

COMMISSION OF INQUIRY  
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

July 18, 2008

Appearances:

Bernard Coffey, Q.C. . . . . Commission Co-counsel  
Sandra Chaytor, Q.C./Mandy Woodland . . . . Commission Co-counsel

Jackie Brazil . . . . . Her Majesty in Right of NL

Peter Browne/Jane Hennebury . . . . . Doctors Kara Laing et al

Daniel Simmons . . . . . Eastern Regional Integrated  
. . . . . Health Authority

Pamela Taylor. . . . . Members of the Breast Cancer  
. . . . . Testing Class Action

Mark Pike . . . . . NL Medical Association

Jennifer Newbury . . . . . Canadian Cancer Society (NL Division)

David Eaton, Q.C./

Blair Pritchett. . . . . Central, Western and Labrador-Grenfell  
Regional Integrated Health Authorities

LIST OF EXHIBITS

EXHIBIT P-2340 THROUGH P-2352 . . . . . Pg. 105  
EXHIBIT C-0182 . . . . . Pg. 105  
EXHIBIT P-2354 AND P-2355 . . . . . Pg. 105

TABLE OF CONTENTS

DR. DANIEL FONTAINE - RESUMES THE STAND

Examination by Bernard Coffey, Q.C. . . . . Pgs. 4 - 52  
Examination by Daniel Simmons . . . . . Pgs. 52 - 55  
Examination by Jennifer Newbury . . . . . Pgs. 55 - 73  
Examination by Peter Browne . . . . . Pgs. 73 - 101  
Re-examination by Bernard Coffey, Q.C. . . . . Pgs. 101 - 105

DR. MAURCIE DALTON - SWORN

Examination by Bernard Coffey, Q.C. . . . . Pgs. 105 - 319  
Examination by Daniel Simmons . . . . . Pgs. 319 - 338  
Examination by David Eaton, Q.C. . . . . Pgs. 338 - 341  
Examination by Jennifer Newbury . . . . . Pgs. 341 - 345  
Examination by Peter Browne . . . . . Pgs. 345 - 354  
Re-examination by Bernard Coffey, Q.C. . . . . Pgs. 354 - 359

Certificate

1 THE COMMISSIONER:  
2 Q. Mr. Coffey.  
3 DR. DANIEL FONTAINE, RESUMES STAND, EXAMINATION BY  
4 BERNARD COFFEY, Q.C.  
5 COFFEY, Q.C.:  
6 Q. Thank you, Commissioner. Dr. Fontaine,  
7 there's one thing I'd like to revisit from  
8 yesterday, just to ensure that I have it--my  
9 understanding is correct. We spoke yesterday  
10 about your involvement in the retesting  
11 process, your hands-on involvement.  
12 DR. FONTAINE:  
13 A. Yes.  
14 COFFEY, Q.C.:  
15 Q. And you indicated that, I think, beginning in  
16 probably August of 2005, you were involved in  
17 a slide--reviewing slides in order to identify  
18 alternate blocks?  
19 DR. FONTAINE:  
20 A. Correct.  
21 COFFEY, Q.C.:  
22 Q. So I understand this correctly, you were given  
23 lists, in effect spreadsheets, list of names?  
24 DR. FONTAINE:  
25 A. Yes.

Page 5

1 COFFEY, Q.C.:

2 Q. Probably MCP numbers or whatever, and blocks

3 listing the block that had been originally

4 tested for that particular surgical number?

5 DR. FONTAINE:

6 A. Right, yes.

7 COFFEY, Q.C.:

8 Q. And you were given the actual cases

9 themselves, which is all the blocks for each

10 individual case and the slides?

11 DR. FONTAINE:

12 A. I would have been given all the slides.

13 COFFEY, Q.C.:

14 Q. Slides, I'm sorry, not blocks.

15 DR. FONTAINE:

16 A. Correct.

17 COFFEY, Q.C.:

18 Q. I apologize, the slides for that individual

19 surgical number, all the slides that had been

20 produced?

21 DR. FONTAINE:

22 A. Correct.

23 COFFEY, Q.C.:

24 Q. Which would be for not only the original block

25 tested for ER/PR but all the slides produced,

Page 6

1 all the H & E slides for that block?

2 DR. FONTAINE:

3 A. For that case.

4 COFFEY, Q.C.:

5 Q. I'm sorry, yes, for that case, that surgical

6 number?

7 DR. FONTAINE:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. You then understood that you were to not look

11 at the H & E slide for the block that was

12 originally used for ER/PR?

13 DR. FONTAINE:

14 A. That's correct.

15 COFFEY, Q.C.:

16 Q. But were to go through all the slides for the

17 other blocks for that surgical number and

18 identify, from your perspective, the best

19 alternate. If there needed to be an

20 alternate, the best alternate block?

21 DR. FONTAINE:

22 A. Correct, with internal control.

23 COFFEY, Q.C.:

24 Q. With internal control, the best in the sense

25 of it having been properly -

Page 7

1 DR. FONTAINE:

2 A. That's in the sense of optimized alternate

3 block.

4 COFFEY, Q.C.:

5 Q. And final point on that then, you understood

6 at the time that you were reviewing or being

7 asked to review all of the St. John's ER/PR

8 cases, not just the ones that they couldn't

9 find the alternate for?

10 DR. FONTAINE:

11 A. Correct.

12 COFFEY, Q.C.:

13 Q. But all the cases.

14 DR. FONTAINE:

15 A. My impression was the cases I received were so

16 when they went to pull the blocks, should they

17 not be able to find the original block, there

18 would then be an alternate which they could

19 pick at the time of block procurement.

20 COFFEY, Q.C.:

21 Q. Block procurement going out and actually

22 finding the blocks.

23 DR. FONTAINE:

24 A. Correct, so my impression was the blocks had

25 not been selected as of my review.

Page 8

1 COFFEY, Q.C.:

2 Q. And in terms of from a pathologist's end, I'm

3 not talking about the technologist who had to

4 pull the blocks, but from a pathologist's

5 utilization, you in fact ended up having to

6 review a lot of slides for cases that they

7 found the original blocks for, they would have

8 found them for?

9 DR. FONTAINE:

10 A. That's correct.

11 COFFEY, Q.C.:

12 Q. Okay, just so the Commissioner--okay, thank

13 you, Doctor, and that's why yesterday I was--

14 frankly, I was kind of puzzled by it because

15 it would have involved, for yourself, a lot

16 more work in terms of actually looking -

17 DR. FONTAINE:

18 A. Lot more work, but we found that it was one of

19 these things, rather than going back, because

20 again pulling the blocks, so it would be

21 better for the individuals pulling the blocks

22 to know up front, so thinking that that--

23 whether or not there was going to be an

24 availability. I don't know if it was an issue

25 when they actually did the initial review of

Page 9

1 the 2002 cases. You'd have to speak to those  
 2 -  
 3 COFFEY, Q.C.:  
 4 Q. Okay.  
 5 DR. FONTAINE:  
 6 A. That may be where that came from, I'm not -  
 7 COFFEY, Q.C.:  
 8 Q. That approach?  
 9 DR. FONTAINE:  
 10 A. It could be.  
 11 COFFEY, Q.C.:  
 12 Q. Okay. Now if we could, please, Registrar,  
 13 Exhibit P-2148? Doctor, you've gotten you in  
 14 the chronology into 2006. Doctor, these are  
 15 handwritten notes of Dr. Cook, but could we go  
 16 to page--apologize, page three, actually page  
 17 two first of all. These are his handwritten  
 18 notes of March 31st, 2006. Trish Wegrynowski  
 19 is there. You're listed, Dr. Denic, Mr. Dyer,  
 20 and Mr. Gulliver, and Dr. Cook. Do you recall  
 21 attending a debriefing, as it were, in the  
 22 spring of 2006 with Trish Wegrynowski?  
 23 DR. FONTAINE:  
 24 A. Not specifically, no. That doesn't come to  
 25 mind.

Page 10

1 COFFEY, Q.C.:  
 2 Q. Okay, and I take it then, if you did attend  
 3 it, as you're listed here, you would have  
 4 been--it would have been in your capacity as  
 5 site chief?  
 6 DR. FONTAINE:  
 7 A. Correct.  
 8 COFFEY, Q.C.:  
 9 Q. And probably by that point in time, Director  
 10 of--about to be Director of Immuno -  
 11 DR. FONTAINE:  
 12 A. About to be, recognizing that Dr. Ejeckam was  
 13 going to soon be retiring, that would be  
 14 around the time lines, yes.  
 15 COFFEY, Q.C.:  
 16 Q. And you would be about to me assuming the role  
 17 of Director of Immunohistochemistry to replace  
 18 him?  
 19 DR. FONTAINE:  
 20 A. Exactly. Calling in mind, I guess, there was  
 21 a resignation that I had tabled prior to this  
 22 as well.  
 23 COFFEY, Q.C.:  
 24 Q. Yes, already, and I'm going to refer to that a  
 25 little bit later in the morning and have you

Page 11

1 explain that to the Commissioner. So if you  
 2 did attend this meeting, it would have been in  
 3 that capacity and bearing in mind what you  
 4 told the Commissioner late yesterday, in terms  
 5 of you didn't spend long as the Director of  
 6 Immunohistochemistry anyway?  
 7 DR. FONTAINE:  
 8 A. No, that's correct.  
 9 COFFEY, Q.C.:  
 10 Q. You had no real recollection of the meeting  
 11 itself?  
 12 DR. FONTAINE:  
 13 A. This, no, I do not.  
 14 COFFEY, Q.C.:  
 15 Q. Page three of the same exhibit, there's a  
 16 reference in Dr. Cook's notes to a meeting of  
 17 April 25th, 2006. It's called an exit  
 18 meeting. Dr. Banerjee, Dr. Williams, Dr.  
 19 Cook, Dr. Fontaine, Dr. Ejeckam, somebody I  
 20 suspect -  
 21 DR. FONTAINE:  
 22 A. I think it would be Dr. Carter.  
 23 COFFEY, Q.C.:  
 24 Q. Dr. Carter, should be Bev Carter.  
 25 DR. FONTAINE:

Page 12

1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. And Dr. Joy McCarthy. Do you recall attending  
 4 an exit interview on April 25th or in the  
 5 spring of '06 for Dr. Banerjee?  
 6 DR. FONTAINE:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. And what do you recall about that?  
 10 DR. FONTAINE:  
 11 A. Again, the details are sketchy. When I look  
 12 at the individuals who are present, I do seem  
 13 to recall, but I don't recall the specifics,  
 14 again to this end.  
 15 COFFEY, Q.C.:  
 16 Q. In terms of acting upon anything said in that  
 17 meeting and Dr. Ejeckam, and for that matter,  
 18 Ms. Wegrynowski's reports in the spring of  
 19 '06, were you involved in acting upon those  
 20 reports, in the sense of being responsible for  
 21 implementing?  
 22 DR. FONTAINE:  
 23 A. Not really. I thought that that was an  
 24 initiative more with Dr. Cook that it was  
 25 following to his responsibility. Do you know

Page 13

1 if you saw a copy of Trish Wegrynowski or Dr.  
 2 Banerjee's reports? They filed, both filed  
 3 reports, the second reports by each in the  
 4 spring of 2006, did you see either of those?  
 5 DR. FONTAINE:  
 6 A. No, but I did--like I mentioned yesterday, I  
 7 did not see Ms. Wegrynowski's, but I did hear  
 8 about Dr. Banerjee's in that meeting that I  
 9 described, but to actually say that I saw the  
 10 report, no.  
 11 COFFEY, Q.C.:  
 12 Q. No, no, that's Dr. Cook -  
 13 DR. FONTAINE:  
 14 A. Dr. Banerjee's.  
 15 COFFEY, Q.C.:  
 16 Q. No, Doctor, you say the meeting you're  
 17 referring to is the one yesterday, the -  
 18 DR. FONTAINE:  
 19 A. Yes, the meeting that -  
 20 COFFEY, Q.C.:  
 21 Q. - where Dr. Cook read out -  
 22 DR. FONTAINE:  
 23 A. - Dr. Cook read out the recommendations.  
 24 COFFEY, Q.C.:  
 25 Q. Now that would be from the first report,

Page 14

1 because Dr. Banerjee did two reports, okay.  
 2 DR. FONTAINE:  
 3 A. Okay.  
 4 COFFEY, Q.C.:  
 5 Q. So you weren't aware of that?  
 6 DR. FONTAINE:  
 7 A. No.  
 8 COFFEY, Q.C.:  
 9 Q. Okay. If we could, please, Exhibit P-0277?  
 10 Doctor, this is a spreadsheet with  
 11 recommendations, Immunohistochemistry Service,  
 12 spreadsheet, Dr. D. Banerjee, Trish  
 13 Wegrynowski, updated April 25 '06. It's dated  
 14 the same day as the exit interview for Dr.  
 15 Banerjee. Would you have received, at the  
 16 time, you think, a copy of this?  
 17 DR. FONTAINE:  
 18 A. It doesn't look familiar, no.  
 19 COFFEY, Q.C.:  
 20 Q. Exhibit P-0049, please? Doctor, this is Dr.  
 21 Banerjee's--the cover letter of Dr. Banerjee's  
 22 second report. Page two of this exhibit, the  
 23 report is dated May 21/06, and in particular,  
 24 in the report, Dr. Banerjee, on the third page  
 25 of the exhibit says "I reviewed the

Page 15

1 performance of the immunohistochemistry  
 2 laboratory on April 24th, 2006 in order to  
 3 determine whether the quality of the  
 4 immunochemistry has improved since my last  
 5 review and whether my previous recommendations  
 6 have been implemented." I refer to this here  
 7 because, in fact, you're listed in number two.  
 8 DR. FONTAINE:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. "Prior recommendations: 2. one pathologist  
 12 should be appointed section medical director  
 13 for the immunohistochemistry service" and he  
 14 goes on with the actual recommendation.  
 15 "Implementation status: implemented, Doctors  
 16 Fontaine and Elms appointed."  
 17 DR. FONTAINE:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. So at the time you were appointed Director of  
 21 Immunohistochemistry, Doctor, did you have a  
 22 discussion with Dr. Cook or Dr. Williams or  
 23 both of them about what your role would be?  
 24 DR. FONTAINE:  
 25 A. With Dr. Cook, we would have discussed some of

Page 16

1 the issues. Again, I would have been speaking  
 2 with Dr. Ejeckam as well, identifying what his  
 3 roles and responsibilities were, but I wasn't  
 4 aware of a formal list, if you will, of my  
 5 responsibilities. We were going on the fly  
 6 with this.  
 7 COFFEY, Q.C.:  
 8 Q. If we could, please, Exhibit P-0023? Page  
 9 eight, please. Doctor, these are medical--  
 10 just here, Medical Advisory Committee minutes  
 11 of January 10th, 2007. Under resignations, at  
 12 the bottom of the page, "Dr. Dan Fontaine,  
 13 resignation from the Laboratory Medicine  
 14 program, Division of Anatomical Pathology,  
 15 February 5, 2006." I take it this is the  
 16 resignation that--initial resignation?  
 17 DR. FONTAINE:  
 18 A. I wonder about the dates on this. If it says  
 19 2006, then it's from 2007.  
 20 COFFEY, Q.C.:  
 21 Q. Well, this, and -  
 22 DR. FONTAINE:  
 23 A. This is where I get very confused with--I've  
 24 seemed to resign so many times that I've tried  
 25 to make my dates more clear. The whole time

Page 17

1 has been very confusing for myself. I don't  
 2 know if it's 2006 or 2007.  
 3 COFFEY, Q.C.:  
 4 Q. And Doctor, here, we can go back just to help  
 5 put this in context for you, and it probably  
 6 is -  
 7 DR. FONTAINE:  
 8 A. Could I scroll--yeah, because the minutes at  
 9 the top are January 10th, 2007.  
 10 COFFEY, Q.C.:  
 11 Q. Yes, and see January 10th '07 and they refer--  
 12 see that here, MAC, and got page two, page  
 13 three, page four, page five, six, seven and  
 14 eight, and then January, unless this was an  
 15 indication that you were going to resign  
 16 effective February -  
 17 DR. FONTAINE:  
 18 A. Yeah, I think it must be '07. Yeah, I think  
 19 it should be a typo.  
 20 COFFEY, Q.C.:  
 21 Q. Yes, this would be you were going to resign  
 22 February '07?  
 23 DR. FONTAINE:  
 24 A. Correct, because again, if you remember,  
 25 looking at the exhibit from yesterday, I'd

