APPENDIX A

to the

FACTUM/SUBMISSIONS/WRITTEN ARGUMENT OF THE JOINT COMMITTEE

(FUND SUFFICIENCY 2013 - ALLOCATION APPLICATIONS)

Excerpts of Written Submissions
from Class Members and Family Class Members

1. Class members and family class members responded when called upon by the Joint Committee to participate in the assessment which preceded the formulation of the recommendations for the allocation benefits.

2. Many of them took the time to put in writing their experiences of living with HCV as an infected person or as a family member of an infected person. They come from different regions and from different social and economic living environments. They are men, women, husbands, wives, spouses, fathers, mothers, children, brothers, sisters, grand-parents who had to cope with this disease in their lives. Many have buried loved ones.

3. The Joint Committee has read and filed all the allocation submissions received from the class and family class members. These submissions convey how deeply this complex chronic disease degrades the wellbeing of infected persons and their entire families. These submissions, together with the class and family class member consultations, demonstrated to the Joint Committee how many needs there are and that more than the currently available Excess Capital is required to remedy them. To this extent, this wealth of input complicated the task of prioritizing the recommendations. Nevertheless, it was necessary to face the reality of the lived experiences of class members and family class members to accomplish this difficult task.

4. In an attempt to efficiently convey to the Courts this anthology, the Joint Committee has categorized excerpts addressing the proposed recommendations directly or indirectly. The following paragraphs are far from exhaustive but are meant to remind us that beyond the cold statistics and complex actuarial calculations, and in the center of these allocation hearings, stand these injured human beings.

Late claims

5. This mother was overwhelmed with her health and parental responsibilities and did not learn of the Settlement Agreement until she was at a Hep C clinic (echoing Dr. Lee's evidence that his patients often learn of the Settlement Agreement from him and his staff for the first time):

> ... I discovered that I had Hepatitis C when my family doctor referred me to a liver specialist, Dr. Florence Wong in Toronto in 2003. I saw her again in 2004 and we discussed the possibility of treatment. Treatment was not an option at that time because of my family circumstances. I was the mother of a three year old child who required my day to day attention. I could not be incapacitated for a year of treatment that would make me very sick and unable to care for him. Since, I live on an Ontario Disability Pension, travel to and from Toronto was difficult and my family doctor became my main contact during the following years. I was never informed that I was eligible for any financial compensation so I also didn't know about a June 30, 2010 deadline. I was just struggling to stay alive and live one day at a time. I know I didn't appreciate just how sick I was and how much sicker I would become. To date I have not received any financial compensation from any source. …
>
> My condition worsened and in 2011, I was referred to a new Hep C Clinic for an assessment. It was around this time that I learned that people who had been infected via blood transfusion might be eligible for financial compensation from the government. ...[1]

6. This widow writes about how emotional trauma following the death of the infected person, misinformation as to available compensation, difficulty with obtaining medical information and complexity of the claims process impacted the timing of her claim:

> ... My letter to you is late for some of the same reasons that my application for funding was late. I remain emotionally impacted by my late husband's death and that impact results in significant procrastination on my part. Given that I am a professional with both

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[1] Affidavit #9 of Heather Rumble Peterson, resworn May 3, 2016 **[Peterson Affidavit #9]**, Exhibit B, JR Vol. 18, Tab 39, p. 6626.

> a post-graduate degree and a responsible position, procrastination is seldom an issue in my life. ...
>
> If you would indulge me, please let me share my story. My husband suffered several lengthy hospitalizations over the 20 years that we had together; on [date redacted], he had what we expected would be a brief hospitalization – instead, there wasn't even time to say goodbye. I was suddenly a single working parent of an [redacted] year-old daughter who was devastated by her father's passing. She had been the light of his life; he was her everything. ...
>
> I had to fill out forms that I found absolutely overwhelming. I would sit at my dining room table for hours staring at the forms. I finally acknowledged my procrastination to a very surprised friend who supported, nagged and cajoled me until I completed the forms. In spite of her support, my application was received late. I don't know if I am eligible for assistance or not, as my claim has not been adjudicated, but I would sincerely like the opportunity to have it reviewed.
>
> Until one has experienced the insidious nature of loss and grief of a loved one who leaves too soon, no one can predict the impact. Until one has experienced the anger about a public system (in this case the Canadian blood system) that was compromised due to lack of diligence, no one can predict the impact. Money does not bring back a loved one, or re-establish complete trust in public systems, but it does help one close the book and move on. I am requesting that the court act compassionately towards those of us who have been left behind, as well as towards those who remain living with Hepatitis C every day. ...[2]

