/24/2015 10:18 AM
6	not sure.	8/23/2015 5:29 PM

Q31 Have you used up the annual/lifetime limit on extended health care benefits or are you concerned that you will likely do so?

Answered: 37 Skipped: 16



Answer Choices	Responses	
yes	**24.32%**	9
no	**27.03%**	10
not applicable	**48.65%**	18
Total		**37**

#	Comments	Date
1	Was self employed.	9/7/2015 2:50 PM
2	I am at the mercy of employer/insurer.	9/2/2015 11:31 AM
3	I used the prescription benefit when I was receiving HCV therapy. My wife is the same age as I am and she cannot continue to provide the support she did in the past. We will need assistance for day to day activities.	9/1/2015 3:23 PM
4	I was a child	9/1/2015 7:24 AM

Q32 Do you have any other comments or suggestions related to Uninsured Treatment and Medication ?

Answered: 10 Skipped: 43

#	Responses	Date
1	The current cost of treatment, side effects and duration is significantly different than at the beginning. The cost of treatment should be fully covered by the settlement without delay for the individual regardless of province of residence.	9/7/2015 3:00 PM
2	not at this time.	9/5/2015 3:44 PM
3	not at this time	9/4/2015 1:26 PM
4	des traitements psychologiques (psychologue et-ou psychiatre) devraient êtres remboursés ...et des groupes d'entraide et de discussions comme pour le VIH devraient êtres remboursés ou mi-sur-pied.	9/1/2015 11:34 AM
5	HELP	9/1/2015 7:24 AM
6	no	8/28/2015 3:23 PM
7	No	8/23/2015 6:35 PM
8	I think every type of treatment should be covered under some kind of insurance.	8/23/2015 5:29 PM
9	We have a projected surplus. The Fund should no longer be the payer of last resort when it comes to treatments specifically for hcv. My private coverage should not be eroded to "protect" something that clearly no longer requires protection.	8/21/2015 10:01 PM
10	If HCV treatments use up drug plan caps, a way should be found to reimburse the drug plan so non-HCV treatments can be covered.	8/21/2015 3:27 PM

Q33 Does the payment to any particular family member seem out of line? If so, how or why?

Answered: 25 Skipped: 28

#	Responses	Date
1	No	9/6/2015 8:59 PM
2	no. maybe the payments shoud be higher.	9/5/2015 3:44 PM
3	not sure.	9/4/2015 1:34 PM
4	Yes - all payments seem low. Most if not all family members care for infected persons and often do not contract out costs of caring for family member due to stigma of Hep C, high cost or limited access to trained available providers. Also many infected persons not only provided guidance, care and companionship but were contributing financially and physically to the family - providing financial advice, security, stability these are only partially covered by income.	9/3/2015 9:22 PM
5	Costs are steadily increasing and loss of income would seemingly exceed above-noted allocations.	9/2/2015 11:36 AM
6	payment for spouse or children under 21 is not sufficient, payment to others is not necessary	9/1/2015 8:00 PM
7	No	9/1/2015 3:23 PM
8	Sur une période de dix ou quinze ans, cela est insuffisant.	9/1/2015 11:35 AM
9	Ces montants sont insuffisants.	9/1/2015 11:16 AM
10	N/a	9/1/2015 10:52 AM
11	no	9/1/2015 7:26 AM
12	child of the infected person is too low	8/30/2015 6:45 PM
13	How can you put a number to this? No other comment, just disappointed	8/28/2015 3:24 PM
14	seems a paltry sum given if I were still employed my death benefit/life ins would have been close to a million dollars	8/25/2015 12:07 PM
15	N/A	8/25/2015 12:45 AM
16	Payment to Spouse seems very low as they would generally take more than one physical year to possibly recover and if they were of 65 or more then this monies is not nearly enough to retire on.	8/24/2015 11:45 AM
17	parent and child of infested person - too low for what they go through themselves in caring for the infected person	8/24/2015 10:22 AM
18	Yes	8/23/2015 6:39 PM
19	I don't think any of it is out of line. it's very helpful for those who receive the payment. not many people receive the payment.	8/23/2015 5:37 PM
20	They all seem to low and should be raised.	8/23/2015 3:39 PM
21	Payment for spouse too low.	8/23/2015 11:06 AM
22	No	8/23/2015 11:02 AM
23	Spouse -Seems low 33,644 is not even what an average employed Person would make at a fulltime job	8/22/2015 9:33 AM
24	The spouse payment and child payments are too low and should be increased	8/21/2015 10:03 PM
25	Yes, there isn't enough given to the infected to compensate for the hell we have been through.	8/21/2015 4:42 PM

Q34 Does the payment to any particular family member seem out of line with the payment to any other family member? If so, how or why?