Page 18

1 resigned as January 1st, 2006 from site chief,  
 2 and again, I maintained that responsibility  
 3 for some time afterwards, and that's why I was  
 4 a bit confused yesterday. I'll be clear with  
 5 that. The time lines are somewhat blurry.  
 6 COFFEY, Q.C.:  
 7 Q. And in terms of maybe to help put this in  
 8 context for you, Doctor, if we go to page 27  
 9 of the same exhibit, and Doctor, what I will  
 10 do here is this, I'll just go back a couple of  
 11 pages to page 22 of the exhibit. This is the  
 12 MAC minutes of March 14th 2007 and when we go  
 13 to page 27, which is page six of those  
 14 minutes, under resignations, "Dr. Dan  
 15 Fontaine, extension of resignation date from  
 16 the Laboratory Medicine Program to June 22nd,  
 17 2007."  
 18 DR. FONTAINE:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. Suggesting that, in fact, it was to be  
 22 effective in February and then you decided to  
 23 -  
 24 DR. FONTAINE:  
 25 A. Extend -

Page 19

1 COFFEY, Q.C.:  
 2 Q. - you chose to extend it?  
 3 DR. FONTAINE:  
 4 A. Exactly.  
 5 COFFEY, Q.C.:  
 6 Q. Until -  
 7 DR. FONTAINE:  
 8 A. There were some extenuating circumstances, if  
 9 you will, where I was going to reconsider and  
 10 I thought I'd extend until that time there.  
 11 COFFEY, Q.C.:  
 12 Q. And Doctor, I take it at the time that there  
 13 was an issue involving, in that period of  
 14 time, throughout early 2007, there was an  
 15 issue involving pathologists' remuneration?  
 16 DR. FONTAINE:  
 17 A. Correct.  
 18 COFFEY, Q.C.:  
 19 Q. Dr. Maung's report?  
 20 DR. FONTAINE:  
 21 A. Correct, and again, the inability to recruit,  
 22 given the recent retirements that we'd  
 23 experienced, and I was getting frustrated with  
 24 that inability to recruit, if you will.  
 25 COFFEY, Q.C.:

Page 20

1 Q. And from your perspective, I take it, Doctor,  
 2 without the remuneration going up, it was  
 3 going to be--you hadn't been able to recruit?  
 4 DR. FONTAINE:  
 5 A. I felt that was a key issue in the recruitment  
 6 process. There was no question, and then  
 7 again, the issue of retention was also very  
 8 apparent, because it's often not enough just  
 9 to pay somebody enough to come to -  
 10 COFFEY, Q.C.:  
 11 Q. You have to pay them enough to get them here  
 12 or entice them here, but keep them here as  
 13 well?  
 14 DR. FONTAINE:  
 15 A. And then keep them here as well. This is  
 16 central to the decision.  
 17 COFFEY, Q.C.:  
 18 Q. If we could, please, page 45 of the same  
 19 exhibit. Now, Doctor, these are Minutes of  
 20 the MAC, June 13th, 2007. It's page five of  
 21 those minutes, and under the laboratory  
 22 medicine program, there's reference here to  
 23 you being reappointed to the active staff,  
 24 laboratory medicine program, division of  
 25 pathology, April 1 '07 through April 1, 2012.

Page 21

1 I take it that you had decided then to stay  
 2 on?  
 3 DR. FONTAINE:  
 4 A. The pressure was -- there was a lot more to  
 5 that at that point where I had actually  
 6 accepted a position on the mainland.  
 7 COFFEY, Q.C.:  
 8 Q. So I'm going to ask you about, Doctor, to  
 9 explain to the Commissioner as best you can  
 10 then what happened from the spring of '06 on.  
 11 In the winter of '06 you decided I'm not going  
 12 to be -- well, you had already resigned as  
 13 site chief?  
 14 DR. FONTAINE:  
 15 A. Correct.  
 16 COFFEY, Q.C.:  
 17 Q. And had found yourself appointed Director of  
 18 Immunohistochemistry. What then happened?  
 19 Because you can take us through '06.  
 20 DR. FONTAINE:  
 21 A. So then I just got to a point where I had  
 22 enough, and then my decision was I going to  
 23 concentrate on cytology. That was where I  
 24 felt my efforts would be best brought to  
 25 fruition, and also with the research, I had

Page 22

1 other research projects that I needed to tend  
 2 to, and with all these other administrative  
 3 responsibilities and duties, I found that I  
 4 wasn't able to give them full -- the due time  
 5 they required. So at that point, I shed my  
 6 responsibilities as site chief, then also as  
 7 the Director of Immunohistochemistry. I was  
 8 then replaced by Dr. Makarla as the Director  
 9 of Immunohistochemistry from that point, and  
 10 then just concentrated on the cytology  
 11 efforts, and again the inability to recruit  
 12 became such a point that I was left with no  
 13 other choice but to find employment elsewhere.  
 14 COFFEY, Q.C.:  
 15 Q. Now to assist you in that, Exhibit P-0022,  
 16 please, page 67. Doctor, these are MAC  
 17 minutes of November 29th '06. We've gotten  
 18 most of the way through then the year 2006,  
 19 and here it's noted that Dr. Denic was  
 20 presented the report of laboratory medicine  
 21 program highlighting the following; human  
 22 resources, two pathologists, Dr. Yousef and  
 23 Dr. Makarla have submitted their resignations  
 24 effective December 31 '06, as has Dr. Dan  
 25 Fontaine, cytopathologist, effective February

Page 23

1 5 '07. His resignation is a remuneration  
 2 issue and his loss to the service currently  
 3 provided in the province will be major. This  
 4 is a report that Dr. Denic gave.  
 5 DR. FONTAINE:  
 6 A. Right.  
 7 COFFEY, Q.C.:  
 8 Q. So by the -- I take it by the fall of '06, you  
 9 were looking at leaving?  
 10 DR. FONTAINE:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. Perhaps you can continue on then, what  
 14 happened then?  
 15 DR. FONTAINE:  
 16 A. So with that, I started to look for employment  
 17 in other places and I'd been in contact with  
 18 New Brunswick and Prince Edward Island. I had  
 19 done locums in both of those institutions, and  
 20 at that point decided I would be going to  
 21 Moncton and relocating to that end, resigning  
 22 as of February 5th. There were a lot of  
 23 changes happening here as well. Again there  
 24 was significant discussions to the point where  
 25 Dr. Mullen's report was being asked for, and

Page 24

1 looking at how much of this is an issue; is it  
 2 an issue, because I think there were those who  
 3 didn't really appreciate that it was an issue  
 4 and it needed to be looked in, which was fair.  
 5 I felt that was called for, and to that end,  
 6 it was not happening quickly enough and I was  
 7 concerned in the sense that again there are  
 8 always additional pathologists being trained,  
 9 so it's a very good time to be a pathologist  
 10 right now in that there are plenty of  
 11 opportunities for employment, but I realized  
 12 that that was not going to continue and I had  
 13 to make a move at some time, so this was what  
 14 prompted my decision -- it might have been  
 15 rather hasty, but I felt that that was the  
 16 best course for me. In that time, I also had  
 17 discussions with Dr. Denic to the effect that  
 18 if I were to stay, I would want to do a sole  
 19 practice in cytology, again back to that issue  
 20 of sub-specialization. So we had open  
 21 discussion about that and that was on the  
 22 table, if you will.  
 23 COFFEY, Q.C.:  
 24 Q. And we see then that in the minutes of the MAC  
 25 that you did agree to extend your resignation

Page 25

1 until June?  
 2 DR. FONTAINE:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. Effective in June of '07. If we could, please,  
 6 Exhibit P-0201. Here this is a letter of  
 7 March 8th, 2007, Doctor. As I understand, Dr.  
 8 Mullen's report, we've seen it here, in the  
 9 winter of '07, early in the year '07.  
 10 DR. FONTAINE:  
 11 A. Right.  
 12 COFFEY, Q.C.:  
 13 Q. This is a letter to John Abbott, Deputy  
 14 Minister. It's from Dr. Denic, copied to a  
 15 number of individuals, and in the second  
 16 paragraph of the first page, Dr. Denic says to  
 17 John Abbott, "Our current staffing in St.  
 18 John's hospitals is below the optimum to  
 19 guaranteed proper patient care. We are  
 20 currently short four pathologists, with the  
 21 fifth departing on March 30th '07. Dr.  
 22 Fontaine, Director of Cytopathology, postponed  
 23 his resignation until June 22, depending the  
 24 outcome of the negotiations of the pathology  
 25 group and government. This will result in

Page 26

1 shortfall of over 30 percent for St. John's  
 2 hospitals. The situation outside St. John's  
 3 is even more serious with only one pathologist  
 4 left in Clarenville and one in Gander. There  
 5 is resignation in Corner Brook", and he goes  
 6 on from there. So this then accords, I take  
 7 it then, with your recollection of what was  
 8 going on at the time?  
 9 DR. FONTAINE:  
 10 A. Yes. In other words, there were discussions  
 11 with government as well to try to address the  
 12 issue, again with the report, and looking at  
 13 that, but it was very slow coming and I felt I  
 14 needed to look at my options.  
 15 COFFEY, Q.C.:  
 16 Q. So then what happened, Doctor?  
 17 DR. FONTAINE:  
 18 A. Well, then -- because I think later on in this  
 19 letter there's discussion of the oncologist  
 20 stipend.  
 21 COFFEY, Q.C.:  
 22 Q. Yes.  
 23 DR. FONTAINE:  
 24 A. From that end. When I first came working in  
 25 pathology, the salaries here were the lowest

Page 27

1 in Canada. I was offered to stay in Halifax  
 2 with a more significant remuneration package,  
 3 but chose to come here, my wife being from  
 4 here, I was familiar with the workings of the  
 5 lab here, and chose to gain employment here.  
 6 Knowing that this was on the table, knowing  
 7 that the oncology stipend was specifically for  
 8 cancer care and recognizing that pathology was  
 9 intimately associated with cancer care, I felt  
 10 that was something that maybe we could avail  
 11 of in an attempt to increase remuneration for  
 12 pathologists. So I had approached Dr.  
 13 Williams and other individuals and got  
 14 involved with the Newfoundland and Labrador  
 15 Medical Association, serving on their Board,  
 16 and later on their Executive, in an attempt to  
 17 move this issue forward.  
 18 COFFEY, Q.C.:  
 19 Q. And the Commissioner has heard references to  
 20 this going back to certainly '05.  
 21 DR. FONTAINE:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. I mean, there was an organized effort between  
 25 '05 and '07?

Page 28

1 DR. FONTAINE:  
 2 A. It was on the books when I came in '03.  
 3 COFFEY, Q.C.:  
 4 Q. In '03.  
 5 DR. FONTAINE:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. Actually dated back to then.  
 9 DR. FONTAINE:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. And you do -- you're right, Dr. Denic's letter  
 13 of March 8th in the lat paragraph says, "The  
 14 oncology bonus that we requested as a minimum  
 15 supplement to the current remuneration package  
 16 is equally deserved by pathologists as it is  
 17 deserved by the other groups which are  
 18 receiving it". So what then happened, Doctor,  
 19 in '07?  
 20 DR. FONTAINE:  
 21 A. I can't remember specific timelines again, but  
 22 I believe it was around May when the decision  
 23 was made that the oncologists would receive  
 24 the -- sorry, the pathologists would receive  
 25 the oncologists stipend. To that end, I

Page 29

1 thought maybe this is what it will take to  
 2 resolve the issue of recruitment and  
 3 retention. So I thought I'll wait and see. I  
 4 knew there was a good -- we had a good lab  
 5 here and I was confident in that status, and  
 6 thought I'll wait and see if we're able to  
 7 recruit in this environment.  
 8 COFFEY, Q.C.:  
 9 Q. And so what did you do then, Doctor, in terms  
 10 of, you know --  
 11 DR. FONTAINE:  
 12 A. Well, I had obligations because I had been  
 13 pursuing employment in New Brunswick. So I  
 14 went to -- I had to fulfil that obligation. I  
 15 went to New Brunswick for a month following  
 16 this basically to look at other labs and to  
 17 make an evaluation of where do I want to be,  
 18 understanding that we had a lot going here as  
 19 well. Again I'll ask you to recollect that  
 20 I've also negotiated to do sole cytology where  
 21 I've now got a sub-specialty practice.  
 22 COFFEY, Q.C.:  
 23 Q. And that's the reference to Dr. Denic and  
 24 you're telling him, look, if I'm going to  
 25 stay, this is what I want to do?

Page 30

1 DR. FONTAINE:  
 2 A. This is what I want, because again I figured  
 3 this was a good time to negotiate and being  
 4 the situation that it was, you don't know if  
 5 you don't ask, so I asked and I received what  
 6 I asked for. In addition to the oncology  
 7 bonus, at that point I was hopeful that we  
 8 would be able to recruit other individuals and  
 9 in essence, if they came and saw what we had,  
 10 maybe they would stay.  
 11 COFFEY, Q.C.:  
 12 Q. Doctor, the discussion that you had with Dr.  
 13 Denic, by then, I take it, he was clinical  
 14 chief?  
 15 DR. FONTAINE:  
 16 A. Correct.  
 17 COFFEY, Q.C.:  
 18 Q. Concerning sub-specializing in cytopathology  
 19 for you, do you recall when it was that you  
 20 had that discussion and Dr. Denic agreed with  
 21 that?  
 22 DR. FONTAINE:  
 23 A. It wasn't an immediate agreement. There was a  
 24 lot of discussion because we had -- that had  
 25 always been a point for me. It dates back,

Page 31

1 again if you look at all the evidence, it's  
 2 something I was very clear on from almost day  
 3 one.  
 4 COFFEY, Q.C.:  
 5 Q. I'll ask you the question this way then. I  
 6 take it from the time you became clinical  
 7 chief, at times you and he discussed it?  
 8 DR. FONTAINE:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. When did he finally agree?  
 12 DR. FONTAINE:  
 13 A. That's a good question because again -- it was  
 14 not on the first meeting, the first time that  
 15 we had this discussion. After I put my  
 16 resignation in, there was not an agreement.  
 17 He said it's negotiable, I have to talk to  
 18 people, but it was shortly thereafter. It was  
 19 probably in around the same time as I had  
 20 decided that the oncologist stipend was coming  
 21 that this would be -- because I wanted to see  
 22 that there was going to be something else as  
 23 well. It was fine if I was to be the Director  
 24 of Cytopathology, but if I didn't have anybody  
 25 to help me out, it wasn't as attractive.

Page 32

1 COFFEY, Q.C.:  
 2 Q. So in terms of the oncology bonus was coming  
 3 for pathologists, I take it then that means it  
 4 was in 2007 that --  
 5 DR. FONTAINE:  
 6 A. Correct. Oh, it was definitely in 2007. When  
 7 we agreed to this, it would have been  
 8 somewhere in the timelines of April/May when  
 9 we actually had the agreement.  
 10 COFFEY, Q.C.:  
 11 Q. Of 2007?  
 12 DR. FONTAINE:  
 13 A. Yes, this was -- because again he was in a  
 14 position that he had to be careful of how he  
 15 negotiated this, given the other pathologists.  
 16 COFFEY, Q.C.:  
 17 Q. Now, Doctor, with respect to that, when that  
 18 agreement, as it were, was reached between  
 19 yourself and Dr. Denic concerning your own  
 20 work, okay, and looking around you at the  
 21 time, what other sub-specialists -- I won't  
 22 say -- you know, they could have practised  
 23 solely in their sub-specialty, but what other  
 24 sub-specialists were then recognized?  
 25 DR. FONTAINE:



Page 33

1 A. We're moving towards breasts, there was no  
 2 question. I can't recall exactly where that  
 3 was in development, but I know it was  
 4 certainly afoot at the time that I had raised  
 5 this issue with Dr. Denic.  
 6 COFFEY, Q.C.:  
 7 Q. So cytopathology, breast, other -- Dr.  
 8 Fernandez had been --  
 9 DR. FONTAINE:  
 10 A. Correct.  
 11 COFFEY, Q.C.:  
 12 Q. Doing renal work, I think, for --  
 13 DR. FONTAINE:  
 14 A. And she had retired. So I know that there was  
 15 one individual who was taking that on as an  
 16 interest. Again neuropathology existed as a  
 17 sub-specialty as well, pediatric pathology,  
 18 but again to the full development, it wasn't  
 19 really beyond -- it was at the infancy stage,  
 20 if you will, where there were other sub-  
 21 specialty groups, because again as part of the  
 22 negotiation as well -- I shouldn't say that it  
 23 was a full cytology only. I agreed that when  
 24 we became -- when we came back to our full  
 25 complement, then I would go to cytology only.