7. A hemophiliac class member supporting this recommendation wrote:

> … I offer the following suggestions:
>
> Allow late but eligible applicants acceptance into the Fund. A number of people were infected with tainted blood in the 86-90 time frame but were ruled out due to an

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[2] Affidavit #3 of Shelley Woodrich, affirmed June 16, 2016 [**Woodrich Affidavit #3**], Exhibit C, JR Vol. 24, Tab 85, pp. 8106 - 8107.

> application deadline of June 30, 2010. All persons (who meet the criteria for acceptance) should be included regardless of deadlines. ...[3]

8. Amongst his suggestions, one family member wrote as follows:

> … 2) De façon générale, nous croyons que l’excédent doit être entièrement redistribué aux membres. Les cas de réclamations tardives ou de manque d’information au moment où les réclamations ont éte effectuées (par exemple la perte de revenu pour [name redacted]) devraient être traitées en premier, lorsqu’il est possible de retrouver les informations pertinentes. …[4]

9. An infected hemophiliac wrote:

> ... 1. Allow late applicants to enter the fund. The surplus removes the argument that the fund may not be sufficient to sustain the needs of the class. ...[5]

Fixed payments for non-pecuniary losses

10. A class member, her husband, three children and several friends wrote in about this woman who was an athlete and adventuress prior to her infection. She was infected as a young adult as a result of transfusions after a car accident which caused her to lose part of her liver. Since contracting HCV she has experienced extreme fatigue, joint pain and other symptoms. She went on peg-intron (unsuccessfully) and suffered extreme weight loss and was bedridden during treatment. Some extracts from these submissions are as follows:

> From her husband:
>
> We had to deal with stigma that Hepatitis C of being a sexually and needle [Drug user] transmitted disease.

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[3] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1741.
[4] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1808.
[5] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 817.

> But eventually the truth came out, but to late for a lot of lost friends. People who didn't want their kids over at our house. …
>
> So what did you take from us.
>
> Dual income for one, [name redacted] did her best but there is no way she can work a fulltime job let alone achieve the potential she had.
> Try the current economic situation on a single income.
> Try living with the pressure of being totally responsible for our family.
>
> Adventures, we paddled, we hiked we road our bikes, we skied hard before she was poisoned.
> Oh she shouldered on but we couldn't ski or ride with our friends they were to fast and fit for [name redacted] to keep up.
> Eventually we jus enjoyed these pursuits together.
>
> The tough times when [name redacted] had all but given up. … [6]
>
> From her second son:
>
> She is a great Mum, but it's hard. I have never had a Mum who is healthy. …
>
> I grew up playing with my brother and sister on my Mums bed on the days she was too sick to get up. I remember how hard it was to build Lego on the bed. I remember her having to sit down after playing ball for 15 minutes. …
>
> From her oldest son:
>
> By inflicting Hepatitis C through tainted blood transfusions and the medical treatments thereafter on my mother the Canadian government and healthcare system unjustly robbed my mother of a life she deserved to live. A life without numerous prescription drugs day in and day out and all the side effects those entailed, a life without having to go through the hell that is chemotherapy, a life without the pain I see, hear and feel emanating from her everyday. …

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[6] Woodrich Affidavit #3, Exhibit B, JR Vol. 24,Tab 85, pp. 8072 – 8073.