Answered: 18 Skipped: 35

#	Responses	Date
1	Yes	9/6/2015 8:59 PM
2	no.	9/5/2015 3:44 PM
3	not sure.	9/4/2015 1:34 PM
4	parents and grand parents seem low relative to spouse - if infected person is young or single - likely parent or sibling is providing support and missing on the same, once infected person deceased.	9/3/2015 9:22 PM
5	same as previous answer, spouse or children under 21 need more financial help to provide for their needs	9/1/2015 8:00 PM
6	Non, ce ne sera jamais assez, ne serait-ce que pour la peur constante et la perte de joie de vivre perdues à jamais ...	9/1/2015 11:35 AM
7	Le montant pour conjoint/conjointe et pour enfants de moins de 21 ans devraient être augmentés par rapport aux autres.	9/1/2015 11:16 AM
8	n/a	9/1/2015 10:52 AM
9	no	9/1/2015 7:26 AM
10	children should certainly receive more than what is listed above....pitiful	8/25/2015 12:07 PM
11	N/A	8/25/2015 12:45 AM
12	?	8/24/2015 11:45 AM
13	Upon death of infected person. there should be a larger payout due to huge changes in this rest of the family.	8/24/2015 10:22 AM
14	Yes, I lost my brother infected with HCV	8/23/2015 6:39 PM
15	No not at all.	8/23/2015 5:37 PM
16	I beleive that they are all to low.	8/23/2015 3:39 PM
17	no	8/23/2015 11:02 AM
18	The money should go to the infected, not other family.	8/21/2015 4:42 PM

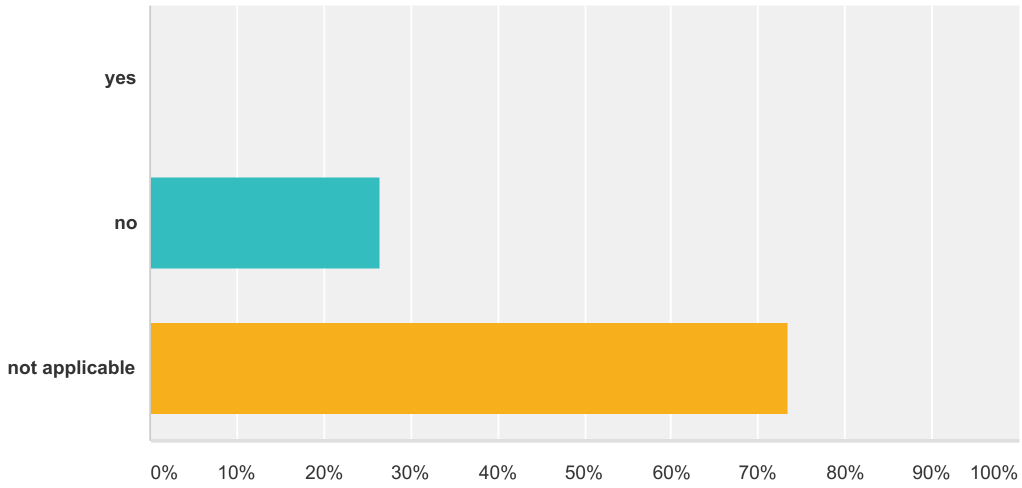
Q35 Do you have any other comments or suggestions related to family member payments?

Answered: 15 Skipped: 38

#	Responses	Date
1	It is my understanding that these are only paid out after the affected person dies of HCV related causes. It does not compensate seniors, as it may be difficult to prove that death was not age related. Seniors leaving behind a spouse on a fixed income may incur undue hardships due to the loss of "loss of services in the home" compensation. Which they may have relied on as income.	9/7/2015 3:26 PM
2	no.	9/5/2015 3:44 PM
3	I think, that all the payments are very low, and a persons life is of little value when it comes to these types of pay outs.	9/4/2015 1:34 PM
4	why don't questions include siblings	9/3/2015 9:22 PM
5	Il est bien difficile d'évaluer ce qui serait nécessaires par exemple (comme services ou aides) dans 10 ou 15 ans, si nous survivons jusque là ... alors il faudrait prévoir des mises-à-jour.	9/1/2015 11:35 AM
6	no	9/1/2015 10:52 AM
7	My parents have always looked after me and made sure I had above average care. Help for them in their senior years would be a help	9/1/2015 7:26 AM
8	This does not mention siblings who were impacted.	8/30/2015 9:38 PM
9	more to parents and children of infected person	8/24/2015 10:22 AM
10	No	8/23/2015 6:39 PM
11	Information about things like would be very helpful for those who have lost their spouse, child, parent grandchild or grandparent.	8/23/2015 5:37 PM
12	Could be exteneded to a couple years for the remaining family to bereave properly	8/22/2015 2:20 PM
13	spouse-should be the spouse of the individual caring for or cared for at time of needing Most care not 1st spouse. I didn't receive the first payment because I was not the spouse In 1999. Because they were separated at that time his first spouse didn't receive it. And she did not have to care for him and watch him die	8/22/2015 9:33 AM
14	The family has suffered loss. Enhance the payment schedule	8/21/2015 10:03 PM
15	Family deserves payment, but only those you are caregivers or have an infected member who has previously deceased.	8/21/2015 4:42 PM

Q36 If you received money to reimburse funeral expenses, did it cover all of the expenses you incurred?