Page 34

1 Until that time, I would actually contribute  
 2 to the uroncology sub-specialty group which  
 3 had been in its infancy stages as well.  
 4 COFFEY, Q.C.:  
 5 Q. Doctor, just a couple of other documents I  
 6 want to refer you to, but before we leave this  
 7 topic, you were trained as what type of a  
 8 pathologist?  
 9 DR. FONTAINE:  
 10 A. Anatomic pathologist.  
 11 COFFEY, Q.C.:  
 12 Q. Anatomic pathologist?  
 13 DR. FONTAINE:  
 14 A. Anatomical pathologist.  
 15 COFFEY, Q.C.:  
 16 Q. What does that mean? Can you tell the  
 17 Commissioner what that means, because I take  
 18 it there are different types of pathologists?  
 19 DR. FONTAINE:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. Perhaps you could explain the differences?  
 23 DR. FONTAINE:  
 24 A. And again depending on the jurisdiction one is  
 25 in, in Canada what we have recognized here is

Page 35

1 there is general pathology and anatomic  
 2 pathology. The anatomical pathology  
 3 concentrates mostly on what we call surgical  
 4 pathology, cytopathology, forensic pathology.  
 5 By surgical pathology, we refer to tissue; by  
 6 cytopathology we refer to cells; and forensic  
 7 refers more to autopsy. If you expand that  
 8 and include the general pathologists, they  
 9 need to know all that information, plus they  
 10 need to know the other departments of the  
 11 laboratory, that being chemistry, blood bank,  
 12 microbiology, hematology, and other related  
 13 lab.  
 14 COFFEY, Q.C.:  
 15 Q. All the other --  
 16 DR. FONTAINE:  
 17 A. All the other things that go with it, because  
 18 essentially when I was looking at pathology, I  
 19 had the option to go general pathology or  
 20 anatomic pathology. I looked at the body of  
 21 knowledge to be known -- again knowing that I  
 22 like to sub-specialize. I'm a firm believer  
 23 in the only way you get to be good at  
 24 something is to do a lot of it, and  
 25 repeatedly. I looked at the general pathology

Page 36

1 and it was just overwhelming for me. Again  
 2 coming from my technology background, I saw  
 3 that that was where I really wanted to be, so  
 4 I didn't really consider general pathology.  
 5 But it's a much greater scope of practice.  
 6 COFFEY, Q.C.:  
 7 Q. Doctor, of course, we're aware that there has  
 8 been an improvement in the remuneration for  
 9 pathologists in Newfoundland and Labrador.  
 10 DR. FONTAINE:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. What's the, from your perspective, what's the  
 14 current state of affairs in terms of morale?  
 15 DR. FONTAINE:  
 16 A. It's improved, but it still has a long way to  
 17 go, until we get the people on the ground --  
 18 again we have a number of applicants, so  
 19 applicants don't translate into staff  
 20 pathologists being here. Again when the  
 21 package was announced, it was very  
 22 encouraging, but my concern was are we going  
 23 to get people coming here only for the money.  
 24 Again it's about quality and I feel very  
 25 strongly that this is what needs to be put

Page 37

1 forward. So I've been actually very  
 2 aggressive. Coming from the Canadian  
 3 Association of Pathologists meeting in Ottawa,  
 4 I was trying to work the floor and get other  
 5 individuals, and actually was successful.  
 6 People are talking about what's going on here  
 7 in Newfoundland, and for the first time people  
 8 are saying, yes, I would consider coming to  
 9 Newfoundland. There's a specific individual  
 10 who is coming for an interview on Monday who  
 11 is quite high profile, and a lot of  
 12 individuals were saying you'll never get him,  
 13 and they can't believe even that he's coming  
 14 for an interview when I mentioned his name,  
 15 but he sees an opportunity here.

16 COFFEY, Q.C.:  
 17 Q. So, Doctor, is there anything further in that  
 18 regard that you'd like to add in terms of that  
 19 subject matter?  
 20 DR. FONTAINE:  
 21 A. I think -- it's interesting because I've also  
 22 had discussions with medical student and  
 23 they're starting to talk about interest in  
 24 pathology. That's almost unprecedented in my  
 25 time. There have been the occasional students

Page 38

1 who have expressed interest, but again mostly  
 2 they're interested in forensic pathology.  
 3 That seems to be what was associated with  
 4 pathologists. Now that they recognize that  
 5 it's involved in cancer care and plays a  
 6 critical role, I think in the future we'll see  
 7 that it takes on an even more critical role.  
 8 Because again looking at this oncology  
 9 stipend, I looked at it in respect of you can  
 10 have the best oncologist you want; if your  
 11 pathology is not correct, the oncologist  
 12 doesn't have a chance, nor does the patient.

13 COFFEY, Q.C.:  
 14 Q. If we could please, there are two other  
 15 exhibits, Exhibit C-180 please? Doctor, this  
 16 is an exhibit for surgical number 03SU17521,  
 17 we looked at it yesterday, actually.  
 18 DR. FONTAINE:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. There is an addendum 3 in this.  
 22 DR. FONTAINE:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. December 15th, '05 and it indicates the result

Page 39

1 of the Mount Sinai retest, 20 percent ER and  
 2 zero percent PR on the retest, this was  
 3 entered by Dr. Beverley Carter, the actual  
 4 addendum.  
 5 DR. FONTAINE:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. And there's a note here at the bottom here,  
 9 "converted, consider issue of internal control  
 10 in this one".  
 11 DR. FONTAINE:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. I understand this is Dr. Cook's writing,  
 15 actually.  
 16 DR. FONTAINE:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. Have you ever discussed this case and the  
 20 retest results with anyone?  
 21 DR. FONTAINE:  
 22 A. No, this is, again, I first saw this two days  
 23 ago when it was shown to me by counsel.  
 24 COFFEY, Q.C.:  
 25 Q. And the idea that, because we looked at

Page 40

1 yesterday, you had reported this particular  
 2 case as estrogen negative.  
 3 DR. FONTAINE:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. And progesterone--let me see, weakly positive  
 7 and as you pointed out here in the addendum 2,  
 8 yesterday, when asked to clarify, you said  
 9 less than 10 percent of neoplastic cells for  
 10 progesterone.  
 11 DR. FONTAINE:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. Doctor, I'm going to ask you first of all,  
 15 like on a retest in Mount Sinai at the end of  
 16 2005, the idea of going from less than ten  
 17 percent in PR to zero, now Mount Sinai used  
 18 block 2C and there's no note on yours as to  
 19 which block is used.  
 20 DR. FONTAINE:  
 21 A. Correct.  
 22 COFFEY, Q.C.:  
 23 Q. In your addendum. I take it there are  
 24 possibilities here, one would be they are  
 25 different blocks, that would be one distinct

Page 41

1 possibility.  
 2 DR. FONTAINE:  
 3 A. That would be the first.  
 4 COFFEY, Q.C.:  
 5 Q. Distinct possibility. And even if it was the  
 6 same block, the idea of going in one test in a  
 7 lab here in St. John's in--the original test  
 8 was done in and reported in late '03, in fact,  
 9 we looked at that yesterday.  
 10 DR. FONTAINE:  
 11 A. Yes, that's correct.  
 12 COFFEY, Q.C.:  
 13 Q. To late '05 in Mount Sinai going from, well in  
 14 effect less than ten to zero for PR.  
 15 DR. FONTAINE:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. Would that surprise you as a pathologist?  
 19 DR. FONTAINE:  
 20 A. Not necessarily, again, as Dr. Mullen -  
 21 COFFEY, Q.C.:  
 22 Q. And what might explain it.  
 23 DR. FONTAINE:  
 24 A. As Dr. Mullen testified, you're looking at a  
 25 different block or a different section of the

Page 42

1 block, so again, remembering that the  
 2 interpretation I would have made would have  
 3 been on a specific clone of cells and then--  
 4 tissue higher up, if you will, and then the  
 5 Sinai block that they would receive, they  
 6 would then cut into that block and retrieve  
 7 potentially a different population of clones,  
 8 which could give you this finding.  
 9 COFFEY, Q.C.:  
 10 Q. And you've indicated that your practice was to  
 11 use--if you're going to use negative, you  
 12 meant zero.  
 13 DR. FONTAINE:  
 14 A. Correct.  
 15 COFFEY, Q.C.:  
 16 Q. And as you've pointed out here, in fact when  
 17 we look, you had reported this, rather than  
 18 zero PR, you said negative.  
 19 DR. FONTAINE:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. The idea of going from zero to twenty, which  
 23 is indicated here for ER, I take it from your  
 24 perspective could be explained by the usage of  
 25 different blocks, first of all.

Page 43

1 DR. FONTAINE:  
 2 A. Correct.  
 3 COFFEY, Q.C.:  
 4 Q. And could it as well be explained by, even if  
 5 it's the same block, cutting into different  
 6 portions of the block?  
 7 DR. FONTAINE:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. Doctor, if the antigen retrieval process at  
 11 Mount Sinai in 2005 was a more optimal, a more  
 12 optimized process than the one in usage in St.  
 13 John's in late '03.  
 14 DR. FONTAINE:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. Which would have been, we understand the DAKO  
 18 system, still.  
 19 DR. FONTAINE:  
 20 A. Correct.  
 21 COFFEY, Q.C.:  
 22 Q. Could the better optimized system account for  
 23 the fact that you couldn't see any positive  
 24 staining in the nuclei for ER in '03, but Dr.  
 25 Mullen presumably could in '05? Could that

Page 44

1 account for the difference? Like the fact  
 2 that they have a better, they might have had--  
 3 Mount Sinai had a better, more optimized  
 4 system?  
 5 DR. FONTAINE:  
 6 A. We always have to judge these things as better  
 7 or not, is it actually clinically relevant.  
 8 Just because specimens are positive is not  
 9 equated to being better. I think I just want  
 10 to make that clarification as well, because  
 11 it's well known in pathology if you turn your  
 12 antigen retrieval on bust, if you will, you  
 13 can make things appear that may not even be  
 14 there, so that's one of the caveats with  
 15 immunohistochemistry, that you have to be  
 16 cautious with.  
 17 COFFEY, Q.C.:  
 18 Q. The idea that, like looking at this result,  
 19 let's say it's been brought to your attention  
 20 at the time in late 2005 -  
 21 DR. FONTAINE:  
 22 A. It could be accounted for by antigen  
 23 retrieval.  
 24 COFFEY, Q.C.:  
 25 Q. And well we've heard from various witnesses

Page 45

1 about what that involves -  
 2 DR. FONTAINE:  
 3 A. Correct.  
 4 COFFEY, Q.C.:  
 5 Q. The dilution rates, the heating times, the  
 6 heating temperatures and so on.  
 7 DR. FONTAINE:  
 8 A. The ability to present those antigens, if you  
 9 will.  
 10 COFFEY, Q.C.:  
 11 Q. One final point, exhibit P-2336 please? I  
 12 just want to ask you, Doctor, was that brought  
 13 to your attention, the fact, like that  
 14 particular case in late 2005, did any one -  
 15 DR. FONTAINE:  
 16 A. No, no.  
 17 COFFEY, Q.C.:  
 18 Q. This is an e-mail from Callista Silver, March  
 19 5, '07 to Dr. Laing. The subject is Ventana.  
 20 And it reads, "I was talking to Dr. Bev Carter  
 21 on Thursday to clarify some ER/PR info. In  
 22 the past with Mount Sinai re-reads, we were  
 23 told by Dr. Dan Fontaine that anything  
 24 positive was a positive and that was how we  
 25 entered them. Dr. Carter says that I should

Page 46

1 clarify with you"--that would be Dr. Laing--  
 2 "as to the oncologist's decision, as they are  
 3 only saying 'testing shows nuclear staining in  
 4 tumour cells'. To me, that would be a  
 5 positive, but I wanted to be sure. If you can  
 6 let me know so I can inform all registry  
 7 staff." The reference to you, that's why I  
 8 brought it up, what do you recall about your  
 9 involvement in this?  
 10 DR. FONTAINE:  
 11 A. I had occasion to work with Ms. Silver on  
 12 tumour registries because being the director  
 13 of cytology, tumour registries are key in our  
 14 databases for PAP smears, so we'd have  
 15 discussions about other topics as well. So I  
 16 do specifically remember having these  
 17 discussions and my recollection is the fact  
 18 that Ms. Silver had mentioned that they could  
 19 only enter as positive or negative, they  
 20 couldn't give a percentage in that field.  
 21 COFFEY, Q.C.:  
 22 Q. Within the registry itself.  
 23 DR. FONTAINE:  
 24 A. Within this field registry, they could say--  
 25 they couldn't register percentages.

Page 47

1 COFFEY, Q.C.:  
 2 Q. Okay.  
 3 DR. FONTAINE:  
 4 A. Because again, my tendency would have been to  
 5 register a percentage because that would have  
 6 been my discussion with her and I said she  
 7 would be best to talk with Dr. Carter to  
 8 clarify that issue as well, just for  
 9 confirmation. And I see that she had done  
 10 that in speaking with Dr. Carter, so that  
 11 would be where that came from, in that I would  
 12 have said positive is a positive in thinking  
 13 that, again, the 2000 summary statement saying  
 14 that one percent as a--and then it was moving  
 15 towards any staining is regarded as being  
 16 positive.  
 17 COFFEY, Q.C.:  
 18 Q. Doctor, is there anything that you believe  
 19 that you understand I haven't covered with you  
 20 that might be relevant to the Commissioner's  
 21 mandate and that you think she should know?  
 22 DR. FONTAINE:  
 23 A. That's a good question. There's so much there  
 24 is the thing, but whether I'd be the expert to  
 25 be able to give testimony to that effect, only

Page 48

1 to speak to the fact that immuno is one of  
 2 these--when we speak that it's erratic, it's  
 3 known to be erratic, again, it's often more  
 4 rare instance with this stain -  
 5 COFFEY, Q.C.:  
 6 Q. I'm sorry?  
 7 DR. FONTAINE:  
 8 A. I'm sorry, with this stain that it's more  
 9 often that it's a rare event that it's an  
 10 erratic.  
 11 COFFEY, Q.C.:  
 12 Q. That it is?  
 13 DR. FONTAINE:  
 14 A. It is known to be erratic.  
 15 COFFEY, Q.C.:  
 16 Q. Erratic, it is known to be.  
 17 DR. FONTAINE:  
 18 A. Yes, known to be erratic, immunohistochemistry  
 19 is known to be fraught with tremendous, again,  
 20 a forty-step process, any one of those steps  
 21 becomes interfered with, it can affect your  
 22 results and it's very opinion based, you will  
 23 find tremendous variability and I don't envy  
 24 your work in that task.  
 25 COFFEY, Q.C.:

Page 49

1 Q. Doctor, and I take it then that notion or that  
 2 idea or that acceptance in fact, that that is  
 3 so, was apparent to you when you were a  
 4 resident?  
 5 DR. FONTAINE:  
 6 A. Correct, exactly.  
 7 COFFEY, Q.C.:  
 8 Q. And yesterday, from your comments that -  
 9 DR. FONTAINE:  
 10 A. I knew it very well in ER/PR and that was one  
 11 of my big things, my dislike, if you will, for  
 12 breast.  
 13 COFFEY, Q.C.:  
 14 Q. And going back to Dr. Barnes in Halifax in the  
 15 sense of you understood from her -  
 16 DR. FONTAINE:  
 17 A. Correct, exactly and also when you would sign  
 18 out with different pathologists, you would  
 19 find that everybody had an opinion and it  
 20 wasn't always the same opinion.  
 21 COFFEY, Q.C.:  
 22 Q. Doctor, the--on immunohistochemistry, in  
 23 general, the journals because you trained in  
 24 the late 90's?  
 25 DR. FONTAINE:

Page 50

1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Beginning of the late 90's, medical journals,  
 4 was it relatively easy if you wanted to learn  
 5 something about IHC to actually go and find  
 6 journal articles on it, or wasn't it, I'm just  
 7 asking you.  
 8 DR. FONTAINE:  
 9 A. It wouldn't be obvious, it wouldn't be one of  
 10 these issues that would be front and centre,  
 11 if you would. IHC has sort of been thrown on  
 12 pathologists, we brought it in, it seemed like  
 13 a good test and that was just, here you go,  
 14 these are the brown stains, if you will, and  
 15 no attention was really paid beyond that.  
 16 There would be some attention at the higher  
 17 level centres, more the academic centres, but  
 18 again, to say that you could just pick up a  
 19 journal and this would be common knowledge, I  
 20 wouldn't qualify it as being such.  
 21 COFFEY, Q.C.:  
 22 Q. So you'd have to go, I understand that there  
 23 was a potential problem, for example, in your  
 24 case, you understood ER/PR was something that  
 25 you had to be careful with.