> I've also watched my father struggle as the sole income provider for our family of 5, and I've watched the unjust burden that this disease has forced upon him as well knowing that if my mother were to be healthy enough, that she would be able to have provided income to the household as well, which could have alleviated many financial burdens and the psychological struggles inherent. This I believe is an injustice in and amongst itself, not only did the disease rob my mother of her health, but is also robbed her of any semblance of a normal life, and forced undue burden on the rest of our family. … [7]

From a friend and her children's babysitter:

> I spent many afternoons, summer mornings and weekends at the [name redacted] family's house helping with the kids, and at the time I didn't know the extent of how illness affected [name redacted] and the exhaustion that came along with it. … The most vivid memory I have of how much this terrible disease took its toll on [name redacted] and her family was when she made the decision to do a drug therapy to help treat the hepatitis C. I don't recall how old I was, but I do recall how more exhausted, and how thin she had become. I also remember her having constant aches and pain and how she wasn't able to enjoy some of the most important things in her life because of her exhaustion.

From a long time friend;

> Since her accident, I have seen this woman, who was usually the life of the party and the quintessential social butterfly gradually begin to deteriorate into a totally different person who at times I didn't recognize. A mum with a family of three children was now struggling with simple day to day tasks. ...
>
> As a result of her accident and her contracting the Hep C virus through blood transfusions, [name redacted] life changed. … I watched the colour go from her face and the joy from her eyes as she struggled to make it through a day. And I was helpless to do anything that could alleviate the discomfort and the pain. …

From a neighbour and a friend:

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[7] Woodrich Affidavit #3, Exhibit B, JR Vol. 24, Tab 85, pp. 8074 – 8075.

> We lived across the street from each other and as we both had dogs, we walked them together. We became life long friends.
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> I noticed over the years that our walks became shorter and shorter. At first I thought it was because our dogs were getting older. That wasn't it. [Name redacted] was getting more and more tired. She couldn't do it. She always had a cold or flu. She caught everything. Sometimes I would go over and find her in bed in the middle of the afternoon. She was that sick. [8]

11. The cure she took almost killed her. … A class member described the inadequacy of the compensation received to date and the effects of HCV on life:

> ... Briefly put, the little financial compensation I've received over the last two and a half decades of having this disease has not helped with improving my quality of life. I am certain that everyone else in my position would agree. . . .
>
> - The uncertainty of whether you will live another few months, or few years. Not knowing if you will see your children grow and succeed, or have their own children is a stress that we live with all of the time.
>
> - Constantly needing to see specialists not getting clear indication of the state of your liver, and needing to inconvenience family and friends to transport you to appointments.
>
> - Lifestyle changes to diet, and exercise. I must walk for several hours a week to stay fit, and keep from eating unhealthy meals in order to avoid getting fatty liver, which would be a death sentence. Additionally, it gets more difficult to keep up with exercising as I'm older now. I have been unable to enjoy a glass of wine or any form of alcohol in over 25 years now.
>
> - I always live in fear of accidentally infecting my loved ones with the disease, when preparing meals, etc. If I get a scratch or cut myself, I feel I need to avoid contact with anyone until the wound has healed.

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[8] Woodrich Affidavit #3, Exhibit B, JR. Vol. 24, Tab 85, p. 8086.

> - Even with the advancements in medicine and treatments, there is no evidence of how many years of our lives have been taken from us by this disease.
>
> -Above all else, the points listed above leave you emotionally and physically exhausted at all times. ...[9]

12. A class member who was infected at birth wrote about a life time with HCV:

> ... 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. ...[10]

13. A widow of a class member infected with HCV by a transfusion shared the following:

> My husband [name redacted] was infected with Hepatitis C by one bag of tainted blood transfused at the Anna Laberge Hospital, Châteauguay Quebec on August of 1989. From the age of 50 until his death at 65 (April 18, 2014), he suffered greatly as a result of this one bag of tainted, untested blood. [name redacted] underwent two extreme treatments. The first with Interferon, and then the second 5 years later, Interferon coupled with Ribavirin, which proved futile both times. Later we discovered that he had unfortunately acquired the most virulent form of the virus. The last two years of [name redacted] life involved a continual round of doctors appointments, tests, increased medications, medical procedures, hospitals stays, decreased liver function and ongoing suffering and agony. …
>
> My recommendation is for more money to be given at each level of the disease. ...[11]

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[9] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 925.