Answered: 34 Skipped: 19



Answer Choices	Responses	
yes	**0.00%**	0
no	**26.47%**	9
not applicable	**73.53%**	25
Total		**34**

#	comments	Date
1	It is my understanding that this is only applicable if you can prove that the cause of death is related to HCV. Funeral costs quite often are paid prior to death and perhaps should be compensated at time of purchase.	9/7/2015 3:28 PM
2	not aware could be claimed, costs were higher than $6700	9/3/2015 9:23 PM
3	Death occurred in 1989	9/1/2015 10:55 AM
4	We did not get funeral expense reimbursement when our son died in 1993	8/30/2015 10:26 PM
5	it was about $4000 short	8/24/2015 10:23 AM
6	I'm not if there was money received for reimbursement for funeral expenses.	8/23/2015 5:40 PM
7	6700 would not cover funeral expenses	8/21/2015 10:04 PM
8	$6700 would not cover a funeral this day	8/21/2015 9:25 PM

Q37 Is there any kind of expense you’ve incurred or loss you’ve experienced due to HCV that you feel the Plans failed to cover or address?

Answered: 23 Skipped: 30

#	Responses	Date
1	LOSS OF WORK PERFORMANCE	9/7/2015 8:39 PM
2	Self employed seniors have not recieved the same leve lof compensation as established younger adults employed in government or private sector. Their compensation falls short and should be adjusted to at least a fairer more equal level.	9/7/2015 3:48 PM
3	pain & suffering (old drug therapy = 26wks / new drug therapy 16 wks	9/6/2015 9:00 PM
4	no.	9/5/2015 3:45 PM
5	Yes, over night for hotel/motel.	9/4/2015 1:45 PM
6	Loss of income. I was planning to work at least until the age of 75 (as other freelance consultants do). Payments were not made for the loss of income even for the contract I had to cancel when I was diagnosed with HCC.	9/1/2015 3:25 PM
7	une assurance complémentaire au régime de base de la RAMQ qui est insuffisant.	9/1/2015 11:37 AM
8	N/a	9/1/2015 10:56 AM
9	Never involved in any plans and never rec's compensation	9/1/2015 7:30 AM
10	divorce and child care costs.	8/29/2015 9:44 PM
11	Inability to function at work during therapy treatment. This has impacted the opinion of my superiors.	8/26/2015 8:41 PM
12	i do not wish to use, nor am i able to function with narcotics for pain. Medical marihuana works very well but it isn't covered and gets very expensive	8/25/2015 12:09 PM
13	Life insurance	8/25/2015 12:48 AM
14	My retirement investments!!	8/24/2015 11:47 AM
15	family taking time off work	8/24/2015 10:25 AM
16	Yes unable to join workforce	8/23/2015 6:43 PM
17	Yes for the family members that had to say good bye too soon. the family members that never received a payment for their loss.	8/23/2015 5:53 PM
18	Years of travel/parking at hospitals	8/23/2015 11:38 AM
19	Home/vehicle modifications	8/22/2015 2:22 PM
20	My wife only works part time becasue of my infection. We were forced to more to a less less expensive area and change our lifestyle to deal with the reality of my hcv infection	8/21/2015 10:13 PM
21	Expenses my dr signed off on that they denided until my dr went back to them again	8/21/2015 9:32 PM
22	YES - having a normal job is all I ever wanted.	8/21/2015 4:47 PM
23	Life insurance	8/21/2015 3:30 PM

Q38 Does the payment under any particular payment category seem out of line with the loss or expense it is intended to compensate?

Answered: 22 Skipped: 31

#	Responses	Date
1	YES	9/7/2015 8:39 PM
2	Loss of services hourly rate should be adjusted to match real world values.	9/7/2015 3:48 PM
3	income loss / loss of service in home	9/6/2015 9:00 PM
4	no.	9/5/2015 3:45 PM
5	not sure.	9/4/2015 1:45 PM
6	Not sure.	9/2/2015 11:43 AM
7	Received zero payment.	9/1/2015 3:25 PM
8	Non	9/1/2015 11:37 AM
9	Les montants devraient révisés à la hausse	9/1/2015 11:18 AM
10	n/a	9/1/2015 10:56 AM
11	Never received any payments	9/1/2015 7:30 AM
12	Drug trial therapy 1K per month was out of line considering the level of effort given.	8/26/2015 8:41 PM
13	under rated	8/25/2015 12:09 PM
14	I feel that the compensation for undergoing interferon/ribavirin treatment was inadequate given the side effects I endured.	8/25/2015 10:41 AM
15	No	8/25/2015 12:48 AM
16	Level payments of initial amounts seem reasonable	8/24/2015 11:47 AM
17	more for parents and children that lived at home	8/24/2015 10:25 AM
18	Yes see 37	8/23/2015 6:43 PM
19	it's not out of line it just sucks that not everyone receives it.	8/23/2015 5:53 PM
20	only the spouse Payment,	8/22/2015 9:39 AM
21	My family should receive more benefits when I die.	8/21/2015 10:13 PM
22	Loss of support could be higher	8/21/2015 9:32 PM

