This is the 1st Affidavit
of Chya R. Mogerman in this case
and was made on 16/Oct/2015

Court File No. 98-CV-141369 CP00

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

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

Plaintiffs

and

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

Defendants

and

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

Intervenors

Proceeding under the *Class Proceedings Act, 1992*

Court File No. 98-CV-146405

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 HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

Defendants

and

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

Intervenors

Proceeding under the *Class Proceedings Act, 1992*

No. C965349
Vancouver Registry

In the Supreme Court of British Columbia

Between:

Anita Endean, as representative plaintiff

Plaintiff

and:

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

Defendants

and:

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

Third Parties

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

CANADA 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
CANADA 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

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AFFIDAVIT

I, CHYA R. MOGERMAN, of 400 – 856 Homer Street, Vancouver, British Columbia, Offices Services Assistant, AFFIRM THAT:

1. I am employed at Camp Fiorante Matthews Mogerman ("CFM") in office services including providing back up and assistance to the legal administrative assistants and the paralegals. I have personal knowledge of the facts to which I depose in this affidavit, except where I state them to be on information and belief, and where so stated I believe them to be true.

2. I am informed by Sharon Matthews, Q.C. that the Joint Committee sought input from Class Members and Family Class Members to assist them in identifying issues to be considering when making recommendations to the Courts on allocation of actuarially unallocated funds based on their experiences living with the hepatitis c virus ("HCV") and with persons who are infected with HCV. In this regard, CFM received written submissions from Class Members and Family Class Members and hosted consultation sessions with Class Members and Family Class Members.

3. Since August 2015, I have been involved in the 1986-1990 Hepatitis C Settlement Agreement file including the receipt, review, and recording of Class Member and Family Class Member written input (by mail and email) on the application to allocate surplus assets and in attending consultation sessions.

4. To date, CFM has received 105 written communications from Class Members and Family Class Members by and on behalf of a total of 157 Class Members and Family Class Members.

5. Attached as **Exhibit "A"** to this affidavit are the written submissions received from Class Members and Family Class Members to October 15, 2015.

6. To the extent possible, Exhibit "A" excludes those communications that Lise Carmichael-Yanish and I have identified as being communications also received by other Joint Committee members in provinces other than BC. The submissions do not include communications that were purely administrative (eg: change of address) or do not provide information, commentary or suggestions that the Joint Committee can use to inform the recommendations it makes to the Courts.

7. The communications appended at Exhibit "A" have been redacted to remove names, addresses and telephone numbers to protect the privacy of the Class Members and Family Class Members.

8. I am advised by J.J. Camp, Q.C., Sharon Matthews, Q.C., Lise Carmichael-Yanish and Catherine Polder that they have spoken on the telephone with a number of Class Members and Family Class Members. Some of those calls were for the purposes of putting the Class Members and Family Class Members in touch with the Administrator in order to address a question or issue pertaining to compensation. Other calls amounted to oral submissions made by the Class Members and Family Class Members similar to the written submissions made. On those calls, persons were encouraged to send in a written submission which could be circulated to the Joint Committee and included for submission to the Courts and many did.

9. Attached as **Exhibit "B"** to this affidavit is a written submission received from the Public Guardian and Trustee of Manitoba.

10. I attended consultation sessions held in Vancouver, Edmonton and Saskatoon arranged for Class Members and Family Class Members.

11. At the consultation sessions which I attended, Sharon Matthews presented back ground information as to why the consultations were being held and sought input on the various types of compensation available under the 1986-1990 Hepatitis C Settlement Agreement and any other comments or suggestions those in attendance wished to make. She advised those present that the Joint Committee wants to hear input on how these benefits work, whether they fall short of adequate compensation and if so, how.

12. The Vancouver consultation session was held on August 12, 2015. There were approximately 40 persons present in person. The report from the webcast indicated that approximately 69 persons signed on to the webcast throughout the 2 hours. Generally, the persons present who spoke and who sent comments via the webcast identified themselves as persons infected with hepatitis c ("HCV"), family members of persons infected with HCV, and in two cases, members of support groups including the Canadian Hemophilia Society and HepCBC.

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

Loss of Income and Loss of Support

(a) One person expressed the concern that if the current therapy is successful (the virus is cleared) a person could be "kicked off" loss of income without taking into account whether they are able to go back to work.

(b) HCV infected persons who are unable to work lose pension contributions and benefits and neither of those are included in the loss of income compensation paid.

(c) Where an HCV infected person's spouse or other family member has to stop work or decrease work to care for the HCV infected person and take up the work the HCV infected person did for the household and family unit, there can be loss of income, loss of pension benefits and loss of employment benefits that are not compensated at all.

    (i) An example was given of a family business run by a husband and wife. The husband was infected with HCV and when his health deteriorated his wife was unable to run the business on her own while providing care and support for her husband. They had to shut the business down and so both livelihoods were lost.

    (ii) Another example was given where an HCV infected person's spouse had to cut back on her work hours to be able to manage the care of her HCV infected spouse needed and to pick up the slack of the household work that he could not do. This resulted in her losing her benefits (because she was working part time instead of full time) and reduced contribution to her pension, which placed the family under greater financial stress.

(d) The payment of loss of income and loss of support on the "three best years" does not take into account that they may have had an opportunity in the future to earn more based on what others in their profession or field are earning.

(e) Persons who are infected as children who do not have an established earnings history on which compensation can be based and are not compensated based on their potential.

(f) Where a person is infected as a child and is disabled as a child so does not enter the workforce, the parents will provide for the child but when they are gone, the child must subsist on the loss of income payments (based on industrial average) and will not be able to claim disability insurance, obtain a mortgage (if the child cannot get life insurance), etc. It was observed that the needs of HCV infected persons who were infected as children will increase while the financial ability of the parents decrease (due to aging and retirement).

(g) A person who has been infected for many years but not disabled from working observed that while she was able to continue working, she was not able to progress in her position because the disease prevented her from pursuing extra training she needed to advance.

(h) A hemophiliac HCV infected individual said that because he received MPTAP (which would have been deducted from loss of income payments) and because he became sick in life at a time before he had a chance to build his earnings record, he opted for loss of services which is much less than the loss of income compensation he deserves.

(i) Retraining to re-enter the workforce after successful anti-viral treatment should be made available.

(j) There was discussion from more than one person about increasing the retirement age of 65 for loss of income and loss of support claims at least for self-employed persons or industry-specific instances and given that mandatory retirement has been lifted in Canada.

(k) A successful business owner who employed 36 people could not keep it going and lost his business. The family had to get a loan to keep the family home and he could not afford to finance his daughter's post-secondary education.

(l) The daughter of a deceased HCV infected person is concerned about her mother who is getting older and her loss of income (support) payments will cease in February 2016 (due to the assumed age 65 retirement of the deceased HCV infected person).

Loss of Services

(m) The current $16.50 per hour rate does not equate to the cost of replacement services and 20 hours per week is too low. One individual indicated that she pays $37.50 per hour to hire replacement services.

(n) The burden of an HCV infected person not being able to do services around the home falls on the uninfected spouse who is also often trying to make up for the financial issues if the infected person is unable to work as well as trying to care for the infected person.

(o) It is hard to measure what a person who was infected as a child would have done around the house to make an application for loss of services based on the standard of comparison to what a person did before being infected. It is often the case that the person's spouse or parents has always done the household work for the person.

Exhaustion of Health Plans and Lack of Insurability

(p) The Canadian Hemophilia Society is aware that the cost of direct anti-viral drugs is causing some people to exhaust their annual or lifetime limits on employer sponsored or private benefits packages. The Joint Committee should investigate this issue further;

(q) An infected person advised that the costs of treatment covered by BC Pharmacare caused her to max out on the annual amount Pharmacare pays and she now as to cover the costs of her monthly thyroid prescription medication.

Cost of Care

(r) An infected person at level 6 described positively the benefits he had been able to access and how they helped.

(s) A person currently at level 6 said she needed the cost of care benefits before reaching level 6, especially when on treatment for Pegetron and when her viral load became very high. Since she was single mother, the burden of her illness fell on her daughters who did not have a functioning parent and who had to help care for her. She became isolated from her family.

(t) A man who is infected with HCV and whose wife was also infected with HCV and died talked about how when he was treated, he had severe side effects including memory loss, fatigue, pain and sleep walking. His daughter cared for him and was worried about leaving him alone, especially due to the sleep walking. He has lingering side effects which were difficult for everyone to deal with;

(u) A person said that his or her spouse (emailed comment) had to take off time work to help and because he or she was not at level 6, there was no compensation for this.

Out of Pocket Expenses

(v) A class member at level 6 is not well enough to drive himself to appointments. He receives compensation for a driver under cost of care, which he appreciates, but he does not receive compensation for the cost of the meal for the person accompanying him. In addition, he sometimes has to cancel doctor appointments when he is too ill to make the trip and those cancellation costs are not reimbursed.

(w) A person who lives outside of Vancouver had to travel to Vancouver for medical appointments was not well enough to travel on her own so her sister accompanied her. She had to pay her sister and there was no compensation for that.

Treatment

(x) A hemophiliac advised that the new treatment has caused excessive bleeding into his joints.

(y) A person raised the issue that the Plans require persons to use coverage in private health care plans but there are privacy issues to consider when making a claim and disclosing HCV infected status.

Issues Not Recognized in Compensation

(z) Those living in larger cities (including those who have made that choice in order to access the specialists in HCV) have higher cost of living than those who do not and adjustment should be considered that takes that into account.

(aa) One family had to re-locate in order to access treatment for their daughter who was infected with HCV as a young child. The costs of relocation and the disruption to their lives is not recognized in the compensation paid.

(bb) Acute illness right after infection is not recognized.

(cc) Compensation for the treatment of serious ongoing psychological issues that class members being to experience at levels 4 or 5 is not covered.

(dd) The lives of family members, especially spouses and children, of persons living with HCV are disrupted, including extreme stress requiring counselling and there is no compensation for that.

Family Member Compensation

(ee) The child of an elderly HCV infected person talked about how her father who was infected with HCV was the healthier of his two parents until he became disabled from his HCV. He has now passed away and his spouse, who has Alzheimer disease, has become the responsibility of the children to care for when previously their father played that role. The amount paid to her for her father's loss and her mother for her father's death in way matches what her father would have done for his wife had he not been infected with HCV.

(ff) The daughter of parents who were both infected with HCV (one parent passed the infection to the other) spoke of how she, as the eldest of three siblings became a "parent" to her younger sister when her mother died. The $5,000 payment she received on her mother's death was nothing compared to the loss.

Communications

(gg) A number of persons had questions about their own files and benefits. Those questions are not recorded here. Ms. Matthews spoke to some of them after the public portion of the meeting was over to assist with their individual questions or potential claims. She advised some to contact the Administrator to clarify their entitlements. I am advised by Ms. Matthews that she spoke to some of them also on the telephone after the meeting.

(hh) Persons appreciated the opportunity to voice their concerns with other persons living with the same disease and would like to have a more organized forum, perhaps through the Administrator, to continue to communicate with each other and the Joint Committee.

14. Attached as **Exhibit "C"** to this affidavit are submissions made by and issues addressed by individuals who attended the Vancouver meeting by way of webcast. The attached submissions do not include correspondence regarding the logistics with respect to attending the webcast, (for example, signing in and/or sign in difficulties), nor do they include requests for changes of address.

15. The Edmonton consultation session was held on August 27, 2015. There were approximately 25 persons present. The persons present usually prefaced their questions or comments by stating their background as either a person infected with HCV or a family members of a person infected with HCV. At the Edmonton consultation session, the following comments were made by the persons present about the compensation benefits.

Fixed Payments to Persons Who Have Died

(a) There was a question about the benefits persons who died before or after January 1, 1999 would have received and what benefits their family members were entitled to.

Loss of Income and Loss of Support

(b) The son of a deceased person commented that his father's ability to build his pension was impacted by his infection with HCV and the deceased's widow is living on a smaller pension as a result.

(c) Assumed retirement at age 65 means persons who have been receiving loss of income take a significant cut when they have to switch to loss of services;

(d) One attendee said she would like to see the age of retirement (the cutoff date for loss of income benefits and loss of support benefits) moved from age 65 to 67.

(e) The spouse of a deceased person who had his own business said that when her husband got sick, he could not run his business. She had to step in and run it instead of working at her own job. So the family lost her income and the loss of income payments he became entitled to did not compare well with what he could have earned in the real world.. She cannot retire because they just do not have enough. The compensation is only enough to exist, which is not enough.

Loss of Services

(f) Concern was expressed about the end date for loss of services claims to the dependants of a deceased person which is the person's life expectancy (assuming the person did not have HCV). Cutting off benefits to an elderly person creates hardship when the person has come to rely on the payments.

(g) A second person talked about this and said she is going to be cut off loss of services at the end of the year and will have to sell her condominium.

(h) The amount for loss of services ($16.50 per hour and 20 hours per week) does not cover the costs of snow removal, house cleaning, contract costs for house maintenance.

(i) The spouse of an HCV infected man who will lose his loss of income payments this year said they cannot survive on loss of services payments at $16.50 per hour and 20 hours per week. They do not have an RSP and although he is 80% disabled, he struggles to keep working because they cannot afford him not to work.

Cost of Care

(j) The spouse of a deceased person infected with HCV said that when her husband was at level 6 they were able to have care in the home that worked for them because of the cost of care coverage.

(k) The son of an HCV infected person said that his parents lived in their home which cost $3,000 per year to run and then his father had to have assisted living and moved to a home that costs $3,600 per month.

Out of Pocket Expenses

(l) The wife of an HCV infected person who reached level 5 and received treatment talked about the many treatment trips and check-ups and trips which amounted to once every 2 weeks over eighteen months. He would not have been able to drive himself, she had to take him.

Treatment

(m) An individual had been advised (not clear whether by the provincial health care plan or some other entity/person) that he would not be covered for the cost of treatment because his disease is at a very low level. (Ms. Matthews advised that he should contact the Administrator because regardless of what threshhold provincial drug plans have, the Plans will pay for treatment if it is recommended by the treating doctor and not covered by a private or public plan).

(n) There was a concern about what the status of claim would be if a person was cured after treatment. One attendee reported that her husband has been cured but is still suffering flu symptons, insomnia and remains disabled.

(o) An individual who received two courses of treatment advised that he had numerous side effects. He had to leave his job as a professional driver.

Issues Not Recognized in Compensation

(p) The spouse of a deceased HCV infected person had her own losses because her husband and helped her with her mail route and could not continue to do that and they had to sell their home to move to the city to be closer to where he received treatment.

(q) The spouse of a person infected with HCV was prevented from getting a really good job and lost meaningful employment opportunities because she had to spend more time at home to help her husband when he was sick.

(r) A woman discussed her son who was infected at age 14. He is now age 40 and has been successfully treated. But his whole life has been disrupted. He has no loss of income claim but she is concerned that this type of circumstance will be lost in the conversation. His loss is hard to quantify but is very real.

(s) An HCV infected person who is a single mother expressed concerns about the fact that she cannot get life insurance.

Family Member Compensation

(t) The child of a deceased HCV infected person spoke about how his mother has Alzheimers and his father would have cared for her had he not died of HCV prematurely. The children now both bear the financial burden of their mother's care costs.

(u) An attendee commented that the distinction between payments for children over and under age 21 did not make sense to her. She observed that the payments do not help with education of children who have lost a parent. She commented that the disease destroys families and she knows that there is an upper limit on claims of around $300,000 and it seems to her that family member compensation compares poorly to that.

(v) Another attendee commented negatively on the under 21 over 21 distinction for family member benefits and said that compensation should cover a child to age 24 and cover education costs to pursue post secondary education.

(w) A woman who received $6,700 (likely $5,000 in 1999 dollars) when her father died said the amount "doesn't cut it".

Late Claims

(x) A person reported that she was diagnosed in 2007 but did not learn about the class action until 2015.

(y) There was a question about whether persons who did not know they were infected before the deadline are allowed to claim.

Lump Sum Benefits vs. Ongoing Payments

(z) Persons who are older and in the retirement range need the stability of ongoing payments so they can make ends meet. Lump sum benefits may be beneficial for other people.

(aa) One person who receives an annual payment for loss of income says that semi-annual would be better for financial management issues.

(bb) One person questioned whether paying out the monies now in a lump sum would be better than paying legal fees and administrative expenses.

Allocation to Persons Other Than Class Members

(cc) The wife of an HCV infected person said that her husband had researched and been distressed by the facts underlying how he was infected. The last thing she wants to see if the money going back to the government.

Communications

(dd) A person asked about the ability to talk to the courts directly about the allocation process.

(ee) A number of persons had questions about their own files and benefits. Those questions are not recorded here. Ms. Matthews spoke to some of them after the public portion of the meeting was over to assist with their individual questions or potential claims. She advised some to contact the Administrator to clarify their entitlements.

16. The Saskatoon consultation session was held on September 2, 2015. There were 15 persons present in person. The persons present identified themselves as persons infected with HCV and family members of persons infected with HCV.

17. At the Saskatoon consultation session, the following comments and suggestions were made by the persons present:

Loss of Income and Loss of Support

(a) A man was self-employed as a realtor and had 5-6 years when his earnings were not what they should have been. He was over the age of 65 and so did not qualify for loss of income.

(b) A woman whose husband died of HCV said that she has benefited from the compensation which has allowed her to realize some of the dreams that she and her husband had. She also appreciated that the Administrator followed up with her about the type of compensation she was entitled to.

Loss of Services

(c) A woman whose mother died of HCV described how her father lost his caregiver (because he developed dementia). The couple's daughter is now playing that role. She is applying for loss of services for her father as a dependant but $16.50 per hour and 20 hours per week does not even begin to cover what he needs and what her mother would have provided had she not been sick with HCV.

(d) An elderly man says the fatigue and medical appointments he undergoes are overwhelming him and he needs help around the house. He sees the doctor every two weeks.

Exhaustion of Health Plans and Lack of Insurability

(e) A woman reported that her HCV infected mother was denied life insurance which would have really helped her father who has dementia.

(f) Another individual commented that travel insurance is not available to persons with HCV.

Cost of Care

(g) A woman whose son was infected with HCV and died of liver failure moved home as an adult when he became too sick to care for himself. They received cost of care payments but he needed care "24/7" and so the cost of care did not cover what she was providing.

Issues Not Recognized in Compensation

(h) The adult daughter of an HCV infected mother described how her mother's deterioration from HCV coincided with her father's onset of dementia. Her mother was not able to care for her father because of her HCV infection and so she, their daughter, had to move to be closer to her parents and become their caregivers. Her mother has now passed away and so her father was completely deprived of having his wife care for him (which she would have done) and the children have to step in and play that role.

Family Member Compensation

(i) A woman described how she was 13 years old when her father, a hemophiliac, passed away from HCV. She, the daughter, looked after the family as her mother was back and forth to the hospital with her father. She, the daughter, now has 4 children, 2 of whom are hemophiliacs. She is terrified that they will be infected (with a blood borne illness) through the treatments they need to stay alive. She wishes her father were here to help her hemophiliac children with their situation. The money she received as the child of a deceased person did not compensate for this loss.

(j) A man advised that his nephew had died of HCV and his mother has spent 4 years caring for him as he died. He described the compensation she received, $5,000, as embarrassing.

(k) A woman whose husband died from HCV infection said the $25,000 payment she received was a "slap in the face". She cared for him while trying to hold down and job and went back and forth between work and home and worked in the evenings when he was sleeping and did not need her.

(l) A woman described how she lost two sons and a brother to HCV. All were hemophiliacs. She describes the compensation as a "spit in the bucket" compared to the loss.

(m) Two separate family members said that the categories of family members who are paid can be "wrong" if those family members had nothing to do with the HCV infected person, especially during the illness.

Funeral Expenses

(n) A woman whose mother passed away from HCV infection said they had a minimal a funeral as possible and the compensation fell about $2500 short of the cost.

Lump Sum Benefits versus Ongoing Benefits

(o) One person pointed out that aging people need the money before they die and so a lump sum is best.

(p) Several persons expressed the view that paperwork and filling out forms needs to be minimized. One person said that it seems like a "whole new job" and she has to summon the energy to sit down and do the work to complete the forms.

(q) Ongoing benefits and communication bring the pain of losing family members back – it is like reliving it all over again. So a lump sum is better than having to keep applying for benefits and filling out forms.

Allocation to Persons Other Than Class Members

(r) One woman expressed that she didn't understand why the government would even be able to make a claim for the surplus. She compared the fund to a bank account. If one invests wisely, they will reap the benefits of interest. The surplus is not government money, it is for the class members and therefore the government should not be entitled to receive the benefit of the surplus.

Communications

18. A number of persons had questions about their own files and benefits. Those questions are not recorded here. Ms. Matthews spoke to some of them after the public portion of the meeting was over to assist with their individual questions or potential claims. She advised some to contact the Administrator to clarify their entitlements.

AFFIRMED BEFORE ME at Vancouver, British Columbia, on 16/Oct/2015.

A Commissioner for taking Affidavits for British Columbia

CHYA R. MOGERMAN

SHARON D. MATTHEWS, QC
BARRISTER & SOLICITOR
856 Homer Street, 4th Floor
Vancouver, BC V6B 2W5
Tel: 604-689-7555 Fax: 604-689-7554

This is Exhibit" A "referred to in the
affidavit of CHYA R. MOGERMAN
sworn before me at VANCOUVER, BC
this 16 day of OCTOBER 2015

A Commissioner for taking Affidavits
for British Columbia

J. J. CAMP Q.C.

400-856 HOMER ST

VANCOUVER BC V6B 2W5

August 05, 2015

TO JOINT COMMITTEE MEMBERS

Re: Federal Government Surplus for the Hep C 1986-1990 Victims

I am writing to you in regards to the surplus of the monies put assigned for the Hep C victims from the blood transfusions from 1996 to 1990. It should be disbursed evenly to the hep c victims.

First I would like to thank you for my earlier settlement. It helped with things I needed prior, during and after my Hep C treatment.

1. I had to purchase a new bed so I could sleep more than one hour at a time.
    a. Which helped with my time during my hep c treatment as my body was in extreme pain from the shots I had to take for the treatment. As well as losing 3\4's of my hair.
    b. The treatment made me feel like I had a severe flue for 5 months out of the 6 month treatment.
    c. I had to leave work after the second dose of treatment as I could not focus on my job. As I need to have a clear mind and energy for the physical aspect of it.

2. Before the treatment I had a lot of running around to do prior to my treatment. I did not own a vehicle. I had to walk or bus everywhere. When I was diagnosed with Hep C
    a. I purchased an electric scooter so I could go from work to my appointments without having to take off more time by using the bus saving up to several hours.
    b. Which in turn I didn't lose money from my salary due to all the appointments.
    c. After my hep c treatment I developed fibromyalgia due to not being able to sleep.
    d. I could hardly walk. The scooter helped big time. I had to attend a fibromyalgia class for 3 months. To learn how to cope with this new disease.
    e. Again missing work.
3. I tried to put money aside but during my treatment I developed a gambling issue. Once the treatment stopped I started to go less and less. Went to counselling, Then I stopped.
4. It's been over six years since the treatment and no sign of an addiction issue. Which has been great?
5. The remainder of the money was supposed to be put aside just in case I developed more health issue due to the hep c and treatment.

I have been working since after the end of my treatment. I've had several health issues that took some time to get under control.

1. I have suffered from chronic kidney infections due to the immune system being compromised from treatment.
2. The infections were so bad I ended up at the hospital 4 times in one year. Now I got them under control.
3. My crohn's has been stable.
4. My fibromyalgia is painful. I go to the gym twice a week to try and relieve some of the pain. I also look after my diet.
5. I can't take meds because since my hep c treatment my body does not respond well to pain medication. Even over the counter pain relievers like Tylenol, Advil.
6. I have started to sleep walking during and after treatment which I have never done in the past.
7. Have been working with my family doctor to get it under control, nothing has been working at this point. I've even tried meditation, natural path. It doesn't work
8. For a while I had a low kidney function after my hep c treatment. Which I get checked every year. I never had this problem before the treatment.
9. I still can't sleep more than 2 hours at a time due to the soreness and pain.
10. My liver has a scar on it due to the Hep C, which will never go away.

The scar and chronic pain are what making me write this letter. I feel the surplus monies should be spread amongst all the hep c victims that had approved cases. I am 53 years old. I know I could get liver cancer due to the scaring on my liver. It could happen any time. I did not ask for the tainted blood, they know who donated the blood, and that he died from hep c. I had no choice.

1. The monies would make it easier to be able to retire a little earlier.
2. Instead of me having to wait until I'm 67 I could retire at 60. As I have a retirement plan through work. But don't quite have the number of years for a larger pension.
3. Retiring earlier would make a big difference for me.
   a. Have a better quality of life while I can. Not having to worry about my body being so sore that I have to call in sick again. It would take the added stress off. Less stress makes for a much healthier better body.
4. I love my job, but my stiip is high due to my fibromyalgia. I'm off work more than the average employee. Every year I have had to get a doctor's certificate for being off.
5. I can't afford much now due to the amount of time I have to take off.
6. I walk back and forth to work every day as well. I do everything I can to help to relieve my pain and keep my body healthy.
7. I have had to raise two sons through all this. They are both adults now and doing great.

The Hep C took a while to be diagnosed for me. Over the years prior to treatment they couldn't figure out why I was in so much and why I had very little energy. I went though many blood tests, MIR's, Cat Scans, Ultra Sounds, Bowels test them thinking it was my crohns, it was by fluke that Dr. Buckley decided to do a Hep C test. Since I never used drugs in my life or knew of anyone that had it.

When he told me I was in shock. How could I afford the treatment? I was lucking because I worked for the Provincial Government who allowed me to take the time off for treatment. At 75% of my salary. I had great support at home and through my doctors.

Even though they say I was cured. There are days where I get that feeling in my head and body I felt during my treatment. My energy has never gotten back to normal. This has caused me weight issues. I will never be 80% ever again due to the Hep C and treatment. And I live in fear that one day it could come back or I get cancer from the scaring.

That money was put aside for us victims and it should be given to us. Not given back to the government. Have us sign a waiver no matter what level we are at. That we cannot receive any more compensation after this. I would accept that.