Page 51

1 DR. FONTAINE:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. In your residency you understood that.  
 5 DR. FONTAINE:  
 6 A. Correct, yes.  
 7 COFFEY, Q.C.:  
 8 Q. And therefore, to be involved in it, if you're  
 9 going to embark upon it, you'd have to go and  
 10 look at text journals -  
 11 DR. FONTAINE:  
 12 A. Correct.  
 13 COFFEY, Q.C.:  
 14 Q. And then I take it continue to apprise  
 15 yourself from time to time.  
 16 DR. FONTAINE:  
 17 A. Right, and again, considering that we're not  
 18 only faced with breast cancers, there are all  
 19 these other cancers as well and developments  
 20 in those fields as well. So again, as general  
 21 pathologists, it's very difficult to keep  
 22 abreast of all the new developments. It  
 23 wasn't one of these earth shattering things  
 24 that, oh you need to look for internal  
 25 control, that there would be this statement

Page 52

1 that we sent to every pathologist. There was  
 2 no such thing in existence that I was aware  
 3 of.  
 4 COFFEY, Q.C.:  
 5 Q. Those are the questions I have, Commissioner,  
 6 thank you.  
 7 THE COMMISSIONER:  
 8 Q. Any questions, Ms. Brazil?  
 9 MS. BRAZIL:  
 10 Q. I have no questions for this witness.  
 11 THE COMMISSIONER:  
 12 Q. Mr. Simmons?  
 13 DR. DANIEL FONTAINE, EXAMINATION BY MR. DAN SIMMONS  
 14 MR. SIMMONS:  
 15 Q. Dr. Fontaine, I only have one thing to ask you  
 16 about and it's as much a technical curiosity  
 17 question as anything else. Exhibit C-180  
 18 again, please? Mr. Coffey just asked you  
 19 about this particular pathology report and  
 20 it's one where, when the samples were retested  
 21 at Mount Sinai, the ER results went up and the  
 22 PR result went down.  
 23 DR. FONTAINE:  
 24 A. Yes.  
 25 MR. SIMMONS:

Page 53

1 Q. And Mr. Coffey had asked you whether a  
 2 different method of antigen retrieval used at  
 3 Mount Sinai if it was better optimized, the  
 4 antigen retrieval method that had been used in  
 5 St. John's when the original test was done, if  
 6 that could account for the increase in the  
 7 percentage of the ER result. And I believe  
 8 you said that that's possible, that could  
 9 account for it. Am I correct?  
 10 DR. FONTAINE:  
 11 A. Yes, yes.  
 12 MR. SIMMONS:  
 13 Q. Now, but the PR went down, is my question, so  
 14 would the fact that the PR went down be  
 15 consistent with the antigen retrieval being  
 16 the explanation for the changes between the  
 17 two sites?  
 18 DR. FONTAINE:  
 19 A. In what respect?  
 20 MR. SIMMONS:  
 21 Q. In that if the better optimized antigen  
 22 retrieval at Mount Sinai is the explanation  
 23 for the ER being higher on retesting, is that  
 24 consistent with the PR being lower on  
 25 retesting?

Page 54

1 DR. FONTAINE:  
 2 A. I guess, I'm not clear on the question because  
 3 there are two separate tests, so they would be  
 4 run as two separate tests.  
 5 MR. SIMMONS:  
 6 Q. Yes, and presumably if the same antigen  
 7 retrieval methods are used for both the ER and  
 8 the PR, it would have seemed to me that if the  
 9 antigen retrieval brought out more stained  
 10 nuclei for the ER, that that same more  
 11 effective antigen retrieval would be expected  
 12 to bring out more stained nuclei for the PR as  
 13 well?  
 14 DR. FONTAINE:  
 15 A. Provided the same antigen retrieval was used  
 16 for PR.  
 17 MR. SIMMONS:  
 18 Q. For the PR at each. So if you assume that the  
 19 same antigen retrieval was used in St. John's  
 20 for the ER and the PR and the same antigen  
 21 retrieval used for both in Mount Sinai, would  
 22 it be fair to say one would expect that you  
 23 would see increases in the percentages of  
 24 both?  
 25 DR. FONTAINE:

Page 55

1 A. You would expect, that would be the  
 2 explanation.  
 3 MR. SIMMONS:  
 4 Q. Right, okay, fine, thank you.  
 5 THE COMMISSIONER:  
 6 Q. Mr. Pritchett?  
 7 MR. PRITCHETT:  
 8 Q. I have no questions.  
 9 THE COMMISSIONER:  
 10 Q. Ms. Newbury?  
 11 DR. DANIEL FONTAINE, EXAMINATION BY MS. JENNIFER NEWBURY  
 12 MS. NEWBURY:  
 13 Q. Good morning, Dr. Fontaine. Jennifer Newbury  
 14 for the Canadian Cancer Society. I just have  
 15 a couple of questions for you this morning.  
 16 First of all, you were talking about the  
 17 quality assurance in Halifax, the program that  
 18 was in its infancy, I think around the time  
 19 that you completed your residency program  
 20 there.  
 21 DR. FONTAINE:  
 22 A. Yes.  
 23 MS. NEWBURY:  
 24 Q. And can you state again what program had been  
 25 commenced right aware the time that you were

Page 56

1 leaving  
 2 DR. FONTAINE:  
 3 A. The time that I was leaving, they were very  
 4 much at the early phase and they were just  
 5 implementing, what we call frozen section  
 6 review whereby--also as part of our  
 7 responsibilities is to go to the operating  
 8 room while the operation is ongoing and make a  
 9 determination of malignancy or not malignancy  
 10 which could seriously change the course of  
 11 that procedure. So what was being undertaken  
 12 was a correlation of the frozen section with  
 13 the final report and finding out how accurate,  
 14 because again, it's an area that's known to  
 15 have limitations and that's what they were  
 16 looking at.  
 17 MS. NEWBURY:  
 18 Q. And what organization--was there external  
 19 proficiency testing through an outside  
 20 organization?  
 21 DR. FONTAINE:  
 22 A. Again, more like what we were doing here as  
 23 well, this checklist and American Society of  
 24 Clinical Pathology where there were unknown  
 25 cases sent to different labs. So Halifax

Page 57

1 participated with that and the same was  
 2 ongoing here in St. John's.  
 3 MS. NEWBURY:  
 4 Q. Okay, and you indicated that this was the  
 5 start of a formalized program, were there any  
 6 informal programs for quality assurance while  
 7 you were in Halifax?  
 8 DR. FONTAINE:  
 9 A. There would always be, if an individual saw a  
 10 discrepancy, it would be taken up with the  
 11 divisional chief in that area and then  
 12 discussed with individuals. And again, we had  
 13 rounds where difficult cases or problematic  
 14 cases or cases where there had been issues  
 15 identified would be discussed amongst the  
 16 group.  
 17 MS. NEWBURY:  
 18 Q. Okay.  
 19 DR. FONTAINE:  
 20 A. And we have such rounds in St. John's as well.  
 21 MS. NEWBURY:  
 22 Q. There were no sort of random samplings, you  
 23 know, shared with another lab at another  
 24 hospital?  
 25 DR. FONTAINE:

Page 58

1 A. No, not at the time I was there.  
 2 MS. NEWBURY:  
 3 Q. And I just want to ask you some questions  
 4 about the external controls in Halifax and I  
 5 think your evidence yesterday was that you  
 6 didn't personally record when an external  
 7 control failed, except perhaps you might make  
 8 a note of it on a requisition for a repeat,  
 9 ER/PR test.  
 10 DR. FONTAINE:  
 11 A. Correct, it would be repeated until it had  
 12 converted, if you will.  
 13 MS. NEWBURY:  
 14 Q. Okay, and do you know if anyone else, such as  
 15 a technologist might have made a record of an  
 16 external control failing?  
 17 DR. FONTAINE:  
 18 A. Not that I was aware. Again, the technologist  
 19 would be looking at this, so again, it would  
 20 be funnelled through them, so they would be  
 21 the central point. If they started to notice  
 22 that they were getting a lot more repeats,  
 23 that would be a clue for them, something is  
 24 going on.  
 25 MS. NEWBURY:

Page 59

1 Q. Would you know though what sort of records the  
 2 technologist might keep regarding repeat  
 3 tests? Is that something that you would have  
 4 had access to during your residency or had a  
 5 chance to observe during your residency?  
 6 DR. FONTAINE:  
 7 A. They would have the slips, so again, they  
 8 would keep the slips that we had and, but I'm  
 9 not aware of an actual formal document stating  
 10 how many of these were repeats.  
 11 MS. NEWBURY:  
 12 Q. And you had indicated that the technologist in  
 13 Halifax would check the external control and  
 14 then would be made available for the  
 15 pathologist to view.  
 16 DR. FONTAINE:  
 17 A. That's correct.  
 18 MS. NEWBURY:  
 19 Q. Was it the standard practice in Halifax for  
 20 the pathologist to always check the external--  
 21 and this is, we're talking about the external  
 22 batch control.  
 23 DR. FONTAINE:  
 24 A. Yes.  
 25 MS. NEWBURY:

Page 60

1 Q. That was a standard practice?  
 2 DR. FONTAINE:  
 3 A. That was the standard, they would want to see  
 4 it themselves.  
 5 MS. NEWBURY:  
 6 Q. And if the technologists had noticed prior to  
 7 making it available to the pathologists that  
 8 an external control for a batch had failed,  
 9 what steps would the technologists take upon  
 10 realizing that?  
 11 DR. FONTAINE:  
 12 A. Most would actually consult with the  
 13 pathologist, just again for confirmation,  
 14 recognizing that I don't think this has  
 15 worked, could you please confirm this? And  
 16 then there would be corrective action again,  
 17 it would be repeated.  
 18 MS. NEWBURY:  
 19 Q. Okay. So, there would always be consultation  
 20 at that time with pathologists. They would  
 21 never test on their -  
 22 DR. FONTAINE:  
 23 A. Not to my knowledge that they would repeat  
 24 unknown, no.  
 25 MS. NEWBURY:

Page 61

1 Q. And is it your recollection that they would  
 2 always alert the pathologists to their  
 3 observations about the external control  
 4 failing where it was clear that that had  
 5 happened.  
 6 DR. FONTAINE:  
 7 A. I think if it was assumed that if the slides  
 8 were released that they were comfortable at  
 9 that point.  
 10 MS. NEWBURY:  
 11 Q. Okay. So, your recollection is that they  
 12 wouldn't actually release the slides without  
 13 notifying a pathologist as to what had  
 14 happened?  
 15 DR. FONTAINE:  
 16 A. Correct.  
 17 MS. NEWBURY:  
 18 Q. Okay. You had indicated earlier this morning  
 19 that the tumour registry is key cytopathology.  
 20 Could you explain what you mean by that?  
 21 DR. FONTAINE:  
 22 A. So, again with PAP smears, because this is  
 23 essentially where my interest and expertise  
 24 are certainly focused--it's key if, we  
 25 appreciate that if a woman doesn't present for

Page 62

1 pap testing, she's not going to have the  
 2 benefit that it can offer for protection against  
 3 cervical cancer. So, with the registry, what  
 4 we do is keep a track on individuals and it  
 5 gives us an idea of how many abnormalities  
 6 because again, in cytopathology, we're very  
 7 key into different diagnoses, how frequent are  
 8 these diagnoses. Because again, there are  
 9 tremendous quality assurance programs in  
 10 cytopathology because it is a very  
 11 subspecialized area of pathology. So, in part  
 12 with the registry, which my understanding was  
 13 up and functioning here in Newfoundland years  
 14 ago and was cut as a result of many of these  
 15 cuts, what would happen is it would send a  
 16 reminder letter for women to actually attend  
 17 for testing, and offer invitations because  
 18 again, the importance may be lost on  
 19 individuals as to what a PAP test really is.  
 20 Because again, if we look at the literature,  
 21 most women don't really appreciate what a PAP  
 22 test is, yet they will go for PAP tests, but  
 23 they don't appreciate what it is. And if we  
 24 ask them when they had their last PAP test,  
 25 it's not often been within our recommended

Page 63

1 guidelines. So, a reminder letter certainly  
 2 serves.  
 3 DR. FONTAINE:  
 4 A. Okay. So, that tumour registry that you're  
 5 describing now, that would be part of a larger  
 6 registry for all cancers, all -  
 7 DR. FONTAINE:  
 8 A. Correct, yes.  
 9 MS. NEWBURY:  
 10 Q. So, it's not a special one just for  
 11 cytopathology?  
 12 DR. FONTAINE:  
 13 A. There is one that exists just for cytology,  
 14 but it's the same individuals who are in  
 15 charge of the cancer registry as it exists.  
 16 So, it's the same individuals who key these  
 17 data fields.  
 18 MS. NEWBURY:  
 19 Q. And so I take it from your evidence then that  
 20 the registry is beneficial not just for the  
 21 individual patient, but also to look at the  
 22 broader perspective, trends in population -  
 23 DR. FONTAINE:  
 24 A. As a quality -  
 25 MS. NEWBURY:

Page 64

1 Q. - and as a quality assurance.  
 2 DR. FONTAINE:  
 3 A. Yes.  
 4 MS. NEWBURY:  
 5 Q. And how would that help you from a quality  
 6 assurance perspective?  
 7 DR. FONTAINE:  
 8 A. Again, looking at the diagnoses because there  
 9 are diagnoses in cytology that are essentially  
 10 safe diagnoses, you can't be wrong. And there  
 11 are checks in place to make sure that we don't  
 12 abuse those diagnoses. So, again, having the  
 13 registry functioning, one can call upon the  
 14 numbers and keep a check and see how are we  
 15 actually performing. And that's something  
 16 that we do on a regular basis.  
 17 MS. NEWBURY:  
 18 Q. Okay. And is your practice here in St. John's  
 19 similar to what it was in Halifax in that  
 20 regard?  
 21 DR. FONTAINE:  
 22 A. Actually in Halifax because I was just  
 23 practising as, really as a resident at that  
 24 time, but in other jurisdictions, I've not had  
 25 the opportunity to do solo practice in



Page 65

1 cytology. It's always been combination,  
 2 cytology and surgical pathology.  
 3 MS. NEWBURY:  
 4 Q. Okay. Did you have a chance to observe what  
 5 may have been conducted by other pathologists  
 6 in terms of using a registry for cytopathology  
 7 in Halifax? I'm just wondering if you have  
 8 any comments or observations on the comparison  
 9 between the two registries?  
 10 DR. FONTAINE:  
 11 A. Actually in Nova Scotia, it's interesting,  
 12 because the registry is not as functional as  
 13 what we have here in Newfoundland. We  
 14 actually have taken the lead in that respect.  
 15 Now, other jurisdictions in Canada do have a  
 16 more functional registry, but we're getting  
 17 there. But again, in Halifax it was not as  
 18 developed as what we have here.  
 19 MS. NEWBURY:  
 20 Q. Okay. And when you say "we", are you  
 21 referring to cytopathology -  
 22 DR. FONTAINE:  
 23 A. Cytopathology, yes.  
 24 MS. NEWBURY:  
 25 Q. And do you have any knowledge about other

Page 66

1 aspects of the cancer registry here in the  
 2 province? You'd mentioned that there had been  
 3 cuts some time ago.  
 4 DR. FONTAINE:  
 5 A. Yes.  
 6 MS. NEWBURY:  
 7 Q. Do you know how that has impacted on other  
 8 areas of pathology?  
 9 DR. FONTAINE:  
 10 A. In what respect?  
 11 MS. NEWBURY:  
 12 Q. I guess you're commenting on how advanced the  
 13 cytopathology component of the registry is,  
 14 you've taken a lead on it, your department.  
 15 DR. FONTAINE:  
 16 A. Yes.  
 17 MS. NEWBURY:  
 18 Q. Do you know if the same can be said for other  
 19 areas of pathology?  
 20 DR. FONTAINE:  
 21 A. Not so much in the areas of--do you mean to  
 22 speak to the registries or -  
 23 MS. NEWBURY:  
 24 Q. Well, anyone doing breast or renal or any  
 25 other types of -

Page 67

1 DR. FONTAINE:  
 2 A. Now, with the development of synoptic  
 3 reporting because again, that's key, again  
 4 referencing back to the Canadian Association  
 5 of Pathologists meeting, that was a very key  
 6 component, talking about synoptic reporting.  
 7 So, there are no errors of admission, if you  
 8 will, when a pathologist makes a report. So,  
 9 it's a complete report. And these fields are  
 10 required to be filled in. So, it's one of  
 11 these checklists that pathologists will use.  
 12 MS. NEWBURY:  
 13 Q. Okay. So, it's your understanding then that  
 14 since synoptic reporting has been put in  
 15 place, then there should be complete records  
 16 for individuals at Eastern Health.  
 17 DR. FONTAINE:  
 18 A. That's correct. And again, it's still an  
 19 evolution and it's a work in progress, but  
 20 it's certainly come a long way in the time.  
 21 MS. NEWBURY:  
 22 Q. And in terms of your understanding as to what  
 23 happened when there were cuts in the system,  
 24 was the cancer registry ever cut entirely or  
 25 was it just not operating -

Page 68

1 DR. FONTAINE:  
 2 A. It just wasn't operating to its full capacity  
 3 that would have been predating the cuts, but  
 4 it was just a reduced capacity.  
 5 MS. NEWBURY:  
 6 Q. And whether you're working in the area of  
 7 cytopathology or whether you're taking cases  
 8 in other areas of pathology, is it your  
 9 practice to always register a report for each  
 10 and every cancer diagnosis?  
 11 DR. FONTAINE:  
 12 A. My impression was that was automatic with the  
 13 Meditec system, that there would be a report  
 14 generated specifically for the registry.  
 15 MS. NEWBURY:  
 16 Q. Okay. So, you're assuming then that that's  
 17 done automatically.  
 18 DR. FONTAINE:  
 19 A. Correct.  
 20 MS. NEWBURY:  
 21 Q. And in terms of your use of the registry for  
 22 cytopathology, you're not seeing any concerns  
 23 there, is that correct?  
 24 DR. FONTAINE:  
 25 A. Concerns?