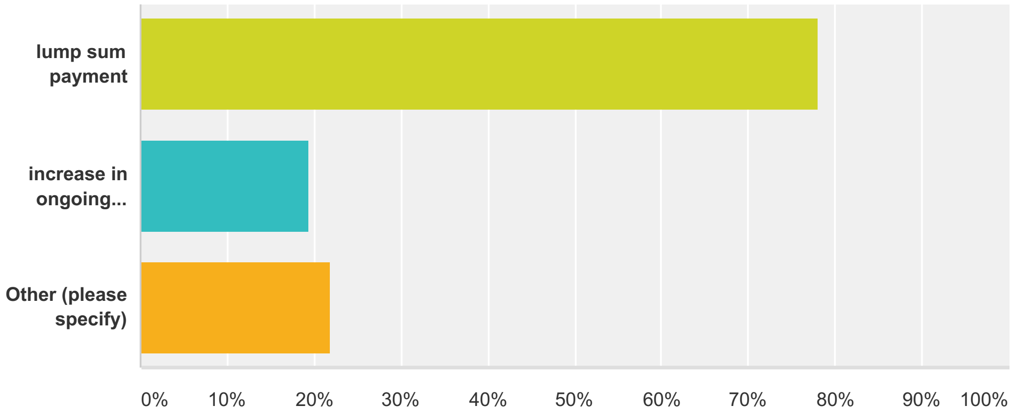
Q39 If you could change one thing about the Plans or the payments you receive under them, what would you change?

Answered: 23 Skipped: 30

#	Responses	Date
1	I WOULD PROVIDE MUCH HIGHER COMPENSATION FOR TREATMENTS WITH INTERFERON FOR LONG PERIODS.	9/7/2015 8:39 PM
2	I would change the compensation package to be more fair and equal to the self employed, seniors or retired; babies, toddlers, adolescents, and young adults whose careers have not been established. As I feel that these categories have been inadequately and unfairly compensated.	9/7/2015 3:48 PM
3	Great communication from the Joint Committe and Administrator as this is the first communication in 15 years. Ensure all class members are receiving their full benefits rather than protecting the funds.	9/7/2015 3:06 PM
4	ability to modify % deemed disabled	9/6/2015 9:00 PM
5	increased payments for all levels of hcv	9/5/2015 3:45 PM
6	Cover for over night expenses.	9/4/2015 1:45 PM
7	People with HCV should have better access to information. I was not informed about the payments for Loss of Services and Cost of Care until I was diagnosed with HCC. The age limit of 65 for Loss of Income payments is unrealistic because even the Federal Government allows employees to work beyond 65.	9/1/2015 3:25 PM
8	indexation avec rente à vie minimum de base (semblable au cas du VIH) ...	9/1/2015 11:37 AM
9	n/a	9/1/2015 10:56 AM
10	Have each case looked at with a more personal touch.	9/1/2015 7:30 AM
11	A payout like Ireland and not like this country that continues to invest off the compensation so that at the end of the day all is balanced on a federal spreadsheet. Meanwhile, my compensation went to my childrens future education. All I really received was 20 years of Interferon trial treatments.	8/26/2015 8:41 PM
12	increase the amount yearly	8/25/2015 12:09 PM
13	I would increase the payments for treatment, and attempt to address the difficulties of obtaining life insurance	8/25/2015 10:41 AM
14	The MPTAP calculation	8/24/2015 11:47 AM
15	a larger death benefit	8/24/2015 10:25 AM
16	No comments	8/23/2015 6:43 PM
17	Yes make sure that everyone who is entitled to it receives notification about it.	8/23/2015 5:53 PM
18	Add an additional annual payment to all members to hepl offset the cost of unspecified expenses	8/23/2015 11:12 AM
19	The way the Administrator handles claimants and the claim process in general. Claimants are often left feeling powerless and the Admiistrator is not always helpful. I have little faith that the Admnistrator would help insure my spouce receives the benefits she is entitled to upon my death.	8/21/2015 10:13 PM
20	If you are at a particular level you should not have to justify everthing annually. Simplify the renewal process	8/21/2015 9:32 PM
21	Monthly payments	8/21/2015 9:03 PM
22	Give the remaining money to the living infected.	8/21/2015 4:47 PM
23	Allow those who missed the deadline to apply.	8/21/2015 3:30 PM

Q40 If the Courts decide to enhance benefits to the class from the surplus, should it be a lump sum payment or an increase in the ongoing recurring payments you receive?