I did not feel the compensation was enough. The Hep C destroyed my energy and my health. My crohn's attach were always sporadic not like what I feel every day now. It's every day. Some days it feels like hell. But I keep going because I have to. Even if I had the money. It would just make things a little easier. Supplement my income when I can't work some days. I have never asked for disability. I kept working. Some individuals have gotten millions from class action suits each. I do not feel we are being unreasonable or greedy.

Again I did not get his way on my own. I went for surgery to save my life and came out with tainted blood that could have ended my life and for my unborn child. Because my younger son also had to be tested. Which thank fully he did not have it. That hep c took away my sons mom for a long time with health issues from it. I will never get that time back.

Please really consider. Dividing that money up evenly would give me a piece of mind in case one day I do develop liver cancer. It's only fair. **The government didn't get the hep c we did.**

Signed By:

5

From:
Sent: August-06-15 2:00 PM
To: J.J. Camp
Subject: 8690classaction

hi received letter about 86-90 settlement as a survivor thus far and living in fear of liver damage but not knowing the extent and won't know till its too late as a biopsy is not possible as iam a hemopheliac factor nine defficient this disease has altered my life dramaticly and its impact is severe and symptoms are many i believe members should enjoy money while they are alive and not dead which step 4 thru 6 are designed for on the claim so further compensation for people with this deadly disease should be warranted and not held back after they are dead i will be attending august 12th at 7pm UBC

From:
Sent: August-06-15 4:33 PM
To: J.J. Camp
Subject: Joint Committee - Hep C settlement '86-'90

JJ Camp,

I received a notice from Joint Committee asking for input regarding the surplus in the 86-90 fund. I am a Hep C victim who has benefitted from this settlement.

As you are likely aware, new and very successful treatments are now available for Hep C in Canada. These treatments are also very expensive. The Trust Fund requires members to first access their private insurance before asking for funds for treatment from the Fund. This also includes government health plans, such as Pharmacare in BC.

I think that it is right to ask members to access private insurance first for these new treatments, but I question the inclusion of public health care, which we all know is financially strained to say the least, in the definition of "private". Perhaps the Settlement Fund with its surplus should consider full funding of treatment for qualifying members who only have public insurance, which really isn't true "private insurance". This might help others who are seeking treatment for Hep C or some other expensive disease. Also, I don't believe that pharmacare or the like is equal in all provinces, so this condition may be taxing some provinces more than others.

Respectfully,

7

From:
Sent: August-06-15 4:36 PM
To: J.J. Camp
Subject: hepc8690

Good day

I received the letter today regarding the surplus of funds. I don't really know what input you want from me other than the fact that my mother died 1998 from liver failure caused from the tainted blood transfusion she received. She was taken far too early from us. We should of had a lot more years together with her. We were somewhat compensated for her death but how much is a life worth and all that she could of brought to my life and my childrens lives. It took almost five years to fill out all the paperwork properly at that time and she died before we even settled. I will always be somewhat bitter about how and why she died. So unnecessary.

I don't know if this information is what you were looking for but if you have any further questions you may contact me.

8

From:
Sent: August-07-15 8:23 AM
To: J.J. Camp
Subject: Hep C response

Death impacts all that knew the individual during the grieving process. Money does not replace that individual.
After time the impact is less on many, most people move on with their lives.
I think if you are going to distribute any money it should go to the Living Spouse (or their estate) and if no spouse the living parents (or their estate).
Those are the people who have been impacted the most and they will know in their heart how to distribute it.
Because of the time, many of the recipients could have passed away themselves and distributing money to them will have no value, this might even be money passed on to individuals thru an estate who didn't even know the individual.
Please give this some thought.

Thanks

8th Aug 2015

Dear Sirs
Thank you for your letter re
"Hepatitis" class action suit. I wont
be at the meetings as their in Vancouver
but I shall look forward to the outcome

My Mother Mrs. has
been dead since 2000, I
received one payement of $10, 728.78.
after her death. Hope you are able
to distribute $236. million in a fair
way. Please find the file number
with all information
I have all information in my file.

Thank you.

Sincerely.

@ the above address.

Hepatitis ‘C’ Joint Committee August 9, 2015
P O Box 2370, Station D,
Ottawa, Ontario K1P 5W5

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, , received such a blood transfusion... The Hepatitis ‘C’ diagnosis was a crucial diagnosis in 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 <u>surplus funds</u> held in the Joint Committee’s Trust Account, is overwhelming indeed, and I would, as 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 , 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 Family.

Sincerely,

August 9, 2015

Attention: Joint Committee
Specifically, J.J. Camp Q.C.
Camp Fiorante Matthews Mogerman
400-856 Homer st
Vancouver, BC

RE: Estate of (deceased) & (widowed wife)

I thank the committee for the recent letter advising its intention in regards to the Hepatitis C settlement and the notice of surplus funds. I value the committee's effort and engagement in ensuring that the surplus is handled correctly and have confidence that due diligence will be exercised on behalf of the victims and families of the Hep C settlement.

In regards to your request for input on the topic of "areas of the settlement you feel fell short" I would like to offer that my deceased husband was diagnosed in early 2000 at the age of 74 years and was refused trial drugs for treatment to extend his life due to his age. Unfortunately he passed in 2003 after a long and painful fight and succumbed to his disease. The original settlement took far too long and in doing so the funds were not available to my husband for quality of care during his last few years of his fight. This placed undue stress on both and our family both financially and mentally for something that he was a victim of due to improper care and screening at the time.

In regards to the area of "how you think the surplus should be used" I am shocked at the amount of surplus and feel that the funds should be dispersed to the victims and families affected by Hep C contamination. A comment was made that the courts have the rights to put all or a portion of the surplus into a trust fund but it does not clarify what that trust fund would be for and its future intentions. I wish to understand this concept as I feel that this settlement was originally established and fought for those who were affected and not for the federal government to misuse or to use for their established inadequacies.

I trust this is all you require,

12

From:
Sent: August-09-15 11:50 AM
To: Lise Y. Carmichael; J.J. Camp
Subject: The day life changed for a loving normal family

Work had been busy, putting in 12 hour days was taking its toll on me, being in Fort McMurry is a harsh environment. Very tired, coughing and run down I headed to the local hospital emergency room late in the evening around 10pm on April 6,2001. (Strange how one remembers the time and date) My name was called and the Dr. said he wanted to do some routine blood work, after what seemed an eternity, he and a nurse entered my exam room, cloaked in gowns and gloves and masks, it was very unnerving to say the least. The shock on my face was apparent as the Nurse look at me with sorrowful eyes, putting her gloved hand on my shoulder while the Dr. told me ever so gently that I was infected with Hep C. Hep C????????? what is that I asked, Aides????
Where did I get it????? Why would I get it, How long had I had it?????? what is it??? what do you give me to get over it???? So many questions I had, but they had questions of there own that took precedence over mine. Was I a drug user? if so had I ever shared needles with anyone? how many partners had I had unprotected sex with? Had I ever had a blood transfusion? My answers I remember clearly were, NO! NO! I was divorced from a police officer and am a very hard working family orientated woman! YES I DID HAVE MANY BLOOD TRANSFUSIONS!

With that the Dr. made arrangements for me to see a specialist the next day at his office.
Again!!! when he came into the room he was wearing a gown, gloves and mask, to be honest I do not remember anything he told me all I know is I was scared to death, that I had infected my children, my boyfriend, the people I worked with unknowingly! I told a co worker and she immediately told the rest of my staff, from that point on I was alienated form everyone one of my staff was pregnant she quit as she said she had to protect her unborn child from possibly being infected from being in contact with me. I endured the isolation,and alienation, finishing my contract on July 15,2001.
I headed home to Spruce Grove Alberta and waited for my children to come home so I could tell them the terrible news. My son came home from Kansas, my daughter from boarding school.
As gently as I could I reiterated what the Dr. Had told me and I will never forget the reaction!
As much as (17) and (14)tried they recoiled and were repulsed.
From that point on they kept their drinking cups in their rooms did not want to eat off the plates asked I keep my eating and personal utensils and razors and tooth brushes and towels in my room. It was HORRIBLE!!!!!!!!!
My Dr. Jeff Moss, had been a friend for many years we traveled together and spent the holidays together, he suggested that the children be tested for their own level of comfort and mine, after testing them he made the arrangements to come to the house and explain to them first hand on how I contracted Hep C and what we needed to do.They tested negative and that gave them some sense of being not contaminated.
He tried to take the terror we had, and make it liveable. After what happened to me in Fort Mac, I never never told anyone, nor did my children as it would mean they would be austersized from friends and community, that their mother must have been or is a drug user or was dirty, promiscuous, doing things she shouldn't have.
It didn't matter that they didn't have it, parents wouldn't have let my children's friends come over or hang around because maybe just maybe their children would catch it! It was the worst time of my young children's

life, first the divorce then this, this terrible dirty secret! No young child should have ever had to carry this horrible burden! .My son got into to drugs and was angry he said it was my fault I ruined his life, my young daughter pulled away from me, hating me she asked to move out and stay with a family friend agreed and for a year made the mother she felt safe with and not scared of the secret she had to carry being exposed.

She could have her friends over and not worry I would infect them. was gone he went back to the States and on to Brazil he did not want to be around, he didn't call or want me in his life as I had already done (in his mind) enough damage.

Dr Moss (Jeff) told me of a compensation package and I moved forward with it. I was awarded $10,000.00, at the time I used it for the children I felt no amount of money would EVER or COULD EVER REPAIR THE DAMAGE THAT THE TAINTED BLOOD SCANDAL WOULD FIX.

In December of 2001 I had been working in Vancouver for a company and was let go from my job in April of 2002, they found out I had Hep C and let me go, they gave me a shining recommendation, but said they felt it was in everyone's best interests. I did not fight it I headed back home to Alberta and upon getting home got a call from Jeff he was happy and excited

, he asked if I had taken interferon while in Vancouver, because the test results from Dr. Vincent Bain were back and that I had cleared the virus!!!! He said he would come over and I was to collect and bring her home, and could I reach , he would tell them, it would change things so much for them!

I call and asked if she could drop off on the Tuesday evening, we contacted at his dad's he agreed to come, it seemed like an eternity since we had seen each other and this was a very very uncomfortable meeting.

Jeff walked in all smiles and in his English accent saying "hello hello wonderful news"

He told the children and reassured them that the nightmare was over no more worries, no more stigma, no more hiding this secret, could move home and have friends over, could be normal and go back to school. moved home, did for awhile but due to his drug use we had another horror to deal with, we ,with the help of Jeff we start to help try and put my children back together, to try to heal them! rides bulls for a living the dream of being an Engineer was lost! today still lives at home with me she is now 29, 34 he has quit using drugs, and still has self destructive behaviors and at times is lost. He is not in a relationship and drifts from one place to another. is a property Manager and is not in a relationship, both are very damaged from the day our lives changed from Hep C! Both are compulsive cleaners and still cannot and will not s hare ANYTHING! hair brush, toothpaste they bleach the bathroom steady, its so sad, both have had counseling, since that time my dear friend Dr.Jeff Moss passed away and we miss him very much, he could always make things better. My relationship with my children is wonderful today we love each other, and as they have gotten older they have been able to put things into prospective and understand what happened through adult eyes.

My health never got better, since the evening around 10pm on April 6,2001 my health challenges have gotten life threatening, I now have had to date 4 massive blood clots, one which bisected my femoral artery and I am on blood thinners and ASA and in constant pain from the damage. The hematologist try's to figure things out but is at a loss, the surgeon states the damage cant be fixed due to the blood disorder. The government denies me CPP disability so that I could maybe stay home or maybe work part time. Each day I drag myself to work and do the best I can, my children have had to live with my medical emergencies, no young child and then into adult hood should a child have had to deal with this!

If the government of Canada does anything they should pay the surplus to those that have endured the pain and suffering that has been heaped on the families of unsuspecting HEP C victims.The life of myself and my children were forever changed because of this horrible disease

for you see from my letter so many more events transpired.

Would my son have become an Engineer, would my children have maybe married and had happy healthy relationships, would they not been compulsive, would I have maybe not lost the time with them that I did,

the jobs I lost and the friends I lost, would I still have had them as friends, would I have had excellent health and gone on to remarry and be happy?
To this day I am still alone and on ,2015 I turned 58 alone.

I Thank Canada for addressing this horrible scandal and I thank all those that have been involved in making or trying to make things right in regards to the misinformation that this disease comes with, the rights of Hep C survivors and their families.
This is such a small part of my story and I Thank you Lise for asking me to write it, for I am grateful for the first time to be heard. I pray that is some small way my story like many makes a difference and that should the Government do anything the residual monies are divided up between those of us that have suffered. I would give it to my children for they have paid the ultimate price, their childhoods!

August 9, 2015

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

Dear Sir/Madam:

I am one of the Hep C 1988-1990 Settlement Class Members. When receiving this letter it occurred to me that it would be nice to attend a session in Alberta if not Calgary. However with less than 4 days to make arrangements it would be nearly impossible to attend consultation sessions in Vancouver, or Eastern Canada even if I could afford it. I would dearly love to have 10 minutes of the Committee's time to describe my life with Hep C, the hardships and ongoing lack of wellness in my health the ongoing frustrations of never having enough energy to do the things I used to or to play with the grandsons.

Prior to 1988 I had started my own business in Trucking & Excavating and was doing pretty well, after 1988 I had to scale back by more than half as the pain and suffering from the Hep C was overwhelming. Now more than 27 years later we are still trying to operate our business. , my wife had to learn how to drive my gravel truck and work alongside of me to make the company succeed. Every year we face the possibility of not making ends meet as I'm handicapped by headaches, stomach cramps and overall feeling sick. The $20,000 Hep C Loss of Income tax free pension barley pays the overdraft at the bank for the shortfall in our income.

My wife and I have been living below the poverty line since the 1988 infection of Hep C. That is on less than 32,000.00 taxable incomes for the two of us. When we had a review many years ago we indicated that since Hep C was acting as my employer we should be given aT4A so that income tax withheld and CPP withheld should be given the same benefit as any other taxpayer in that we would have the ability to have that portion refunded if qualified. Since the loss of Income does not allow for that provision and it would have made a great deal of difference in our daily lives we feel that part of that should now be returned. Since that money does not go to the general revenue for taxes nor does it appear to be in the CPP fund to top up any of my neither CPP retirement pension nor death benefit.

Now that we see a surplus we feel that perhaps all of the Class Members of the Hep C fund should be re-evaluated and share in that surplus. Facing a decision of retirement for both my wife and myself we would not have enough money from the fund, OAS and CPP to pay our mortgage or any other unexpected emergencies which are bound to come up in the next years of our lives.

I'm hoping that you will have a session in Alberta so that more of Western Canada can be part of the process and have a say in this consultation.

Thanking you in advance for your time and consideration.

08-12-15 P12:58 FN 17

[redacted]

August 9, 2015

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

Re: 1986 - 1990 Hepatitis C Settlement Agreement

It was a devastating experience after dealing with a serious cancer surgery to learn that I had received tainted blood transfusions from a trusted blood service. Months of dealing with treatment and uncertainty was mentally and physically exhausting.

In view of this I believe that the surplus money should be divided evenly among all Persons affected by tainted blood during this time frame.

Thank you for your consideration.

Sincerely,

E-mail:

August 9/15

1986-1990 Hepatitis C Settlement Agreement

In August 2012 my husband was diagnosed with hep c from a blood transfusion in 1987. This has been the worst journey we have ever been on. The medication (peginterferon alfa-2a & ribavirin) that they gave him left him with alot of side effects that he never had before. He got a little loss of hearing, memory and now has blood in his stool. It seems everytime we turn around something else pops up. The docter told him not to drive ~~the~~ car or his motorcycle. This has been going on for 4 years now, and basically been a nightmare. He is very depressed and was a good provider. He now feels like his life is useless and has no purpose in life anymore. He worked for the shipyard as a firewatch chargehand on the submarines, and loved his job. Now he doesn't even know if he will ever be able to go back. I don't believe that the monies that he has received comes close to what we have already put out for lose of work & lose of services. All we would like is for this nightmare to be over and compensated for what it is worth for him & his caregiver (his wife) So please take this into consideration.

Thank You :-

Claim #

To Whom it May Concern

My name is , I was infected with Hep C in 1989, from a blood transfusion at Vancouver Generale
I received the tainted blood after a Cancer operation.

I did not know I had the disease for 10 years. But was given a call from Vancouver generole in 1999

I was told by my doctor I should hot drink Alcohol, and should not use pain killers. (Both hard on a taxed liver)

I quit drinking & taking any drugs. TO prevent my liver from further damage.

Many times I could have used pain killers or even had a drink, But I did not.

Over the years I was told that if a cure was developed. I would be on the short list for Cure.

Now that a cure is availible, they tell me that I can not be cured because my levels are low (Because I looked after my self) and the cure is #90,000xx

So in my opinion ~~opoinion~~ the surplus millions should be used to cure me from the disease, and every other patient that was infected. This should be done before any of the surplus is realocated.

Phon

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,

August 11, 2015

Mr. J. J. Camp Q. C.
Camp Fiorante Matthews Mogerman
400 - 856 Homer Street
Vancouver, BC V6B 2W5
Telephone: 604-331-9520
jjcamp@cfmlawyers.ca

Re: Input from Class Members and Family Class Members
Hepatitis C January 1, 1986 – July 1, 1990 Class Actions Settlement
Claim # , , d. , 2010

Further to the Notice to Class Members which I received on August 4, 2015, I would like to submit the following comments for consideration by the Joint Committee in determining how best to allocate the surplus in the Trust Fund.

I am a Family Class Member. My dear wife , a former schoolteacher, died in 2010 after long and terrible illness, the victim of a Hepatitis C transfusion. She was blessed for many years with quality of life, able to travel and enjoy good times with family and friends, but her steady decline in recent years made it impossible to take part in normal daily activity. She required constant care. In 2008, our son gave up his contract work with the Government of BC in order to help me. The last few years in particular can fairly be described as the defining period of our lives. Nothing in my prior career with the Calgary Police Service prepared me for all the emergencies and trials and tribulations. It was isolating, as other people do not want to be around such illness. My son and I formed a routine, day and night, that I think could be compared to that of a soldier under the most stressful and exhausting circumstances. We cared for my beloved in our home to the end.

To this day, I can be doing something unrelated and some incident hits with a jolt, and I wonder what I could have done differently or how I could have made some things easier. There is this constant second-guessing of yourself. The feeling of helplessness is indescribable. It is impossible to discuss openly, and anyway, nobody wants to hear about it. My son and I remember, and that's what matters.

My understanding is that new medication is available and/or undergoing clinical trials that could make a real difference for others whose disease has not progressed to the same extent, especially among those who are younger. I would expect the cost for such treatment to be considerable, but in time would expect such cost to go down and amount to less in comparison to all the things that were required to care for a situation such as that experienced by my wife.

I mention these things to make a point. Each patient is at a different stage in coping with their infection. Each case has its own costs and horrors. Furthermore, each family is different. Some of those infected have smaller or larger immediate families, different caregivers, different coping strategies, and require different services. Existing procedures for Loss of Services and Cost of Care are sufficiently responsive and do not require any revision. (In that regard, I want to acknowledge the great care and compassion that I received from a nurse named Joan Fortier at the Claim Centre when I needed help with the required forms.)

I submit that the only fair way to deliver the surplus to all Class Members and Family Class Members is to do so on a "household" basis, i.e., the Class Member and Family Class Members as a single unit, with each "household" unit receiving an equal allocation across the entire Class, divided equally. That way, "households" where the infected person has already passed away will receive exactly the same portion of the surplus as those where the infected person is still battling.

I understand that the "financial sufficiency review" for the Class Action is held every three years. This should also be when any future surpluses are identified and distributed in like manner.

I trust that my suggestion is clear, and hope it is helpful. Please let me know if I can help in any other way.

Respectfully,

Submitted by email and regular mail

CLAIM # –
1986-1990 Hepatitis C Settlement Agreement

Hello, my name is

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

25

From:
Sent: August-12-15 12:04 PM
To: J.J. Camp
Cc:
Subject: 1986 - 1990 Hepatitis C Settlement Agreement

Dear Sir:

I am responding via email to the correspondence that was forwarded to me (personally and as the widow of my husband's estate who died as a result of receiving contaminated blood during open heart surgery) and to both of my daughters as we are all currently outside of Vancouver and cannot attend the meeting scheduled today at Robson Square.

After a family discussion, we feel that the surplus monies that were invested in trust from the class action suit should be completely paid out to the victims of the tainted blood scandal and to their families or heirs, as the case may be.

Sincerely,

26

From:
Sent: August-12-15 2:21 PM
To: J.J. Camp
Cc: info@hepc8690.ca
Subject: 1986-1990 Hepatitis C Settlement Agreement

To Whom it May Concern:

I recently received a package requesting input for the Joint Committee regarding how the surplus should be used.

I will explain briefly how this experience has effected me without going into too much detail as it is still painful to recall.

My Common-law husband was informed in about 1996 that he may be infected with Hep-C through a blood transfusion. In that same year I had just started working for Public Transit in Vancouver and was looking forward to a long and secure career with them. I was 31. decided to opt for the treatment being offered at that time which was a combination of Interferon and Ribavirin.

Within a very short time he fell quite ill, and was very lethargic.

Months later he was diagnosed with non-hodgkin's Lymphoma and began treatment with many set backs.

I no longer can remember the length of time that all of the different symptoms and effects went on for. He was terminal for months and in palliative care. Eventually, he went into remission and his health improved somewhat.

In the years to follow we had to deal with his constant pain, mainly in his feet and legs, an after effect from chemo. He became dependant on prescription pain medication: Demerol, Fentanyl patches, oxycodone....to name a few.

I had applied for a job as a relief Control Operator for Skytrain and started in 1997. I remained relief for the years to come as I could not manage the 12 hour rotating shifts on a full time basis. health fluctuated from week to week and his dependency on the meds became worse. He had overdosed a few times and also broke bones from falls and brittle bones due to the medication.

passed away June 30, 2007 after a month on life-support at Royal Columbian's ICU. I was a widow at 42.

I was grateful for the settlement from the Hep-C claim. I continue to receive a yearly payment for "loss of Services in the Home" about 16000.00.

I believe my benefit will cease in the year 2017 as this is when would have met his average life expectancy.

I am currently sharing a Control Operator position at Skytrain with an employee with health problems so I work a half schedule. I am able to get by

on this income but my career potential was never fully realized.

Even though the pain of those years with has dissipated with time. I am still experiencing the effects. I have blocked out the miserable parts and choose

to think only of the good times with him and our lives together. I still think about him every day.

I have a very low tolerance for stressful situations or large social events, which effects my personal relationships.

I tend to spend much of my time alone, walking my dog and working in the garden and am very protective of my mental well being.

I am 51 now.

I feel that the surplus should be used to continue some support of the families and survivors of the transfusion victims. Either in the form of continued yearly payments

or a lump sum payment. I do not believe that these funds should be held for some future catastrophe as this money was awarded to all of us who suffered dearly and

paid the ultimate price.....in so many different ways.

I thank you for your time and I hope this is helpful in some way.

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From:
Sent: August-12-15 7:08 PM
To: J.J. Camp
Subject: Hep c 86/90 - Joint Committee

Dear Sir/Madame.

My name is and my Claim # is .

Briefly, the facts of my case are as follows. My mother, , died on , 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,

August 12, 2015

J.J. Camp Q.C.,
Camp Fiorante Matthews Mogerman,
400 - 856 Homer Street,
Vancouver, B.C., V6B 2W5
604-331-9520

To whom it may concern: (J.J. Camp Q.C.)

YES the Joint Committee MUST apply to the Courts to keep ALL of the surplus and that it be allocated in favour of Class Members and Family Class Members! Please insure our well being, now and in the future as we age! Our lives are in your hands

Areas of the settlement that I feel fall short and the surplus should be used for? Some things that come to my mind are

- TRANSPORTATION. I know you have a claim form but wouldn't a yearly bus pass be easier. More consideration for the fact that we are ill and yet still have to get ourselves through life IE. busses, gas, taxies, parking, ferries, shelter etc And we have to find the money first then fill out the form and wait to be reimbursed. Who can afford to be well, see doctors, get therapies etc. Make it easier more inclusive
- PERSONAL CARE AND HOME CARE/CLEANING More support in getting and paying for these services. Quality of life should be for everyone. If you are being evaluated by LTC the result can be devastating. IE I'm only qualified for ONE shower a week. Can you feel clean and presentable at ONE shower a week? LTC no longer covers home cleaning So NO support with floor washing, toilet cleaning, fridge/oven/appliance cleaning. Long Term Care personal care costs me 300.00 a month which is the ceiling. If I paid for 2 hrs a day for 5 days a week per month it would be over $300.00. But No home cleaning is covered by LTC. Finding a qualified, reliable, affordable (minimum wage is going up to $15.50 per hour, but most cleaners want $20-30.00 per hour), with training, english speaking cleaner is very difficult and expensive. More concern and financial helps is

needed in this area. Cleanlyness and Quality of life are important to sick and ageing people. Homecare, personal care, cleaning are a big problem.

- HEALTH/HEALTH CARE PLANS/HEP C. How to get healthy and stay healthy? Who pays for what or NOT. HealthCare Plans only cover 6/8 visits to physio therapists, massage, accupuncture etc. They don't pay for exercise classes, gymses, community centre classes for exersise, yoga, dance, anything that would help keep you strong. HealthCare Plans only pay 80% of allowable Rx or treatment the rest is up to me to pay. My 30 thousand Wheelchair is covered 80% but the outstanding amount is approx 6 Thousand dollars. Who covers maintenance, service, new tires, new batteries? What about, teeth, CPAP masks, eye glasses, hearing aids, pediatrists, exercise equipment, etc. These all effect my health, wellbeing, stress level and finances. not to mention food and shelter. I think these areas deserve a closer look before surplus is given away.