Page 69

1 MS. NEWBURY:  
 2 Q. Does it seem to be a usable functioning  
 3 complete system from your perspective?  
 4 DR. FONTAINE:  
 5 A. It had been, but there had been tremendous  
 6 improvements in the time that I've been here,  
 7 but it was a system that had been identified  
 8 to have a number of weaknesses and those  
 9 weaknesses are being addressed.  
 10 MS. NEWBURY:  
 11 Q. Okay. And since when have you noticed the  
 12 improvements and concerns being addressed?  
 13 DR. FONTAINE:  
 14 A. It dates back to when I first came. There  
 15 were a lot of issues with data entry, quality  
 16 of the data and there was ongoing discussions  
 17 with the cervical screening initiatives  
 18 program to deal with that. And we've now come  
 19 to the point where we now have a new registry  
 20 system. So, a full package that's being used  
 21 in other provinces, quite successfully and  
 22 we're quite looking forward to getting that up  
 23 and running. And we expect that that will be  
 24 operational in very short order.  
 25 MS. NEWBURY:

Page 70

1 Q. And do you have any knowledge of what is  
 2 happening in other parts of the province? Do  
 3 you have any opportunity to see what other  
 4 regional health authorities might be doing in  
 5 terms of its use of the cancer registry?  
 6 DR. FONTAINE:  
 7 A. In respect to cytology, I can speak to because  
 8 we have a number of divisional meetings, if  
 9 you will, at the provincial level where the  
 10 different directors of the labs and myself  
 11 will meet with the cervical screening  
 12 initiatives program to discuss issues related  
 13 to that. I can't speak more to the registries  
 14 themselves, only to speak to the cytology side  
 15 and there is a lot of ongoing discussion, yes.  
 16 MS. NEWBURY:  
 17 Q. Okay. And do you know if they are going to be  
 18 on board with the new system?  
 19 DR. FONTAINE:  
 20 A. Yes, they already were. So, it was already a  
 21 provincial program from that end and they've  
 22 been included in the discussions ever since  
 23 the new system in being brought in.  
 24 MS. NEWBURY:  
 25 Q. Did you ever hear any concerns expressed about

Page 71

1 legislation which may not require or perhaps  
 2 permit registration due to patient  
 3 confidentiality issues? Has that ever been -  
 4 DR. FONTAINE:  
 5 A. I've heard of such issues and I believe the  
 6 Commission has heard to that effect as well.  
 7 MS. NEWBURY:  
 8 Q. And Dr. -  
 9 DR. FONTAINE:  
 10 A. And that's my knowledge of the issue as well.  
 11 MS. NEWBURY:  
 12 Q. And in terms of the registration of cancers,  
 13 breast cancers in particular, in Halifax, were  
 14 you able to register the percentage in the  
 15 cancer registry or were other pathologists  
 16 able to register the percentage as opposed to  
 17 simply entering negative or positive?  
 18 DR. FONTAINE:  
 19 A. I'm not aware of the registry system that  
 20 existed in Halifax with respect specifically  
 21 to ER/PR. You'd have to talk to them  
 22 specifically, but my understanding was that  
 23 that was an automatic transfer again. Whether  
 24 they would receive the report and collate from  
 25 there.

Page 72

1 MS. NEWBURY:  
 2 Q. And when this new system is put in place here,  
 3 do you think you'll have the flexibility or  
 4 other pathologists will have the flexibility  
 5 to enter the percentage figure as opposed to  
 6 simply putting in negative or positive?  
 7 DR. FONTAINE:  
 8 A. Again, I can't speak to that because when I  
 9 spoke of the new system, it relates, because I  
 10 speak more of the cytology registry. I can't  
 11 speak to the cancer registry. You'd have to  
 12 speak to somebody at the cancer registry.  
 13 MS. NEWBURY:  
 14 Q. So, these improvement there that you've  
 15 mentioned this mentioned this morning, that's  
 16 really cytopathology.  
 17 DR. FONTAINE:  
 18 A. That's what I'm most familiar with.  
 19 MS. NEWBURY:  
 20 Q. Okay.  
 21 DR. FONTAINE:  
 22 A. Yes.  
 23 MS. NEWBURY:  
 24 Q. Great, thank you very much.  
 25 THE COMMISSIONER:

Page 73

1 Q. Ms. Taylor.  
 2 MS. TAYLOR:  
 3 Q. No questions, Commissioner.  
 4 THE COMMISSIONER:  
 5 Q. Mr. Pike.  
 6 MR. PIKE:  
 7 Q. No questions, Commissioner. Thank you.  
 8 THE COMMISSIONER:  
 9 Q. Mr. Browne?  
 10 MR. BROWNE:  
 11 Q. Thank you, Commissioner.  
 12 DR. DANIEL FONTAINE, EXAMINATION BY MR. PETER BROWNE  
 13 MR. BROWNE:  
 14 Q. Good morning, Dr. Fontaine.  
 15 DR. FONTAINE:  
 16 A. Good morning.  
 17 MR. BROWNE:  
 18 Q. Just one question before I ask if there's any  
 19 further submissions you want to make to the  
 20 Commissioner. And that is, we've heard about,  
 21 I guess, the teaching of immunohistochemistry  
 22 during the residency program and also a little  
 23 bit, we touched on medical school and you have  
 24 an academic appointment.  
 25 DR. FONTAINE:

Page 74

1 A. That's right.  
 2 MR. BROWNE:  
 3 Q. Any particular thoughts or views on whether  
 4 there should be an introduction of  
 5 immunohistochemistry in the undergraduate  
 6 program? And I go back, I harken back to your  
 7 reference when you went through Dalhousie and  
 8 the residency program about the basic  
 9 sciences, the cross linking of the basic  
 10 sciences program and the understanding of the  
 11 science. Any thoughts on whether there should  
 12 be some sort of introduction at medical school  
 13 level of understanding about  
 14 immunohistochemistry?  
 15 DR. FONTAINE:  
 16 A. I think as far as immunohistochemistry, it's a  
 17 very specialized task, if you will. I think  
 18 this Inquiry certainly raised it in the  
 19 general population and that served well. The  
 20 medical student level, I'm not so sure would  
 21 be the necessary. Again, it would be more of  
 22 the sub-speciality, the oncologists, the  
 23 people who would be dealing with the oncology  
 24 issues more directly. And again, most  
 25 specifically with the pathology residents to

Page 75

1 be very familiar with this. And again, the  
 2 oncologists to be very familiar with--I would  
 3 expand it more to the speciality level, but  
 4 would not expect the general medical  
 5 professional to have an understanding of this  
 6 sub-specialized test.  
 7 MR. BROWNE:  
 8 Q. But again, just carrying through that, so  
 9 we're clear on that. So, cross-linking  
 10 perhaps with other specialities where -  
 11 DR. FONTAINE:  
 12 A. Use our service.  
 13 MR. BROWNE:  
 14 Q. Use the service, so potentially surgery,  
 15 oncology, maybe not radiology, but--possibly?  
 16 DR. FONTAINE:  
 17 A. Possibly, yes, I mean, again, depending on  
 18 they would have to have an appreciation for  
 19 some of the limitations here as well.  
 20 MR. BROWNE:  
 21 Q. It's always the occasion for witnesses who  
 22 come before the Commissioner if they have any  
 23 thoughts or recommendations or comments to add  
 24 in addition to their evidence. Because  
 25 obviously the Commissioner is looking forward

Page 76

1 into the future in terms of what things can  
 2 be--what recommendations could be made for  
 3 change. Do you have any thoughts or comments  
 4 or recommendations to offer to the  
 5 Commissioner?  
 6 DR. FONTAINE:  
 7 A. How much time do you have? Actually I  
 8 prepared a little bit of a list, but just to  
 9 thank you again for the opportunity to speak  
 10 at this, recognizing my expertise is not  
 11 immunohistochemistry, but I do have some  
 12 exposure and experience with  
 13 immunohistochemistry. And just to re-  
 14 establish the idea that this Inquiry is  
 15 necessary. I don't think there's a  
 16 pathologist here who will honestly say that  
 17 they want to see the Inquiry stopped. They  
 18 recognize that this is necessary, if not only  
 19 for the ability to regain the public trust.  
 20 This is something that we hold very precious  
 21 and I think has been seriously jeopardized  
 22 because myself, practising in this field have  
 23 sort of wondered myself on times. I can only  
 24 imagine what the general public must be  
 25 thinking is going on. And for myself, looking

Page 77

1 at how the course of events have parleyed, I  
 2 can only imagine. The families and  
 3 individuals, my heartfelt thoughts go out to  
 4 them. And also to reiterate the notion that  
 5 we appreciate that there's a life that hangs  
 6 in the balance, if you will that each time we  
 7 make a diagnosis, this is life altering.

8 As the Commission has heard, many  
 9 pathologists have been touched by cancer in  
 10 different ways and we often look at that and  
 11 consider those issues when we make our  
 12 diagnoses. These are tremendous diagnoses  
 13 because again the stress of the Inquiry is all  
 14 encompassing and very crippling, but I find  
 15 it's even more difficult when I sit in the  
 16 front of the microscope to make the diagnosis  
 17 of cancer and know that I've altered  
 18 somebody's life from that end.

19 There's also a need for standardization  
 20 in the laboratories. We've seen on the front  
 21 pages and recently just coming from the  
 22 Canadian Association of Pathologists meeting  
 23 it's finally coming out that this is an issue.  
 24 It's not isolated to Newfoundland. This is a  
 25 national issue. The Association feels

Page 78

1 strongly that we need to have this and we need  
 2 to be taking control of this. We need to be  
 3 paying attention to a lot of these issues.

4 THE COMMISSIONER:  
 5 Q. What does standardization mean for  
 6 pathologists?  
 7 DR. FONTAINE:  
 8 A. Basically that we're doing the same thing.  
 9 The unfortunate thing, we've often worked in  
 10 silos, so again, there's not been great  
 11 communication, as I'm sure you heard, we're  
 12 not great communicators. Oftentimes people  
 13 will go into pathology because they don't  
 14 communicate well. So, you'll find that that  
 15 was always the notion of a pathologist.  
 16 You're a basement dweller and you perform  
 17 autopsies.  
 18 We've always known it to be different,  
 19 but we don't communicate -

20 THE COMMISSIONER:  
 21 Q. Although they still put you in the basement.  
 22 DR. FONTAINE:  
 23 A. We still, unfortunately, do. There is a  
 24 change though in some of the newer hospitals,  
 25 the pathologists are actually residing at the

Page 79

1 top floor with windows.  
 2 THE COMMISSIONER:  
 3 Q. Oh!  
 4 DR. FONTAINE:  
 5 A. So, that was very difficult to turn down, some  
 6 of those offers, I have to say, when I did -

7 THE COMMISSIONER:  
 8 Q. When you speak about standardization, are you  
 9 talking about standardization of basic  
 10 procedures? It just seems to me that your  
 11 profession requires, sort of--there are these  
 12 things where one has to put on the scientist  
 13 hat and you have to say everyday when I do X,  
 14 I have to do it exactly the same way. That's  
 15 important in terms of amounts of solution that  
 16 get applied to X slide, the way we handle  
 17 specimens, that kind of thing. On the other  
 18 hand, in many respects your profession is one  
 19 of those new and dynamic ones that's  
 20 constantly figuring out new and better ways of  
 21 doing things and perhaps you should be all  
 22 encouraged to do that because we are all going  
 23 to benefit in the end from it. It seems to me  
 24 that sometimes, standardization means you  
 25 don't move. So, there's a careful balance to

Page 80

1 be -  
 2 DR. FONTAINE:  
 3 A. Exactly.  
 4 MR. BROWNE:  
 5 Q. - figured out. And so when pathologists think  
 6 about what standardization means, I'm just  
 7 interested in knowing the kinds of things that  
 8 pathologists want to see standardized.

9 DR. FONTAINE:  
 10 A. Right. Again, looking at when I came in as  
 11 site chief and this all broke, my thing was I  
 12 want to see that the specimens when they come  
 13 down are all handled in the same manner.  
 14 Therefore, we can use that as our base. As it  
 15 currently stands, if there are no standards  
 16 like that and we use the higher end test, what  
 17 conclusions can we draw, is the thing  
 18 essentially, because we don't have the same  
 19 base. Does that make sense?

20 THE COMMISSIONER:  
 21 Q. Yes.  
 22 DR. FONTAINE:  
 23 A. Because again, we can't move forward unless we  
 24 have the basics covered and the current  
 25 status, I don't feel the basics are covered.

Page 81

1 Again, when we look at the application of  
 2 these higher end tests, there was no  
 3 consideration to these lower basic fundamental  
 4 issues, if you will. So, we really needed to  
 5 be looking at those things. So, a lot of what  
 6 we looked at from the past needs to be  
 7 considered if we're looking at retrospective  
 8 and applying these newer techniques. If we  
 9 were not applying standards back then, what  
 10 conclusions can we really make from what we're  
 11 now finding.  
 12 THE COMMISSIONER:  
 13 Q. And I'm getting the impression from some of  
 14 your colleagues that in your profession, there  
 15 are certain tests, which shall we say, are  
 16 less susceptible to error based on less than  
 17 optimal handling -  
 18 DR. FONTAINE:  
 19 A. Yes.  
 20 THE COMMISSIONER:  
 21 Q. - and -  
 22 DR. FONTAINE:  
 23 A. Much more robust.  
 24 THE COMMISSIONER:  
 25 Q. Yes. And the IHC end of things, the need for

Page 82

1 the optimal situation is greater. Is that -  
 2 DR. FONTAINE:  
 3 A. Yes.  
 4 THE COMMISSIONER:  
 5 Q. - clear? I mean, I have to recognize that IHC  
 6 is a very small part of what you do and since  
 7 we're focusing on that, sometimes when you  
 8 focus on that one small part, your view of the  
 9 world can get a little skewed, so we kind of  
 10 have to be careful that we're not getting a  
 11 totally skewed view of what a pathologist  
 12 does.  
 13 DR. FONTAINE:  
 14 A. Yes.  
 15 THE COMMISSIONER:  
 16 Q. But is that fair that the nature of IHC is  
 17 such that the need for what you have described  
 18 as the standardized procedures is greater.  
 19 DR. FONTAINE:  
 20 A. Yes.  
 21 THE COMMISSIONER:  
 22 Q. There's less room for fudging at the beginning  
 23 end with IHC than there might be with other  
 24 less--what's the word--difficult in the sense  
 25 of what to put the specimen through test.