Answered: 41 Skipped: 12

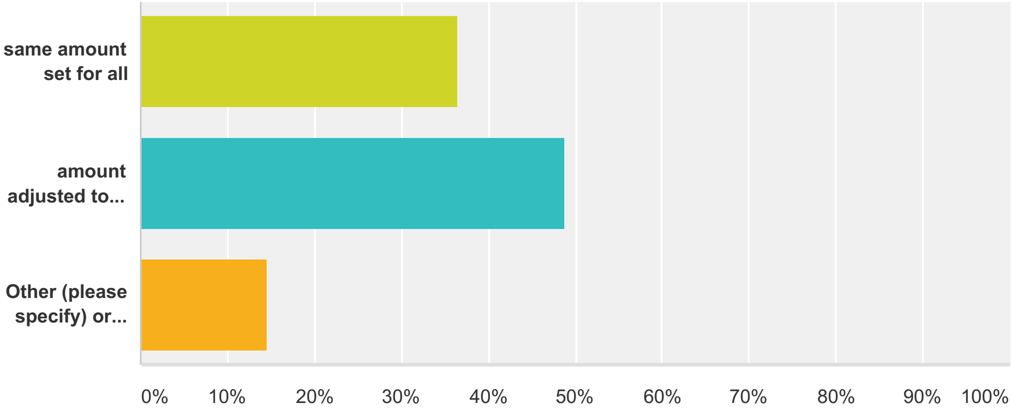


Answer Choices	Responses	
lump sum payment	**78.05%**	32
increase in ongoing recurring payments	**19.51%**	8
Other (please specify)	**21.95%**	9
Total Respondents: 41		

#	Other (please specify)	Date
1	I FEEL IT SHOULD BE BOTH	9/7/2015 8:39 PM
2	Age should be considered and older persons should be given the chance to have a lump sum payment. Other wise recurring payments would be more financially stable and beneficial.	9/7/2015 3:48 PM
3	The cost of administration is substantial benefitting the administrators not the class members. These funds should be put in the hands for the class members and family class members with as little cost as possible.	9/7/2015 3:06 PM
4	À la limite, une combinaison des deux.	9/1/2015 11:18 AM
5	Members need things that are not covered now, also it could help secure financial stability	9/1/2015 7:30 AM
6	Cover accompanying person and caregiver amounts	8/28/2015 3:26 PM
7	Lump sum payment so I don't have to keep dealing with this administrative futility.	8/26/2015 8:41 PM
8	lump sum to be able to use while still alive	8/25/2015 12:09 PM
9	retroactive MPTAP re-embursment.	8/24/2015 11:47 AM

Q41 If there is a lump sum, should the same amount be set for each infected class member or should disease level, loss of employment and/or other identified factors be considered in setting the amount?

Answered: 41 Skipped: 12

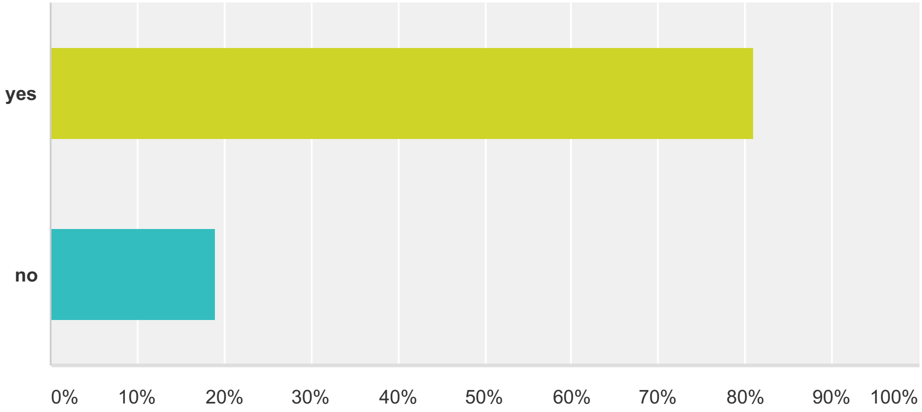


Answer Choices	Responses	
same amount set for all	**36.59%**	15
amount adjusted to individual situations	**48.78%**	20
Other (please specify) or comments	**14.63%**	6
Total		**41**

#	Other (please specify) or comments	Date
1	same amount - concern costs of lawyers, process to figure out different amounts will use too much money-people are suffering and dying nowgg	9/3/2015 9:50 PM
2	Each case looked at individually and needa taken into consideration	9/1/2015 7:30 AM
3	Those who were infected as infants should have their parents taken care of.	8/28/2015 3:26 PM
4	Tge amount should be adjusted according to the level the the infected person was diagnosed at. The more serious the diagnosis the greater chance that the infected person will experience something awful later on.	8/23/2015 3:43 PM
5	avoids conflict between groups	8/23/2015 11:38 AM
6	Same amount to all, all were affected and infected against their will.	8/22/2015 2:22 PM

Q42 Has the infected person been denied life insurance coverage due to HCV?