- FORMS, FORMS; RECORD KEEPING, PLEASE keep it simple after all some of use have health issues. GEN 12 FORM I find hard to understand and fill out. (I have mentioned 2 yrs in a row but no response, or change). What about the things I can't do, that my PAID LTC ~~Pers~~ Personal care worker does or no one does? How to account for that time? I often combine a number of tasks like bills, banking, hair cut, groceries, Rx etc in one outing because they are close together. How do I break them down especially if I stopped for a break and lunch or people stopped me to talk? Somethings just never get done like floor cleaning, furniture dusting, oven, fridge, appliance cleaning, window washing because I can't do them, LTC don't do them and I can't afford to pay to have a cleaning service do them. Why does this form not cover Wheelchair (POWER) service and maintenance or Walker maintenance? OUT OF POCKET AND UNINSURED TREATMENT/MEDICATION EXPENSES FORM. I forget what it covers or what isn't. I forget to keep the receipts and put them in a safe place I'll remember. Cross reference with my Health Care Plan. It gets too confusing and complicated. I get tired, foggy headed and just don't remember.

I have no suport in this area. Could reporting be made easier? Or done differently? If forms are not filled out accuratly or not at all then Class Members and Family Class Members are not being served. No claims being made should tell you something.

- QUESTION - Why is there a surplus? Are we die-ing at a rate faster than expected? Are families being covered adaquately? Are Hep C 1986-1990 Claimants being covered adaquately? Does the 1986-1990 Hepatitis C Settlement Agreement need to be revisited, reviewed, revised, updated?

- QUESTION - The statement, in item 4, states: that it is agreed that assets exceed liabilities .... for these applications. I don't find this document Phase 2 Sufficiency Schedual very specific in stating what the Federal Government wants to use the mony ($236 million) for or what the Provintial and Territorial government wants to use the mony for. This surplus mony should be used for Class Members and Family Class Members before it is given to any Government. Give sufficient concern to our future as we age with Hep C. I am worried about my future. I am worried about surviving in the community or surviving in a facility. Who is going to manage my Hep C Claim paper. Who is going to advocate for me. Everyone has their own agenda, they have to work with in the various ministries or organization mandate or they lose their job. So were does that leave me. The whole system is not working. May be you need to help more!

- SHELTER/FOOD Costs are going up. What happens when I can't buy what I need. No matter were you live if you can't pay your rent, housing charge, morgage you are asked to vacate. But were do you go. I live in one of the Government subsidized Co-op in a handicapped unit. Because we were a lealy Co op there is NO subsidy available. So if I can't keep up with raising rent I'm out. Were will I find another handicapped unit. Basic needs are becoming a problem for everyone how much more for sick, fixed income people. There will be more poor. Perhaps Shelter and basic needs need to be looked at and the money (surplus) be used to elleviate some of these problems for Hep C Claimants.

What about burial costs" Widows pensions?

I am a single woman living on a fixed income retired early due to illness I can best describe my issues but how much worse must it be for families, the spouse/caregiver and the children.

The cost of living is up, shelter is up, food costs are astronomical. Wages are going up to $15.50 per hour for minimum wage. Do I earn (pension) at $15 50 per hour? How will I ever be able to afford services. My ability to maintain my current lifestyle is being challenged as never befor and this has an effect on my health. The ability to provide my self with home care, house cleaning (cleaners) window washers, delivery services, exercise and transportation is challenged as never befor. This all add stress which inturn effects my life and health. At the same time I am aging as if being sick wasn't enough. And the Gov. is of no mind to help.

I am also being left behind and out of the circle because I don't have a computer. That makes me feel disenfranchised. One of the reasons I don't have a computer is the cost of internet. The reason I don't have a good exercise program is cost to get physioTherapy, cost to join a gym ~~to~~ a barrier. The other reasons ~~that~~ are concerns for me, how to take care of my self when Im tired/exhausted, and were is my voice when I'm too tired and sick to advocate for my self and all the (1986-1990 Claimants Class Members and Family Class Members.

A line from a song goes "Look around all you see are sympathetic eyes" I don't want sympathetic eyes. I want a voice, I want help, I want problems solved, I want improvement, I want quality of life, for me and all 1986-1990 Class Members and Family Class Members Claiments/Victames.

Thank you for this oportunity to have a voice.

COPY

"IMPACT STATEMENT"

Joint Committee
UBC Robson St
HSBC Hall Rm C680

Aug 12 2015

To accurately answer the question: "How has being infected with Hep C impacted my life?" I must disclose how I was infected in the first place.

In 1984, I was 17 and diagnosed with Stage 3 b, nodular sclerosing Hodgekin's Disease, cancer of the Immune System, 12 tumors, spleen involved. Between the ages of 17 3/4 and 20 years old, I would under go a multitude of tests, surgical procedures, and torturous treatments.

Four treatments to be exact; first course, MOPP/ABVD chemotherapy 9 months bi weekly, the cancer came back! Second course, 6 weeks Radiation therapy, the cancer came back! Third course, An Autologous Bone Marrow Transplant (now called Stem Cell transplant) I was the 9th person in BC to recieve that treatment for cancer. Highly expermental at the time. Basically they stop the body and re start it. Hopefully shocking the cancer OUT of the body.

It was at this point I was infected as it was the only time during my cancer battle I needed blood transfusions. I would not find out until <u>years</u> later of the infection. Fourth course, was another 6 weeks radiation therapy, front and back as much as they could dose me with, without killing me! Nov. 18, 1986 Was my last cancer treatment I have been Cancer free ever since.

Even though the doctors told me I'd recieved so much cancer treatment, I would be unable to have children! Five years out of treatment I got pregnant and naturally gave birth to a daughter. Five and a half years Later I would naturally carry & give birth to a second daughter! I have been very ~~bed~~ Blessed with life although hard fought. Unfortunately when my youngest was a year old I got a "Letter" from Red Cross Blood Services requesting I get my blood tested as I may have be in contact with the Hepatitis C Virus.

The wind completely knocked out of me! Numbness enveloped my conciousness. It felt as if I had been given another "Death Sentance."

I was a struggling single Mother, raising two little girls, alone, living below the line of poverty, barely existing on Social Assistance, trying to negociate undiagnosed medically induced PTSD (Diagnosed Nov 2014)

Knowing my potential greater than my lot in life. I busied myself raising my girls, being a good mother. My little family Started to suffer the more symptomatic I became...
My girls struggled as I got sicker and less able to run after them. They got older and

more stressed the sicker I became.

Then came along Pegatron/ Ribavirin treatment. Jumping at the hope I sign up! I had EVERY REACTION other then Kidney failure and heart failure! My girls watched, helpless as I suffered and my health declined. I was not able to get out of bed some times or get off the couch... Never mind socialize with the girls, clean house, or cook. I suffered just as I had suffered back in the day during cancer treatment. I looked and FELT like I had one foot in the grave!

After the required weeks of treatment with out successful viral load change, I was taken off of it. The only HOPE... Failed! It would take me a full year to bounce back after that failed treatment. It was NOT an easy road isolated, discouraged, sick & depressed... it was one of the lowest times of my life! We struggled as a family, financially emotionally, mentally, physically. I had resolved myself that I was damaged goods, less of a person some how... certianlly infectious and unwanted. My life's blood forever a thing to be terrified of. I lived, existed, isolating my self from relationships so I would never infect someone! any one! My girls well versed to keep away from my blood ALWAYS! I would panick at the sight of my blood. Eventually I found a job I could enjoy, living secretly, under the wire to protect my girls and my self from the stigma and discrimination that comes along with "Infected blood."

For 17 years that's how I lived
waiting for the bottom to fall out
or the other boot to drop.
The Short falls in the system are
silently too great to measure!
Words alone can never lend truth
to the experience or lend voice
to the internal fear of not
being alive for my girls! The
words "Terrified of my blood"
can not take into account the
full measure of the experience.
It has been isolating and exhausting
to protect "everyone" from
my blood!

When a compromised family lives below the line of poverty in Canada. The financial hard ships prevented obtaining well rounded care and support for a single mother. Or the children of singles do not get the wrap around support, councilling or community services to keep struggling families healthy and complete. The stress of the lack of ~~support~~ my health & my being the sole provider, support, nurturer, cheif cook and bottle washer in house. The compounded

Stress has taken it's toll on my family this past couple of years. Last winter, I almost bled out and died of liver failure and it was too much for my girls to endure. They both moved out with in 6 ~~weeks~~ months of each other. The eldest got married and my youngest prefers to couch surf rather than live with me. They are both suffering with mental health issues, depression and a life time of having a sick mother. This has been the biggest challenge I have faced!

January 2015, I sprang an esophageal leak!
It took 9 units of blood,
3 endoscope banding, 1 gluing,
1 fluid draining of infectous
ascities off my belly and facing
PTSD triggers being in the
hospital for three weeks.
My beloved companion cat got
depressed, got sick and I think
She gave me her last 9th ~~lives~~ life.
She passed away three days
after I got out of the hospital!
Mourning the loss of my health,
my cat, my girls, trying to recover.
Understanding any amount of

trauma, anxiety, stress or being upset could send me bleeding out again. Jan, Feb, /March 2015, I was in liver failure. It's a miracle I am still here! I was put on Harvoni beginning Of April by the end of April I was Hep C free! My viral load went from the 200 thousands to no ~~RNA~~ virus detected! I no longer have to live in fear of my blood! I have beaten Cancer, battling PTSD, beaten Hep C Virus, still battling liver failure but my levels are ~~getting better.~~ improving.

Each day I define my
existance and checking
items off my bucket list!
I will enjoy each day I am
given! I may still bleed out
I may still die befor I get
a liver if mine gives up
the ghost, or hepatic cancer
can set in. I have to learn
to redirect my thoughts, re
learn how to deal with stress.
I am stil not well, I have
good days and I have bad
days but each day I have
Hope!

The short falls in the system? A lack of effective wrap around community or support services for an incredibally sick person who requires assistance with day to day struggles be they mental physical or emotional. If in crisis a person needs support they are out of luck unless they have family close by. When children are overwhelmed and the only parent too sick to be effective in daily parenting. There is a lack, that lack was not my fault, I was infected with blood that should have been tested. If my daughters had received financial support from the claim centre to help them through this virus progression, maybe we would not be estranged today! The HepC has damaged the relationships with my daughters and any potential for a companion for myself. The damage done to me and my family, ~~can~~ no financial compensation is great enough to repair what I have lost in this battle w/ HepC.

It has cost me self esteem, relationships, health to be more than I am now!

It has damaged not only my physical body, but my heart mind and spirit. It has routed me into 17 years of isolation and fear of my blood!

Words can not effectively express the berevity of the experience!

The estimated overage surplus I feel should be paid out to those poor souls unfortunate~~er~~ enough to have been infected with this Long suffering, horrible Virus just because they we needed blood product due to illeness or past treatment. The Suffering and Cost to the family MUST be compensated as well as the loss of health or damage done to the body and the need for Services for daily living. Trauma, illness, and every thing this virus does to the body I feel requires a MUCH Larger componsation sum of money. The overage should be given to all the souls who have to endure and suffer through every day with this up on them / us. The symptoms, treatments, trauma PTSD triggered dealing w/ hospital the cost to my children and myself, having to move my Father 365 K to move in with me because I'm too scared to be alone now! I can still bleed out or my liver can still fail. We have altered our lives dramatically because of this virus. We pay the price with our blood sweat and tears and deserveto be compensated handsomly for our suffering. Especially seeing as though there is such an overage, it is the Right thing to do for those infected!

Thank-You!

P.S. I feel all should get a lump sum. Those who have suffered for a long time w/ much treatment and health crisis should also receive more over and above those infected w/ little effect from disease.

ATTENTION J.J. Camp Q.C
Re:

E-mailed copy Aug13/

Compiled February 17, 2010.
Statement of funds spent specifically to improve the quality of life for our Mother, dob ,1905

Most of these were expenses I never realized would ever require proof, so although some receipts are here, most are seldom available, but you will agree that they were things necessary for my Mom to have made available to her, during the times she lived with our family, and in Senior Facilities... when she became unable to live on her own.
-in our home, Campbell River, BC July 1987- November 15, 1989!
-at Selby Place in Nanaimo, BC November 1989- October 3, 1992
-in our home again, on Quadra Island, BC October, 1992- May 18,1994
-at Sunshine Lodge in Campbell River, BC May 18,1994- July 12,1994
My husband, in both of our homes, equipped the bathroom with safety bars to help Mom in and out of tubs/ off toilets/ initially railings for up and down stairs. We bought walkers and rented some equipment that was not on loan from Red Cross... such things as hospital bed, commodes, wheelchair, bedpans, etc needed to be picked up and returned via Ferry, at our expense .
We purchased flannel sheets, rubber mattress savers, liners, special sheep skin mats to reduce bedsores, surgical gloves for ourselves and homemakers etc.. straws, coolers, over the counter medicines, bandages, and prescription drugs, as well as diapers .We purchased numerous electrical gadgets, buzzers,lamps and automatic lights so we could come when needed! Things we NEVER thought would require verification 15-23 years later. Mom was eligible because of low income, for certain home care help... if we wanted an evening away I hired a nurse to sit with her... on one occasion it cost $75 (5x $15) for us to enjoy a $65 restaurant Gift Certificate, a gift from our kids. Holidays (respite care) required family and friends to sleep in (eg: our 3 week Hawaiian Trip in 1993). Not allowable because it was done by family members. When mom became bedridden she could not be left alone, so any extra Home care not eligible, we would pay for, up to 3 and 4 hours a weekday. Weekends were not a problem as I was home and my sister visited some weekends at our place.
My job as a Teacher was needed to a) pay for these things and b) put three of my four children through University (Victoria) during this time. Finally in 1993 my husband took early retirement not only because Home care people needed help, BUT that helped make the decision. I never did ,and still do NOT begrudge these costs in any way (after all she was MOM) but becoming accepted for the Hep C claim ... and your request for out of pocket expenses we are listing these to the best of our ability. Nurses who came in and out of the home/ Home Doctor visits would (could) verify this. We drove Mom to and from appointments and Hospital discharges. Ambulance trips. We kept at best , few or no financial records. Burial Costs were borne by my sister and I, as Mom did not qualify for CPP. She died with very little. She had sold her home at a low economic time but perhaps could have waited for an upturn if health allowed. This itemization in no way covers everything, nor reflects the out of pocket expenses we all bore to keep Mom comfortable and well cared for...but it will indicate to what extent we did carry the financial cost for our Mom's ill-health! The help would have been appreciated MORE while she was here! Her poor quality of life in latter years, caused by Hepatitis C, can not be measured by any amount of money. The humiliation in the Care Facility hurt her and the family the most!

Page 2 dob:. 1905

Costs incurred during the process of seeking this claim, such as several Notary visits, travel expenses up and down the Island from Victoria to Quadra, forms to be filled out ... revisiting appointments with Doctors on Mom's behalf (our medical), visiting Hospitals for Charts and records, costs for registered mail, stamps, original copies from Vital Statistics and duplicate copies at a per page cost, and telephone calls between my sister and I are more accessible, as by this time we realized it was becoming a cost issue! We realize there is a ceiling for these expenses, but feel we would have incurred the maximum at the VERY LEAST! Very STRESSFUL!

Yours truly, the daughter of

PS: August 06, 2015 Attention J.J. CAMP
Having received the letter regarding the surplus funds for Hep C Claims and requesting what could be done with these funds... I suggest informing the Courts to keep them as is, and to address expenses not initially allowed in previous or future claims. As the excess money was not anticipated at the time of reimbursement, why not increase the previous claims by a "percentage". If one was eligible initially, then it would just be a matter of course with stamped approval! Monies for counseling, screening, education for families suffering the loss of a loved one and further research may also serve as a basis for such funds.

To: J.J. Camp Q.C.

Camp Fiorante Matthews Management

400-856 Homer St.,

Vancouver, British Columbia V6B 2W5

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.

J.J Camp Q. C.

Camp Fiorante Matthews Mogerman

400-856 Homer Street

Telephone: 604-331-9520

email: jjcamp@cfmlayers.ca

Telephone:

email:

August 13, 2015

Dear Sir(s)

I received a letter in the mail requesting input regarding the disposition of a surplus of $236-$256 million being held in a trust fund for the implementation of the 1986-1990 Hepatitis C Settlement Agreement.

My father passed away on July 07, 1992. His health had been compromized partly by being infected with Hepititis C from Blood transfussions he received during operations that were performed between 1986-1990.

It is my view in an application to the courts, that any surplus remaining from the settlement agreement currently held in trust be distrubuted amoung all Class Members and Family Class Members who had filed and established a validated claim to which some compensation was awarded to date.

Validated claiment's who may or has passed on should have any amount that maybe be awarded from the disposition of the surplus, simply have any award distributed through or via the Executor of their estate.

Should any funds that remain in the trust after awards have been made and dealt with, such funds could be donated to say, "Children's Hospitials" across Canada.

I personally have as of this date received a $5000.00 award relative to my validated claim. . Should I be entitled to further compensation as a result of the disposition of the surplus, I just cannot easily answer that question. I do know for the last 23 years I've missed my Father....can you say what is that worth.

Regards

J.J Camp Q. C.

Camp Fiorante Matthews Mogerman

400-856 Homer Street

Telephone: 604-331-9520

email: jjcamp@cfmlayers.ca

Telephone:

August 13, 2015

Dear Mr Camp

I understand from reading a letter sent to me from Ottawa, Ont., that you are 1 of 4 members of a Joint Committee mandated to implement the 1986-1990 Hepatitis C Settlement Agreement.

I also gather that the commitee wishes input from Class Members and Family Class Members in regard to the Committee's application to the courts regarding what I assume to be the disposition of some or all of the surplus funds to be allocated in favor of Class Members and Family Class Members.

I am please to be informed that there is a surplus of $236-$265 Million held in a trust fund.

It is my view that the joint committe procede with the application they wish to make, as noted in the letter when they apply to the courts regarding the disposition of the funds in the trust account.

My husband of 47 years was infected with Hepatitis C, from blood transfussions required during a triple bypass surgery between 1986-1990. He was doing well up untill about 6 weeks after this surgery when the Hepatitis C started to affect his health. He was not well after this. He passed away , 1992

I have always felt that the monies I have received to date, while grateful have been an inadequate amount for my hushands life and the lost I experienced.

All of my husbands family members, brothers and sister, his children and his grandchildren eligible up to a certain date who were deprived of a cherished family memeber, and because of the Hepatitis C infection, received some monies after tendering the required paperwork.

I hope that the Committee will be able to help all of the Hep C claiments involved in this matter receive more compensation for their lost.

I realize that some of the Hep C Claiments may have passed away by this time. If there are none of their family left, perhaps some funds from the trust can be in their memory, be put into a fund for donation to charities that help others.

I am not in good enough health to travel far and or have the means to be involved with monitoring the joint hearings.

I leave it up to you, my joint committee member to convey my input as to my views in what to do with the trust fund, and look out for my interests.

Please note: My son is composing this letter as per my draft copy, and has been instructed to email it to you as I do not have an internet connection. Should you wish to contact me about this, please write or call.

Your Truly

From:
Sent: August-13-15 6:04 PM
To: J.J. Camp
Cc:
Subject: regarding Hep CSir/Madame: , Phase 2

Dear Sir/ Madame:

I am not entirely sure whether you are the person who made the presentation at Robson Square last night, but I think you may be. In any case, I think a difficult and painful subject was covered admirably.

I write to explain my position as a family class member. I note the present suffering of many class members, and it moves me to compassion and revives painful memories.

My son, a severe hemophiliac, died on , 1994 of HIV AIDS and Hepatitis C. That was 20 years ago, but the memories are as painful as ever. It was a long, slow, agonizing process, which left deep scars.

I write to you in a state of no small desperation. Although I do not not have the immediate medical situation of many of those poor people last night, I have been through my own Hell, which to me justifies a plea for some further compensation.
was born , and so died at 30 years old, in his last year leading up to his B.A. at UBC, with a view to teaching, hopefully at University, like his grandfather. Admittedly, it was a slow start, but this is in the midst of constant transfusions, occasional bouts on crutches, and, finally, the combination of AIDS and Hep.C which took his strength and his life.

I brought up, mostly alone, without his father, who was quite unable to cope with his condition, and withdrew from the family while was between 5 and 7, and made his final departure when was 7. He never fully engaged with while he was in the household, and sent NO funds to support or his 3 sisters. He made bold promises at the divorce proceedings, but did not follow through, and at that time there was no enforcement. I realized that it was up to me to make a life for my family, and so went back to college and then UBC, where I earned my BSW and MSW, through a combination of loans and scholarships, and became a social worker.

When condition was diagnosed, after considerable delay since there was no family history and we were living in a small town, I determined that he was going to have every opportunity I could give him to lead as normal a life as possible. There was the momentous day he joined the Cubs in the hospital, and then went on to Scouts and Venturers, and to camp (where they insisted I must be a counsellor, which was all right with me!), and even to an international jamboree in Sweden and Denmark, which he yearned for and I told him,"You can do it if you really want to!", and we, with others behind us, managed to raise the necessary amount of money. He was a member of the Nelson Boys' Choir, and did very well. He was a member of the St. John Ambulance Corps. He took swimming lessons, and even participated in the Lord Byng Swim Club as long as he was physically able. Yes, and he had a paper route, which I often enough had to perform for him. We went camping as a family, and travelling, mostly by car. He lived a full life, and I strongly encouraged him in a CAN DO attitide.

Until we moved to Vancouver when he was 10, there were many, many medical trips back and forth to Vancouver (mostly 3 or 4 a year), and nobody else was paying for them. And it meant the other kids were left with friends, not an ideal arrangement. Of course, there were many variations on living a normal life, having to be on call, making special arrangements for him, trips to hospital, etc.

Finally, the point I hoped to make. All this is behind me, and yet it has marked my life. I am immensely proud of the young man he became, and will cherish him always. AND YET, I went through all this to raise him and then lose him. I am now living in a state of poverty, just a little more than $2000 a mo., of which over half goes to pay my rent in the off-balance market of Vancouver, so that I BARELY MAKE IT from one month to the next, the result mainly of going back to University to make a better life for my kids and the fact that I was in a car accident, for which I had no responsibility, which meant I had to retire early (at age 60) on a reduced pension. The result is that I HAVE STRUGGLED EVER SINCE, and DO wonder whether I might be eligible for some recognition in that surplus, which does touch on his life.

Thank you.

Sincerely,

61

From:
Sent: August-13-15 8:49 PM
To: J.J. Camp
Subject: Hepc class action surlpus

Greetings. My name is , and I am writing to give my input as to what I feel should be done with the surplus of monies from the class action suit.

I was given two pints of blood after the birth of my daughter in 1987. I, as well as my family were devastated when we later learned that I had contracted Hepc from the blood that I received. I tried treatment twice and am happy to say the second try was successful.

While I am appreciative of the fact that the cost of the meds were covered and I received $1000 for every month I was on treatment, this is a drop in the bucket compared to what I had to endure while on treatment. It was very difficult for my family to watch.

It is my opinion that the surplus of monies should be divided EQUALLY among those who contracted Hepc as a result of tainted blood received between 1986-1990.

Sincerely,

Sent from my Samsung device

Aug 13 /2015

To the Joint Committee

My name is
And Personal Representative and Executor
Of the deceased

My Loving Wife HAD a Lot on
Her Plate. She was a Handicap "Person"
From a car accident. To Pile MORE ON Her PLATE
She got tainted Blood in Hospital. And on
Her JOURNEY in Life. She got KIDNEY DEASE
Put on Dyalis. She Had a great Son
, My Son and HEIR. to ME
" We WERE A Family UNIT. DEPENDANTS
ON Each other. I put my Job on Hold to
Watch and Care for Her.
her Son and mine. Was a great Help

In Her Passing Left us Empty!!

What Brings Us to this Hearing
The Surplus should Go to Class MEMBERS
AND FAMILY CLASS MEMBERS DEPENDANTS
OF the DECEASED
And All Family MEMBERS OF the DECEASED

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

10 August 2015

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

C.C.

RECEIVED
AUG 13 2015

From:
Sent: August-14-15 3:02 PM
To: J.J. Camp
Subject: Joint Committee Request for info on Hep C Settlement

To Whom it may concern:

My father died from Hep C several years ago but I still miss him. I saw how my dad and mothers aspect of life was taken from them little by little. Although I am only a man that lost his dad to Hep C I feel the following might help others .

I would suggest that any surplus amount in the settlement account be divided the following. Those spouses still alive following the death of their spouse should get half the surplus. My reasoning for this is as I saw my Dad's life taken away little by little he couldn't' even walk around the block with his Grandson anymore. Toward the end he spent more time in the hospital than at home which deeply played upon my mom's relationship with him as well as her one love in life losing the battle little by little.

The remaining half surplus I would like to see go toward the research towards the cure or eradication of diseases like Hepatitis C. As only a person who has gone though it can see, know and feel money will never truly make up for the early loss of life of someone who you grew up with and learned to love . But maybe if more research was done on diseases like Hep C it could save another son or daughters grief and loss of a father or mother or spouse. Thank you for your patience with this email.
Sincerely Yours

Home:
Cell:

August 14, 2015
HepC 8690. Settlement
From.

Primary Infected Person (alive).
Claim #

Personal History.

Family has history of Von Willbrand's disease. Acquried HepC as a complication of his treatment for Von Willbrand's disease

Family members infected with HepC.; (1) older brother, , who was 69 at time diagnosed with HepC and passed away 2004 at age 73 from liver cancer.) (2) niece , daughter of . (3) , daughter of

I was diagnosed in 1999 at age 57 with HCV associated cerrohis (chronic Hipatitis with piecemeal necrosis). I participate in two separate drug therapy trials under Dr. Vince Bain at the University of Alberta Hospital. The first was 12 months from July 2000 - June 2001 and was not successful. The second was 12 months from July 2002 - July 2003 and I was treated with Pegylated interferon and ribavirin combination therapy. The second treatment was succesfu in ~~not~~ achieving a sustained viral response.

Payments I recived from HepC Settlement:

(1) 1,000 per month for every month of completed drug therapy (paid after each 6 mos. of completed therapy)

(2) Level 1-4 compensation payments set in 1999 @ 10,000 + 20,000 + 30,000 + 65,000.

(3). out of pocket expenses for travel, parking for medical appointments - submitted each 6 months.

(4) loss of service in the home.

Not covered by Hep C Settlement

(1) actual cost of drugs - 894 biweekly for the two years of drug therapies. This was eventually recovered from my health plan and a second Provincial Health plan that we had to take out to cover the portion 30% not covered by Manulife (my health plan.)