Page 83

1 DR. FONTAINE:  
 2 A. Exactly. It's much more susceptible to--I'm  
 3 caught in the same thing, but I know what it  
 4 is you speak--again because when we look at  
 5 IHC, they're not uniform, some are much more  
 6 robust, as you've mentioned and much more -  
 7 THE COMMISSIONER:  
 8 Q. Well, I want to hear about people putting  
 9 things in boiling vats and I'm saying you've  
 10 got to deal with that little tiny piece of  
 11 tissue which is cut so thin, that you can  
 12 barely see it and you're then going to boil it  
 13 or slightly less than boiling.  
 14 DR. FONTAINE:  
 15 A. Yes.  
 16 THE COMMISSIONER:  
 17 Q. Then it seems to me that it's pretty important  
 18 that each step along the way be done properly.  
 19 DR. FONTAINE:  
 20 A. Exactly and that's the key, looking at the  
 21 level of automation now because I'm a bit  
 22 proponent of automation in that it  
 23 standardizes the process that we now  
 24 understand and again, when we talk about  
 25 tissue microrays, it permits us the

Page 84

1 opportunity to do a number so we take a small  
 2 portion of a tissue, of a bigger cancer, again  
 3 much like we do with grossing, we take a  
 4 smaller piece of the bigger tissue to make a  
 5 generalization to that. What now is happening  
 6 in research is we're taking tissue microrays  
 7 and taking a smaller piece again, a key punch  
 8 hole out of a tumour and then exposing it--we  
 9 can test 300 patients that have identical  
 10 situations. So, the IHC is actually identical  
 11 in those 300. So, we've controlled now for  
 12 that. So, there is a lot of move. The  
 13 advances have outstripped the basic  
 14 understanding. Again, we've not--and again  
 15 through my training, there was this push to  
 16 understand the high level, but not really an  
 17 emphasis on the basic fixation.  
 18 MR. BROWNE:  
 19 Q. Can I interrupt there, Commissioner?  
 20 THE COMMISSIONER:  
 21 Q. Of course, Mr. Browne, I interrupted.  
 22 MR. BROWNE:  
 23 Q. I want to loop that back. That's fine, but I  
 24 guess we're touching on a point, I want to  
 25 loop that back. And Dr. Fontaine, let me ask

Page 85

1 you about this, we've asked this sort of  
 2 question to Dr. Pritzker and that is when IHC  
 3 came out, the notion of standard--we're  
 4 talking about standards now. This was rolled  
 5 out. Can you talk to that effect? Were there  
 6 standards out there when this was rolled out?  
 7 DR. FONTAINE:  
 8 A. No, I mean, people were so excited about this,  
 9 the potentials, that it just became practice  
 10 and then those on the ground had to learn on  
 11 the ground, on the fly. You were going on the  
 12 fly and that's why -  
 13 THE COMMISSIONER:  
 14 Q. Well, technologists still do, don't they?  
 15 DR. FONTAINE:  
 16 A. Oh, exactly.  
 17 THE COMMISSIONER:  
 18 Q. I mean, they have to learn and it doesn't seem  
 19 to be part of any organized educational  
 20 institutions program.  
 21 DR. FONTAINE:  
 22 A. We look at it and say, oh, it's simple, but  
 23 it's not, it exceptionally complex. And we  
 24 have to keep that in mind. Because if you  
 25 talk to the older pathologists, again, I'm

Page 86

1 better served to say, more senior, they refer  
 2 to -  
 3 THE COMMISSIONER:  
 4 Q. When you're talking to me, yes, please.  
 5 DR. FONTAINE:  
 6 A. Okay, sorry. But when we talk about the  
 7 immunohistochemical stains, they'll refer to  
 8 them as the brown stains. So, they didn't  
 9 even know to sub-specialize or sub-localize to  
 10 nuclear cytoplasmic and take that even further  
 11 as to say, membraneous, that it only stains  
 12 the membrane of the cell as is seen with  
 13 HER2/neu. So again, if we take that even  
 14 further, because I specifically remember when  
 15 HER2/neu came in, we actually got a lunch in  
 16 pathology and I was like, wow, this is strange  
 17 because we never were getting benefits. We  
 18 basically had to keep producing the work to  
 19 that end. The demands were being made of the  
 20 clinicians, just keep putting this out. And  
 21 we were now seeing targeted therapies as a  
 22 result of our work. And I looked at that and  
 23 thought, boys, we better get something  
 24 straight here in our end to make sure that we  
 25 have standards.

Page 87

1 THE COMMISSIONER:  
 2 Q. But in the pathology department--obviously my  
 3 exposure is to another profession and I would  
 4 think most of the people in this room come  
 5 from a place where legal education is  
 6 emphasized. And because they have computers  
 7 or because, if those in larger firms have an  
 8 organized way of ensuring that whatever was  
 9 decided yesterday by the Supreme Court of  
 10 Canada, is on your desk this morning. And if  
 11 you happen to be working in the area of that  
 12 things, it's not only on your desk that they  
 13 made a decision, but it's on your desk that  
 14 you'd better read it because this, that or  
 15 other thing was decided yesterday. It's just  
 16 a natural part of the current practice. Is  
 17 there not something similar in your world  
 18 which sort of makes sure that you're alerted  
 19 to what's happening in the world of pathology  
 20 and what the pitfalls are in this latest,  
 21 newest thing? And if not, who should be  
 22 looking at that kind of thing?  
 23 DR. FONTAINE:  
 24 A. Not really, it's a good question, because  
 25 whose responsibility is it, because I know

Page 88

1 from that lunch that I received several years  
 2 ago, I think it was the duty of the drug  
 3 company, that it was now shown that you needed  
 4 to show over-expression of HER-2 to qualify  
 5 for that medication, and they took it upon  
 6 them and they came in and actually trained the  
 7 pathologist in how to do that at the  
 8 institution that I was at at that time. Now  
 9 whether that would fall to them -- again  
 10 speaking to the pathology community itself,  
 11 I'm not aware of such a standard existing. I  
 12 know in medicine if there's a drug alert, it  
 13 is notified. I receive these. I don't  
 14 prescribe medications, yet I receive these  
 15 notifications, but within the pathology  
 16 circles there wouldn't be such widespread  
 17 information. Again you've probably seen that  
 18 communication has not been the greatest.  
 19 MR. BROWNE:  
 20 Q. Commissioner, can I interrupt again --  
 21 COMMISSIONER:  
 22 Q. Sure.  
 23 MR. BROWNE:  
 24 Q. Just to address another -- just on that  
 25 analogy, Doctor, we get cases which are, as

Page 89

1 the Commissioner talked about from the Supreme  
 2 Court of Canada, which is a definitive  
 3 statement on the law for this country.  
 4 DR. FONTAINE:  
 5 A. Yes.  
 6 MR. BROWNE:  
 7 Q. But in medicine, there are journals and there  
 8 are studies which may be competing conclusions  
 9 and so on. In order to get standards -- I  
 10 mean, there's a whole host of literature, is  
 11 there not?  
 12 DR. FONTAINE:  
 13 A. Yes.  
 14 MR. BROWNE:  
 15 Q. And then as things move forward, you try to  
 16 collate with med analysis or --  
 17 DR. FONTAINE:  
 18 A. Yes.  
 19 MR. BROWNE:  
 20 Q. And perhaps you can speak to this, but -- and  
 21 then national meetings, international  
 22 meetings, where you may get panels of people  
 23 to try to bring together the thinking because  
 24 there are many different thinkers and  
 25 different points of view, to a consensus, and

Page 90

1 that's how you get to standards, is that a  
 2 fair description of the evolution of the  
 3 science and the medicine to get to -- and then  
 4 that could be disseminated to pathologists?  
 5 DR. FONTAINE:  
 6 A. I think that's actually where we are right  
 7 now, when we consider that the Canadian  
 8 Association has just met and finally agreed  
 9 that this is something that we should be  
 10 doing. I've been quite disappointed with the  
 11 Canadian Association in that it was -- their  
 12 position was not clear for a long time on what  
 13 was going on in Newfoundland, that it just  
 14 seemed to be a Newfoundland problem, if you  
 15 will. Now we're looking at national standards  
 16 that are trying to be implemented as a result.  
 17 So it's caused a lot of communication in the  
 18 pathology communities. Again sitting as site  
 19 chief at the Health Sciences, I did receive  
 20 calls when this story broke because there was  
 21 a lot of rumour mill within the community, and  
 22 a lot of people said, well, we might have a  
 23 problem here, how do we know we don't have a  
 24 problem, what did you do, and there was a lot  
 25 of questions and a lot of unrest, recognizing

Page 91

1 that immunochemistry is fraught with  
 2 difficulty on many levels.  
 3 COMMISSIONER:  
 4 Q. Was there anything else you wanted to add,  
 5 Doctor?  
 6 DR. FONTAINE:  
 7 A. Where do I stop? Again just to reflect the  
 8 importance of pathology in cancer care, and I  
 9 think this forum demonstrates that quite  
 10 significantly in that the importance -- if our  
 11 pathology is not correct, not clinical  
 12 colleagues are at our mercy, if you will, as  
 13 much are the patients, and we have a duty to  
 14 do this properly and it's nice to see that  
 15 there is this move afoot nationally and that  
 16 this has been originated in Newfoundland  
 17 because I feel very strongly about that. As  
 18 you've seen, I've resigned twice. I've been  
 19 very frustrated here, but I also see that  
 20 there are some tremendous opportunities here  
 21 as well, and I hope that other individuals  
 22 will see that as well and come to Newfoundland  
 23 and see what there is and stay, and see this  
 24 forward. The other thing I would like to  
 25 speak to is the uniqueness of the Newfoundland

Page 92

1 population. From the point of view of cancer,  
 2 there are things here that I know I am unique  
 3 to seeing. There are several cancers, cancer  
 4 clusters in families, working on prophylactic  
 5 hysterectomies, and what not. The  
 6 opportunities here are tremendous and it  
 7 really deserves that continuity of pathology  
 8 to push this forward, and I hope that with  
 9 this new package that we've been given, the  
 10 interest that's come as a result of the  
 11 inquiry, and this package, that people will  
 12 see the silver lining here, and not only see  
 13 it for an opportunity for remuneration.  
 14 MR. BROWNE:  
 15 Q. There are research benefits here --  
 16 DR. FONTAINE:  
 17 A. Tremendous. Again when I speak to the fact,  
 18 and I'll finish up with my psychology  
 19 reference, again I recently had an opportunity  
 20 to go to Alberta. The first time I actually  
 21 went, I went as a consultant. They wanted to  
 22 know how were we able to get liquid based  
 23 cytology and HPV testing. These are again  
 24 high level sub-specialty tests offered in  
 25 cytopathology, and Alberta was asking us how

Page 93

1 we were able to do that. Again it spawned a  
 2 lot -- looking at it, it's because of the  
 3 inquiry, and so that there's been attention to  
 4 quality, and that's key. Again when I look at  
 5 it, I see my issue with cytology is I would  
 6 like to see that there's a provincial program  
 7 that would be centralized. I do see where  
 8 it's a screening process, it's something that  
 9 could be centralized to that end, and  
 10 something that I would ask you to consider  
 11 from the point of view of quality. Again the  
 12 second time I went to Alberta was to look for  
 13 a job, and then when I looked at what they  
 14 had, it paled in comparison. So it was very  
 15 difficult to leave here, looking at what we  
 16 had as resources, and again looking at the  
 17 technologists because again having that  
 18 communication, we have very dedicated  
 19 technologists. You've heard the technologists  
 20 speak. I can oftentimes remember that they'd  
 21 be working late into the evening trying to get  
 22 the right answer, if you will, that the  
 23 patient can be treated properly and get this  
 24 moving. Again if you'll remember when the  
 25 initial stories broke, there was tremendous

Page 94

1 finger pointing and what not, and there was  
 2 almost a sense of distrust within each of the  
 3 groups, but I hope that through the end of  
 4 this that we're able to go beyond this and  
 5 have a stronger relationship as a result, and  
 6 find that we have a common goal and it's to  
 7 serve the patients of Newfoundland and  
 8 Labrador and get this right and move it  
 9 forward.  
 10 MR. BROWNE:  
 11 Q. Thank you, Commissioner.  
 12 COMMISSIONER:  
 13 Q. All right. There was one other thing I wanted  
 14 to ask you about, Dr. Fontaine, and that was  
 15 something you alluded to early when you  
 16 started giving your evidence, and that was  
 17 what I had the impression was a new found  
 18 thing about questioning the reports of the  
 19 pathologists.  
 20 DR. FONTAINE:  
 21 A. Yes.  
 22 COMMISSIONER:  
 23 Q. And it seems to me on one end that's a really  
 24 positive thing.  
 25 DR. FONTAINE:

Page 95

1 A. I agree.  
 2 COMMISSIONER:  
 3 Q. But I'd like to hear from you what the view of  
 4 the pathologist is to that, and where you see  
 5 your role meshing with others because it seems  
 6 from where I'm sitting that particularly when  
 7 you were -- I'm confident that your  
 8 profession, as in mine, if you put a bunch of  
 9 pathologists in a room, they would maybe agree  
 10 on 80 percent of the work that they do?  
 11 DR. FONTAINE:  
 12 A. Correct.  
 13 COMMISSIONER:  
 14 Q. And then you have the 10 percent on either end  
 15 and there would be great debate about that --  
 16 well, no, with lawyers, it would probably be  
 17 20 percent on either end, but that's just the  
 18 nature of the beast.  
 19 DR. FONTAINE:  
 20 A. Yes, exactly.  
 21 COMMISSIONER:  
 22 Q. And I'm just thinking that a healthy  
 23 understanding of what each of your roles are  
 24 and healthy questioning is not a bad thing,  
 25 but I'd like the perspective of a pathologist

Page 96

1 on that.  
 2 DR. FONTAINE:  
 3 A. I would agree completely. Several clinicians  
 4 that I discuss with think that all I do are  
 5 autopsies, and that's very frustrating to me  
 6 into thinking that here we have somebody who  
 7 is medically trained, receives my reports, yet  
 8 still believes all I do are autopsies, and  
 9 it's having that understanding. I also find  
 10 it interesting because clinicians are very  
 11 quick to go look at the radiology, they'll  
 12 look at the films and challenge the  
 13 radiologist, but yet sitting as a pathologist,  
 14 they just take the report and don't question  
 15 beyond that. I don't know if it's that we've  
 16 scared them off, or if they don't like to come  
 17 to the basement. What the issue actually is --  
 18 COMMISSIONER:  
 19 Q. Or is it a lack of understanding of the nature  
 20 of what you do?  
 21 DR. FONTAINE:  
 22 A. We don't like to set up those barbs with our  
 23 colleagues, but I think that may be the issue,  
 24 and again it's -- because looking down a  
 25 microscope is you're looking into a completely



Page 97

1 different world, and it's one that we talk  
 2 about, throw around these terms, and the  
 3 clinicians are faced with they have to pick  
 4 their battles, if you will. We do have several  
 5 clinicians here who will on times come down  
 6 and challenge my diagnosis, and I actually --  
 7 I like that. If something doesn't fit  
 8 clinically, we need to know and have that  
 9 information communicated back to us. If  
 10 something doesn't fit, maybe we can revisit  
 11 that and have that discussion because again  
 12 clinically if it doesn't look like what it is,  
 13 let's have another look at the pathology. A  
 14 second visit to a pathology report is not a  
 15 bad thing, and I think we've seen that in  
 16 popular press as well that it never hurts to  
 17 have another pair of eyes cast on these things  
 18 because again the decisions are significant,  
 19 and again is it enough to say that we should  
 20 only review the cases that we have problems  
 21 with; probably not. In cytology, we actually  
 22 will review -- the technologists do the  
 23 majority of the work, and what they actually  
 24 have in place is 100 percent of their work is  
 25 reviewed on the expectation that we do find

Page 98

1 that there are discrepancies, and fortunately  
 2 those discrepancies will be picked up before  
 3 they're actually released. So there is this  
 4 safety net, if you will, and I think the  
 5 practice has always been -- because again,  
 6 like you've mentioned, there will be the  
 7 difference of opinions. Again when you get  
 8 two pathologists together, you often get three  
 9 opinions. It's one of these well known  
 10 things, and oftentimes we always take the  
 11 expert to be right. You never question beyond  
 12 that. So much like the clinician takes our  
 13 report, we will often ask an expert and say,  
 14 well, obviously they're the expert, that's the  
 15 finish line. Sometimes the experts don't get  
 16 it right either, and it's -- because again  
 17 it's an opinion. In that time we have to  
 18 consider that as well. So it's always -- the  
 19 true test is time. The disease will declare  
 20 itself in time to that end. So it's --  
 21 COMMISSIONER:  
 22 Q. Is there a place in North America for a  
 23 pathologist to be involved in the actual  
 24 diagnosis?  
 25 DR. FONTAINE:

Page 99

1 A. In what respect?  
 2 COMMISSIONER:  
 3 Q. Well, I've read more than I ever thought I  
 4 ever wanted to read in respect of what people  
 5 are doing at various places around the world,  
 6 and -- for example, I did read of required  
 7 protocol in one country where when a diagnosis  
 8 is made of breast cancer, in fact, you got to  
 9 get the pathologist and the oncologist and the  
 10 radiologist in the same room.  
 11 DR. FONTAINE:  
 12 A. Yes.  
 13 COMMISSIONER:  
 14 Q. Now there can be all kinds of problems with  
 15 that, not the least of which that would be yet  
 16 another thing to be added onto pathologists  
 17 workloads and they've already got more perhaps  
 18 than they can possibly do --  
 19 DR. FONTAINE:  
 20 A. Right.  
 21 COMMISSIONER:  
 22 Q. Rut it would solve that problem of the  
 23 pathologist not knowing enough about the  
 24 clinical background and getting three heads to  
 25 say does this all mesh together.