Answered: 37 Skipped: 16

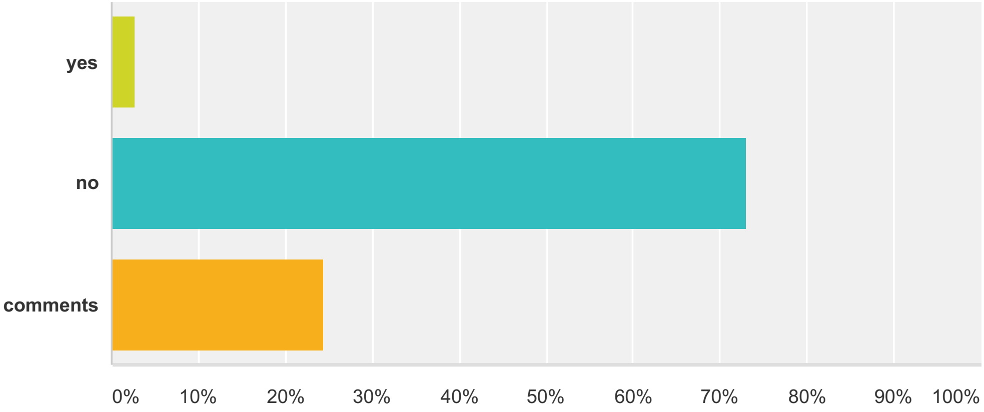


Answer Choices	Responses	
yes	**81.08%**	30
no	**18.92%**	7
Total		**37**

#	comments	Date
1	not applied for because of not wanting decline on insurability records	9/7/2015 3:06 PM
2	have not tried to apply because, I was denied do to the hemophilia.	9/5/2015 3:45 PM
3	cannot even get companies to quote!	9/3/2015 9:50 PM
4	Cost prohibitive and or coverage denied due to medical history.	9/2/2015 11:43 AM
5	n/a	9/1/2015 10:56 AM
6	And mortgage .	9/1/2015 7:15 AM
7	Absolutely. Bank mortgages, life insurance, car loans you name it I was refused.	8/26/2015 8:41 PM
8	Denial not solely due to HCV infection, but it was a factor	8/25/2015 10:41 AM
9	not sure. I know he didn't have any when he passed away	8/23/2015 5:53 PM

Q43 Has the infected person obtained life insurance coverage at an increased cost due to HCV?

Answered: 37 Skipped: 16



Answer Choices	Responses	
yes	**2.70%**	1
no	**72.97%**	27
comments	**24.32%**	9
Total		**37**

#	comments	Date
1	I DID NOT GET INCREASED COVERAGE WHEN THE COST WOULD BE AFFECTED BY HCV	9/7/2015 8:39 PM
2	aucune assurance possible	9/1/2015 11:37 AM
3	Le règlement devrait envisager de créer un fonds pour	9/1/2015 11:18 AM
4	N/a	9/1/2015 10:56 AM
5	Too costly	8/25/2015 12:48 AM
6	not sure	8/23/2015 5:53 PM
7	Unable to obtain	8/21/2015 9:32 PM
8	Don't qualify	8/21/2015 9:03 PM
9	See the Irish HCV scheme for a way to cover life, mortgage and travel insurance. The plan can pay the extra premiums or loading.	8/21/2015 3:30 PM

Q44 Please list, in order of priority, what you feel are the recommendations the CHS should submit to the joint committee members so that the surplus will be used for the benefit of the class members.

Answered: 33 Skipped: 20

#	Responses	Date
1	1. THE COMPENSATION SHOULD COVER THE WHOLE FINANCIAL LOSS TO THOSE AFFECTED AND NOT JUST DIRECT COMPENSATION. 2. THE FACTORS USED TO DETERMINE COMPENSATION SHOULD INCLUDE LOSS OF OCCUPATION TIME, OCCUPATION PERFORMANCE, QUALITY OF LIFE. 3. BOTH DISEASE AND TREATMENTS THAT AFFECT QUALITY OF LIFE SHOULD BE COMPENSATED. 3. BOTH EFFECTS TO THE INFECTED PERSON AND THEIR CARE GIVERS SHOULD BE COMPENSATED.	9/7/2015 9:03 PM
2	1) Age related discrimination should be addressed and fair compensation should be given to those overlooked and unfairly compensated. 2) Surplus funds should be dealt with in a timely matter ensuring that members, who have lived and are still living with this affliction, can be more financially stable increasing their quality of life.	9/7/2015 3:59 PM
3	Hemophiliacs are at a disadvantage compared to average / normal class members - use surplus to correct inquity	9/6/2015 9:12 PM
4	#1. DO NOT allow claw back or return any portion of surplus to any level of government. #2. Use the surplus to enhance benfits to exising clamants. #3.Allow late but eligible applicants into the fund.#4. Extend the deadline beyond June 30, 2016. for those living with chronic Hep. C in Canada who still don't know they are infected and fit into the 86-90 period. #5. Allow for coverage of insurance premiums (health, travel, life, etc.) paid by the progam. #6. Allow those who opted out of the fund by accepting the onetime $50,000. buyout, to re-join the program.	9/5/2015 4:19 PM
5	#1. Do not allow a claw back or return any portion of surplus to any level of government. #2.Allow late but eligible applicants acceptance into the fund. #3. Use surplus to enhance existing claimants. #4. Extend deadline beyond June 30, 2016 for all persons who meet the criteria in the 86-90 period. #5. Create a (life,health,travel etc.) insurance, paid by this program. #6. Allow those who opted out of fund back in to program.	9/4/2015 2:20 PM
6	1.need to do a better job to contact Hep C Class Members to insure people know their entitlements and people are getting existing benefits. Contacting people once in 10+ years is not enough. 2.Extend deadline. 3.Refer to funds as unspent -not surplus. Many stories heard over last few weeks (my own family included) that people not aware of entitlements and compensation has not been enough.Use money for lump sum payments. 4.Increase amounts for parents - particularly when loss of income or financial contribution to family as result of death -child not providing services/financial support/care of parents 5. request cap on amount of funds that will go to to process, and lawyers and leave as much as possible for Class members who need money to maintain quality of life - live before they die. Too many people have died not having full knowledge of settlement or benefits due to them. Any future communications should give people more time to respond. More locations - especially smaller centres for webinars . Extend date	9/3/2015 10:02 PM
7	Blood and blood products are an inevitable requirement to sustain life for hemophiliacs and to that end all monies awarded for HEP C victims should be dispursed accordingly.	9/2/2015 2:28 PM
8	I mostly agree with what was suggested already by the committee. However, if we allow in people that initially opted out, it would be fair that those who opted in receive the same 50k that was paid to those who opted out. Also, it might make sense, in my opinion to simply pay off the surplus equally to the members for them to invest as they see fit for future expenses.	9/1/2015 8:07 PM
9	Loss of Income Payments for people who reached the age of 65. Assistance in the home and nursing and after care when required. Better dissemination of information to HCV patients about benefits.	9/1/2015 3:25 PM
10	1- indexation selon l'IPC du Fédéral. 2- rente annuelle comme pour le VIH même si le montant n'est pas astronomique. 3- l'indemnité pour rais funéraires au QC n'était pas vraiment nécessaire étant donnée qu'elle était déjà prévue dans l'indemnité pour le VIH, mais aussi le versement de la RRQ à tout le monde.	9/1/2015 11:38 AM