(2). My primary Drug Plan with Manulife only covered 70% of the drug cost which required us to take out a second Health Insurance Plan with Alberta Blue Cross (extended coverage) from 2000-2004 at which time my wife secured group coverage through her work. The cost incurred to have the second drug plan coverage for 48 months at approx $120 month premiums was approx $5760. The settlement did not cover this cost.

(3) Due to the severity of the side effects from the second drug treatments and the emotional stress of watching my older brother slowly die from the same disease I was battling I had to stop working in March 2003, and go on medical disability benefits through Manulife, until August 2003. I was paid approximately 70% of my normal wages. No contributions were made to my company pension plan for these 6 months. I not only lost my normal income, I also lost these months pensionable earning contributions to my pension plan.

(4) After completion of my drug treatment I never regained my pre-drug therapy or pre-Hep C mental or physical health back. I continued to experience fatigue, memory and concentration problems. This resulted in my retiring from my inter-city bus driver job in 2005 at age 63. This early leaving from work impacted my and my families retirement dreams/plans/income

— My 2 youngest children were 12 + 14 years of age when

I was diagnosed with HepC. This disease impacted their teen years
my ~~still~~ ability to be involved in many of their activities.
my ability to sit aside sufficient money to assist them financially
with post-secondary education choices they pursued. This resulted in
both of them having to take out substantial student loans ~~and~~ a
Royal Line of credit to complete their education goals. I believe
that if I had worked until 65 and had not had health issues
from the HepC for 5 years before I quit my job in 2005 that my
contributions to their education would have been ~~greater~~ significantly higher.
This would have allowed them to have graduated with less debt
to repay.

— Before taking early retirement in 2005 I was averaging
about 70,000 year employment income Had I retired at age 65
as was my plan I would have earned an additional 140,000 - 200,000
income, contributed an additional 2½ years into my pension
fund and then been eligible for maximum CPP pension. I
lost(1) 2½ years of CPP ~~and~~ company pension plans which would
have been 35,000 - 40,000 for my company pension plan. (2) 140 - 200,000
in employment earnings before deductions (3) If I had worked to
65 and then applied for CPP I would have received 828.75 month.
I had to apply for early CPP resulting in a loss of .5% for each month
before 65 that I apply for CPP. My CPP retirement was adjusted
to 741.73 because of early retirement. I lost 87.02 a month
CPP pension income or 1044 24 a year. So for the 10 years
since I quit work I have lost $10,442.00 pension income
from CPP and I will continue to lose $1,044.24 a year (plus
cost of living index every year) until I die

5) Out of Pocket expenses:

During drug therapy I traveled to city at least 4-8 times
month to see regular GP, specialist, drug therapy nurses, to get drugs, ~~from~~

fr blood work etc. Costs re-imbursed did not cover wear and tear or depreciation on our vehicle. Nor did we recive compensation for my wife to cover loss time at work.

(6) Your Question:
Does the payment under any particular payment category seem out of line with the loss or expense it is intended to compensate?

Once ~~the virus~~ I had achieved a sustained Viral Response after drug therapy there did not seem to be any compensation (ongoing) for the symptoms of fatigue, anxiety, depression, memory loss and poor concentration issues that I continued to experience. Could/Should this be addressed under the loss guidance, loss service section of the settlement with a set monthly/yearly compensation payment for Primary Infected Persons who have been cleared of the active virus but still experience emotional/physical effects.

(7) Your Question:
If you could change one thing about the Plan or the payments you recive under them, what would you change?

I would like it to address the impact this disease has on family members - especially spouse + dependent children

(A) address spouse interruption of earnings + also how this impacts retirement income (CPP + private.) My wife's CPP will be impacted as ~~(B)~~ result of my disease.

(B) Children who are minors when primary infected person (their parent). How does this impact their education plans, costs etc. Should fund be set aside to compensate in form of scholarships, bursaries for dependents of primary Infected HCV persons from the HepC 8690 settlement to assist with University, College, Educational needs @ age 18 if the wish to pursue further education.

(8) In answer to the general questions:

Should the surplus be a lump sum payment

Should the amount be set for each infected class member or should the desease level, loss of employment, and/or other identified factors be considired in sitting the amount?

Should the surplus be an increase in the ongoing re-curring payments?

Yes it should be a lump sum payment. My direction would be to have the surplus equally distributed in one lump sum payment to each of the $5,299 approved claims for (1) approved Primary Infected Persons (alive)

(2) The spouse/estate of all Deceased Primary Infected Persons

(3) All approved secondary infected persons (alive)

(4) The spouse/estate of all Deceased secondary infected persons

This would eliminate a need for new documents to be submitted, more forms to be submitted. The monies would allow each approved claim, the funds to compensate for any areas that the initial settlement overlooked, fell short of anticipating the impact on those infected with HepC and their families. I understand that this would be approximatly $45,000 for each of these 5,299 claims

Sincerely

August 15, 2015

J.J. Camp, Q.C.
Camp Fiorante Matthews Morgerman
400 – 856 Homer Street
Vancouver, B.C. V6B 2W5

Re: 1986-1990 Hepatitis C Settlement agreement surplus.

My name is and I contracted Hepatitis C from an operation I received in the late 1980's at the University of Alberta Hospital in Edmonton, Alberta. I received a settlement as a result of the Class Action Lawsuit, claimant I.D. number . After reading the letter that was sent to me with respect to a surplus, I have the following comments to make.

In my particular case, I have never been able to work at steady job and thus have been deprived of income. There are extenuating circumstances in addition to the Hepatitis C that have prevented me from doing so. I have Chron's disease and have had a number of bowel operations over the years that have resulted with me having a complete colectomy. I have arthritis throughout my body from having had to take large doses of cortisone to relieve the pain and swelling in my bowel. This has led to further operations to replace both of my hips and other ailments too numerous to mention.

I have outlined some of my physical problems for a reason. Although there have been advances in the treatment of Hepatitis C, I have been told by my family doctor that I cannot be treated because of the medication that I take in order to live with a minimum or pain.

I am of the opinion that a healthy portion of the **surplus** should be allocated to those that were Class Members and Family Class Members to improve their quality of life and that a minor portion of the surplus should be allocated to a Trust Fund.

Yours sincerely,

August 18, 2015

To Whom It May Concern,

Re:

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.

Sincerely,

(Spouse)

August 18, 2015

To Whom It May Concern,

Re:

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Sincerelv.

(Son)

August 18, 2015

To Whom It May Concern,

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Sincerely,

(Son)

Attention: J.J. Camp Q.C. August 18, 2015

Joint committee members, for Hep C 1986-1990

From:

Email:

Claim ID #

My name is ; wife I will be corresponding with you on behalf of my husband. was assaulted on October 17,1987 as a result he has a brain injury. If you need to speak with at any time please don't hesitate to call him, verbally works best. Thank you.

Thank you for the opportunity for us to explain the circumstances regarding the late submission of claim.

We initially registered with the 1986 – 1990 Hep C in or around 2002 when was diagnosed. I received the package to fill out from the claim centre (I still have all original forms and people I spoke with to gain records). Unfortunately, I was completely blindsided when it came to retrieving medical records.

On October 17,1987 around the 9pm hour, was assaulted with a baseball bat on the left side of his head. He was thought to be DOA by the Port Alberni RCMP. This is the only information I was given. The Port Alberni Ambulance attended had lost a lot of blood but was still with us, I have been told he was taken to Port Alberni Hospital where shortly after his arrival it was clear they were not equipped to deal with his injury. was then transported to Nanaimo Hospital where again I was told he was stabilized and transferred yet again to the Royal Jubilee Hospital in Victoria via Helicopter I was told. The problem with this is that the Port Alberni RCMP, did not check for ID nor did they run the plates on our car that they conveniently had towed at the scene. My husband ( ) was sent as John Doe throughout this whole horrifying ordeal. It was not until the next day on Oct 18, at around 12pm when I received a phone call from the Royal Jubilee Hospital asking if I was . had been rumbling my name and saying what seemed to be a phone number the nurse in ICU took a chance and called me. I was frantic as my husband had been missing since approximately 7Pm the night before. mother ( ) resides in Victoria, I naturally called her right away so she could get to him as I was in Parksville, 2 hours away with our two small children and of course I had no car as it had been towed I had no idea where or who had our car. I did eventually find our car at a tow yard in Port Alberni, I did have a lot of questions for the tow company, ex ..why was I not contacted that you had my car among many other things. The owner told me that the RCMP said tow it and leave it, it was all very hush hush. I suppose I was a bit naive to think that the RCMP could be so ignorant in such a serious matter. The owner, felt very bad and offered to tow my car and deliver it to me in Parksville for free so that I was able to get to Victoria to my husband. My mother in Law ( ) kept in touch with me while I was trying to get down to Victoria, she was very worried and was told ıad lost a lot of blood and that he had received blood. The plan was to stabilize as he needed brain surgery. Where or when we do not know, again he was sent as John Doe through 3 Hospitals. When I arrived in Victoria later that afternoon, I was told that would need surgery, they were hopeful that he would be stable enough through the evening or early morning hour. I was told he had been given blood, I remember this because it was so surreal and I was so scared that this was happening to us to J, I was only 21 years old at the time, was 23.

I tried for a very long period of time to complete these forms. I would wait for return calls and sent multiple letters asking for records on these dates, I received nothing no one was willing to help me what so ever. I didn't plan to stop trying I just was not getting anywhere. I was not aware that there was a dead line at that time.

condition was monitored through blood work regularly throughout the years, in 2012 David's condition was becoming more serious. He was seen by a specialist in Vancouver and it was decided through tests and scans that was a good candidate for Interferon treatment. We were sent to the Hep C Clinic in Nanaimo BC, nurse for the next 7 months would be Fran Falconer. It was then Fran asked us if was part of the Hep C 1986-1990 claim. I then told Fran what had happened she told me to start again, not to give up. I contacted the Hep C claims centre. I was asked to submit a letter in hopes that would be considered in the late claims process.

started treatment on January 6, 2013 and finished July 19,2013. Thousands of pills an injection once a week throughout this period of time. also had weekly blood monitoring during this time. and I kept a journal of his daily treatment, the sickness and side effects that accompanied his treatment. This was very hard to watch my husband go through, his quality of life was gone for the better part of a year, it was a life changing experience. But with good news, Hep C has been non detected since July 2013. has blood work done regularly, he still suffers with low energy due to the treatment along with very dry skin and headaches. But we are grateful that so far the Hep C is non detectable.

I hope we haven't taken too much of your time, we felt it was important to send as clear of a picture as possible as to why claim had been submitted late.

I and I thank you very much for your time, if you require any further information, please call or email us at any time.

Sincerely,

Lise Y. Carmichael

From:
Sent: August-18-15 9:42 AM
To: J.J. Camp
Subject: re:Hepatitis C Settlement letter

Received a letter from P.O. Box 2370,StationD, Ottawa re Surplus on 1986-1990 Hepatitis C Settlement which my brother was a victim of. I am his sister, and did receive a cheque back in 2002 (I think it was), now you would like my input as what should be done with his portion of the surplus.
I suggest my brothers wife , I ( ) andy my two brothers Plus six children should received equal perportions of the settlement. If it is done equally there should be no problem and all should be satisfied.
If you have any questions for me to answer, please let me know at y mailing address-
my email address
Hoping to hear from you soon and I think a form sent out would be a good suggestion then all information would be so much easier to follow.

From:
Sent: August-18-15 1:44 PM
To: J.J. Camp
Subject: Hepatitis C Settlement

To: J.J. Camp Q.C.
Camp Foirante Matthews Mogerman

Vancouver, B.C V6B2W5
403-604-689-7554

FROM:

400-856 Homer

August 18, 2015

Dear Sir,

In regards, to the letter I received on The Hepatitis C Settlement, I feel the complete surplus should be dispensed to family members. However I feel the family members that should be considered should be the spouse and surviving children.

PLEASE NOTE: The reason I answered so late is I have moved and have a new address. If your assistant could change my address in the program or let me know how to go about it. NEW ADDRESS:

Regards.

To the joint comittee

J.J. camp Q.C. 604-689-7554
Fax #

PHONE #

I is a class member
Claim # I Think that the money
That is being Held Should be
split up and given to the People
That are in the class Action Suit.
I dont Know How meney People are
in the clam center settlment but
The money Some people Have goten
isent enoff to Live of of. I am
(41) Got Hep C when I was (12) So
the money I got is Pethetic. I
am a Level (4) on the claim center
and Have Lots ove Helth Proplems becuse
I got Lots of (cryl) that was tainted
with Hep C. multipal Bag's. I'm Strugleing
to Live and to get back into
good Helth. I never got to be a
kid and being a adult is even
Harder. what I'm trying to say is that
we didnt ask for Hep C and we
Should all benifit from the 256 millon
dollor surplus the govermen Should not
be allowd to touch it becuse it is
not theirs. We need to win one
for the Little guys. 10 millon or more A [illegible]
[illegible] good for [illegible]

From:
Sent: August-18-15 11:03 PM
To: J.J. Camp
Subject: input on the 1986/1990 Hepatitis C settlement for the joint committee

August 19, 2015

To: J.J. Camp Q.C.

In response to the remaining money from the 1986/90 claim, I believe the money should go to the victims. The only reason the first allocation of money was so limited was in case people needed it as the disease progresses. Although the disease did not seriously progress, the stress and fear it cause for my son and myself was a lot to live with. While compiling the letter I find myself emotional, remembering many of the distresses that this diagnosis caused.

I was diagnosed with Hepatitis C 18 years ago in 1997. I received a blood transfusion a few days after delivering my second child in 1989. I was very reluctant to receive the blood because of fear that it might be HIV infected. The nurse assured me all blood was tested, it would be fine. Eight years later and three more children I received a letter advising me to be tested for Hepatitis C virus

I had to take my four children into the lab to test for the virus . At that time, I understood that there would be a chance one or more of my children might be infected. I was nursing the baby who did prove positive with the virus. During the months before testing positive, I went to the hospital with stomach pain which I later believed it to be gastral or stress from the hepatitis c. Doctors never acknowledge that the virus has any effect on your physical health . The medical professionals now (since taking the havoni) say you must be feeling less fatigue and your liver test have all come down.

The emotional stress and anxiety it caused me was something that effected every medical decision I had to make in regards to my children and myself. Sometimes causing them stress, pain and discomfort

My trust has never restored.

The feeling of shame and been unclean every time I visited the Doctor or dentist.

Some friends who knew would ask if certain thing would contaminate them. While working in the health professional I learned how nurse ostracized and discriminated against people with Hepatitis C .

It effected my intimacy with my husband for fear he would get the virus. I could not work a full day without experiencing pain and fatigue thus adding financial stress on the family.

I could give examples on the emotional and physically, psychological effects of receiving the tainted blood but will keep it short. At any time, you would like more info I would be glad to give it to you.

Sincerely

Dear J.J. Camp Q.C. August, 18, 2015

My name is [redacted] and I am a Class member of the 1986-1990 Hepatitis C settlement Agreement. After a major surgery for Necrotising Fasciitis in 1990 which left me with multiple amputations I was contacted by the Centre for Disease Control. On three separate occasions I was informed that my blood had tested positive for three different diseases as a result of the blood transfusions I received in 1990. I was told that I had tested positive for Hepatitis C, Mad cow disease and a very nasty strain of Cancer.

I was married with two young boys when I had my life altering surgery in 1990 and living with the fear that will eventual die from one or more of the diseases I have listed has been a living hell. My wife died from lung Cancer seven years ago and I have always believed that living with the stress was a contributing factor. My Doctor has advised me to exercise and maintain a healthy life style. I believe that the Joint Committee should award surviving class members and their families additional funding for the pain and suffering for which I have no words.

Respectfully submitted,

From:
Sent: August-19-15 10:04 AM
To: J.J. Camp; info@hepc8690.ca
Subject: Class Action law suit

Hello,
My name is and I started to file a claim years ago but after the blood testing came back inconclusive I stopped the procedure. Now I am wondering if I should have continued.
I received a blood transfusion after I gave birth to my daughter on and had a transfusion a few days later due to lose of blood. This was done in Williams Lake, B.C. Much later, around 1996/97 I went into the Health Unit in Prince George, B.C. where I was living at the time and was tested for Hep C and it came back positive.
I have since gone through a yearlong research treatment process with Dr. Yoshida in Vancouver which proved to be unsuccessful in clearing the virus from my system. I am going to see Dr. Yoshida on to begin treatment. I assume there will be costs involved so perhaps the settlement could help with that.
Please let me know how to proceed or whom I can discuss this with. I did have lots of paperwork from the past that I just recently shredded as I am moving.
Thanks so much,

08-24-15P03:05 RCVD

08-24-15P929 4-ARNV

August 19, 2015

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

Attention to Member – Joint Committee – 1986-1990 Hepatitis C Settlement Agreement

Thank You for contacting us in reference to the surplus in the Trust Fund for Class Members and Family Class Members.
Class Members: CLAIM NUMBER

Family Class Members: CLAIM NUMBER

Mother of the Class Members and sister of the Family Class Members is sadly missed. She was always a support system to all of us until she contacted Hep C from tainted blood in 1986 during her heart surgery and henceforth became ill with liver cancer and passed in 2004. s handicapped and needed her support in all aspects, cooking, cleaning and everyday activities so was undeniably a shock that she was no longer close by for her help and assistance. It also is a great loss to and and her sisters and brothers.

The loss of was traumatic and can never be replaced. The surplus in the Trust Fund should be released to the Class Members and Family Members as the Courts and The Joint Committee decide as to each claim individually analyzed and deemed appropriate.

We greatly appreciate the support of The Joint Committee in this and look forward to hearing from you regarding our claim.

Sincerely,

Email:

INFECTED HEP C.

[redacted] 1990

[redacted] Wife

Dear Sirs:

Had to sell home in Ardrossan to move to Edmonton 1999 to be near the hospitals.

[redacted] died June 27-2004

I was recieving pension (as he was not able to help me with house work. I took care of him the last 4 years of his life at home and drove him to hospital on many occasions.

I was informed that the money I recieve for this year will be my last cheques due on Feb 19 2016.

I am now 83 yrs. old and I own my own condo. But by loosing this money I could loose my condo.

I am only asking for a 5 year extension of my money. This past year I have got macular degeneration (Dry type): Which means I can't read but my prefrable is fine. Other wise my health is very good.

3/

My family had Von Willabrant desease, So they had to rely on blood products as well as full blood. My 2 daughters also got H-C, My one daughter still has the ~~a~~ H-C in her body, the other one no longe has it in her body.

This was very sad for my family.

Yours Truly

From: >
Sent: August-20-15 9:06 AM
To: J.J. Camp
Subject: Trust Fund Surplus

Claim Number

I would like this surplus divided up between those infected with the Hep C virus between 1986 and 1990.
Thank you

From:
Sent: August-20-15 1:42 PM
To: Catherine A. Polder
Subject: FW: 1986-1990 Hepatitis C Settlement Agreement Surplus

From:
To: jjcamp@cfmlawyers.ca
CC:
Subject: 1986-1990 Hepatitis C Settlement Agreement Surplus
Date: Thu, 20 Aug 2015 11:55:53 -0700

Dear J.J. Camp Q.C.,

RE: 1986-1990 Hepatitis C Settlement Agreement, Claim (my mother, deceased), Claim (granddaughter), Claim (son), as well as claims for (son) and (daughter) and their children, and (daughter).

The 1986-1990 Hepatitis C Settlement Agreement of 1.18 was approved and awarded by the courts to provide compensation for individuals, like my mother, who truly suffered with the disease for a long time and passed away far too early due to gross negligence on the part of health care providers and various government regulatory bodies. In addition, compensation was intended to help family members who experienced tremendous loss and grief, let alone loss of guidance, care, and companionship.

I, for one, do not want to see the federal government, provincial governments, or any interest groups get theirs hands on these compensatory funds even if there is a surplus. I trust that the Joint Committee will represent the best interests of class members and argue forcefully that all of the remaining funds will go directly to Hep C survivors and/or their family members as it was intended. I know the final decision will be made by the courts, but I do not want to see this money clawed back by governments as it would be grossly unfair.

Time is also a concern since Hep C is a killer. I believe the surplus should be paid out in a lump sum as quickly as possible to Hep C survivors, as well as to family members who were also impacted by the illness and untimely death of their loved ones, such as my mother. I feel that if there is a surplus, then all rates of compensation should increase, that is, 1. compensation paid out to my mom mother should be increased fairly given all of the complex factors and that money should be paid to her surviving children, 2. additional compensation should be paid to her surviving sons and daughters for loss of care, guidance, and companionship, and 3. additional compensation should be paid to her surviving grandchildren for the immeasurable loss of their grandparent. I particularly feel that the amount of compensation the grandchildren received was wholly insufficient. My daughter, who in now 10, lost her grandmother when she was 4 years old. She received only $600 in compensation. That works out to be $100 per year for every year that she has missed the love and guidance of her grandmother. I am sorry, but how can that be justified as proper compensation for losing your grandmother when you're only 4 years old! Lastly, I feel that the $6000 my siblings and I each received is wholly insufficient to compensate us for all we went through before and after our dear mother passed away. I feel the money doesn't even compensate me properly for organizing care for my mother, planning her funeral, and executing her will, let alone the crisis, grief, loss, mourning, and ultimately loss of companionship.

In closing, I know you will do your best to make sure that the compensation surplus is paid out as quickly as possible to those it was intended for, that is, to help Hep C survivors and their family members who were also impacted by their illness and/or untimely death. I wish to let you know that I am also writing this letter on behalf of my siblings, , and . Thank you for all of your efforts on behalf of all Hepatitis C victims, including our dear mother, and all other victims and family members across Canada. I know you will do your best.

Best regards,

From:
Sent: August-21-15 6:35 AM
To: J.J. Camp
Subject: Hep C letter

Mr JJ Camp, I sit hear starting to write this letter to you and sadness and anger starts creeping back. I still miss my father (badly) and it's been over 22 years and be-leave me when I say this , there has not been a day that I have not thought of my Dad. Sir, I could say a lot more but you are a busy man so I'll get to the point.. I gather from this letter that there is a surplus and what I think should be done with it , if I'm correct. Well there really no compensation that could cover the loss of my father and how it's effected me in the years past. The $ 5,000.oo compensation I got before was like a slap in the face at the time. No I'm not greedy but I did loose my father over some body's incompitance. So to end this letter I will be in favor of every body still effected by this to get as much as they possibly can and end this reminder of sadness . I MISS MY DAD.

……

………………………………………………………………………………P.S. Thank you for your time in taking on this task on and wish you the best . Sign Telephone #

To the Joint Committee PH-

Find enclosed my written submission in regards to the 1986 claims settlement. I do not have a computer, my claim # is [redacted] and was assigned to me by the fund years ago. I think we can all agree that anyone unfortunate enough to have contacted this medical condition their final days will not be pleasant. I cannot speak for everyone only my own situation. Basically all I have been able to do is just exist, having sufficient money to meet your daily needs has always been a top priority. I live alone so it is mandatory to have a vehicle to get around on a year round basis is very important, like Doctor appts and shopping for daily essentials. However it is the unforseen expenses that blind side you that are the most stressful. The large expense for vehicle and home repair must come first. Everything gets prioritised and some

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just never seem to get done like new steps, porchs or yard fences. Therefor I respectivly make the submission that another payment be paid to the clients. However a balance should be left in the fund to keep it active and provide for the future need of the clients. This new payment should be done as soon as possible so it can help the older people who will need it most. My home phone no is made avaible if you wish to contact myself for further consultation

Yours Truly

AUG. 21/ 2015

ATTENTION LISE

RE: HEPC869

I

AT

CLAIMANT: LOST HER LIFE BEFORE SETTLEMENT.

OUR MOTHER/GRANDMOTHER AND GREATH GRANDMOTHER.

ON BEHALF OF CLAIMANTS= DAUGHTER
HUSBAND
GRANDDAUGTHER
GRANDDAUGTHER
10 GRANDSON

GREAT GRAND CHILDREN

RE: HEPC8690

WE ARE IN FAVOUR OF THE DISBURSAMENT OF FUNDS

SINCERLEY YOURS

Phone:
Cell:
Email:

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

Re: In response to the request for input on the use of fund surplus

Dear Mr. Camp,

I can only speak from my perspective but perhaps I can offer some insights that may not have occurred to the Joint Committee.

I was diagnosed with Hepatitis C after I received a letter advising me that I may have been exposed due to the blood products I received while suffering from an episode of TTP (Thrombotic thrombocytopenic Purpura).

Before the letter came I had just finished a ten month Cook Training course and had plans to start my own high-end catering business. I had taken an on-call job cooking in an intermediate care home while I built up my clientele but I was starting to have trouble keeping up in a very physically demanding profession and did not know why. I was young and healthy (or so I thought). I became depressed and at one point my doctor prescribed anti-depressants.

Then the letter and the diagnosis came and the fatigue, the muscle and joint pain, and the depressingly isolating feeling that comes with brain fog suddenly made sense. No cure, they told me.

I realized that I would need to change my lifestyle if I was going to survive. No catering business. I needed to find work that would minimize the symptoms. At the time, computers were becoming more prevalent in the workplace and I retrained myself to take advantage of this.

At first I could work 5 days a week in an office setting, but eventually the symptoms accelerated and I was down to 4 days a week, then 3.

At some point along the way interferon treatments became possible, but after testing, my doctor told me my chances of it working was not high. So I continued on, pruning back my life until working at a computer 3 days a week was pretty much all I could do.

I wasn't thinking about life after Hep C. I was just trying to maintain what life I had with Hep C.

Then came the Direct Acting Anti-Virals. And the possibility of gaining back my life. I am 3 weeks into treatment with Harvoni. I am already starting to feel an improvement. To say I am happy about this is the understatement of the century. I feel like someone who has spent 20 years on death row and has suddenly been given a pardon.

But therein lies the crux of the matter. You asked me to give you input on what should be done with the surplus funds. Well, like that person who's been captive for over 20 years - I am going to need help acclimating to my freedom. I am now 58 years old and, thanks to this new medication, I hope to have many productive years ahead of me. I am going to need help with that.