Page 100

1 DR. FONTAINE:  
 2 A. Exactly.  
 3 COMMISSIONER:  
 4 Q. But you don't know of any circumstance in  
 5 North America, do you, where that has  
 6 occurred?  
 7 DR. FONTAINE:  
 8 A. I know some institutions will have mandatory  
 9 second reviews. When you come in for  
 10 treatment into a referral centre and it's been  
 11 a case that's been diagnosed in the periphery,  
 12 the material will be sent along with the  
 13 patient to be reviewed by the treating  
 14 institution to again confirm or find -- to  
 15 complete reports again from that end. It's  
 16 not common practice, but it does happen in  
 17 some jurisdictions.  
 18 COMMISSIONER:  
 19 Q. All right.  
 20 DR. FONTAINE:  
 21 A. And I do have to add because you've learned so  
 22 much about pathology, we do have positions. I  
 23 always talk to people because at the CAPI  
 24 was, like, we've got jobs, so --  
 25 COMMISSIONER:

Page 101

1 Q. I've thought of second careers, but frankly  
 2 that hasn't been one of them.  
 3 DR. FONTAINE:  
 4 A. Well, I figured it was worth asking.  
 5 COMMISSIONER:  
 6 Q. Anything else, Mr. Browne?  
 7 MR. BROWNE:  
 8 Q. No, thank you, Commissioner.  
 9 COMMISSIONER:  
 10 Q. Mr. Coffey, do you have anything arising?  
 11 DR. DON FONTAINE, RE-EXAMINATION BY BERNARD COFFEY, Q.C.  
 12 COFFEY, Q.C.:  
 13 Q. Just one point of clarification. When you  
 14 first asked the doctor about -- you asked  
 15 about standards or what it means in a  
 16 pathologist's world. Doctor, I take it then,  
 17 if there were to be standard protocols or  
 18 standard approaches adopted for certain  
 19 aspects of pathology, of course, that would  
 20 not necessarily mean that that's the only way  
 21 to do something. Even a protocol could say  
 22 that this is the way it's to be done --  
 23 DR. FONTAINE:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

Page 102

1 Q. If you're going to do it differently, you  
 2 declare that you are and document it  
 3 accordingly, and with a view to perhaps  
 4 improving it.  
 5 DR. FONTAINE:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. To see how that goes?  
 9 DR. FONTAINE:  
 10 A. That's correct.  
 11 COFFEY, Q.C.:  
 12 Q. So the idea of having standards does not  
 13 necessarily restrict someone entirely or  
 14 develop future improvements?  
 15 DR. FONTAINE:  
 16 A. Not at all.  
 17 COFFEY, Q.C.:  
 18 Q. It's just a standard, as you pointed out. For  
 19 example, if tissue is to be handled in a  
 20 certain way when it comes into a laboratory  
 21 setting, and before it even gets into the  
 22 laboratory setting and it's all spelled out in  
 23 writing, if you came along, you'd attended a  
 24 conference somewhere and you came back to St.  
 25 John's and said, well, actually, I have this

Page 103

1 new idea here --  
 2 DR. FONTAINE:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. I've been exposed to, and you could discuss it  
 6 with your colleagues and, you know, the  
 7 protocol even in Eastern Health, for example,  
 8 could allow for variations to see what -- try  
 9 and improve it?  
 10 DR. FONTAINE:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. So the idea of standards is not necessarily to  
 14 restrict things, as long as everybody  
 15 understands them.  
 16 DR. FONTAINE:  
 17 A. This is sort of the minimum required.  
 18 COFFEY, Q.C.:  
 19 Q. The minimum required, and even if the minimum  
 20 requirement might involve perhaps changing it  
 21 to a better minimum requirement, it could  
 22 allow for --  
 23 DR. FONTAINE:  
 24 A. Exactly.  
 25 COFFEY, Q.C.:

Page 104

1 Q. If the system is put in place properly, it  
 2 could allow for improvements?  
 3 DR. FONTAINE:  
 4 A. Yes, exactly, and I think it would need to be  
 5 evidence-based to show that the change is --  
 6 again it's not so much that we're not open to  
 7 new idea, we're always looking for ways to  
 8 improve the way we perform things. To that  
 9 end, now recognizing that fixation is an  
 10 issue, there is a tremendous move in academic  
 11 centres to move towards frozen tissue, so bio-  
 12 banking. You might have come across such  
 13 things. Again that's the idea that moves  
 14 forward again, so it spawns from there.  
 15 COFFEY, Q.C.:  
 16 Q. That's it. Thank you.  
 17 COMMISSIONER:  
 18 Q. Thank you.  
 19 COFFEY, Q.C.:  
 20 Q. Commissioner, I do have a morning witness, but  
 21 if we can take the morning break.  
 22 COMMISSIONER:  
 23 Q. Take the morning break, yes. Thank you very  
 24 much, Dr. Fontaine.  
 25 (RECESS)

Page 105

1 COMMISSIONER:  
 2 Q. Mr. Coffey.  
 3 COFFEY, Q.C.:  
 4 Q. Thank you, Commissioner. Commissioner, the  
 5 next witness is Maurice Dalton, Dr. Dalton.  
 6 DR. MAURICE DALTON (SWORN) EXAMINATION BY BERNARD COFFEY,  
 7 Q.C.:  
 8 COFFEY, Q.C.:  
 9 Q. Commissioner, we have some new exhibits. If I  
 10 could ask to enter those please. They are  
 11 Exhibits P-2340 through P-2352 inclusive.  
 12 There's an Exhibit C-0182, and then Exhibit P-  
 13 2354 and 2355.  
 14 EXHIBIT P-2340 THROUGH P-2352 ENTERED  
 15 EXHIBIT C-0182 ENTERED  
 16 EXHIBIT P-2354 AND P-2355 ENTERED  
 17 COMMISSIONER:  
 18 Q. Entered.  
 19 COFFEY, Q.C.:  
 20 Q. Doctor, could you tell us, please, Doctor, an  
 21 overview of your educational and professional  
 22 background?  
 23 DR. DALTON:  
 24 A. Sure. I went to medical school in Cork,  
 25 Ireland. I graduated in June, 1971. I did

Page 106

1 post-graduate work in -- I did the medical  
 2 microbiology, clinical microbiology, and did  
 3 post-graduate work in Dublin, in London, and  
 4 was certified in that in 1978. I returned to  
 5 Ireland for a year, stayed a couple of years  
 6 and came to Canada in 1984, worked as the  
 7 Director of Microbiology at the Victoria  
 8 General Hospital in Halifax until 1992, and  
 9 then went back and did a residency in general  
 10 pathology and finished that in 1996.  
 11 COFFEY, Q.C.:  
 12 Q. Where did you do that, Doctor?  
 13 DR. DALTON:  
 14 A. In Victoria General Hospital in Halifax, and  
 15 finished that in 1996, and came to Grand Falls  
 16 in 1996.  
 17 COFFEY, Q.C.:  
 18 Q. And you've been in Grand Falls since?  
 19 DR. DALTON:  
 20 A. That's right.  
 21 COFFEY, Q.C.:  
 22 Q. Grand Falls, Newfoundland, and practising as a  
 23 pathologist?  
 24 DR. DALTON:  
 25 A. Yes.

Page 107

1 COFFEY, Q.C.:  
 2 Q. Now, Doctor, I'm going to ask you to expand a  
 3 bit upon your training, different aspects of  
 4 your training, okay.  
 5 DR. DALTON:  
 6 A. Uh-hm.  
 7 COFFEY, Q.C.:  
 8 Q. Clinical microbiology, you said?  
 9 DR. DALTON:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. In the early days in your career?  
 13 DR. DALTON:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. What did that involve? First of all, I should  
 17 go back a bit. You were trained as a  
 18 physician in Ireland?  
 19 DR. DALTON:  
 20 A. Yes, I finished medical school, that's right.  
 21 COFFEY, Q.C.:  
 22 Q. Medical school in Ireland.  
 23 DR. DALTON:  
 24 A. Uh-hm.  
 25 COFFEY, Q.C.:

Page 108

1 Q. And then you did, what was it?  
 2 DR. DALTON:  
 3 A. I did my intern year.  
 4 COFFEY, Q.C.:  
 5 Q. Internship.  
 6 DR. DALTON:  
 7 A. And finished that, and then I went back and  
 8 did a year of general pathology at the  
 9 University. I was a demonstrator in  
 10 pathology, and then I went on to train in  
 11 medical microbiology.  
 12 COFFEY, Q.C.:  
 13 Q. Now what is that?  
 14 DR. DALTON:  
 15 A. that is infectious diseases, epidemiology,  
 16 diagnostic procedures for infectious diseases,  
 17 a lot of antibiotic testing in the various  
 18 organisms, also handling and management of  
 19 patients, and it involved a certain level of  
 20 public health, public immunization programs,  
 21 that sort of thing.  
 22 COFFEY, Q.C.:  
 23 Q. So was that a specialty in itself?  
 24 DR. DALTON:  
 25 A. Yes.

Page 109

1 COFFEY, Q.C.:

2 Q. And you did a residency program in that?

3 DR. DALTON:

4 A. Yes.

5 COFFEY, Q.C.:

6 Q. In Ireland?

7 DR. DALTON:

8 A. I started in Ireland at the Federated Dublin

9 Voluntary Hospitals and then I moved to St.

10 Thomas' Hospital in London and then I did a

11 year post graduate in Guy's Hospital in

12 London.

13 COFFEY, Q.C.:

14 Q. And the year of post graduate work was in

15 what?

16 DR. DALTON:

17 A. It was in general clinical microbiology.

18 There was no specific focus to it.

19 COFFEY, Q.C.:

20 Q. And then Doctor, I'm sorry, then you worked

21 for -

22 DR. DALTON:

23 A. I went back to Ireland and I worked from 1979

24 to 1984 as a medical microbiologist.

25 COFFEY, Q.C.:

Page 110

1 Q. And then what happened?

2 DR. DALTON:

3 A. Then while I was doing that, I was working

4 alongside a Canadian trained pathologist who

5 had worked here in St. John's and that

6 developed an interest in general pathology and

7 I thought the only--at the time, the only

8 place you could get trained in general

9 pathology at that time was here in Canada. So

10 eventually, I came to Canada in '84 and stayed

11 working in microbiology for a few years in

12 Victoria General Hospital and then when I got

13 an opportunity, I went in and trained in

14 general pathology.

15 COFFEY, Q.C.:

16 Q. In the Dalhousie program?

17 DR. DALTON:

18 A. That's right.

19 COFFEY, Q.C.:

20 Q. Now on that point, Doctor, you indicated that

21 the only place at the time, in the 80s, that

22 you could train in general pathology was in

23 Canada?

24 DR. DALTON:

25 A. You could have gone to the States, but the

Page 111

1 opportunity to get into the States was not

2 good at that time?

3 COFFEY, Q.C.:

4 Q. It was more problematic?

5 DR. DALTON:

6 A. Yeah.

7 COFFEY, Q.C.:

8 Q. Then what--so that program in general

9 pathology wasn't offered in Ireland, was it,

10 at the time?

11 DR. DALTON:

12 A. No.

13 COFFEY, Q.C.:

14 Q. So what type then of pathology was offered in

15 Ireland at the time?

16 DR. DALTON:

17 A. At that time, the pathology was anatomical

18 pathology.

19 COFFEY, Q.C.:

20 Q. Okay, and what's the difference, can you tell

21 the Commissioner?

22 DR. DALTON:

23 A. The difference between general and anatomic is

24 in general pathology, you do anatomic

25 pathology as a component, but you also do

Page 112

1 microbiology.

2 COFFEY, Q.C.:

3 Q. Which you had a significant background in?

4 DR. DALTON:

5 A. Which I had already, which I was--that was a

6 given for me, but you have to do clinical

7 chemistry and hematology and transfusion

8 medicine as well.

9 COFFEY, Q.C.:

10 Q. So anatomic pathology is just a subset of the

11 general pathology training?

12 DR. DALTON:

13 A. Of that group, yes, that's right.

14 COFFEY, Q.C.:

15 Q. Now Doctor, then when you started at Dal, in

16 their residency program, that would--you were

17 in their residency program from what years to

18 -

19 DR. DALTON:

20 A. '92 to '96.

21 COFFEY, Q.C.:

22 Q. Now Doctor, when you arrived at the residency

23 program in Dalhousie in '92, up to that point,

24 had you been exposed to immunohistochemistry?

25 DR. DALTON:

Page 113

1 A. Very little. I was aware that it was there,  
 2 but it wasn't a major component or even a  
 3 small component of what we were doing.  
 4 COFFEY, Q.C.:  
 5 Q. Of microbiology, I take it.  
 6 DR. DALTON:  
 7 A. Of microbiology. The only time we used it was  
 8 for diagnosis of tuberculosis, which was a  
 9 rapid diagnostic test.  
 10 COFFEY, Q.C.:  
 11 Q. Then Doctor, I want to canvas with you, for a  
 12 little bit, your training as a resident.  
 13 DR. DALTON:  
 14 A. Sure.  
 15 COFFEY, Q.C.:  
 16 Q. Okay, in Halifax. During your residency  
 17 training, were you exposed to  
 18 immunohistochemistry?  
 19 DR. DALTON:  
 20 A. We were exposed -  
 21 COFFEY, Q.C.:  
 22 Q. And when I say your general pathology  
 23 residency training in Halifax?  
 24 DR. DALTON:  
 25 A. Yes, we were, in the form of sitting in with

Page 114

1 our pathologists and we would read the slides  
 2 together and then would show us what they were  
 3 reading and how to read them. We were exposed  
 4 to it in that way. We probably had some  
 5 lectures, but it doesn't stand out in my mind  
 6 as being a very big component. There weren't  
 7 that many tests available at that time, in  
 8 fact, not like now.  
 9 COFFEY, Q.C.:  
 10 Q. IHC tests?  
 11 DR. DALTON:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. Do you recall then as part of your residency,  
 15 so I take it then, it was not--looking back on  
 16 it, you knew IHC existed, but--and there were  
 17 certain tests that you could order, IHC tests  
 18 as a pathologist?  
 19 DR. DALTON:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. But, and you would get--you would then  
 23 understand if you got the slides for those  
 24 particular tests, you'd examine them and use  
 25 them in the course of arriving at a

Page 115

1 conclusion?  
 2 DR. DALTON:  
 3 A. Make a diagnosis.  
 4 COFFEY, Q.C.:  
 5 Q. Diagnosis, but other than that, I take it, and  
 6 they were a small component of your work?  
 7 DR. DALTON:  
 8 A. Relatively small, yes.  
 9 COFFEY, Q.C.:  
 10 Q. And Doctor, in your training in Halifax, how  
 11 much time would you have spent in the actual  
 12 laboratory end of the institutions, actual lab  
 13 where the technologists were?  
 14 DR. DALTON:  
 15 A. We were there all the time, five days a week,  
 16 eight hours a day.  
 17 COFFEY, Q.C.:  
 18 Q. How about in terms of like would you be in the  
 19 part of the lab where the pathologists are  
 20 actually at the bench working--I'm sorry, the  
 21 technologists are at the bench working?  
 22 DR. DALTON:  
 23 A. We would be in the same area. If we weren't  
 24 in the area, we'd be passing through the area.  
 25 We would have contact with them on a frequent

Page 116

1 basis throughout the day. We would be  
 2 grossing specimens and that would give you  
 3 contact with the technologists at that point.  
 4 COFFEY, Q.C.:  
 5 Q. The technologists there at the time who were  
 6 doing IHC slides, creating IHC slides, would  
 7 you have had any particular contact with the  
 8 process or actually being shown at any point  
 9 in your residency training, "look, this is how  
 10 we actually create an IHC slide from beginning  
 11 to end"? Do you recall that?  
 12 DR. DALTON:  
 13 A. I don't recall it specifically that you set  
 14 out to do that. It may have happened along  
 15 the way, if we happened on somebody when they  
 16 were working, but specifically to sit down and  
 17 learn the process and learn how to do it, no.  
 18 COFFEY, Q.C.:  
 19 Q. Doctor, during your training in Halifax, when  
 20 you were exposed to immunohistochemistry,  
 21 okay, were you ever given any kind of heads up  
 22 or warnings about, you know, that this could--  
 23 this can be problematic at times, this  
 24 process? Compared to, for example, the other  
 25 types, the H & E slides?