[10] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1778.

[11] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1599.

14. A single mother described how she contracted HCV during cancer treatment when she was a child. Years later, after the birth of her second child, she was diagnosed with HCV. She describes seventeen years of being afraid of her own blood, fear of infecting her daughters, worsening conditions, failed treatment with interferon and ribavirin including horrific side effects, liver failure and eventually alienation from her daughters who could not longer endure her chronic illness. She was successfully treated with Harvoni in April 2015 and achieved an SVR, but still needs a liver transplant and is trying to find meaning in life again. She says:

> ... 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. …
>
> 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 within 6 months of each other. …
>
> The Hep C has damaged the relationships with my daughters and any potential for a companion for myself. The damage done to me and my family, no financial compensation is great enough to repair what I have lost in this battle w/ Hep C. 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 rooted me into 17 years of isolation, and fear of my blood! ...[12]

15. The widow of a man who developed non-Hodgkin’s lymphoma wrote about what he went through over 11 years from his diagnosis to his passing:

> ... Within a very short period of time [after diagnosis and treatment with Interferon and Ribavirin] he fell quite ill, and was very lethargic.
>
> I can no longer 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.

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[12] Mogerman Affidavit #1, Exhibit A, JR Vol. 2, Tab 14, pp. 569, 575, 580-581.

> In the years to follow we had to deal with his constant pain, mainly in his feet and legs, and after effect from chemo. He became dependant on prescription pain medication: Demerol, Fentanyl patches, oxycodone … to name a few. … He had overdosed a few times and also broke bones from falls and brittle bones due to the medication.
>
> [Name redacted] passed away June 30, 2007 after a month on life support at Royal Columbian's ICU. I was a widow at 42. ..."[13]

16. A co-infected hemophiliac recommended enhanced compensation based on disease level:

> ... This is been an incredible hard thing to go through. Fatigue, joint pain and appointment after appointment. Worrying about transmitting it to my family and friends. Victims are subjected to undue hardship's and always worrying about cancers which are associated with hep C infection.
>
> I was diagnosed at level 5 and diagnosed with cirrhosis. I am a co-infected Hemophiliac which has gone through a tremendous amount of pain both physically and mentally. My ability to have an enjoyable prosperous career was taken away. My physician put me on disability because of my illness. I am unable to get insurance because of my diagnosis. ...[14]

17. An infected hemophiliac describes how his hepatitis C infection contributed to his marriage ending:

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

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[13] Mogerman Affidavit #1, Exhibit A, JR Vol. 2, Tab 14, pp. 558-559.

[14] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 819.

> Eventually with my being sick all the time, unable to earn income and unable to participate well in my marriage, my wife ended our marriage. I feel that this would never have happened if it were not for contracting Hep C.
>
> Another way the Hep C impacted my life was the stigma. It is always in the back of one's mind, especially after my marriage ended and I wanted to be with other women. It made getting into a relationship very difficult. Who wants a new partner with Hep C? ...[15]

18. A class member described the toll of the infection as follows:

> ... After diagnosis I lived with the knowledge that I was going to die, every day waking up wondering if this was my last day. Every time I took ill, I worried "this is it". This most certainly takes a toll after a while. Trying to raise a family as your health deteriorates and you've lost your career you worked so hard to attain, also takes a toll, not just on me but on my immediate and extended family as well.
>
> My health declined to the point that I started treatment for Hep C. 6 weeks into the program I had to cease treatment as the side effects were both debilitating and life-threatening, some of the side effects I experienced were never heard of before. Again this takes a tremendous toll on myself and my family, some of which you never really get over. I may no longer have the virus in my body but I will always have it in my head. ...[16]

Fixed payments - Family class member payments

19. The adult child who helped nurse her HCV infected father until the time of his death wrote about the payment made to children over the age of 21:

> ... 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. ...[17]

20. One adult child wrote concerning compensation for the death of her infected father at age 63:

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[15] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 903.

[16] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 940.