I suggest that the mandate used when the fund was put into place needs to be re-assessed in the light of these new anti-virals and the changes they are going to make in the lives of people who have been in Hep C limbo for so many years.

Counselling

Wrapping my head around the new freedom is pretty overwhelming. Don't get me wrong - I'm loving the possibilities ahead that I'd given up on so many years ago. But it's a LOT to take in and some assistance dealing with it would be very helpful.

Training

I have trained myself to an ever narrowing field of ability. Now that my abilities are increasing - I need training to achieve their potential.

Long Term Effects of Symptoms

Although it may be possible to halt the Hep C virus now, 20+ years of symptoms wracking a body will leave scars and problems that may not just disappear. We need to be prepared to deal with these residual effects.

Security

The short-term contract and part time nature of my employment history has not lent itself to pension plans or retirement savings. I have worked as hard as this disability has allowed me to, but it has definitely had a negative impact on my ability to plan for financial security in my declining years. Quite honestly, living long enough to need that security wasn't uppermost in my mind over the last 20 years. Short term survival was.

I believe that the plan has been well managed and it's original mandate followed, but I think that in light of these new treatments, the mandate may need updating.

I believe it is pre-mature to assume that the formulae previously used to judge the robustness of the fund are appropriate today, when the state of treating and dealing with Hep C is undergoing such ground-breaking changes.

To summarize, these are the suggestions I believe should be taken into consideration when planning for the use of the surplus.

1. Counselling: Both psychological and employment/training.
2. Training: Class action members whose health improves and who want to retrain should be assisted.
3. Lasting Damage Compensation: the DAA are still new, allowing a buffer for possible continued compensation for residual health issues might be wise.
4. Retirement Security: The equivalent of a pension plan that has been contributed to for the number of years the member has been in the plan.

I have put a great deal of thought into your appeal for input. I hope you find it helpful. I would welcome any questions you may have on my input and would be happy to clarify anything that I may not have explained adequately.

Thank you for the opportunity to contribute.

FAX- 1-604-689-7554 (1/2)

August 21/2015

'HEPATITIS C' CLASS ACTIONS SETTLEMENT-CANADA

J.J. Camp Q.C./Camp Fiorante Mattews Mogerman/Vancouver.BC

Atten: Lise Y.Charmichael

/ claim / [/2004]

/claim # /2012]

How awesome to receive a letter from 1986-1990 Hepatitis C Joint Committee; finally a group that cares to hear how my brother-in-law, and my sister suffered as a result of receiving not one, but two tainted blood transfusions during this time period!

I, , sister and sister-in-law, and the esecutrix of will and testiment at her passing; will share the following struggles they encountered. I witnessed the sickening process of loss of strength to his entire body, and as his organs were attacked one by one as the Hepatitis C destroyed his body until death. Located on the beautiful Milk River Ridge, AB, was their homeplace consisting of a large and smaller home, a huge shop for welding and storing equiptment and a two storey cattle barn and strong corrals. As health diminished he was no longer able to farm, manage his cattle or upkeep his equipment as before. He was given no money upfront from Hepatitis C, as it should've been; so he couldn't hire help; and us family members helped in between our jobs; but that wasn't enough. His doctor visits and hospital stays were tremendous!! Fuel, medical bills, and motel expenses were on-going. worked so very hard all his life to maintain what they had, but he slowly had to sell all his cattle, and most of his land; leaving them with only the following-

1. Home place/ house, shop, corrals, situated on a few (20) acres of land/ valued at approx.$300,00.00

2. 350 acres of land @ $1200.00/acre /valued at $420,000.00 [at years 2004-2005]

***This is the most terrible part of their story—Because had no resources to maintain his farm or to maintain the little they had left for him and his wife, in their DESPERATION they sold all they had left to an unkind farmer for a megar $50,000.00!!!!!

*****In addition to this, when passed away in /2004; was promised $155,000.00 from 2005-2020/ payments of $16,356.88/yr./ to survive. When she passed away in /2012 the goverment told me in unkind words that the estate would not receive the balance of $130,000.00!! This

(2 of 2)

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should've absolutely been paid and should be the first thing to be paid back to each person and their families and estates!! Why should the government decide to keep with interest what is not theirs???

How sad that our family could not have the funerals that I and deserved because their were not enough funds!! How sad and embarrassing for them that they were not able to pay our family for all the numerous, ongoing bills, [food, telephone, power, gas expenses] they could not afford because of these 2 blood transfusions I received. I recall his constant pain, on-going weakness, when his kidneys starting shutting down how his legs and stomach woud retain gallons of fluid, [yes, gallons that the doctors had to drain off on an ongoing basis], and lastly when his bowels were uncontrolable; our hearts broke for him. Who deserves this?? No-one.

May the committee do the right and honorable thing; repay to their estate what is true and right!!

Thank-you for letting me be a voice for my dearest brother-in-law,

100

FAXED- 1-604-689-7554 Page 1 of 1

Send

is sending more detailed submission

1986-1990 ears

M

To Cc Bcc

jjcamp@cfmlayers.ca

email failed

B *I* U Aa A A

I received the government letter concerning a reply to the joint committee concerning the surplus for Hepatitis C 1986-1990. I only received this letter a few days ago and I have lots of important information I want to share with you; but how much time do I really have to obtain accurate information for you? the letter stated August 26/2015.

claim # / [/2004]

claim # [2012]

I, , am a sister to r; and the executrix of her will and testament, at her passing. I witnessed the sickening process of my brother-in-laws,[ ] struggle with the loss of his strength and organs as the Hepatitis C destroyed his body until death. When he really needed financial help for his ongoing physical health; and loss of his cattle, and farmland and eventually their home; his small amount of money was given too late, [almost on his deathbead]! My sister could not survive on what was given to them; she couldn't even repay what they owed family and friends during these years; she didn't even own her own home at passing; her last hepatitis cheque wasn't even enough to have a proper funeral; gravesite only etc..

I would love to share so may things, if given the chance! Where do I go from here?

Sincerely,

/FAY

TO: **Hepatitis C Settlement**
Joint Committee Class Member Consultation Sessions

FROM:
Date: August 22, 2015

I like to say that:

1. I do not get any money for my wife to bury me with or for her to go on without me at present.
2. Since I was one with haemophiliacs who was hurt and not working on the time of the package. I was unable to get a dime for income for living as worker as had knee replacements at 19 and two ankle fusions two years in a row. I had to take a lot factor viii and blood products for surgeries as haemophiliac. That is why I was not working as I couldn't be able to at the time this package was done before. I should get at least fair share what I could earned say 40 000.00 year for employment income.
3. I believe the surplus should be used to compensate all with a lump sum like done with the hiv when they back dated it and we received around 60000.00 I think be closer to 100 000 each but something.
4. Anyone with has kids should get compensation of something for loss of the spouse that presently have not one I had 20 or so when I sign this as I have had no contact with ex wife in over 20 years. In kind of one lump insure policy I cannot get life insurance. So, there should be a package of between 50, 000each child to 500, 000 for surviving present spouse to take care funeral and as a life insurance package.

I have survived a long time and not sure with getting told I got cirrhosis and almost 90 pesrent in my liver mess and my energy level not in any way what was when I was kid I get weak fast and it is frustrating.
I just like fair amount not asking for the moon and would appreciate if my words help understand the frustrating position I am in. As haemophiliac patient, a hep c and positive to A and B as well, so I could not and would not have any kids of my own as I would not like to infect anyone or pass on the gen.

Thank you.

Sincerely Yours.

Hepc8690 Joint committee August 22, 2015

Claim ID :

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

My name is , I am one member of the family 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 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 Guy 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.

HepC8690 Joint Committee August 22, 2015

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

My name is . 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 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,

From:
Sent: August-23-15 10:35 AM
To:
Subject: Re-Edmonton Meeting- August 27,2015

I am very interested in this meeting & still hoping to attend.

Re:Hepatitis C Settlement - referring to (my brother)
As mentioned before - there is his widow , 3 siblings, my self , 2 brothers-
and his 6 children = 10 people.
I firmly believe the allocation of portion of the administration of the Surplus should be divided up equally. My suggestion is made with honestly, integrity and without any influence from anyone. To me, it makes total sense in this matter.
Contact me at any time.
Yours truly (maiden name)

Aug 24/15

Dear Sirs oR madames!

my name is , I was infected with tainted Blood in 1986. I was asked for input on the surplus for the HEPC fund. I will be 69 years old this DEC. as I was unable to work, my pension I.E. CPPETC, is minimal. I struggle to make ends meet with the compensation I am receiving now. I would like to see the compensation increased, for care and home support. struggling financially was not what I had hoped for my "GOLDEN YEARS"

Yours truly

Claim #

August 24, 2015

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

Re: Hepatitis C Settlement Agreement

We fail to understand that all of a sudden that there is a large surplus of funds, when we were told in 2003 that the small amount of funds we received was the end of our settlement to the Class Members and Family Class Members.

Our parents who were never compensated, due to their death prior to any settlement being dispersed we feel was not fair. Our parents got nothing and suffered more than anyone can imagine watching their son slowly die. We all suffered immensely watching our son/brother slowly die of a death sentence due to the negligence of wrong decisions that were covered up for years. We feel as sisters that the compensation we received was not a fair settlement.

We feel that the funds should be dispersed equally among all the survivors and family members that have passed on prior to the first settlement. One of our concerns is, what happens to any funds left over once the infected people and families have all passed. The funds should be dispersed while all infected people and families that have suffered are still alive.

The Courts have no idea the hardships, pain and suffering we all have endured in the loss of a son/brother. We watched him wither away for 10 years in pain suffering from Hep C and the side effects of drugs. Why, because of the neglect of blood products were not being checked and the whole scandal being covered up.

We find it hard to understand why this has dragged on for so long without proper settlement to the families of the one who was infected. It seems that we will never have closure to this situation.

Yours truly,

To Whom It May Concern,

0[illegible]-[illegible]-15P03:00-ARNV

My name is . I contracted Hepatitis C in 1986 via a blood transfusion due to a perforated ulcer. I am a Class Member.

Recently, I received a letter in the mail regarding a surplus in the Trust Fund for Class Members and Family Class Members; requesting an opinion of what I think should be done with that surplus. I have chosen to write this letter in response.

Since I have contracted Hepatitis C, I have had many difficulties in not only my health, but in my family life as well. I have been unable to obtain any kind of Life Insurance, I have suffered many health problems, which have placed me in the hospital, and forced me to sit by and watch my children and grandchildren grow; without being able to participate in most of the family activities. I used to be a very active man. Now, I have also developed lung problems, and I will be on oxygen for the rest of my life. I am required to have medical testing done regarding my Hepatitis C, which include, but are not limited to, MRI's and CT Scans. Unfortunately, I have great difficulty having some of these tests performed because they require me to have them done without my oxygen, which I am unable to operate without....at all. The last MRI that I had, shows that I now have a spot on my liver, which my doctor is keeping an eye on. The only way this can be observed, is through an MRI; again, which is almost impossible for me to handle due to my oxygen requirements. To say the least, I think that I, and anyone else who contracted this disease, have suffered enough. It has been a rough road to travel.

We, as a group, won our lawsuit. But, have yet to see our full settlements. Quality of life has significantly reduced, and there's little chance to have anything to help pay future medical expenses (Including travel expenses) or expenses for my family, after I pass. In my personal opinion, this surplus should be used to pay towards the Class Members and Family Class Members, before it's too late. Because we all know what happens when all of the victims of this unfortunate mistake are gone; their families will not see any of the remaining settlement owed, and the government will reabsorb it. Holding the funds in Trust also creates another bureaucracy, costing taxpayers more money.

Please realize, I am not trying to be bitter, I just want what is already owed to me. And I'm sure other Members feel the same way. So in my humble opinion, please pay the surplus out to the Members, to help them to possibly have a chance to get caught up financially, to help raise their quality of life, or to set something up for their families.

Thank you for giving me the chance to voice my opinion, I look forward to observing the result of the Joint Hearing.

Sincerely

To: whom it may Concern: Aug 25th/2015
From: Claim #.

(Hep C 86-90 Joint Committee)

To the Joint Committee in response to your newsletter recieved Aug 4th/2015. First + formost I would like to Thank this commitee for this opportunity of rerreiving our claims.

My name is as you may already know I am another member of the family which our the ~~the~~ first transfused, Hemophiliac Von Willerbrand's decease 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 and surviving with all the complcations of just being a Von Willerbrand's VIII. Example: Nose bleeds, ears, mouth, G.I. bleeds + Menstraton. Not to say less than just plain hard life. This standard of life has also been like being burnt, Leaving scarring + affecting every possible phase of my life! Through - but 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 in cold water to get the blood out to re-use this materail 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.

→

HepC 86-90 Joint Committee

Aug. 25/2015

My Mother passed away with out a penny. Her telephone bill was not even paid at the time of her death. Although being sick with the Hep C. Virus, I took a job waitressing at the St. Boniface Hotel so I could pay for her head stone. It said,

loving wife of and her 11 loving 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 our bleeding, losing jobs, going to the hospital, liver prombleme. Even trying to pay for my personel material Ex: Kotex, Tampon's, Band-aids. Not to mention hospital trips, rent, bills + food. I still tried to hold my head high, but this is not easy when your living on welfare. I would please ask the committee for a fair Compensation (35,000-50,000 a year) would bring our lives back up to the living standards of our complacated lives. That's not meuch for a family the got wronged by the Red Cross & the FTP Governments is it?? I have already lost my father, Mother & 3 brothers Guy, Raymond + Eugene from this tainted blood scandel. Do we not deserve a better healther standard of life before death comes for the surving of my family. Futhermore, I been put down, denied, Harrassed, beat up, just for the fact they thought I was a dirty Junky with HepC. + HIV virus. For this I'd have to say thank's alot for making my life feel lower than a dog's life. If I did not receive this tainted Blood, I would of had a better chance of getting a better job + education (which was my →

Hep C 86-90 Joint Committee

Aug 25/15 ②

a legal-aid lawyer or some kind of job that would not discriminate me for being infected with Hep C. I have recently been diagnosed with Cancer. So this makes everything even more intense then 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 a better quality & standard of life then I would have to say I'd feel a very huge mistrust from the people like this committee for not doing the right thing for my family & me. I hope you can read this & understand we still need help & support.

Thank-you very much

PH # , or
My Brother
Ph. #

Witness

- 113

From:
Sent: August-25-15 9:32 AM
To: J.J. Camp
Subject: hepc settlement agreement

To Whom it may concern: Thank you so much for giving me this chance to give my concerns and response. I am the daughter of a recipient of hepc through a blood transfusion. We were compensated in the past for the loss and illness of our Dad but I in no way feel it was sufficient for many reasons. The first one being the loss of our father and secondary the risk it put us all at as a family for we were not told by the any medical authority or hospital or doctor involved that he had contacted Hep C. I was caring for both my Mom and Dad thru their respected illnesses and then many falls where my dad would be bleeding and I of coarse would help clean him up simply because that is what you do for you parents, but if we as a family were informed about this illness we could have and would have put precautions in place. I was also caring for many foster children through our Dads illness and they were exposed to him so much and had any of these foster children caught hep C I would have been in a very unfavourable situation which would very likely ended my fostering career and these children who had already suffered from many difficulties in their past would have very likely been removed from my home not only to be sick but to have their home here where they were loved and protected taken from them.. For this money to go back to the government would be a travesty of injustice. They are not the ones who have suffered the loss and should not have the right to decide what they want to do with our entitlement compensation. Thank you for letting me voice my opinion. I hope in some small way this helps others who have also gone through what this family has been through.

With much respect

Home Phone:
Cell:

To Whom It May Concern,

Re: Communication mailed July 31, 2015 for the ( ) Hepatitis C Claim Input

Please consider the following as my Input to the Joint Committee on how I think the Trust Fund surplus should be distributed.

As per my original letter requesting a late claim due to the fact my dad had passed away and going through all my mom's paperwork I came across the 1986-1990 Hepatitis C Claim letter from the Blood Services Department informing dad of the tainted blood and possible Class Action Suite. The reason I was going through mom's paperwork is because she had developed Dementia/Alzheimer's, sadly she passed away on , 2012.

I fully agree with the application that the Joint Committee will be making and feel that family members who have gone through the pain and suffering of watching loved ones suffering from this disease that was caused by no fault of their own should be entitled to whatever is appropriate, as there is a surplus I feel that this money should be divided among those that qualify.

Concerning claim I feel that the fact that the forms were not received by the dead line should not be held against it as I had never heard of it and had no idea that my mom had received correspondence concerning the above claim.

Warmest regards.

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From:
Sent: August-25-15 8:58 PM
To: J.J. Camp
Subject: 1986-1990 Hepatitis C Settlement Agreement Surplus

Importance: High

Hello,

I am writing in response to a letter I received and webcast I watched regarding the joint committee for the 1986-1990 Hepatitis C Settlement Agreement Surplus.

My grandmother, had a liver transplant and needed a blood transfusion which resulted in her receiving tainted blood. Unfortunately she died prior to the first settlement being paid.

Having her taken from us while I was a young adult was difficult as we were very close and she missed out on many family milestones. Since she was a young grandmother she could have been at many of these events. We miss her deeply and would have loved to have her involved in each one. The most recent milestone that she missed out on was the birth of her great granddaughter, .

It is of my opinion that the monies in surplus should be paid out.

Best regards,

Please note my address has changed. My current address is:

August 25th, 2015
J.J Camp Q.C
Camp Fiorante Matthews Mogerman,
400-856 Homer Street,
Vancouver B.C
V6B 2W5

RE: Hep C 86-90

To Whom It May Concern,
Please accept (and use) the following letter toward the ongoing court decision for the Hep C 86-90 class action surplus.

To start, I would like to acknowledge and thank the committee and the courts for encouraging input from everyone affected by this tragedy. I did log onto two webinars and was amazed at how well they were facilitated. The panel was understanding, kind, knowledgeable and open minded. Leading up to, and during the time of my sisters' death, I was often very frustrated by the medical system and the direct dealings with the hepc 86-90 processes. However, being asked now for input restores my faith a bit. I do understand that the final decisions about the compensation surplus will be made by the courts. My family and I appreciate being asked to give our deceased sister a voice.

While watching the webinars, it was immediately obvious to me how big this situation is and how deep it goes. Everyone has their story, and even though the specific details may vary, the end result is the same. The same for those infected with this disease, and the same for the loved ones left behind.

Our family lost my sister She was the second daughter (of six girls) born to our (then diseased) parents. needed blood transfusion during the birth of her only child in 1986, and left the hospital with a terrifying future ahead of her. was a single mother to her one and only son. Our family has never been the same since her death.

I listened to the webinars and as they went on I became a bit anxious at the enormity of the situation....seemingly impossible to dig deep enough.

My first thought was that there would need to be way more compensation put into the (existing) surplus in order to cover the depths of the damage done. The medications alone must be available at no cost, for everyone who needs it.

was at the top of the transplant list for her blood type. We were told that being on that list meant she needed to have a support system in place before, during and after receiving a liver. So when my sisters' health took the final bad turn, that's what I did. I took an unpaid leave from my job (and life) in a town hours away, to come tc residence to help her. I was here for six months. Sadly fell into a coma during that time, and was considered too sick to receive a transplant. She was removed from the list. passed away in June 2006. I helped transition through her death, closed up her life and I was the one filling out all the forms for the Hep-C 86-90 class action.

As a family member who went to help my sister within an already 'stressed' healthcare system, I can tell you that the process, rules and restrictions made that attempt difficult at best.

My thoughts and opinions about the surplus are as follows:
From the beginning, there was obviously a process for the division of the compensation. Amounts of compensation put in place for available drugs & treatments, compensation for each level of infection and various amounts set to cover personal and daily needs (ie: Cost of Care). The compensation also included those left behind (ie: children, spouses, siblings).

I would suggest that the surplus be used in the same way. Using the same formulas, make the drugs readily available. Divide the surplus (accordingly) between everyone who has already put in a claim within the various areas. Those infected, and those who have already died (for their estate). Family members left behind, and those who offered direct care to their infected loved ones when the health care system and hepc 86-90 system did not provide.

Please accept this letter with all sincerity. I look forward to hearing from you.

AND

August 25, 2015

Dear J.J. Camp,

My grandmother contracted Hep C from a blood transfusion. Her file # is and she was born on . She lived with us for a few years until she lived at for awhile but was not able to live independently. Before moving in my mother drove over an hour each way to Nanaimo every weekend to see my grandmother and help with shopping, etc. My family had my grandmother live with us as she kept having bleeding and hospitalizations. My mother had to be on duty 24/7 to look after my grandmother as she was weak and unable to look after herself. While at work my mom had to have homecare nurses in to help with care. If my mom wanted to go away the family had to make sure someone was home to look after my grandmother. My grandmother did not like for myself or my sisters to have to look after her as it was often not pleasant for her to feel a loss of dignity at needing support with private matters. She did not enjoy the loss of control and being dependant on us for care, as she was bed ridden. Her quality of life was greatly affected by Hep C. Eventually, she needed to be in long term care with a sign above her bed indicating she had Hep C.

My grandmother passed away before being able to attend any family milestones like University Graduations, weddings and grandchildren. We toasted her at all our weddings knowing she would have wanted to a part of these family events.

Years of pain and discomfort, and loss of independence is not anything you want family to go through. The memories of my grandmother watching family BBQ's from her window as she was unable to get out of bed to join the family is sad. The many worried hospital visits as she had major bleeding and ambulance call was hard on family.

I wish to see the surplus money divided among those that lived with or were impacted by Hep C. My mother was dedicated to looking after my grandmother for years. We were all emotionally impacted by the Hep C, but my mother more so as she was responsible for and often the sounding board of frustration when my grandmother was in pain and unable to care for herself. It was very hard for my mom to handle the emotional stress of caring for my Grandmother. The cost of caring for her was also left to family. My mom had to pay 15 dollars an hour for homecare for 4 hours a day each week, plus anytime she needed to leave the house without a family member available to watch my grandmother. It was very difficult to watch a loved one struggle with being bed ridden and in pain. The emotional, financial and time invested in to caring for my grandmother is hard to measure, but if they have set aside money to compensate families, I think that is where the money should go.

Sincerely,

From:
Sent: August-26-15 10:52 AM
To: nfo@savonitto.com; kp@toughcounsel.com; hepc@strosbergco.com; J.J. Camp
Subject: Fw: Submission to Joint Committee Members Hep C Settlement Agreement
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.

08-31-15P04:17 RCVD

26 AUG 2015

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

To Whom it May Concern:

As one who was affected by the failure in our medical system second hand, I feel adequate financial compensation has been made: nothing can make up for the suffering of my father before he died.

Instead of dispersing funds widely, why not establish a trust fund or foundation in the name of , to support efforts to ensure such deficiencies in our health system are less likely to occur.

Yours sincerely,

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

Submitted: August 26, 2015

Mr. J.J. Camp
Dear Sir:

With respect to the Financial Sufficiency Review of the Hepatitis C Settlement Agreement, please see my comments for the Court below.

1. I believe the claims approval process is too long. I don't know the exact sequence of events that must take place during the process for a claim to be approved, but I think it could be shortened. My experience has been that I submit a claim near the end of December, but the cheque doesn't arrive until late in February or early March; it's usually two full months from claim submission to funds received. My understanding is that if I had direct deposit, it would speed up the process by about a week.

   I'm asking the Court to ask the Administrator to review the claims approval process to determine if the process can be shortened.

2. Over the years I have thought about what might be helpful to me as a person with Hep C. Because it has affected my legs so bad, I thought either a chair lift for our stairs or a scooter for walking outdoors; either one would help my quality of life. I remember asking one of the reps at the Hep C Claims Centre about the chair lift and was told "we don't fund those." I have also been told on another occasion that the claim "...has to be **directly** related to the Hep C."

   As a result of my contracting Hep C I now have severe Leukocytoclastic Vasculitis in both legs and feet and the Cryoglobulinemia that was diagnosed in 2011 is also affecting my legs. These two illnesses effect my walking, and particularly walking up hills, inclines and stairs. The main symptom is pain. As well, I experience sensory nerve impairment often which makes my legs and feet feel, numb, tingly and spongy. The fact that these illnesses are a result of the Hep C makes me wonder, "what do they really mean by directly related." Using this argument would make it easy for the Administrator to deny a claim.

   As a side note, the Cryoglobulinemia has also caused kidney damage, which (according to my Nephrologist) in time will cause me to need dialysis. I don't know what costs might be involved at that point, but hopefully monies will be available. As this illness progresses there will likely be costs that are not covered by the BC Medical Services Plan-my hope is that there will be funds available through the Hep C Claims Centre to cover any unanticipated costs. If it turns out that there are costs not covered by MSP, and as a senior on a fixed income, I would be hard pressed to be able to cover them.

   I must admit I don't know what criteria the Administrator uses to decide whether a claim is approved or not. I believe (and my doctors would concur) that my Hep C has caused the vasculitis, and the cryoglobulinemia and they in turn affect my ability to walk. Therefore, I would say that my difficulty walking is directly related to the Hep C; whether or not the Administrator sees it that way is anyone's guess. The reality is that my having Hep C has negatively affected every aspect of my life-e.g. from travelling to walking to playing with my granddaughter, etc.

   I'm asking the Court to require the Administrator to explain specifically to the claimant why the claim was not approved. And the Administrator should also be required to inform the claimant that there is an appeal process. Also, the policy of "directly related" should be reviewed and perhaps changed.

Sincerely,

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1986-1990 Hepatitis C Settlement Agreement
RE: Surplus Funds

The Late
Mother of

August 27, 2015

Joint Committee Member
J.J. Camp Q.C.
Camp Fiorante Matthews Mogerman
400-856 Homer Street
Vancouver, British Columbia V6B 2W5
604-331-9520
jjcamp@cfmlawyers.ca

09-21-15P01[illegible]-ARNV

Dear Sir/Madam:

I recently received a letter regarding the 1986-1990 HEPC Surplus Funds.

This letter is written with regard to the notice of Surplus Funds.

My Mother contracted Hepatitis C died April 6, 1999. The Government provided compensation money to me at the time of the 1986-1990 HEPC Settlement. It seems to me that with the amount of the surplus funds, at this point, that the initial compensation package was possibly not high enough resulting in the dollar amount of surplus funds, which accoding to the letters is between $236 million and $256 million.