11	- Une part du surplus devrait être utilisé pour améliorer l'indemnisation des requérants actuels, en bonifiant équitablement les indemnités versées pour : chacun niveau de sévérité de la maladie, la perte de revenus, la perte de soutien, la perte de services domestiques, les frais engagés pour les soins, les funéraires et les autres menues dépenses remboursées, et ce, associé ou non au versement d'un montant forfaitaire équivalent pour chaque requérant. - Augmenter les indemnités versées au conjoint/conjointe survivant(e) et aux enfants (surtout ceux de moins de 21 ans). - Une part du surplus devrait servir à mettre sur pied des programmes d'assurance (vie, invalidité, voyage, etc.) et ainsi permettre aux personnes qui ne sont pas admissibles actuellement à l'assurance-vie, en raison de l'infection par le VHC, de bénéficier d'une certaine couverture. - Accepter que les requérants tardifs, mais admissibles, aient accès au Fonds. - Assouplir les critères d'admissibilités (basés sur le salaire des trois meilleures années consécutives) pour le calcul de la perte de revenu. Tenir compte des trois meilleures années travaillées non-consécutives ou, si cela est plus avantageux pour le requérant, se référer au salaire moyen dans l'industrie au Canada (comme pour le calcul de la perte de soutien) . - Poursuivre les indemnités pour perte de revenus au-delà de l'âge de 65 ans ou verser des indemnités pour perte de soutien au lieu de perte de services domestiques en lieu et place. - Toujours en ce qui à trait aux pertes de revenus, et spécifiquement pour les personnes co-infectées au VIH, la manière dont les indemnisations du Programme provincial et territorial d'aide (PPTA) sont actuellement utilisées dans le calcul des revenus annuels est injuste et doit être changée. Le montant reçu dans le cadre du PPTA ne devrait pas être pris en compte dans ce calcul. - Dans le cas de la perte de service domestique, simplifier le formulaire du médecin et augmenter les tarifs horaires consentis et le maximum d'heures actuellement admissible.	9/1/2015 11:18 AM
12	N/a	9/1/2015 10:57 AM
13	ONE - have each case looked at individually. Children that contracted Hep C are not even covered under the income lose portion.	9/1/2015 7:32 AM
14	We feel surplus should be paid out lump sum to involved members.	8/30/2015 10:31 PM
15	loss of employment, loss of services, loss for family members.	8/29/2015 9:49 PM
16	Increase paid out amounts, increase payout to parents.	8/28/2015 3:27 PM
17	Understand we are the victims that lived with this illness. We contributed to better treatments with all the therapy done over the years. Recognize this please. Finally, acknowledge families that have lost income from the victims. Stop spoon feeding this compensation and stop insulting us by telling us there's a surplus and you don't know what to do with it.	8/26/2015 8:47 PM
18	distribute fairly to all survivors include those who took a one time payment benefits do it soon	8/25/2015 12:10 PM
19	- lump sum payment of surplus to all class members; it would be easiest to administer - increase of the compensation for each claim that has already been submitted	8/25/2015 10:57 AM
20	Do not allow any clawback! Allow those who opted for the $50k buyout allowed to rejoin, Allow people outside 86 - 90 period into the plan, Cover cost of life Insurance premiums, allow late applicants acceptance into the fund, the principle should be all those who meet the criteria should be included regardless of deadlines	8/25/2015 12:55 AM
21	If the board is correct that this is indeed a surplus, I think it would be good to use it in an equal way to each affected person or their estate. I am concerned that the gov't will claw it back (don't know if that is possible or not)	8/24/2015 1:36 PM
22	1) MPTAP, 2) PENSION or INVESTMENT, 3) RETRO MPTAP	8/24/2015 11:48 AM
23	1. Higher dealth amount (even for those who have already died and receive $$ before - due to all the added costs incurred by family members.. 2.Higher payouts to parents and children who were (are) still at home without age restriction.	8/24/2015 10:28 AM
24	Should be determined by well informed CHS members	8/23/2015 6:45 PM
25	the members and their families need to know about what is happening especially after the member passes. there should a life insurance policy for those that are infected. Information on how to apply or if it is automatically given to the family members after the member has passed away.	8/23/2015 6:05 PM
26	A lump sum payment to all class members bases on the diagnosis and level. Look into the loss of income and loss of service and have the mptap payment not affect the loss of income.	8/23/2015 3:46 PM
27	Lump sum.	8/23/2015 11:39 AM
28	As simple as divide amount of surplus by amount of people currently registered in this package and federal package and send out lump sum payments. An extra boost to all infected. The proof that the 86-90 package was not entirely needed at all is shown in the surplus of un used money	8/22/2015 2:26 PM
29	adjustment for the title of spouse. It should be for the spouse looking after the infected or suffered the loss of the individual infected.	8/22/2015 9:41 AM