[17] Mogerman Affidavit #1, Exhibit A, JR Vol. 2, Tab 14, p. 689.

> ... The cost of my father's life? For his children $5,000 and his grandchildren $500. I think that was very unfair. There is no price on a life, no amount of money that can bring him back, but $5,000 and $500 respectively is a slap in the face. ...[18]

21. The adult daughter of one infected mother who died before 1999 denounces the significant discrepancies in the compensation for this group of class members but also specifies:

> … Une compensation de 5 000$ pour soulager la perte d'une mère est un affront et inacceptable. Les assurances privées octroi 5 000$ pour un doigt amputé; moi et ma famille ont reçu un coup de poignard au coeur. Pour moi et ma famille cette compensation de pitance ne suffit pas pour alléger la douleur et la souffrance d'avoir vu ma mère détériorée sous mes yeux tout en étant impuissante d'adoucir son supplice.
>
> Injustice: pourquoi est-ce que la cour a-t-elle choisi de donner 15 000$ aux enfants de moins de 21 ans et seulement 5 000$ pour ceux de plus de 21 ans. Le rôle d'une mère est souvent plus important aux 21 ans et plus qui commence à former une famille et ont besoin du soutien de leur mère durant et après la grossesse, de la présence de leur mère à leur graduation, à leur mariage, à leur anniversaire, etc. J'ai perdu non seulement une mère mais une confidente, une conseillère et une amie intime. …[19]

22. A nurse, mother of a co-infected haemophiliac child who died in 2013 at 36 described how their lives as parents were impacted by their child's HCV infection:

> … Une cirrhose du foie s'est développée alors qu'il avait 20-21 ans. Sa vie était déjà très handicapée. Il a arrêté ses études en secondaire III et n'a jamais été capable de travailler. En 2003, le virus de la leuco encephalopathie multi-focale progressive (LMP) s'est développé dans son cerveau. Il vivait à Montréal et nous l'avons ramené à la maison …. Il avait alors des pertes de mémoires, pertes d'équilibre, manque de coordination dans ses mouvements, devait marcher avec une marchette et être en fauteuil roulant pour de plus longues distances. …

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[18] Woodrich Affidavit #1, Exhibit A, JR Vol. 4, Tab 16, p. 1490.
[19] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1650.

> J’ai dû prendre un congé de maladie [de mon travail] de 10 mois car je n’avais plus d’énergie ni de moral. Suis retournée au travail par la suite à raison d’une journée par semaine et plus tard, 2 jours par semaine. Ai pris ma retraite à l’âge de 56 ans plus tôt que prévu car [name redacted] n’était pas bien et nécessitait beaucoup de soins à la maison: gavages, médication, rendez-vous chez le médecin,.. la lourdeur de la tâche était devenue trop importante pour moi j’ai donc subi une énorme perte de salaire. Au lieu de prendre une retraite avec un revenu d’environ 65% de mon salaire, j’ai bénéficié d’à peu près 54% ce qui représente une perte approximative de 15 000$ par année pour un total de 150 000$.
>
> Mon mari, travailleur autonome à la maison en comptabilité a dû refuser plusieurs clients car il n’avait ni l’énergie, ni le moral pour entreprendre plus de travail. Il s’occupait beaucoup des soins de [name redacted] et prenait la relève quand je m’absentais. Le manque à gagner représente la perte de plusieurs qui clients ce qui se chiffre à environ 20 000$ par année pour un total de 200 000$.
>
> Notre fils a commencé à faire de l’ascite en 2006 et souffrait de crampes abdominales sans fin. Il a souvent parlé de suicide, ce qui nous jetait par terre. Nous avons fait notre possible pour adoucir ses souffrances physiques et psychologiques.
>
> Suite au décès de [name redacted] nous avons eu tous les deux besoin d’une aide psychologique et n’avons pas d’assurances. [Mon mari] est obligé de travailler même à l’âge de 68 ans vu la perte de salaire subie par le passé. …[20]

23. One hemophiliac class member who had a co-infected brother who passed away asserts that the amount for the parents of deceased class members is insufficient:

> … On s’attend tous, un jour, de perdre des grands-parents, un parent, un frère, une sœur, mais pas un enfant. Lorsque mon frère aîné, qui était co-infecté, a décidé de s’enlever la vie, j’ai vu mes parents terrassés. Encore aujourd’hui, il porte la trace de ce terrassement. Pour cette raison, je crois que le règlement devrait être plus généreux pour les parents des victimes décédées.