It is therefore my opinion that since the surplus funds are a direct result of investments from the original compensation fund that the funds should be paid out to the people who have been directly affected and experienced the loss of a loved one, namely my mother

The research that is mentioned in the letter should not necessarily be part of this discusssion, since to my knowledge, it was never a part of the original settlement. I believe the Government has a responsibility in research but not using funds from the original Compensation.

Yours truly,

Son of the Late

email:

125

From:
Sent: August-27-15 9:41 PM
To: J.J. Camp
Subject: Submission for allocation of surplus money of Hepatitis C Settlement

I wish to formally submit my strong belief that some or all of the surplus money be distributed to the families who lost of a family member from the 1986-1990 Hepatitis C.

My husband, passed away , , 2003 from the Hep C he contracted during blood transfusions to control his hemophilia. His approved claim number was # part of the Class C settlement .

It goes without saying that his death brought a profound loss, both emotionally and financially to my life, and the lives of his sister, daughter, son and two grandsons. Since then there is one more grandchild who never had a chance to know his grandfather. My life and the lives of s family were all painfully changed with his long illness due to the effects of the 'tainted' blood which he took as transfusions for his lifelong hemophilia. He suffered a long-drawn out and painful death which was so unfair and uncalled for if adequate testing had been done.

I feel it is only fair that any surplus money be shared between the families who suffered from this. This money should be used now to help in the care and support of the families as they continue to live a life without their loved one. This money should be used to make their day-to-day lives easier, rather than sitting in a surplus account and perhaps never be used as it was originally intended.

Sincerely,

C.
H.

Responses for the HepC supplement considerations by the Joint Committee.

Has the income loss payment kept up with the going rate in the infected person's field or job?

The cost of living factor and salary increases from 1997, when we found out my husband had Hep C, **has not kept up adequately with today's salaries.**
His calculated post income at the time was about $56,000.
Today, **had he been alive and working as a Senior Registered Paramedic, he would be making closer to $85,000-$90,000.** However, yearly settlement support amounts are only based on the $56,000 post income. If you take into consideration that material goods, groceries, gas, tradesmen wages, etc have more than doubled in the last year.....the settlement amount doesn't go very far.

At what age do people working in the infected person's field and job generally retire?

was a registered paramedic with the City of Calgary. Had he been healthy and lived, he would have retired at about age 65.
However, a **Sun Life survey of 3000 people done in 2008 showed 41 percent of respondents considered they will work after the age of 65,** most because they have to have more income. We know that people are working after retirement at other jobs and are living longer. Had lived and been healthy, we would have been able to work longer, saved and invested money, been able to buy life insurance and had a number of retirement strategies.
Due to the HepC (bioweapon) that was all cut short. My son and I only received the $165,000 lump sum, as died prior to 1999, and later a $5000 bonus. **Had lived he may have been awarded money as he progressed through the stages of the disease....**that amount would have been closer to $250,000.
became infected in 1987, when he received a heart transplant. Staff at the U of A hospital knew he had HEPC, but kept if from us under orders from their superiors, because of potential law suits. I did not discover he was infected until 1997 when I was told it was one cause of death.
could not qualify for insurance, so any money from the award and work insurance went to pay off debts, credit lines and mortgage liens. The $36,000 yearly loss of support, supplemented by work pension and my income (low wage earner, as I was part time looking after and while he was ill, and as a single parent after his death), which was minimal in comparison to what we could be earning if we were both healthy. The payment only kept us slightly ahead of poverty levels. Most importantly, I am **disappointed that the fund claws back support payments and forces individuals to apply only for services, when my husband would have reached 75.** It means a $20,000 shortfall, which puts me living at close to poverty level at a very vulnerable age. This is a most important time to have a supportive partner's income and services. There is no provision for a lodge or nursing home for spouses, whose income was adversely affected by their spouse's demise. It puts a burden on family members to support them. More seniors are working into their 70's or more, so **I believe this factor is also severely out of date and needs to be reviewed.**

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?
He had no RRSP as he died at age 44 and we needed the money to live.

Were Employment Insurance, Disability Benefits, Canadian Pension Plan and/or MPTAP deducted from the infected person's income loss payment? Did that cause an unfair disadvantage?

When he was ill he could not qualify for Canadian Government disability benefits (you almost had to be unresponsive or in a coma to qualify for those) and he had some work disability but it didn't equal lost wages. He kept working through the good graces of his employers until he died.
The plan **deducts for my widows pension yearly** in the compensation package and yes I would say that is a considerable disadvantage....**the extra money would go a long way for those on a limited budget.**

While the infected person was still in the workforce, did he/she also regularly do household services around the home?
did a lot of things as best as he could, in spite of his illness. We relied a great deal on friends and family, but that goes only so far. House maintenance, car repairs and other **things were too costly to pay contractors**, so we all worked at them as best we could. My son, although young, was required to do more than a young person should ever be required to do. did most of the driving and helped with the cooking and laundry.

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?
The deterioration was evident, things took their toll and took longer....**eventually and I were doing all the jobs that , would have normally done.** I remember him being very disturbed about what the neighbours would think, as I was the only one seen doing the outside work all the time.

Did the infected person give up doing things around the home so that he/she could continue in the work force longer?
Yes. He conserved his energy for work, but was not a complainer. He told his close friend many days that it was difficult to get up out of bed and go to work. He was not allowed on the street as a medic, so his employers (a godsend to us) found a position for him in emergency 911 dispatch, however the stress of that position also was very tiring for him.

How does the maximum of 20 hours/week compare to the time the infected person spent working around the home before HCV prevented it?

It makes no sense to me that this payment is an either or for deceased members families. The support and the service are missing the minute they die!

The time allotment is not the problem, as all of us fill available hours just doing things around the house that need done. It is the amount of money awarded for this.

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?

Yes, I have had to hire out the work, especially now that my health has been exhausted from the past trauma in our lives. I now suffer from stress related maladies, heart problems and arthritis. The house has so many things wrong that I can't afford to pay tradesmen for, that I don't know if I will get much equity out of its sale.

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?
When you consider that employees at Tim Hortons are getting close to $14.00 an hour, $16.50 hardly pays for anything. I had a yard company just shovel walks and mow lawns and their rate alone cost $150 per month and that was only once a week, so that is $37.50 an hour. Housekeepers charge $50 per hour. Trades to fix your roof, plumbing, electrical, car troubles, charge $75 to $150 hour and materials…..so to cut someone's support payment and give them $960 to cover living expenses and all that, is pretty cutthroat and sadistic if you ask me.

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?

We did not get the $67,000 annually for looking after in our home, because we were lied to for ten years and did not know it was HepC affecting his health. He died before the claims were authorized and we were not offered any money for those ten years of suffering. This is another one of the injustices of this plan.
The claims should start on the date of the infection with moneys retroactively paid to that amount.
When he was ill, we cared for him as best we could, which was pretty much 24/7. What we did for him, let him live a fuller life.
Otherwise there were times when he was in hospital and we thought it was related to his transplant and medications (a heart and kidney transplant recipient). When he died, there was an autopsy done that indicated his heart and kidney was fine, however the Hep C had ravaged his liver, brain, bone tissue, among other organs in his body.

The money would have been welcomed, but it does not compensate for the caregivers wear and tear on their bodies and their emotional and mental health.

Did the infected person require significant care before he/she reached a Disease Level 6 medical condition? If significant care was required before Disease Level 6, how did the hours and costs?

was in the hospital for about a month before he died, and many, many times prior to that. **The Edmonton journal calculated the hospitalization rate was at $1000 per day, in 2008, which I imagine has increased considerably since then. That would mean $30,000 per month, which is considerably more than $67,000 per year.**

Out-of-Pocket Expenses – to reimburse out-of-pocket expenses incurred due to infection with HCV. Does the money reimbursed for out-of-pockets generally cover the full amount the expenses you incur?

Absolutely not. When was alive his work medical paid some of his costs, but medication was a big expense. One drug alone cost $1000 which was partially paid under an emergency initiative, but meds for drug induced diabetes were not and lost wages were not. Because we didn't know about the HepC when was alive, no money was provided for multiple trips to the hospital or missing wages for hospital stays. **No reimbursements were given at all.**

After he died:

Last year I spent over $52,000 on living expenses alone, a lot of which included **medical payments and costs paid to others due to absence** from my life, leaving little room for savings, emergency money, or retirement savings. This plan does not consider our main provider was essentially murdered by the HepC infection.

It does not provide for **family medical expenses** lost to those who have no work plan. (I had to pay $350 taxi fare f or one trip to and from the hospital in Calgary due to an emergency admission because there was no one available to drive me there and back.) I have had to pay for a **psychologist** at $100 a visit, to work through losses and trust issues. I cannot afford appropriate medical insurance and have been putting off a root canal because I can't afford to pay for it. I have had to rely on neighbours and local Family and Community Services to do repair work, emergency maintenance, yard and house maintenance....because **I can't afford regular contractors**. (Thank God for loving neighbours)...but even that goes only so far). I can't even afford to sell, as I have had to use the credit line to make ends meet and the sales market won't leave much in equity.

Family Member Payments – a payment for the loss of guidance, care and companionship of the infected person, after his or her death

- **Spouse of infected person** – $33,644 ($25,000 in 1999 dollars)
- **Child of infected person under age 21** $20,186 ($15,000 in 1999

dollars)

- **Child of infected person age 21 or over – $6,728 ($5,000 in 1999 dollars)**
- **Parent of infected person – $6,728 ($5,000 in 1999 dollars)**

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?

While I am so glad for all those infected, that a cure is available, it seems like there is a lot more money put into lawyers, administration of the fund and the living over the dead.
It is unfair. I would give anything to have ; alive and taking treatments towards an ultimate cure and with me and his son today. I think and mine loss (and the loss to the families that donated organs to) is more than can ever be compensated for, but that doesn't mean we should be **just written off as a non-expense.**

In an article Written by Louis Del Signore on March 21, 2013. Posted in Personal Injury & Motor Vehicle Claims He states personal injury claims in motor vehicle accidents are capped at **a threshold of $340,000 for pain and suffering**, but

"In order for your claim to pass the threshold, the injuries sustained in the motor vehicle accident must have resulted in:

- Death;
- Permanent serious disfigurement (e.g. loss of a limb or scars); or
- Permanent serious impairment of an important physical, mental or psychological function."

Adjacent to the website is an article that awards $150,000 per person to a company whose employees were sexually harassed.

With just these two examples, **I think our payouts were terribly underrated**. I also think that **the claims should start on the day the people were infected**, not on the day the suit was won.

I also take offence **that children of the deceased are not adequately compensated and cut off after their 25th birthday. They have lost a father (or mother) which is as traumatic as the loss of a spouse**.

I cannot tell you in words how much damage it has done to my son and I. Our trust has been destroyed and our family unit annihilated, never to be regained. It is like we live in an altered reality now. We are still working out the trauma of losing my husband. **Emotional and financial support is a life-long necessity.**

Who hasn't had a time when they relied on family to give additional support for that new baby, or first house, or many of the other family supports needed throughout our lifetimes. A Stats Canada report on delayed transitions for young adults states **that children are leaving the home later in life and sometimes return to the home for financial support.**

"Overall, the transition to adulthood is now delayed and elongated. It takes today's young adults longer to achieve their independence: they are leaving school later, staying longer in their parents' home, entering the labour market later, and postponing conjugal unions and childbearing."

We also know that the educational processes are a lifelong cost to keep up with employment requirements.

To my knowledge there is no provision for educational support for members of the family in this plan (unless is at the University of Ontario and not all are approved or is the course content comprehensive or easy for the person to attend).

Spouses should also be supported through an educational process as it allows them to become more self-sufficient.

As for **funeral expenses**, the total funeral cost $10,000, which the plan would not of covered except for the Canada government payment. We cut costs by utilizing cremation, no internment, cheaper body transportation and a donated funeral location of a local school.

We might have done it more traditionally had the money been provided. My father's funeral plot cost $10,000 and his internment and casket another $10,000, with services and reception another $5000.

If you could change one thing about the Plans or the payments you receive under them, what would you change?

There is definitely **more than one thing to change**. I have outlined some above. To summarize:

- Lump sum payment increases for pain and suffering and loss of family member
- Start claims at the time of infection
- Increased loss of income to reflect wages that would have been available had the person lived or been working at the job he was employed at before infection.
- Increased support and service payments to include education costs for spouse and children, medical and psychiatric plans, payment for upkeep of homes and service calls from tradesmen, transportation costs, extra medical costs and provision for widows/widowers in their old age.
- Take the money spent administering the fund and the money spent on lawyers reviewing the funds and give that money to the recipients.
- I can't see surplus being a lot given the number of members, however the ability to take a lump sum amount if they want for any awards in the plan and invest it as the person sees fit to get interest and dividends off it would be good too.

Life insurance?

Life insurance is impossible to get if a person has anything more than the common cold. **It is something that courts need to review and mandate that definitions of a pre-existing illness be not open to interpretation of the insurance companies.**

Final comments:

I would like the courts to keep in mind that **this is a class action settlement, not a government program.** While I agree that members must be looked after, the government has broadened and changed the parameters of this suit to let all HepC/HIV infections into the fold.

Justice was not done for those who died and the spoiled families caused due to the tainted blood. Someone in the supplying companies, who in the US were required to test for the infection, knew that the supplies were tainted. They and their connections in Canada were not extradited or punished. Shredded documents and the fact employees of Canadian hospitals were threatened with job loss and told to withhold information from clients indicate culpability. Had it been a bioweapon released (which it ultimately is) and the number of deaths calculated, there should have been a criminal trial held in the Haque for crimes against humanity. There is more traceback done on the victims qualifying for the program than was ever done to find those responsible. There wasn't even acknowledgement or an apology made by the government, to the victims of this horrendous crime, and they wonder why Canadians don't trust our politicians and health care agencies.

The loss of my husband is a scar on our lives and this action has done damage that will never heal for me, his son, his friends, those he would have saved through his profession and the families that donated organs' so he could continue to have a positive effect on all our lives. Even those who treated in hospitals, hoping that their efforts would give him another chance at life have been betrayed through this tradgedy.

How the limits for compensation were determined and administered were never explained, nor were we consulted prior to the award as to what would be fair compensation. We were encouraged to take what we could get.

It seems that even the push for a cure might have **been to deliver these funds back to the government, which would be the ultimate injustice to all who have suffered.**

I say NO, NO, NO.

Criminals who have tried to profit from their crimes through marketing their stories are not allowed to profit by the courts. How would returning this money back to the government be any different? This would be a travesty and **should not be allowed.**

Now that a cure has been found, the money would do more good in the hands of the people's lives it affected and changed forever. Let them decide whether or not they want to give funds to further research efforts. **Research agencies should have no part in this.**

Return the money to the members and their families. I feel those families who have had members die, deserve more compensation than those who have the ability to be cured.

Those who were given the HepC through regular medical procedures should be compensated for their existing illness and money and support awarded until they are cured. They should be supported to gain good employment after they are cured.

Those who gained HepC or HIV through unlawful needle exchange and unprotected promiscuous sexual practises, should be compensated less but given support for medical care and the cure.

Sincerely,

Aug. 29/15

Mr J.J Camp Q.C
400 - 856 Homer St.
Vancouver, B.C. V6B 2W5

Dear Mr. Camp:

When I got my Hepatitis C in 1989 the Dr put me on 325 coated asprin & I have been on a blood thinner Pradaxa since 2012 when I had a mini stroke with no side afeets that know of. I have had a double hernia, radiation for prostrate cancer, the right leg from my knee to the tip of my toes for approx. 3 yrs, I lost a lot of blood when I had 2 tumors removed & had to wear a catheter for so long, I do not have any contrul of my bladder I wear a leg bag and a night bag every day. I had to wear pads for a long time till Interior Health finally found a new condom that I kan only wear for approc. 2 days & all these different solutions that I have to put on & they all cost a lot of money

but it would be nice to get some
HELP to pay for so much pain that
I have had to put up with al these
years & I just have small pensions.
my wife & I are both 85 years & she
is not in very good health. my first
wife past away in 2004 & my wife
has a lot of medical problems as well.
I had a family DR. for 20 yrs but
He retired in the first part in July
2015 & the new DR that took over from
him said in August of this year that
he had been studying my charts &
said he didn't know that I had
Hepatitis C unit he read my file
from when I was in Vancouver General
I am also sending a copy so you can
see what I went through, I was
not to be writing this letter to-day.
They were telling that I might not
be walking so they were showing me
how to walk up stairs with cruches

over

& How to get in the bath Tub, it took me a Long Time to get to were I am now but there is Times that I have watch.

Yours
Truly

I just recieved this Letter as it was sent to my old Address

this is my NEW Address

[redacted]

From:
Sent: August-30-15 10:47 AM
To: J.J. Camp
Subject: 1986-1990 Hepatitis C Settlement

The Estate of

Thank you for giving me the opportunity to write to you.

In March 2001 our son passed away he did not see any moneys from this.

My wife and I took up the cause and in time there was A settlement ,Not all that much to our liking but A settlement so we could move on.

WE THINK THAT THE REMINDER OF THE MONEYS SHOULD BE DIVIDED EQUALLY TO EACH.

How does one measure the lose.His Sister lost A loving brother her two boys lost an uncle that could have helped in there education, The wife and I have lost A son and maybe some grandchildren and now maybe some help in our old age.

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From:
Sent: August-30-15 12:33 PM
To: J.J. Camp
Cc:
Subject: 1986-1990 Hepatitis C Settlement Agreement

Attention J.J. Camp,

On behalf of my brother and myself we would like to provide our input regarding the above subject.

As you are aware, our brother, passed away from HIV and Hepatitis C tainted blood which he received from the Canadian Red Cross.

We feel that the suprplus which is estimated to be between $236 million to $256 million should be divided amongst all the families that were affected. We feel this should include all that have lost loved ones as well as those people that are still living with Hepatitis C.

Thank you for giving us the opportunity to voice our opinion.

From:
Sent: August-30-15 3:17 PM
To: J.J. Camp
Subject: subject letter to the trust fund hep. c

Re"j.j.Camp o.c.
As wife,daughters.andgrand clildern and members
of theClass Members and Family Class Members I am writing you
this submission and giving you the Joint Committee of the
1986-1990 Hepatitis C settlement Agveement my imput and taking
in the consideration of the allorcation of the Surplus of monies
in the trust fund.
Thepayout received by my Family,myself,the wife ,daughters
and grandchildren,wasin my opinion not sufficient to meet the
hardships endured white watching one ,husband,father,
andgrandfather surcome to the liver Cancer which was contracted
form the Hep C.
We realize that no amount of monies paid out wil bring
our loved one back, but the pain we have will be with us forever.
The amount of $ 250.000 given to me at the loss of my
husband of 54 years was in my opinion, nothing
The $250-oo paid out to the grandclildren who had a
close relationship whis gentle,giving and loving man
was ridiculus,And $600.00 for a daughters who cherished
their father was and is shameful /
So in conclusion I would most certainly give the
joint Committee my agreement in the disspursement of all
the surphs of funds in the Trust Fund.
once again please take in consideration the hardships
we all en dure to this day at the loss of our loved one

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From:
Sent: August-30-15 5:06 PM
To: J.J. Camp
Subject: Joint Committee Class Member Consultations

To the attention of J.J. Camp, Q.C.

Hep C Claim

I was unable to attend the Session in Edmonton last week.

I am a Disease Level 3 as far as the compensation relates.

Through no fault of my own I was infected with Hepatitis C. When the news was delivered to me 11 years after being infected, it was devastating. I strongly feel it was the cause of my marriage of 18 years to break down that same year. I was consumed with the disease and I was focusing on treatment. I had a wonderful marriage with 3 happy children prior to this news of disease. So, as far as "loss" experienced due to HCV, yes - I do feel that I lost my family. There has been no compensation for this suffering. I feel that this type of loss should be considered somewhere as an additional separate issue/level.

I believe the benefits from the surplus should be a lump sum payment and it ***should be divided out to infected class members*** based on disease level and/or other identified factors. I would be very hurt if this surplus went back to the government.

As far as life insurance goes, I have coverage through my place of employment currently. I'm not sure what they would decide if they found out about the Hep C if/when I died. Insurance companies seem to do what they want and always decide on what is best for them.

Thank you for your time and consideration of my views.
Sincerely,

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From:
Sent: August-31-15 8:37 AM
To: J.J. Camp
Subject: 1986-1990 Hepatitis C Settlement Agreement

To Whom it May Concern:

I am writing in reference to letter I received dated 07Aug2015 pertaining to my late grandmother
As stated in the letter, "the trust fund is sufficient to meet the expected needs of Class Members and Family Class Members and there is a surplus".

No amount of money could ever replace the loss the entire family has endured. The effects of losing my grandma have been life changing. She and I were very close; I lived with her during the last few years of her life. Because of her death at an early age from Hepatitis C she contracted from a tainted blood transfusion, she was not able to be a part of many fundamental events in my life such as graduations, marriage, the birth of my children and many other events we celebrate as a family. Our family is very close and these events along with other family gatherings such as Christmas, Easter etc. are just not same. She was always an amazing person to have and be around; always happy with a giggle you would never forget – it always makes me laugh even today to think of it.

As previously stated, there is no amount of money that can ever replace the wonderful person she was or fill the void that now exits. However, I fully support and am if full agreement with the Joint Committee making an application to the Courts to request that all of the surplus be allocated in favor of the Class Members and Family Class Members.

Kind Regards,

August 31, 2015

8-31-15P04:22 RCVD

Mr. J.J. Camp, Q.C.
Partner
Camp Fiorante Matthews Mogerman
#400—856 Homer Street
Vancouver, BC V6B 2W5

Dear Mr. J.J. Camp, Q.C.:

I am writing on behalf of my husband, , further to the request for feedback from Class Members of the 1986-1990 Hepatitis C Settlement in regard to the Surplus. We are grateful for the opportunity to provide our perspective on where the Settlement fell short on compensation, how the structure of the Settlement made it difficult to collect compensation, and to offer our thoughts on how the Surplus could serve to bridge some of the gaps in the compensation that was awarded to children of deceased Class Members.

To provide some background on the family situation, my husband's father, ( ) , (who was deaf from birth) contracted Hepatitis C from a blood transfusion he received in 1986. At the time, was married to my husband's mother (his first wife), , and they had three children: , , and . He was a skilled machinist by trade (gainfully employed by) and provided a significant portion of the family income. There was a breakdown of the marriage, and they separated in May of 1987, maintaining joint custody of the children including child support payments. Their divorce was finalized in May 1994, and married his second wife— . second wife is substantially older than he was (in her mid-fifties when they married), is also deaf, and had adult children from a previous relationship, as well as two grandchildren at the time of their marriage. They were married for approximately five years at the time that passed away on , 1999. Following death, brother, , fell into a state of depression, which led to his suicide at the age of 19 on , 2001. Tragically, sister, , passed away on , 2004, at the age of 19, from complications due to pneumonia. Contact between second wife and his children was limited following his death, however, his second wife got in touch with in the fall of 2002 to discuss the 1986-1990 Hepatitis C Settlement. I was present at this meeting, it was the one and only time I have met stepmother. The three of us went to dinner, and and his stepmother used American Sign Language to discuss some documents that she needed him to sign. She advised that she was the "Personal Representative" for his father, and that he and his siblings would receive compensation through the Settlement. She had verify his sibling's information, and sign some documents pertaining to the payments. At the time, she presented herself as having the best interest of the children at heart, and we felt grateful that she was being considerate of children. She advised that the children's claims were effectively branches off of her claim, and that their claims would be reviewed every three years and further compensation may be awarded during those reviews.

The first—and only—payment (and) received came in the Spring of 2004. It was approximately $18,000, the fixed payment for "Loss of Guidance, Care and Companionship". At the three year mark, I encouraged to follow up regarding the reassessment of the claim that his stepmother had described to him. We soon discovered that the way in which the compensation was being administered was rather complex, and since then, we have spent many years attempting to determine how to collect the compensation that was owed to and his siblings. children did not receive any compensation for loss of support, nor any monies that were paid to Estate. Sadly, given the time of his death, likely did not benefit from any of the compensation, either.

Needless to say, in the 16 years following death, there have been many milestones that he would have contributed to in his children's lives— through moral, emotional and financial support. While the Settlement was intended to assist children of deceased Class members, it unfortunately, has left more unanswered questions and a sense of exclusion for . All attempts he has made to contact the Administrator have been met with skepticism and a complete lack of compassion. Given the devastating emotional toll the loss of his father, brother, and sister has had on his life, negotiating with the Settlement Administrator is a task that has found to be too emotionally burdensome. I have advocated on his—and his siblings'—behalf to the best of my ability during our relationship, and would like to achieve a sense of acknowledgement and closure with regard to the compensation so that we may have a sense of peace and legacy for .

Further to the Consultation session held on August 12, 2015, I respectfully submit for your consideration our responses to the questions posed to the Class Members present.

1) Does the payment to any particular family member seem out of line? If so, how or why?

Answer: Yes, the majority of payments to compensate deceased class members were paid directly and indirectly to their spouse. The way the plan is structured to have funds (and information exchange) flow through the "Personal Representative" (in case, his stepmother), and the Estate for other fixed payment amounts set up a loop-hole that enabled spouses from a blended family to misappropriate compensation that was intended to go to the children and family members of deceased class members.

2) 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?

Answer: Yes, the payments (when considering the various payment categories) to spouses of deceased class members were quite generous by comparison to the payments made to children of deceased class members. The payment amounts did not reflect the individual circumstances of deceased Class members such as the length of their marriage to their respective widows. While a traditional family model would allow for some of the additional compensation awarded to spouses to benefit the family unit and marital children through familial exchange, the compensation awarded to blended families (such as) was left to the discretion of the deceased Class member's spouse.

3) Does the payment under any particular payment category seem out of line with the loss or expense it is intended to compensate?