30	Any surplus must stay in the fund to directly benefit the class members. Do not allow any resources to be reallocated. Enhance payments Remove MPTAP calculations from LOI claims Improve and simplify the claims process	8/21/2015 10:18 PM
31	include all claiments 8690, no deadline treatment for all simplify the application, annual renewal process	8/21/2015 9:36 PM
32	Monthly payments	8/21/2015 9:04 PM
33	1. No clawback by governments. 2. Allow those who missed the deadline to apply. 3. Facilitate life insurance as in Ireland. 4. Allow those who opted for the $50,000 lump sum payment to re-consider and apply as those they are new applicants (deducting the $50,000). 5. Fix glaring inadequacies like hourly rate for loss of domestic services. 6. Enhance amounts as per the original spirit of the plan.	8/21/2015 3:33 PM

This is Exhibit "C" referred to in the
Affidavit of Alan Melamud
sworn before me,
this 15th day of October, 2015

A COMMISSIONER FOR TAKING AFFIDAVITS

ACTION HEPATITIS CANADA
AHC
ACTION HÉPATITES CANADA

September 29, 2015

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To the members of the Hepatitis C Class Action Settlement Joint Committee:

On behalf of Action Hepatitis Canada (AHC) and our membership across Canada, I am writing today to provide our input with regard to the management of any surplus 1986-1990 Hepatitis C Class Action funds.

We are aware of the ongoing consultation process and have encouraged our membership and stakeholders to attend sessions where-ever possible in order to have their more personal stories and feedback heard.

The AHC is calling for the following:

1. No portion of the trust fund's projected surplus should be returned to any level of Government. The projected surplus should be entirely used to maintain or enhance benefits.
2. The June 30, 2010 deadline for applications should be extended indefinitely. All persons who meet the approval criteria should be compensated.
3. The settlement should develop a mechanism to compensate family members who have acted or continue to act as caregivers and in doing so have seen their own daily jobs, school and other activities negatively impacted because of the necessary time commitments.
4. The settlement should develop mechanisms to resolve other financial impacts borne by claimants such as any loss of pension benefits and the inability to access life, mortgage, health and travel insurance.

We are aware that the settlement has fallen short of compensating for the economic impacts of the people affected by hepatitis C. We hope that decisions made with regard to the projected surplus will remedy these over-sights.

Sincerely,

Patricia Bacon
Chair, Action Hepatitis Canada

***Action Hepatitis Canada** is a national coalition of organizations responding to hepatitis B and C. Our work engages government, policy makers, and civil society across Canada to promote hepatitis B and C **prevention**, improve access to care and **treatment**, increase knowledge and innovation, create public health **awareness**, build health-professional capacity, and **support** community-based groups and initiatives.*

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PARSONS et al. KREPPNER et al.	vs. THE CANADIAN RED CROSS SOCIETY et al.	Court File No. 98-CV-141369 CP00 98-CV-146405
Plaintiffs	Defendants	

ONTARIO
SUPERIOR COURT OF JUSTICE

PROCEEDINGS COMMENCED AT TORONTO

AFFIDAVIT OF ALAN MELAMUD
(sworn October 15, 2015)

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KREPPNER et al.	SOCIETY et al.	98-CV-146405
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JOINT MOTION RECORD
VOLUME IV OF VIII
(Joint Committee Motion to Allocate 2019 Excess Capital)

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