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[20] Dagenais Affidavit #2, Exhibit A, JR Vol. 5, Tab 25, pp. 2271-2273.

> Le règlement devrait offrir un montant plus élevé, soit au minimum $10 000 à $15 000 au lieu du mince $5 000 pour les parents d'enfants décédés. …[21]

24. Concerning the different amounts payable to children under the age of 21 and children over the age of 21, the adult child of a deceased transfused class member wrote:

> … Third, $5000 is **not even close to being enough to compensate for the loss of a Mother** and neither is $500 for the loss of a Grand-mother. My family and I have been without our Matriarch for over 15 years and we miss her very much every Christmas, every Easter, every time there is a wedding, a baby shower, or any family get together. Furthermore, somehow it does not seem right that **a child that was older than twenty one was compensated $5000 while one that was younger would receive $15,000.** A mother is important at all stages of one's life. Although an infant requires more « care », loss of care and support was addressed otherwise in the settlement. …[22]

Loss of income – Collateral benefits, pension and employment benefits

25. One co-infected class member writes:

> ... Let's not forget, that an initial award given to HIV infection class action members, was revoked from class action members who agreed to receive the Hep C class action award. I feel that this "reneged" reward should be reimbursed to every individual who it was revoked from. After all, they were two individual and separate claims with two individual and separate rewards for two very different and separate diseases. Just because they were tragically inflicted upon the same unfortunate individuals by the same offenders, doesn't mean that the awards should be considered one in the same. ... [23]

26. In his letter, one infected hemophiliac claimant wrote about the deduction of MPTAP benefits:

> ... 6. The way MPTAP benefits are currently used in the calculation [of] annual income, is unfair and needs to be changed.[24]

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[21] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1785.
[22] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, pp. 1146-1147.
[23] Woodrich Affidavit #1, Exhibit A, JR Vol. 4, Tab 16, p. 1362.
[24] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1742.

27. An infected hemophiliac, who is also co-infected with HIV, wrote the following about the unfairness of how MPTAP and EAP are treated under the settlement:

> ... If MPTAP is to be considered then that's fine but it should have been added to the three best years average to start with, or not considered as income at all! By using the calculation model in this manner I, and every other Hemophiliac still alive, effectively lose our MPTAP compensation altogether. MPTAP was compensation for HIV and 86-90 is compensation for HCV, two very different but equally serious little bugs.[25]
>
> As I indicated before, a person to whom no MPTAP or EAP compensation (not for loss of income purposes as per the original agreement) would receive substantially higher Loss of Income supplementation than an individual for whom EAP or MPTAP was granted… The application of the current method for MPTAP and EAP calculation is and has always been, in my opinion, unethical and probably unlawful and most certainly discriminatory. ...[26]

28. A man who is one of a family of persons who suffer from von Willebrand's disease (a condition which is considered related to hemophilia) describes his own diagnosis at age 57 and his brother's death due to liver failure at age 69. He described a full year of unsuccessful treatment followed by a full year of successful treatment in 2003. He was disabled by the treatment and never regained his health, impacting his pension and retirement nest egg:

> ... I lost (1) 2 1/2 years of CPP and company pension plans which would have been 35,000-40,000 for my compay [sic] 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 per 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. ...[27]

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[25] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 792.

[26] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 798.

[27] Mogerman Affidavit #1, Exhibit A, JR Vol. 2, Tab 14, p. 600.