Answer: Yes. The only payment that can be assumed to have compensated the children of deceased class members is the fixed payment for "Loss of Guidance, Care and Companionship" ($15,000 in 1999 dollars). This payment is on the lower end of what the average is ($35,000 McVea v. T.B. et al., 2002 BCSC 1407). When considering this payment is intended to compensate such a variety of life events from the tangible costs (post-secondary education, help with mortgage down payments, weddings, grandchildren, unexpected expenses, loss of inheritance, etc.), to intangible (loss of guidance, teachable moments, moral support, etc.) it is extremely low.

4) If you could change one thing about the Plans or the payments you receive under them, what would you change?

Answer: The way that the fund is structured should be changed to accommodate a broader spectrum of personal circumstances for Class Members (ie-blended families). There should be some accountability for the manner in which the funds were dispersed (such as audits on the compensation to deceased class members and how it was allocated amongst family members), and any amounts that are determined to be for specific family members, should be paid directly to them.

There should be someone advocating for the children of deceased class members, and providing more clarity and transparency in the claims process for children of deceased class members. The "Personal Representative" aspect of the structure established enough confusion as to how the funds were being managed which caused the children to believe they were being represented. Direct contact initiated from the Administrator to the children (regardless of if the children have reached the age of majority)—or the appointment of a case manager—when adolescent children are identified, would help avoid confusion and misinterpretation of the Settlement through receiving third party information from the "Personal Representative" (who in my husband's situation is deaf, and not his parent—there can be significant misunderstanding when American Sign Language is being used to communicate between a deaf and hearing person).

5) If the courts decide to enhance benefits to the Class from the surplus, should it be lump sum payments, or an increase in the ongoing recurring payments you receive?

Answer: Payments to family members should be lump sum to ease the burden of administration, and payments to living class members could be paid as enhancements to their compensation to best utilize the surplus (ie-interest earned on investing that portion).

6) 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: Various factors should be considered when deciding on the amount for lump sum payments; disease level should hold significant weight in the decision. Deceased class members had a significantly lower chance of surviving their HCV related illnesses, while living class members now have markedly improved survival odds, in some instances as high as 80-95%, including access to much more advanced treatments and drug therapies than were available in the mid-1990's. Payments to deceased class members and their families were set at a time when the sufficiency of the fund may have been in question due to future uncertainties. However, as life expectancy for surviving Class members has increased, and better treatments have become available, the outcome for living Class members is dramatically more positive than it was when deceased members passed away. Furthermore, there are provisions in the Settlement for living class members should their disease progress, enabling them to collect further compensation. There is also the potential for further medical advancements, and additional surpluses in the Settlement in the event that investments continue to exceed liabilities, that could benefit living class members.

Attending the Consultation session on August 12, 2015 and writing this letter has renewed our hope that there may be a resolution to the compensation issues where children of deceased Class members are concerned. While this process has reopened a very emotionally painful chapter in our family history, we hope that the information I have provided will help decide how the Surplus is allocated, and ensure that Settlement protocols are reviewed and amended to protect the interest of children of deceased Class members.

Please feel free to contact me by phone or email should you have any questions or feedback relating to this letter. I can be reached at (604) , or by email:

Respectfully,

Firstly, thank you for giving us the opportunity to share our thoughts and opinions during this forum. I will never forget the day I found out (by accident) that our Mom had Hep C. Mom & Dad didn't want us to know - they didn't want us to worry. We spent the next 30 some odd years worrying. Not an everyday worry...just one of those worries that jumps out of no where every once in awhile. I'm sure Mom worried everyday. I'm sure she carried the anger and frustration of 'why me' with her everyday. Now I carry that anger and frustration. I don't have my Mom anymore. My kids don't have their Baba. Her death has left a hole our hearts. I am a realist - death is part of life - I get that. And I understand that we don't always have control over how we die, or when. We should, however has some control of how we live our lives while we are healthy. Our Mom was robbed of that control when she contracted Hep C through no fault of her own. Can you put a price tag on her life's worth? Someone apparently has. In my mind, it will never be enough.

We were not aware of the depth of the Hep C Settlement Agreement. Mom didn't share - and I'm not even sure she understood how far the settlement extended after her passing. Learning all of this, and trying to cope with our loss has been bittersweet to say the least. Receiving the letter regarding the surplus was another surprise I wasn't prepared for. My one question was, and is...what are you holding on to the surplus for? Certainly patients affected by the Hep C are aging and dying. Family members of those infected are aging and dying. If the Trust fund is sufficient to meet expected needs in the future, then distribute the surplus, and allow some closure to take place for those of us left behind. I certainly don't want to revisit this every 3 years. Thank you

daughter

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.

August 31, 2015

To:
J.J. Camp Q.C.
Camp Fiorante Matthews Mogerman
400-856 Homer Street
Vancouver, B.C.
V6B 2W5

To whom it may concern,

I am replying to the Joint Committee letter I received in July of 2015. I am very interested in pursuing this action. I was unable to attend any sceduled meetings as I am a pensioner and was not able to travel to those sites.

Please consider this note a confirmation of my interest in this matter. Although it has been many years since my father's passing, my family and I are still feeling the effects of this loss.

Yours sincerely,

From:
Sent: September-04-15 5:32 PM
To: J.J. Camp
Subject: Hep C Joint Committee 1986 1990

Dear Members of the Joint Committee concerning the1986-1990 Hepatitis C Settlement

In 1990, my father, 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, 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 97 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.

September 4, 2015

J.J. Camp Q.C.
Camp Fiorante Matthews Mogerman
400-856bHomer Street
Vancouver, B.C.
V6B 2W5

Attention: Joint Committee Members- (1986-1990 Hepatitis C Settlement Agreement)

To whom it may Concern:

In my opinion, the surplus in the Trust Fund should be divided amongst the surviving Class members and Class family members. If the Trust Fund has been deemed sufficient to meet the expected needs of the Class members then the excess should be dispersed amongst those that it was intended for rather than sit in a fund not being used.

Sincerely yours,

Sept. 4, 2015

HEPATITIS C 1986-1990 JOINT COMMITTEE

Attn:
J. J. Camp, Q. C.
Camp Fiorante Matthews Morgerman
400-856 Homer Street
Vancouver, British Columbia V6B 2W5

Dear Sir / Madam:

Thank you for your recent correspondence inviting submissions to the Joint Committee, and enclosed detailing of Consultation Sessions and the Phase 2 Sufficiency Schedule. I did participate in the August 12, 2015 Live Webcast.

I very much regret my current state of health prevents my investing the time and energy necessary to research and present a detailed submission with respect to possible use(s) of the anticipated surplus remaining subsequent to the Joint Committee's administration of claims via the Trust Fund for the 1986-1990 Hepatitis C Settlement Agreement.

I do propose, however, that preferably **all,** or at least **the large majority** of said surplus be allocated to Class Members and Family Class Members:

(a) in **amounts proportionate** to their original qualifying levels of compensation, 1 through 6 inclusive;

or failing this;

(b) in **equal amounts** to each member, the original level of compensation notwithstanding.

RATIONAL:

1. In my considered opinion, each and every original level of compensation was / is totally inadequate, bearing in mind the extraordinary physical, mental and emotional shock, anxiety, frustration, distress and suffering experienced to greater or lessor degree by each original compensation recipient as he / she/ they struggled:

- with serious feelings of fear, anger, resentment, guilt, inadequacy, isolation, depression, etc., all of these and more often precipitating crises in personal health and personal relationships;

- to locate, research and present required documentation under historic, distance and other conditions rendering this nigh impossible;

- to schedule and undertake innumerable required medical appointments, interviews, tests, teaching sessions, etc., most of these requiring serious travel and other inconveniences;

- to complete necessary / obligatory treatment (often enduring significant pain) and frequently, involving out-of-town travel and accommodation plus large dollar outlay from meger budgets for these, for drugs, and much more, often far in advance of any possible subsequent reimbursement;

- to jeopardize / sacrifice career, promotion, often employment itself, thereby aggravating financial circumstances already challenged by the above;

- to experience the chaos and, frequently, the mutilation and disintegration of friendships and family relationships wrought by this disease; and

- to grieve the premature death(s) of friends and / or family members as a consequence of their being infected with hepatitis C.

2. Consistent with the integrity of the original legislation / regulations for determining and administering compensation settlements to members and family members, in my opinion the distribution of any surplus monies now also should be proportionate to those same six original qualifying levels of compensation.

May I express my appreciation to the Joint Committee for the time and consideration given my brief comments.

Yours sincerely,

1986-1990 Hepatitis C Settlement Claim Number

Tel:

156

September 5, 2015

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

Dear Sir,

Re: Written Submission to Joint Committee re: Hepatitis C Settlement surplus funds

We write in reply to the notice we have received regarding the surplus in the Trust Fund created to meet the needs of Class Members and Family Class Members of the 1986 – 1990 Hepatitis C Settlement Agreement, requesting our input on how we think the surplus should be used.

We believe that the surplus should be shared equally by all of the original members of the Trust Fund. We feel that the funds should go to those who lost their fathers, mothers, husbands & wives, and children, no matter what their age is at today's date. As we understand it, the rules of the distribution of the monies in the Trust Fund state that at a certain age, some of us are no longer entitled to receive monies from the fund. We feel that even if a child of a Hep-C victim is over 25 years of age, they should still share equally in this surplus. The same should apply to spouses who are over 65.

All of the initial recipients of the compensation should be included in the distribution of these surplus funds, and that distribution should be made in equal shares to all of us.

We thank you for the opportunity to contribute to this decision and trust that we are not too late in getting this letter to you. We look forward to hearing from you, and ask that you contact us at
if you have any questions or require anything further.

Sincerely,

157

From:
Sent: September-05-15 6:53 AM
To: J.J. Camp; info@savonitto.com; hepc@strosbergco.com
Subject: Hepatitis C Settlement Agreement

I would like to thank you for the opportunity to provide input into the matter of the surplus from the Hepatitis C Settlement Agreement funds.

I am the daughter of , who died of Hepatitis C complications in 1999, after having received an infected unit of blood during surgery several years earlier. I helped nurse him until the time of his death and saw how much he suffered as the result of this infection. He had stated sadly to my Mom, upon hearing about the possibility of a settlement payment, that he would never see that money, but that he hoped she would get enough to help her for the remainder of her life. My Mom is now 87 years old and has lived without her husband for 15 years. She did, after a very painful and difficult application process, receive funds from the Settlement agreement, which continued for several years. She had expected it for a longer time, but was told there had been an administrative error, and the funds stopped. I do not understand why the funds did not carry on until her death, as she is still without her husband.

I also believe that the $5,000 paid to the children of the Hepatitis C patients was not really an adequate amount. My brothers and I lost the love and guidance of our Father, my children lost their beloved Grandpa. This loss has left a great hole in all of our lives. I know that no amount can bring him back, or adequately compensate for his loss, but at the time, it almost seemed that the amount given was an insult, rather than a gesture of compensation.

I am sure there are many others who feel the way I do. Although much of the anger I have felt because of the senselessness of my Father's illness has passed, the loss and the grief are still present.

I am thankful that much advancement has been made in the cure for Hepatitis C, and only wish it had come in time for my Father. If more work is needed in this direction, it would seem right that some of the funds could be used to search for further treatments and cures. However, as the money was set aside for victims and families of Hepatitis C infection, I believe that, at least, more of it should be given to those it was intended for.

Again, thank you for requesting and considering my input. If you have any questions, please feel free to contact me at this email address ______________, or by phone at . I have moved, so my current street address is

Sincerely,

From:
Sent: September-06-15 12:59 PM
To: J.J. Camp
Subject: Hepatitis C Settlement

We received your letter regarding the surplus dollars you have. We think that it should be divided amongst those that this affected.
We have moved and our new address is:

This address applies to

who passed away , 2014\

Thank you

September 7, 2015

J.J. Camp Q. C.
Camp Fiorante Matthews Mogerman
400 – 856 Homer Street
Vancouver , British Columbia
V6B 2W5
Telephone: 604-331-9520 Fax: 604-689-7554
Email: jjcamp@cfmlawyers.ca

Dear Mr. Camp Q.C.

I am writing in response to the request for disbursement of funds. Before I present my suggestions, it would be helpful for me to give a brief overview/timeline of my experiences to provide some context for my suggestions.

- Discovered that I might be infected with tainted blood while watching the news in 1995. Knowing I had received a blood transfusion during the time periods stated in the news prompted me to get tested.
- Confirmed by my doctor that I was positive for Hepatitits (Hep) C and was at Level 3 infection. Despite knowing this is due to blood transfusion, feel shame, anger, disbelief and sadness that this has happened to me.
- Inform my family, take precautions for infection control reasons. At the time, I was also working in a foodservice capacity, became very stressed about potential health risks I might be to the public at work.
- Attend multiple doctor and medical appointments.
- Very soon after my diagnosis, I lost my job – which was an additional stressful life event.
- With the diagnosis and job loss, became depressed.
- Begin treatment for depression, under the medical care of a psychiatrist.
- Start interferon treatment (January 2005) with multiple adverse effects that included hair loss, nausea, vomiting, overall malaise and inability to perform to the best of my functional ability. Advised by liver specialist Dr. Robert Bailey to stop treatment after 3 months of interferon due to debilitating side effects.
- Inform all health care providers meanwhile (doctor, dentist, dental assistants, any technician doing lab work etc) during medical appointments. Encountering a new medical professional would require me to explain my diagnosis and current condition. It is a very stigmatizing experience relating this to health care professionals. For example, I was looking for a new General Practitioner (GP) after mine had retired. When I went to meet with the GP who was taking new patients, he declined taking me as a patient. He stated, "I don't take people with Hep C or too many medical problems."
- Need to inform non-health professionals of my status making me feel defensive and vulnerable as I would wonder if they would keep this information confidential. One example is enquiring about health insurance when travelling, i.e. speaking with a MasterCard representative on the telephone when I was calling to ask about travel insurance rates through MasterCard. The representative asked me specifically if I was Hepatitis C positive.
- I am declined health insurance when travelling due to my Hep C status.

- Chose to undergo a new treatment as recommended by Dr. Robert Bailey which commenced the week of September 1st, 2015. I am feeling side effects of muscle soreness, headaches and fatigue. I am grateful for another opportunity to treat this ongoing condition, but it is still unclear whether this will cure me of Hep C.

I have been reflecting on what to suggest for disbursement. I find this very challenging as it is putting a price tag on physical and mental health. Meanwhile, I continue to deal with this condition.

After much thought, I have come up with a suggestion of $200 000 as a lump sum for me. While this affected me directly, I'd be remiss if I didn't acknowledge the impact this has had on my immediate family. Honestly, I cannot assign a dollar amount to the mental anguish, stress and stigma I have experienced as a result of this. The suggested dollar amount is one I have arrived at with a clear conscience and I believe to be fair.

Please do not hesitate contact me, if further clarification on any of the above details is required.

Sincerely,

Signed to follow via letter mail

09-17-15P12:55 RCVD

September 7, 2015

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

Dear Sir/Madam:

RE: 1986-1990 Hepatitis C Settlement Agreement

I was infected by a blood transfusion where I contracted the Hepatitis C Virus in 1989 through no fault of my own, and the amount of anguish that I have endured to November 2004 when I completed the HCV Drug Therapy Treatment was almost intolerable. This treatment was so severe that numerous individuals could continue on with it. I took the Pegasys treatment (Peg-interferon injections once per week and ribavirin medication daily) for one year from December 15, 2003 to November 2004 and suffered through considerable anxiety and discomfort from the side effects of the treatment. The initial symptoms were anxiety, irritability, it felt like my skin was crawling from the inside out and I just wanted to climb the walls, nausea, for a whole year I had flu like symptoms, severe shaking of my entire body, very volatile and aggressive behaviour and sleeplessness. My thyroid function became altered permanently and I have to take synthroid medication for the rest of my life. I am unable to obtain life insurance coverage because of the Hepatitis C. There was no normalcy to my life. My health was severely impacted and my family function jeopardized due to my condition.

I would like to express that NO amount of compensation will replace the years I lost being extremely ill. These years are re-hashed and are terrible memories in my life which I would like left in the past, but that is not possible because I am required to submit documentation every three years to a review of the financial sufficiency of the Trust Fund.

. /Page 2......

I feel the surplus of funds in the Trust Fund should be dispersed equally to Class Members and Family Class Members to cover any type of expenses pertaining to their medical condition in accordance with their level of sickness, in any way possible to improve their quality of life after being severely affected by this dreadful disease Hepatitis C.

Sincerely yours,

Claimant #
(E-mail:

Sept 8, 2015

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

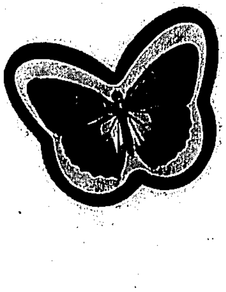
To whom it may Concern:

I am a member of the Family Class and received notice that the Joint Committee is seeking input from Class members as to the surplus.

I am pleased that this fund was managed conservatively, resulting in a surplus. Since this fund was created expressly for class members and family class members, I belive the surplus should be allocated to these same members, as was intended.

Thank you for seeking my input.

Sincerely yours



From:
Sent: September-09-15 7:28 AM
To: J.J. Camp
Subject: The Joint Committee Wants To Hear From You

J.J. Camp, Q.C.
Camp, Fiortane, Matthews, Mogerman

From:

I am part of the 1 86 - 1990 Hepatitis Settlement Agreement - Claim Number . I received two cheques # in 20/02/2001 for Level 3 for $57,283.21 and # in 18/19/2002 for Level 2 Holdback Release for $5,779.56. Total amount = $ 63,062.77

Thank you for the recent letter and unfortunately, I recently sold my home and did not receive the information about the August 12th, 2015 session in Vancouver. I do appreciate the information and found it surprising that there is still a Surplus of $236 to $256 million dollars still sitting in the fund.

As for what to do with the Surplus, I feel that some of the money should be sent to the Class Members of Family Class Members that went through the Tainted Blood they were subjected to by the Health System of the day. Personally, when I was notified about the chance that I might be affected, I went to Mount Saint Joseph Hospital for the tests and found that I had Hep C. My wife, daughter and son all went for the tests too. Luckily, they were okay. I know that filling out the applications was a very stressful situation. Contact phone numbers and the people that were involved in running the applications were difficult to deal with. My Heart Surgeon, Dr. Lawrence Burr @ VGH was extremely helpful in getting me all the required information and I made it through the process.

I feel the 1986 1990 Hep C Class Members and Family Class Members should receive a share of the Surplus. I'm not being greedy but can't help but feel that we were not paid enough i a Surplus like this is still sitting.

Sincerely,

Cell:

Attn: Members of the Joint Committee

RE: 1986-1990 Hepatitis C Settlement

In 1990, my grandfather, 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,

September 12, 2015

J.J. Camp Q.C.
Camp Fiorante Matthews Mogerman
400 – 856 Homer Street
Vancouver, British Columbia V6B 2W5
Telephone: 604-331-9520
Fax: 604-689-7554
E-mail: jjcamp.@cfmlawyers.ca

Dear Sir/ Madam:

On September 9, 2004, my father, , passed away due to receiving Hepatitis C tainted blood to treat injuries from a motor vehicle accident.

Knowing there is surplus of funds intended to meet the needs of class members and family members affected, it would be my wish to divide this surplus equally among survivors.

My children's only financial legacy from my father's estate is the $500 kept in trust for them. Ideally, I would wish my dad could regale his grandchildren with stories of Austria, growing up during World War II, his success on the national rowing team, and singing with the Vienna boy's choir.

My family and I would appreciate any extra funds to be put towards university, technical school, and/or housing. My dad would have been proud to contribute to their financial wellness if not their knowledge of our family's history.

Sincerely,

We as the grandchildren of agree with the wishes expressed in this letter:

X

X

X

Please be advised of our address change:

September 16, 2015

J.J. Camp Q.C.
Camp, Fiorante, Mathiews, Morgerman
400-856 Homer Street
Vancouver, B.C.
V6B 2W5

Dear Sir/Madam:

Re: Joint Committee for the
Hepatitis C Settlement

I received your letter of August 4, 2015 asking for my opinion on what should be done with the surplus money remaining after the initial compensation to the Hep.C victims of the tainted blood.

In November 1988 I broke my neck in a single motor vehicle accident. In surgery to stabalize my C5-C6 injury, I recieved a blood transfusion of the tainted blood 10 years later my doctor received a letter informing him that I might have recieved Hep.C from that blood transfussion. I was tested positive which explained why I had so many health issues over and above most quadrapegics.

I eventually received $10,000.00 plus interest for compensation. I can't have a lot of medications becase they will damage my liver. Dentist don't want to treat someone with Hep.C, my wife stays home to look after me as I get weaker + sicker over the years.

I recieve $1,100.00 CPP disability and $738.00 a month disability from my work insurance. I'm not eligible for AISH so I can't afford or have dental or eye glasses. And now to top it off I have leukemia.

Not everyone infected received the same amount of compensation, some that I've talked to received a lot more. The money in the Hep.-C fund was meant for compensation for those of us who were infected with the tainted blood. It will never give us back what health we've lost and continue to lose, but it will make life remaining a little easier. Give it to us.

your truly,

September 18, 2015

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

Re: Hepatitis C 86-90 Settlement Agreement - Trust Fund Surplus

I am writing to you to provide my personal submission to the courts for allocation of the surplus in the 1986-90 Hepatitis C Settlement Trust Fund per the most recent financial sufficiency review.

I received a fairly routine blood transfusion in 1986, which was tainted with the Hepatitis C virus while I was on hemodialysis due to kidney failure. My dialysis journey started at the age of one when I was diagnosed with Chronic Reflux. With many operations in between, too numerous to mention, I was put on dialysis at the age of 23 and this continued for a period of five years until I received my first kidney transplant.

During that time, I was extremely ill and was not prepared for another diagnosis such as testing positive for the Hepatitis C virus. This news, in a large capacity, contributed to my declining health and took an even larger toll on my mental well-being. I became depressed to the point that I could not think of anything except dying to relieve my state of mind.

Luckily, I received a kidney transplant in 1991 but with the warning that this particular kidney was not a "good match". It lasted four and a half years.

I was put back on dialysis for another 2 years when I then received a second transplant in 1997 which again, lasted only four and a half years. Again, I was put on dialysis for another one and a half years.

My third and current kidney transplant has been successful since 2003 and I am truly grateful for every day it is working but have always had to live under the "black cloud" of the underlying Hepatitis C virus. This takes an enormous mental toll when you are being tested each year to check for levels in the liver as you can only hope that you don't develop cancer or one of the other sure and inevitable effects of having this virus, not to mention the constant worry of possibly infecting your spouse through "marital relations".

Although no amount of money or benefit can erase the years of mental stress this has caused, in my opinion, YES, claimants should be able to receive enhanced benefits at each and every level of this long and taxing process. I would hope that the courts could see their way clear to disbursing the excess funds to those of us who have lived with this disease, myself personally, for nearly thirty years. At best, we could then alleviate at least one portion of our accumulated stress due to financial burdens.

Yours truly,

Claim #

J.J. Camp, Q.C.
Camp Fiorante Matthews Mogerman
400 – 856 Homer Street
Vancouver, BC V6B 2W5
Telephone: 604-331-9520
Fax: 604-689-7554
Email: jjcamp@cfmlawyers.ca

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

Oct 1, 2015

To: J.J. Camp Q.C.
Camp Fiorante Matters Mogerman.

To Start: I would like to say thank-you for all the work that the Joint Committee has done over the years for the Hep C. Settlement. And glad to hear that there is sufficient funds for the future. I do agree with the joint committee that the surplus (and I think all of it should be for the class members. We were the ones given this terrible HCV because, they the gorverment did not do the proper testing. That was available to them at the time.

I was one who had a blood transfusion then later found out I had the HCV. To date I still suffer from the treatment I under went.

To General Questions

- Yes, I think they have failed with only being able to have any Health care help if you are at level 5 or 6 of this disease.

- For loss of services ~~A~~ lot of places are charging at Least $20 hrs.
I would love to hire some extra help but can not afford to

- I have my husband drive me to most appointments.
-No he has never been covered for expenses while accompanying me to them. I did not know I could do that. I thought it was just me..

To: Appointments:

- I can't remember how many appointment when I was doing treatment. I know there were a lot.
- Appointments now: not doing HCV treament vary from year to year. It could be a low as 6 or up to 12 or more. It depends on what is going on with my chronic Pain and Fatigue.

Yes I think there should be a lump sumpayment, from this surplus. The pain and suffering that we have gone through and truly still go through every day. I still worry about ~~what~~ the future will be, because of the HCV and treatment. Being compensated extra I maybe able to relax alittle knowing I would ~~be~~ hire some help when I need it.

Being compensated from the surplus now instead of later (Let's say when it is to late does not make sense) A Least we could enjoy the remaining years with some comfort. Why should we have to wait until our Healt is so bad to do so. This Hep C Settlement is here for us the claimant not just to stay in trust, as our healt get's worse. I truly hope you think of us and our familys

Thankyou

From:
Sent: October-04-15 1:58 PM
To: J.J. Camp
Subject: 1986-1990 Hepatitis C - Surplus Allocation

Good Evening Mr. Camp,

I am writing this letter to you on behalf of my brother and myself in response to a letter we received regarding the surplus of funds in the above mentioned trust fund and input on allocations of funds.

Our grandmother, passed away on , 1998 from liver failure caused by the Hepatitis C virus which she contracted from tainted blood transfusions she received. At the time of her death, my brother and I were 10 years and 8 years old respectively. Most of our memories and photographs show us with her either bed ridden at their home or in a hospital bed which is an unfortunate way to remember our grandmother.

I understand that there were two categories of compensation whether the infected had deceased prior to January 1, 1999 or after with the later receiving compensation for ongoing healthcare as well as loss of care, guidance, and support. Since our grandmother passed away prior to January 1, 1999, the estate and our family received compensation for the loss of care, guidance and support.

Where we believe the settlement fell short was for class members and family class members who's loved one passed away prior to January 1, 1999. If my grandmother had lived passed January 1, 1999, her and the family would have been entitled to receive compensation for ongoing health care which may have extended her life, improved quality of life, or possibly lead to a potential liver transplant if she was strong enough. I was raised to not say "what if" but it's hard to avoid saying that phrase every time my grandmother or Hepatitis C are mentioned in conversation. extra time that our family could have spent with her would have been invaluable, and she would have loved to have spent more time with her children, and her three young grandchildren.