29. One adult child expressed herself in these words regarding the loss of income experienced by her parents due to her father’s infection and related death:

> … At the age of 55, my dad stopped working and had to sell his business. His monthly income from 55 to 62 was really low and they had to use all their saving. My mom’s monthly income should never been that low and would not have been if my dad would not have get the Hepatitis C. ...[28]

30. One infected class member shared the impact of living with HCV on income loss in these words:

> ... In 2001, at age 52 I suddenly lost 40 lbs. in a short three-month time period and was so ill and weak, that I could no longer even walk up a flight of stairs. Finally, I was diagnosed with Hepatitis C, as it turned out, from a blood transfusion I had received in 1986. In so many ways, my life was about to change.
>
> I’d been self-employed for many years before this and yet here I was barely able to make it through a day and most days unable to even leave the house. I certainly couldn’t work, as I was too weak and malnourished. I was a single mother and had my daughter and elderly mother to be concerned about as well. Things appeared bleak, however, on the suggestion of my doctor, I applied for the Loss of Income supplement through the HepC 1986-90 settlement and set out to find ways to improve my health. …
>
> Because I am now 65, my Loss of Income supplement has come to an end, a very meager loss of services supplement is the only thing available in its place. As well as I am doing, I still have days of extreme tiredness and fatigue, and of course I still suffer from the illness, as Hep C remains with me for life. Although I feel fortunate to be doing as well as I am, I am still dependent on the Loss of Income supplement that has now been cut off and do not know how I will support myself without it.
>
> This dramatic decrease in my yearly support is already taking its toll on my health. The stress of not knowing how I will support myself and my health in the long term, has me lying awake at night unable to sleep. ...[29]

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[28] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1803.

[29] Woodrich Affidavit #1, Exhibit A, JR Vol. 4, Tab 16, p. 1387.

31. Concerning loss of pension income, a transfused class member writes:

> ... Not only did I lose my ability to enjoy life but also the loss of income and now the loss of income from both my provincial pension and my CPP. I retired with 25 years of service. If I had been able to continue to work I would have received maximum pension at 35 years. I also would have had maximum CPP. I left work at the age of 54 and applied for Canada pension at age 60 to supplement my income. I am now 63 years old and it is too late to resume my career. ...[30]

Loss of services

32. An infected class member writes about the impact of HCV on her life as follows:

> ... 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 (sic) 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. ...[31]

33. A woman who is a wife and mother infected with HCV as a stay at home mom describes how lack of insurability created financial stress given their household's division of work and finances. It is clear that these issues are related to and exacerbated by the restrictions on loss of services payments. Her valuable services in the home were not fully compensated and if she were to die from HCV, lack of insurance would have placed a hardship on her family to replace the valuable services it was her role to provide:

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[30] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 869.

[31] Mogerman Affidavit #1, Exhibit A, JR Vol. 2, Tab 14, p.706.

> ... 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 (sic) 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 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. ...[32]

34. An infected class member who continues to work but cannot also manage services around the home writes:

> ... As a class member all I want is to be able to carry on as normally as possible and to be able to provide my family with a decent lifestyle, free of worry from things like Hep C, there are enough other factors to worry about in life as it is. ...
>
> 4. I don’t think that the funding for keeping up on the work around a home and maintaining it and your family is nearly enough. I personally rely much too much on family members for help and support. My wife needs to carry much more of a burden than she should, my children are forced to help out around the house more than they should and even my parents and in-laws pitch in to help. This happens because after a full day’s work I’m much too exhausted to do much around my house. Currently I need to hire outside help.[33]

35. The widow of a man who had to curtail her career to care for her spouse over 11 years of debilitating illness and treatment says this about loss of services payments to dependants of deceased HCV infected persons:

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[32] Mogerman Affidavit #1, Exhibit A, JR Vol. 2, Tab 14, pp. 708-709.
[33] Woodrich Affidavit #1, Exhibit A, JR Vol. 4, Tab 16, p. 1441.