My grandfather received compensation as spouse and representative of the estate, my mother received $5,000, my brother and I as grandchildren received $500 as mentioned above for loss of care, guidance, and support. I'm sure my opinion is shared with all class and family class members when I say this; the care, guidance, and support my mother and grandmother provide to our lives is worth more than $5,500. In the case of our family, this was the result of almost five years of paperwork and legal where our grandmother passed away before the settlement.

We believe any/all surplus in the trust fund outside the cost of expected needs of class members and family class members should be allocated back to class & family class members entirely. Our preference would be families of loved ones who passed before January 1, 1999 should be reviewed and receive increased compensation for the reasons stated above. Once these have been reviewed and compensated, than families of deceased after January 1, 1999 should receive the same treatment.

We thank you for the opportunity to provide input on the subject and allowing us to voice our opinions regarding the short falls of the settlement. We look forward to hearing the results of the Joint Hearing next summer.

Please do not hesitate to contact me at with any additional questions or clarifications.

Regards,

From:
Sent: October-04-15 3:37 PM
To: J.J. Camp
Subject: RE: : Hepititis C Tainted Blood

Hello I am emailing this letter written by my Mother, in regards to the recent letter she received about an excess of funds for the Victims of the Tainted Blood given to her.

To Whom it may Concern,
I wanted to let you know my opinion on where the excess money allocated to the Victims of the Tainted Blood, Hepatitis C should go.
I feel very strongly that it should be given to us, the victims in a lump sum, as soon as possible.
I am sure you have heard many victims impact statements and I am sure that they feel the same as I do.
I was given this horrible disease, this tainted, dirty blood through no fault of my own. I am an innocent victim. And this is what I have to tell myself every time I have to disclose my Hepititis C to someone.
I see them recoil from me. Like they might catch it from just being too close. I feel dirty, I feel ashamed. I feel depressed. Then there are the numerous health issues that come along with this tainted blood. I am weak, I am sick all the time. I can't even clean my own house or pull my own weeds in my garden. Because of this I have spend the last 8 years hiring out garden and yard work, as well as household chores. And I could not and can not afford it. My finances are such that I have had to sell my home and move into a apartment. I simply could not afford to hire out the maintenance and upkeep of a yard and garden. A garden in which I had hoped to spend my twilight years. But that was all taken from me. Taken from me when I was given this awful disease. I am angry. And I am sad. If I had the finances I could have afforded to have the help I needed to stay in a home I desperately wanted to stay in. I may never be able to work my beautiful garden again but at least I could find joy in watching it through the seasons.
No amount of money can make up for this life sentence but it could make my last few years easier.

Thank you,

On March 18, 1987 I had surgery in the Royal Alexandra Hospital. Because of an existing bleeding problem a timing test was done on my blood and it was determind that I had Von Willebrands disease. On that basis croprecipitate (Factor 8) was ordered from the Red Cross and given preoperatively.

At the beginning of May 1987 I found myself becoming ill and in a few days began to jaundice. I was seen by my Doctor and referred to a blood specialist at the University of Alberta Hospital. The test that was done concluded that I had Non A Non B hepatitis. By this time I had lost all my body hair and half of my hair off my head.

In 2000 my Doctor told me I should be getting sicker, so he had blood tests done and I was told that because I did not smoke or drink and maintaned a healthy diet I kicked the Hep C out of my system.

P.S.
For thirteen years (1987-2000)
I kept thinking - how long do I have to live

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From:
Sent: October-09-15 10:42 AM
To: J.J. Camp
Subject: 1986-1990 Hepatitis C Settlement Agreement Consultation process

Dear Sir or Madam,

Thank you for the opportunity to submit input to the Joint Committee in regards to the the 1986-1990 Hepatitis C Settlement Agreement.

Firstly, I will provide a basic summary of my experience with the program. I contracted Hep C from a blood transfusion after the birth of my daughter on October 6, 1989. I was contacted by Alberta Blood Services in August, 2000 to encourage me to get tested for the virus. I was diagnosed as Hep C positive in November 2000. I had no other probable means of contracting the virus.

Needless to say, the diagnosis was traumatic. My husband and I had just buried his mom at age 61 from cancer. My diagnosis came the same month that my family was suffering through the death of a newborn niece and serious illness of a sister. My husband and I made the decision to carry the burden of my health scare alone because the year 2000 had been a sad one for our families. The necessity of having my husband and our children tested for the virus was a major stress for me. The anxiety of explaining the situation to my children (10 and 14 at the time) and attempting to do this without making a 10 year old feel that her birth caused me harm was a delicate process. Her inability to reconcile the fact that her Mom had the same disease that her grade 5 health teacher described as a consequence of drug use and in the same sentence as HIV/AIDS caused many tears for our whole family. My daughter's emotional wellbeing was the most important issue for me through all of this. I firmly believe that the compensation settlement did not adequately address the pain and suffering that was endured by my family because of the initial Hep C diagnosis.

Another area that I think was lacking in the compensation package was the acknowledgment that I was unable to purchase Life Insurance since I was now deemed uninsurable. This was a very real factor for me as I was a stay at home mom. My husband would been in a difficult position if my battle with Hep C ended tragically and the possible compensation by being classified Level 6 was not adequate. This was always in the back of my mind as each year went by. I am aware that life gives no guarantees but Hep C was added to my family's story because of negligence in our health care system.

I was able to hold the disease at bay until 2008/9 when liver damage was evident and drug therapy was recommended. I do not think that the side effects from the drugs and the hopelessness of knowing that my chance of cure was only 50% can be overstated. I do not wish that 48 months AND the 6 months post treatment on anyone. I missed out on a lot that time period! The compensation package only addressed the actual treatment weeks and not the post recovery time. I question the settlement's lack of acknowledgement of the 6 months post treatment that patients have to wait until you are given the treatment success or failure proclamation. That 6 months was very difficult and I for one did not feel better the minute therapy stopped. It took a full 3 to 4 months before I was feeling like myself.

I was unable to accompany my daughter to Australia with my husband when my daughter was accepted to participate in an non profit organization's youth program. Her dad was able to experience the excitement with her and get her settled in Perth while I stayed home to rest and continue drug therapy.

I was not able to fully participate in my parent's 50th wedding anniversary celebrations because I was suffering side effects. The compensation package does not adequately acknowledge many non-pecuniary damages.

I was compensated for loss of services in the home and it was quite laughable really. $240 a week. This really brings to light how families are discriminated against if they choose to be a one income household. I was an avid community volunteer and treatment certainly affected my ability to contribute to my community in non monetary ways. My role at home and my community was barely recognized by the settlement.

The diagnosis changed how my family lived our lives and how we were able to plan for our future. I am one of the fortunate ones who cleared the virus but that does not change the fact that the Hep C affected us in very real ways. I often think of the people that continue to suffer with poor health because of this mess and my desire is for them to be able to live without the stress that finances bring to this unfortunate situation.

Sincerely,

From:
Sent: October-13-15 12:03 PM
To: Sharon D. Matthews
Subject: Re: Hep C surplus

Hello Sharon, thank you for getting back to me so quickly. I am no longer at that address as the building that I was living in has been knocked down and turned into something else. I know live in England and the Hep C class action people have my address as they continue to send me information. My new address is

To tell you the truth, I am not sure what to say next... My husband was incredibly brave throughout his battle with Hep C which killed him. He could not work whilst we were married because he was too sick and I could not work more than part time because he did most of his dying at home. I appreciate that the trust had to withhold monies for future claims being made but it maddens me that had to be so stressed about money in his final years when now it is sitting in surplus. Of course I would like the money to go to the families who have suffered all these years. My husband has a mother and sister and all the rest of the family who are still devastated by the loss of him. I know that there are many families who have all suffered the same pain and need to be supported. The insult is how little money received whilst he was still alive to know that he had put his name to a very important lawsuit that would make a difference to the people just like him. was not sure about being the named person on the lawsuit but we were told that someone had to do it for it to go to the courts. was very angry about his future being destroyed and also for all the other families who wanted to do something about it but were very worried about being ostracized by the disease. My late husband was my hero who battled to stay alive and take care of his wife and family and the other families who were poisoned by this grave injustice. Thank you for your time ,

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From:
Sent: October-13-15 12:59 PM
To: J.J. Camp
Cc:
Subject: 1986-1990 Hepatitis C Settlement Hearing Submission

October 13, 2015

To Whom It May Concern at J. J. Camp Q. C.:

As a member of the 1986-1990 Hepatitis C Settlement Agreement, I am writing this letter in hopes of having it be included as a submission to the Joint Committee/Courts for their consideration at the Joint Hearing taking place in June, 2016.

In 1986, at the age of 30, I was infected with the HepC virus through a blood transfusion in Vancouver, BC. At the time, I was undergoing a liver surgery (for a pre-existing childhood condition), which removed the entire left lobe of my liver, leaving me with a healthy – although considerably reduced – liver. Within five years of the 1986 surgery, I was diagnosed with HepC, genotype 1. Yes, that's right – I was infected with a liver disease (HepC) while undergoing a corrective surgery for a liver disease! Since that time, I have worked hard to maintain my health while attending university, raising two sons, and pursuing my career. This has not been easy, as the virus has been active in my body and extremely difficult to live with.

In 2001, I tried the interferon treatment. I was on it for six, uncomfortable months. Unfortunately, I was a 'non-responder' and the medication was discontinued. My diagnosis went from fibrosis to cirrhosis. Although I was suffering the physical and emotional effects of liver disease, I continued to work and provide a family home for my children.

I've always taken my health very seriously and have been committed to maintaining a healthy lifestyle, devoid of anything that would compromise my remaining liver tissue. I am happy to report, that at the age of 59, with a cirrhotic, scarred right lobe of my liver still functioning, I accessed the Harvoni medication and have now been 'cleared' of the HepC virus. I have lived with this virus active in my body for the last 29 years and am glad to have it gone.

So what now? I am an older woman with a severely compromised liver. The health effects of the HepC have hindered my ability to fully pursue my career, and because of that, my retirement options are limited. My liver will never recover, I will never regain the liver function that I would have enjoyed had I not been infected, and I am at a far greater risk of developing liver cancer due to the damage my liver has been subjected to due to the infection.

I feel that a portion of the surplus should be made available to 1986-1990 Hepatitis C Settlement Agreement members that find themselves in my situation. I was infected as a vibrant, fully functioning young woman, and now, although 'cleared' of the virus – I am facing my old age with what remains of my liver – scarred, diminished and at risk of further disease. Had I not been infected in 1986, my health outcomes would look very different heading into my 'golden years'. I believe that I am due a 'quality of life' allowance; a financial life preserver with which to shore me up into my declining years.

Thank you for considering my submission, and for letting me know that you have received and read this. I would be happy to discuss this with you at any time.

Sincerely,

From:
Sent: October-13-15 2:11 PM
To: Sharon D. Matthews
Subject:

Hello Sharon

My sister n law who is currently living in the UK wrote to me today. She informed me of her contact with you in regards to the lawsuit that my deceased brother, was involved in regarding the Red Cross.

Our family is in shock and confused by the news of a $230-250 million surplus. My brother and his wife suffered so much during his illness not only from the pain but also from financial difficulties resulting from the burden of the illness. That money could have allowed them some basic comforts during his painful years leading to the end of his life.

My brother was an amazing young man. He grew up with a physical disadvantage yet tried to make the best of life. He was a fair person and always did his best despite his pain and the odds against him. Imagine being 16 years old and finding out you have HIV. The way dealt with that was to go traveling with friends and see the world. Trying to make the best of a very bad situation. Then he met the love of his life at 20 years old and this amazing young woman at 19 yrs old despite all the diseases had commits to a life with him. Just after their wedding received a letter in the mail saying he had contracted Hep C! Our family has had to rally through many difficult times and emotionally it has taken a toll on us all.

Last year my Father, , past died of what surely was years of depression and devastation from the loss of his only son who he advocated selflessly for. I can't imagine how he would have reacted had he been alive to hear about this surplus. My mother witnessed her son suffer his whole life. No parent should ever have to go through that.

My beautiful, sensitive, smart, kind, caring funny brother was failed by our blood system and the dysfunctional relationship with our government and spent his final years fighting for what was right.
I'm not sure what will come of the surplus and how the money is allocated but for all the suffering our family has endured I felt it important for me to write and if possible for you to do what you can to mention my brother story in court on Friday.

Thank you for taking the time to read my email.
Sincerely,

From: [redacted]
Sent: Tuesday, October 13, 2015 7:37 PM
To: Sharon D. Matthews
Subject: [redacted] - Deceased

Hello Sharon, my name is [redacted] My son [redacted] was involved in the class action law suit against the Canadian Red Cross regarding his infection with Hep-C as the result of blood product he received.

I was quite surprised to discover yesterday that a letter from the Joint Committee Was addressed to my deceased mother (2006) regarding the surplus in this trust fund, although nothing had been sent to me as the mother of the claimant, even though I have lived at my address for 13 years.

My daughter, [redacted] has written to you today describing the physical, emotional and financial pain that was suffered by [redacted], his wife [redacted] and our immediate family due to the Hep-C infection.

I am appalled at the fact that there are hundreds of millions of dollars surplus in this fund when so little was paid out in compensation for the suffering of the affected families.

My hope is that the committee might address the value that was arrived at as compensation for the pain and suffering of those affected, and, in fact, the value of the life of a beautiful young man who was taken from us at the age of 32.

Thank you.

[redacted]

Sent from my iPad

1986 - 1990 Hepatitis C
Settlement Agreement
phase 2 sufficiency Schedule.

Oct - 16 - 15

Re - Joint Committee

Writing in about my sister, born in

, Left us to soon, - 2009.

Name:

Left behind sister's and brother, daughter, and mother.

Brother

, daughter s, and mother

Writing on behave of my family, about my sister, who got bad blood, and did not Knows till later, which shorten her life span, and was taken from her family. We as family Loved her so much as did everyone who

Knew her. had a bad heart, and didn't need this added to her health. Us as family did not get much ~~$~~ money's from the settlement, that was given to each of us.

We - family member's would really Like to or, hope you Keep us up to date, if or when we will get anything, out of your hearing, my phone number,

Writing on for my family - of

This is Exhibit" B "referred to in the
affidavit of CHYA R. MOGERMAN
sworn before me at VANCOUVER, BC
this 19 day of OCTOBER 2015

A Commissioner for taking Affidavits
for British Columbia

186

Public Guardian and Trustee of Manitoba

155 Carlton St, Suite 500
Winnipeg, MB R3C 5R9
CANADA

Telephone: (204) 945-2709
Fax: (204) 945-0410
E-mail: Jana.Taylor@gov.mb.ca

August 19, 2015

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

VIA FAX: 1-604-689-7554

Dear Sir:

RE: Written Submission to Joint Committee
1986-1990 Heptatitis C Settlement Agreement

The Public Guardian and Trustee has received information regarding the 1986-1990 Hepatitis C. Settlement Agreement. It is my understanding that there is a surplus in the trust fund and the Court will be considering submissions as to how this surplus should be utilized. The Public Guardian and Trustee of Manitoba is submitting to you, as a member of the Joint Committee, its Written Submission as to one way that the surplus can be used to address claimants who have not received appropriate compensation for their contraction of Hepatitis C in the referenced time period.

The Public Guardian and Trustee of Manitoba asks that consideration be given to extending the time period by which claims can be brought on behalf of vulnerable and/or incapable persons. The Public Guardian and Trustee of Manitoba is aware of at least one individual who was unable to bring a claim on her own behalf during the claim period. Unfortunately, the June 30, 2010 deadline had passed by the time that the Public Guardian and Trustee became aware, on behalf of the individual, that she had a claim for compensation under the settlement agreement. The Public Guardian and Trustee only learned that her contraction of the HCV was the result of a blood transfusion after the deadline had passed.

In circumstances such as these, the Public Guardian and Trustee suggests that it is fair and reasonable for vulnerable or incapable persons to still be able to make a claim for compensation against the surplus of funds that exist and I am hopeful that the Joint Committee will encourage the Court to exercise its discretion to allocate a portion of the surplus towards claims brought on behalf of incapable persons where the original deadline for the claim had passed.

I would be happy to clarify any of the points referenced above with you directly and I ask that you please feel free to contact me at your leisure with respect to this submission.

Respectfully yours,

Jana Taylor
Counsel for The Public Guardian and Trustee

JT/jk

This is Exhibit" C "referred to in the
affidavit of CHYA R. MOGERMAN
sworn before me at VANCOUVER, BC
this 16 day of OCTOBER 2015

A Commissioner for taking Affidavits
for British Columbia

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 5:17 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

As claimants we were made fully aware that no additional funds would be made available, and we accepted the risk that over time the fund may not be sufficient to meet our needs. As compensation for our injury this fund is literally all we have. Is it just to discuss a potential claw back, or reallocation of resources awarded to the victims of hepatitis C? Will we be victimized yet again?

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 5:19 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Why is a certified Hepatologist not part of the make up of the Medical Working Group used during this review?

190

From:	poste381@reseller1.hostpapa.com
Sent:	August-12-15 6:01 PM
To:	one@postelvideo.com; Sharon D. Matthews
Subject:	Question from Web Stream

Webcast question from:

Do you anticipate any new Hep C claims or has there been a cut off date?

191

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 6:15 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

The Phase 2 Sufficiency Schedule mailed to class members outlining this process indicates we were to be informed that assets exceed liabilities by June 30 2015, yet we received this notice just a few days ago and many individuals and patient organizations were blind-sided.I believe Community involvement may have reduced this. Will the Joint Committee and the Courts now support Community involvement?

192

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 6:17 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

I looked after my brother for his last 5 years and because his son didn't reply to mail, I was unable to apply for my benefits entitled. Lost in the shuffle?

193

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 6:34 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

I am receiving loss of support payments. If I take new Hep c drugs and get "cured" will these pay outs stop. My view my marriage/health have been destroyed at 64 damage already done to my liver.Should not have to worry that taking drug will stop payments!

194

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 6:37 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Can funds be set up for families in need? My brother was very intelligent and lost education for himself and his son.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 6:46 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

They added a new section to loss of support paperwork this year asking if we had tried drug treatments. It seemed like you were trying to drop people from compensation????

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 6:56 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Struggling to make ends meet on disability if more funds available should go to victims. Can't even start new relationship for fear of my hepc destroying their lives

---

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:07 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

I am concerned that the term "cure" is a get out of jail free card for the fund. Many of us still have lasting physical and mental issues due to the length of time we have lived with this condition. Is the fund just going to "cut us off" because of a sustained response?

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:13 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

The government can't take this money back to do a study to figure out how to allocate towards drug-infected users

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:23 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

My husband died 1992 from complications of hep c..I don't know if I received funds for the funeral expenses. Can this be checked in your office?

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:29 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

What if the hospital contacted to let you know that your family member has Hep C and you make a claim after you are informed ?

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:28 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Insurance concerns are huge - even when husband was a level 1 or 2 claimant, we have never been able to get life insurance, even on items such as a mortgage - very valid concern as the disease progresses.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:29 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

You mention the dollar amount for the surplus. Does your buffer of $150 million , which is separate from the surplus ,provide you hope for the needs of the living HepC members?

203

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:31 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

due to my fathers diminished ability to work his regular hours, he was unable to stop working at age 65. he did work until th week that he passed. I'm sure others may be in this situation.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:30 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

I fought 7 years to get compensation. Now living on $24,000 a yr disability with my work place pension destroyed. I need more from fund to look after my family.At 64 my liver won't self repair.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:41 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Hi here, How many Hemophiliacs infected with both HIV and HepC are still alive ? My son , a hemophiliac, was part of the HIV class action lawsuit and only found out he was also HEPC infected 1 year prior to his death. His autopsy showed he was at level 5 (75%) at the time of his passing. I understand that being on an HIV drug therapy program this put him in a catch 22 situation regarding the ability of HepC medication to be effective. He had started a claim ( ) but passed away before being accepted. His mother and I recieved a payout from the HepC class action group based on that number. How do we know this was a fair settlement and are you suggesting there may be additional compensation to us and others in a similar situation ?

206

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:45 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from: .

Are approved family members of deceased class members included in the discussion when you refer to class members?

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:48 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Taking an average of individuals will not solve the issue of co-infection individuals having been treated differently than the non-co-infected cohort!

208

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:49 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Would just add no amount will comp for the fear of infecting my family/destroyin my marriage inability to meet anybody new Again living on $24,000 a yr makes me unable to help my two boys..i need to be able to help them..the only way...more from my government that agreed to comp because they knew they would loose in court.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:51 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Thank you so much for listening..it means the world..that we are heard and understood.

210

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:52 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

With respect to the replacement of one's services around the home -as previously mentioned - those infected as children become hard to measure? Spouses of those affected as children have always filled in for the serivces they would be/should be performing.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:53 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

What about family members who had to provide 24/7 and have to leave working all together?

212

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:56 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Is Loss of Services only paid to a certain level?

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 7:58 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

What about people that became very sick right after their transfusion?

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:06 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

is there any talk about moving retirement age past 65

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:09 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Out of pocket At time when they send back forms the notes are so brief and short that I don't understand what they mean. They have to remember we are sick disabled people...not lawyers

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:08 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

What happens with all the past medical expenses the family payed for a now deceased hep c person?

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:11 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

My son could have benefited from a lot more help and care prior to his death, He was at level 5 at the time of his death and recalling his physical and mental state I feel that other people at level 4 or 5 must need a lot more services, pshycological help, financial help especially for mothers or couples raising other children, physical rehab. There must be a better way to assess the needs of these individuals.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:10 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

After telling me that interferon might make me take my own life with my depression..didn't see hep c doctor for five years

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:12 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Consider evaluating travel claims filed on a claiment level basis to review how often one visits?

FYI - we are a level 3 claimant in rural prairie provinces - regular visits 2x/yr, and during treatment, once every 3 weeks. Each visit is 500-kms round trip

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:12 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Most individuals who are level 3 or higher are typically followed on a 3 to 6 month period but the need for blood work and tests such as Ultrasounds would definitely require more trips. As well some tests require a second person because of the nature of the drugs used to administer the test.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:17 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from: .

My son passed away at age 26 in the year 2000, from what I am hearing I can only imagine what he might be going through should he be still here. This webinar is full of wonderful dialogue and I for one greatly appreciate your efforts and yes I would very much like access to this powerpoint.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:20 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Agreed - Harvoni was partially covered by GreatWest Life, but only to a certain extent - and the procedure to navigate the GreatWest system was excruciating, even with the assistance of Momentum.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:22 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

admin said ask private insurance first. I have been afraid to let my employer know my hepc in case they try and fire me..one of the many stress factors

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:27 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

I currently am receiving lost of services. Can I switch it to loss of guidance, care and companionship???

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:30 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Have you considered the toll on lower levels upon aging and the meds they can't take.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:32 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

I agree with the comments of both of the ladies who spoke about the loss of their parents and the payment for family members.

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:31 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Perhaps spousal loss should at least have more than a one year block for mental and physical recovery and ability to get on with their life, especially older individuals.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:32 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

One of the specific compensation items refers to $1,000/month for months of drug therapy rec'd. When we applied for this, we were denied as the first line treatment recommended by our Dr. did not include Interferon, only Harvoni. We were told the settlement was worded to only include Interferon treatment. The Court could consider modifying the terms to be less named-drug specific, to include current and potential future treatments.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:34 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

My son passed away in 2000, am I still able to apply for funeral expenses ?

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:35 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

There were no tax implications on the money we got when my mom died with Hepc cancer. There should not be tax implications if we receive some of the surplus at this time .

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:35 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

What if the person infected had no knowledge about treatment or wasn't able to pay for treatment and he passed after starting therapy in later years after reaching level 6?

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:38 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

I'm most concerned about the high cost of Harvoni. Its great that there is an effective drug out there but the high price tag is a huge barrier. Most drug plans are capped at a certain amount, and there are privacy issues. There also needs to be more awareness surrounding medi care and pharmacare as the first payers of coverage. I don't believe a lot of potential patients are aware of this. I'm learning about it only because I work for an insurance company myself.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:41 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

is this the beginning of closing out the fund, where as you would pay out fund to all claimants.

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:44 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Any compensations made in any medical damage claim should always be sensitive to the most ill.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:47 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Cure is a loaded word..at 64 and years of this disease..there is no cure for what this has done to me and my family

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:47 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Disease progression should definitely be considered. I believe the most money should go to the sickest people. I'm probably stage 2 or 3 and doing ok, so far. I would much rather the funds go to those who need it most as soon as possible. My heart goes out to those who are suffering much more than me. I'm confident hep C drugs will improve with years to come which will help someone younger like myself recover vs. those in higher progression levels right now. This is just my opinion.

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:49 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from: .

It seems to me that an enhancement to those who are living with HepC at different levels should be a percentage of the total and it should also be possible to recompensate those who have lost family members to HepC at another percentage.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:49 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

I left my employment to look after my brother for 5 years, but his son never filed my care, tried to apply but needed his sign-off which never happened. What do I do now

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:55 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

YES - Never been able to get life insurance for the infected. EVER. The risk we bear as a young family is significant, even if death were accidental and unrelated to HCV, due to the fact spouse is un-insurable because of HCV. Consider the usual coverage a young family would need - insurance on loans such as mortgage, vehicles and business loans. Passing of the infected spouse would devastate the family financially, and bankrupt us. THIS IS OF GREAT CONCERN FOR LOWER-LEVEL AND YOUNGER CLAIMANTS!! Thank you for considering it!

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From: poste381@reseller1.hostpapa.com
Sent: August-12-15 8:56 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

You said loss of income ends 65
Did you just say loss of support ends at that age as well??

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From:	poste381@reseller1.hostpapa.com
Sent:	August-12-15 8:58 PM
To:	one@postelvideo.com; Sharon D. Matthews
Subject:	Question from Web Stream

Webcast question from:

i would recommend that there are elderly that need to be heard.

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 9:04 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

what if youre elderly and cant do treatments

From: poste381@reseller1.hostpapa.com
Sent: August-12-15 9:06 PM
To: one@postelvideo.com; Sharon D. Matthews
Subject: Question from Web Stream

Webcast question from:

Hep C BC would be a good place to start for networking- something very important to me too. Would be interested in helping start a chapter as well!