> ... My common law husband, [name redacted] was informed in about 1996 that he may be infected with Hep-C though 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. …
>
> 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. [Name redacted] health fluctuated from week to week and his dependency on the meds became worse. …
>
> I continue to receive a yearly payment for “loss of Services in the Home” about 16000. 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. ...[34]

Out- of-pocket expenses

36. A gentlemen who went through two rounds of treatment, each one year in length, says this:

> ... During drug therapy I traveled to city at least 4-8 times month [sic] to see regular GP, specialist, drug therapy nurses, to get drugs, for blood work etc. Costs re-imbursed did not cover wear and tear or depreciation on our vehicle. Nor did we recive [sic] compensation for my wife to cover loss [sic] time at work. ... [35]

37. An infected class member who was a child at the time of infection wrote to highlight that her parents were never compensated for their incurred financial loss (many days off work) to take her to the medical appointments:

> ... Lors de la dernière réclamation, les absences au travail de mes parents n’ont pas été prises en considérations. À cette époque, je n’étais âgée que de dix ans et je ne pouvais

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[34] Mogerman Affidavit #1, Exhibit A, JR Vol. 2, Tab 14, pp. 558-559.
[35] Mogerman Affidavit #1, Exhibit A, JR Vol. 2, Tab 14, pp. 600-601.

> donc pas me rendre seule à mes rendez-vous médicaux. Le détail de ces absences a déjà été envoyé lors du premier règlement et totalise la somme de 660$. …[36]

38. The spouse of a deceased co- infected hemophiliac wrote:

> ... Regarding out-of-pocket expenses, some spouses, (some of whom are now widows/widowers), regularly drove their late [primarily infected person] around, attended medical appointments, picked up meds and did research at medical libraries to keep up with the constantly evolving treatments around HCV and, in some cases like mine, the complex co-infection issues for a spouse also living with HIV. As a result, these people had to take time off school and work. ...[37]

39. The daughter of an infected class member, now deceased, wrote:

> ... I also had to take time off work to help with her care. I was self-employed so I did not have sick days or vacation days that I could count on. …[38]

Funeral expenses

40. The son of a transfused class member, who died a week before her 50th birthday, wrote:

> ... Having to plan my mother's funeral, which was by no means what she would have truly wanted was by no means satisfied by the small amount provided, I couldn't even afford her a proper burial, not even an urn for her ashes, and they still sit in a box and a bookcase in my home. The whole thought of not giving her last requests still haunts me to this day. ...[39]

41. The daughter of an infected father who died at 62 years old after having contracted HCV during his heart surgery wrote:

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[36] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1749.

[37] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, pp. 868-869.

[38] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 1018.

[39] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 1179.

> ... Funeral expense of $6,700 is definitely not sufficient and should be increase to at least $10,000 to $12,000 with receipt. Also, the spouse or partner of the primary infected person should have their funeral expense paid from the surplus. As a result of the death of the infected person at such a young age, the household income was decrease to a minimal amount. ...[40]

42. The mother of a co-infected haemophiliac class member (infected with HCV at the age of 12 and with HIV at the age of 9) who died at 36 years old wrote:

> … Le montant de 6 700$ n’a pas suffi à défrayer le coût des frais funéraires qui se sont élevés à 8 000$ plus les frais de messe, inhumation de l’urne. ...[41]

Class members and family class members bore the risk

43. In their submissions, class members and family class members also highlighted how they bore risks under the settlement.

44. One class member described the risk associated with the settlement as follows:

> ... When we signed off on this document originally it was with great trepidation and the constant pressure that nothing else was being offered. . . . In accepting the original agreement we also accepted the possibility that the “fund” may be depleted prior to its needs and obligations being fulfilled for all claimants. We accepted that potential liability. ...[42]

45. Another described the risk of the settlement and the compromised benefits it provided as follows:

> ... When this Settlement was first initiated, we signed onto this agreement because we were advised that this was the total amount going into the fund and if it wasn’t enough, it

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[40] Dagenais Affidavit #1, Exhibit ASD-2, JR Vol. 4, Tab 17, p. 1803.
[41] Dagenais Affidavit #2, Exhibit A, JR Vol. 5, Tab 25, p. 2273.
[42] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, pp. 799-800.

> was basically our problem. Now that we have a surplus it should be left with the class members. It’s our money, and what we received wasn’t enough to begin with! ...[43]

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[43] Melamud Affidavit #1, Exhibit A, JR Vol. 3, Tab 15, p. 819.