Page 117

1 DR. DALTON:  
 2 A. Not to my knowledge. It was a special stain,  
 3 and you had to be careful with special stains  
 4 and read your controls, make sure the controls  
 5 were working and then you read your special  
 6 stain, but beyond that, it wasn't considered  
 7 to be particularly difficult or it wasn't a  
 8 particular problem.  
 9 COFFEY, Q.C.:  
 10 Q. It fell into the same class as what you refer  
 11 to as special stains?  
 12 DR. DALTON:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. That was the way it was handled?  
 16 DR. DALTON:  
 17 A. That's right.  
 18 COFFEY, Q.C.:  
 19 Q. And special stains, why were they called--your  
 20 understanding at the time, why were they  
 21 called special stains, as opposed to stains?  
 22 DR. DALTON:  
 23 A. As opposed to stains, the standard stain for  
 24 anatomical pathology is hematoxylin and eosin,  
 25 H & E.

Page 118

1 COFFEY, Q.C.:  
 2 Q. H & E.  
 3 DR. DALTON:  
 4 A. And anything outside of that was generally  
 5 came under the umbrella of special stains, and  
 6 it was usually dealt with in a somewhat  
 7 different part of laboratory because of the  
 8 requirements.  
 9 COFFEY, Q.C.:  
 10 Q. And your understanding, during your residency  
 11 training in Halifax, by the time you concluded  
 12 it, it was that IHC is one of the special  
 13 stains? It's done in that part of the lab?  
 14 DR. DALTON:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. But whether it was kind of a special, special  
 18 stain was not--you don't recall that being  
 19 brought to your attention?  
 20 DR. DALTON:  
 21 A. It wasn't an issue.  
 22 COFFEY, Q.C.:  
 23 Q. Doctor, tell us, please, then when you  
 24 finished your training in Halifax, you ended  
 25 up in Grand Falls?

Page 119

1 DR. DALTON:  
 2 A. Um-hm.  
 3 COFFEY, Q.C.:  
 4 Q. When you arrived in Grand Falls, that would  
 5 have been 1996?  
 6 DR. DALTON:  
 7 A. 1996, yes.  
 8 COFFEY, Q.C.:  
 9 Q. How many pathologists were there in Grand  
 10 Falls at the time?  
 11 DR. DALTON:  
 12 A. There was one other when I arrived, so that  
 13 would--there were two of us working there.  
 14 COFFEY, Q.C.:  
 15 Q. And that other pathologist had been there how  
 16 long?  
 17 DR. DALTON:  
 18 A. He'd been there about three or four years, I  
 19 think, at that stage, at least three years, I  
 20 think, at that stage.  
 21 COFFEY, Q.C.:  
 22 Q. And Grand Falls, the hospital was called what?  
 23 DR. DALTON:  
 24 A. Central West Health Centre.  
 25 COFFEY, Q.C.:

Page 120

1 Q. And so if there's a Central West Health  
 2 Centre, was there -  
 3 DR. DALTON:  
 4 A. There was a Central East in Gander. James  
 5 Paton was the Central East.  
 6 COFFEY, Q.C.:  
 7 Q. James Paton was in effect the Central East.  
 8 DR. DALTON:  
 9 A. That's right.  
 10 COFFEY, Q.C.:  
 11 Q. How many pathologists' positions was Grand  
 12 Falls supposed to have, the hospital in Grand  
 13 Falls?  
 14 DR. DALTON:  
 15 A. Two.  
 16 COFFEY, Q.C.:  
 17 Q. That was the staffing level was supposed to be  
 18 two?  
 19 DR. DALTON:  
 20 A. Was supposed to be two.  
 21 COFFEY, Q.C.:  
 22 Q. Now while I'm on that topic, Doctor, since  
 23 1996, you've remained here, that's 12 years  
 24 ago now.  
 25 DR. DALTON:

Page 121

1 A. 12 years.  
 2 COFFEY, Q.C.:  
 3 Q. Can you tell the Commissioner, please, whether  
 4 the nominal staffing level has changed, in the  
 5 sense that there's supposed to be two there  
 6 all throughout that time?  
 7 DR. DALTON:  
 8 A. That's right.  
 9 COFFEY, Q.C.:  
 10 Q. Now how many--how often throughout that time  
 11 have there been two there?  
 12 DR. DALTON:  
 13 A. It varied. People came and went. I think, in  
 14 fact, there was a list, about five people came  
 15 and went during that period of time.  
 16 COFFEY, Q.C.:  
 17 Q. And generally, what was the pattern, Doctor,  
 18 in terms of people coming and going?  
 19 DR. DALTON:  
 20 A. They would come, spend a year or two and move  
 21 on, either down here to St. John's or move on  
 22 to mainland and in one case, move back to the  
 23 UK to do research.  
 24 COFFEY, Q.C.:  
 25 Q. And Doctor, when the second pathologist,

Page 122

1 whomever he or she was at the time, that was  
 2 with you, when that pathologist would move on,  
 3 you'd be left there by yourself?  
 4 DR. DALTON:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. Those periods would be for how long?  
 8 DR. DALTON:  
 9 A. They varied from six months to probably maybe  
 10 a year, year and a half. I haven't actually  
 11 worked out the exact length of time, but  
 12 somewhere around that.  
 13 COFFEY, Q.C.:  
 14 Q. So that at times, you would have a period of a  
 15 year or so, you'd be--there'd be two of you  
 16 there in Grand Falls doing the work?  
 17 DR. DALTON:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. And then the second pathologist would leave  
 21 and it might be six months or a year or more  
 22 before a second pathologist showed up to  
 23 assist you?  
 24 DR. DALTON:  
 25 A. Um-hm. It would take a minimum of six months

Page 123

1 to get someone in.  
 2 COFFEY, Q.C.:  
 3 Q. While we're on the topic, can you tell the  
 4 Commissioner, please, about what would then  
 5 happen if it's a two-person workload while you  
 6 were there by yourself, what would happen?  
 7 DR. DALTON:  
 8 A. I would have to take it on myself basically.  
 9 Many of the administrative duties, I would  
 10 just have to put aside. I wouldn't have time  
 11 to do them. Many of the smaller functions,  
 12 let's say of a pathologist keeping track of  
 13 what's going on, I would have to put aside and  
 14 just deal with the salient points. I have to  
 15 let my colleagues, my surgeons know, "look,  
 16 I'm down to one pathologist, therefore if  
 17 particular scheduling can be done, that would  
 18 make it easier for me," things like that to  
 19 actually get the workload done.  
 20 COFFEY, Q.C.:  
 21 Q. During those years, did you ever utilize an  
 22 outside laboratory?  
 23 DR. DALTON:  
 24 A. I have in the last year, in fact.  
 25 COFFEY, Q.C.:

Page 124

1 Q. Okay, up until--before this past year, and  
 2 I'll speak about that in a minute.  
 3 DR. DALTON:  
 4 A. No, we didn't have the opportunity of sending  
 5 stuff out at that time, going back over the  
 6 years, no, but we referred individual cases as  
 7 need be, but not constructively.  
 8 COFFEY, Q.C.:  
 9 Q. And I'll ask you about that. The idea of  
 10 referring an individual case from time to time  
 11 out for a consult, I take it that that might  
 12 happen even when there were two of you there,  
 13 pathologists.  
 14 DR. DALTON:  
 15 A. Oh yes.  
 16 COFFEY, Q.C.:  
 17 Q. The particular case you would see as  
 18 potentially problematic, you would -  
 19 DR. DALTON:  
 20 A. I would do that.  
 21 COFFEY, Q.C.:  
 22 Q. - refer to St. John's or wherever else you  
 23 thought appropriate?  
 24 DR. DALTON:  
 25 A. Yeah, but I'd send more--when I was on my own,

Page 125

1 I'd send them more readily.  
 2 COFFEY, Q.C.:  
 3 Q. And but in terms of what's happened, I gather,  
 4 in the past year, you just referred to, what  
 5 has changed in the past year in terms of that?  
 6 DR. DALTON:  
 7 A. In the past year, when the last person left,  
 8 we developed a contract with Gamma Dynacare in  
 9 Ottawa and we sent more than half of our work  
 10 was being sent there, and we also incorporated  
 11 them into our quality assurance program, so  
 12 that we had feedback going backwards and  
 13 forwards between the two.  
 14 COFFEY, Q.C.:  
 15 Q. And the idea, and that's in a--well, I'm going  
 16 to use the phrase, that's sending some of your  
 17 workload out, because you're left with just  
 18 yourself, almost en masse. Like the other  
 19 person's, the empty position's work in effect  
 20 -  
 21 DR. DALTON:  
 22 A. Work would be sent out, yes.  
 23 COFFEY, Q.C.:  
 24 Q. - is being referred out, and that's what's  
 25 been adopted during the past year?

Page 126

1 DR. DALTON:  
 2 A. That's right.  
 3 COFFEY, Q.C.:  
 4 Q. You referred to the fact that that wasn't  
 5 possible before or available? Could you  
 6 expand upon that a bit?  
 7 DR. DALTON:  
 8 A. Yeah, it wasn't something we had thought  
 9 about, and I'm not sure exactly how many  
 10 laboratories there would have been out there  
 11 years ago that we could have sent stuff if  
 12 we'd gone looking.  
 13 COFFEY, Q.C.:  
 14 Q. But it didn't even occur to you, I take it,  
 15 back in the earlier--in the late 90s, for  
 16 example, when this first happened to you, when  
 17 you were left alone?  
 18 DR. DALTON:  
 19 A. You just took on the work and did it.  
 20 COFFEY, Q.C.:  
 21 Q. The idea of "well, there's only one of me and  
 22 there's two person's work and I should send  
 23 the other out," didn't even occur to you?  
 24 DR. DALTON:  
 25 A. It really didn't come up as an issue, just

Page 127

1 gone on with it.  
 2 COFFEY, Q.C.:  
 3 Q. And on the issue of workload, Doctor, can you  
 4 tell the Commissioner, please, what would  
 5 happen then when you'd be left by yourself for  
 6 six months or a year or more, in terms of your  
 7 remuneration?  
 8 DR. DALTON:  
 9 A. There was a component called an extra duty  
 10 allowance was built into the contract, so that  
 11 it was a proportion of the other salary, but  
 12 it was maybe about 25 percent or something  
 13 like that.  
 14 COFFEY, Q.C.:  
 15 Q. I'm sorry?  
 16 DR. DALTON:  
 17 A. About 25 percent.  
 18 COFFEY, Q.C.:  
 19 Q. 25 percent?  
 20 DR. DALTON:  
 21 A. Something like that.  
 22 COFFEY, Q.C.:  
 23 Q. So you'd get an extra 25 percent above your  
 24 own income for doing the entire work of the  
 25 second person?

Page 128

1 DR. DALTON:  
 2 A. That's right.  
 3 COFFEY, Q.C.:  
 4 Q. And when would that kick in, that extra 25  
 5 percent?  
 6 DR. DALTON:  
 7 A. You would have had to have worked at least  
 8 seven days before it kicked in.  
 9 COFFEY, Q.C.:  
 10 Q. By yourself?  
 11 DR. DALTON:  
 12 A. By yourself.  
 13 COFFEY, Q.C.:  
 14 Q. And when the second person arrived, six months  
 15 or 12 months or whatever later, you know, when  
 16 you did get a replacement, when the position  
 17 was filled again, the second position, would  
 18 the extra remuneration -  
 19 DR. DALTON:  
 20 A. It would cease at that point.  
 21 COFFEY, Q.C.:  
 22 Q. At that very day.  
 23 DR. DALTON:  
 24 A. Yes.  
 25 COFFEY, Q.C.:



Page 129

1 Q. So there was a waiting period, as it were,  
 2 seven-day waiting period?  
 3 DR. DALTON:  
 4 A. Um-hm.  
 5 COFFEY, Q.C.:  
 6 Q. And then you would be paid 25 percent more  
 7 than your normal income in order to do the  
 8 entire work of a second individual?  
 9 DR. DALTON:  
 10 A. Um-hm.  
 11 COFFEY, Q.C.:  
 12 Q. The Commissioner, at times, has heard  
 13 references to locums.  
 14 DR. DALTON:  
 15 A. Um-hm.  
 16 COFFEY, Q.C.:  
 17 Q. Okay, how does that work in Grand Falls over  
 18 the years?  
 19 DR. DALTON:  
 20 A. We've had a number of locums over the years,  
 21 direct--I've talked to colleagues directly and  
 22 if they were available, they would come and  
 23 work for a week and I could get a week off.  
 24 COFFEY, Q.C.:  
 25 Q. I was going to ask you about that, okay, just

Page 130

1 if I could just canvas that with you a bit.  
 2 During the periods over the past 12 years that  
 3 there have been two of you, pathologists on  
 4 staff, actually working there in Grand Falls,  
 5 if you wanted time off, how was that handled?  
 6 DR. DALTON:  
 7 A. Usually if there were two of us there, one  
 8 person would do the other person's cover for a  
 9 week, two weeks, whatever it was, and that's  
 10 how it went. I would cover them and they  
 11 would cover me.  
 12 COFFEY, Q.C.:  
 13 Q. If you wanted annual leave or to go on a trip  
 14 somewhere or whatever?  
 15 DR. DALTON:  
 16 A. That's right.  
 17 COFFEY, Q.C.:  
 18 Q. During the times you were there alone,  
 19 yourself, how would you go about getting time  
 20 off?  
 21 DR. DALTON:  
 22 A. I would try and arrange it. I would try and  
 23 choose a time when I would know things were  
 24 going to be fairly quiet, and I would let the  
 25 surgeons know, "look, I'm going to take a few

Page 131

1 days" and maybe leave on a Thursday night and  
 2 come back on a Monday morning or something  
 3 like that, and then you'd pick up the workload  
 4 until you would catch up.  
 5 COFFEY, Q.C.:  
 6 Q. And continue on. And Doctor, you referred--I  
 7 did ask you about locums. Would there a time--  
 8 the locums were to replace the second person  
 9 or to let you go when you were there alone?  
 10 DR. DALTON:  
 11 A. They were basically to let me go when I was  
 12 there on my own.  
 13 COFFEY, Q.C.:  
 14 Q. Okay, so if you wanted to--while you were  
 15 there alone and you wanted a week off or two  
 16 weeks off at the time for some reason, you'd  
 17 have to arrange for a locum?  
 18 DR. DALTON:  
 19 A. You'd have to get a locum, yeah.  
 20 COFFEY, Q.C.:  
 21 Q. How would you go about trying to get somebody  
 22 to do a locum in Grand Falls?  
 23 DR. DALTON:  
 24 A. You'd phone around, talk to the people you  
 25 know in the system, phone the various

Page 132

1 laboratories, send out a note or letter, and  
 2 say "look, I'm--you know, I'm looking for a  
 3 locum for such and such a period of time" and  
 4 if somebody was available, they'd let you know  
 5 that they were available and we picked them up  
 6 that way.  
 7 COFFEY, Q.C.:  
 8 Q. Doctor, in Grand Falls, when you arrived  
 9 there, was there a senior pathologist between  
 10 yourself and the other individual?  
 11 DR. DALTON:  
 12 A. The other individual would have been the  
 13 senior pathologist.  
 14 COFFEY, Q.C.:  
 15 Q. Senior, and how long did that doctor stay on?  
 16 DR. DALTON:  
 17 A. He stayed about two years after I arrived.  
 18 COFFEY, Q.C.:  
 19 Q. And then who became senior pathologist?  
 20 DR. DALTON:  
 21 A. Me.  
 22 COFFEY, Q.C.:  
 23 Q. Yourself, and then throughout the years then  
 24 since 1998 or so, up until now, you would be  
 25 considered the senior pathologist in Grand

Page 133

1 Falls?  
 2 DR. DALTON:  
 3 A. That's right.  
 4 COFFEY, Q.C.:  
 5 Q. Now in your duties as senior pathologist or  
 6 the duties of your predecessor while you were  
 7 junior pathologist, what does a senior  
 8 pathologist do? What does he--well, in your  
 9 case it's he responsible for?  
 10 DR. DALTON:  
 11 A. He would basically be--he would be responsible  
 12 for just about everything, from the clinical  
 13 point of view, in the laboratory. You would  
 14 certainly be responsible for the anatomic  
 15 pathology component of the lab completely and  
 16 you would also be responsible as the clinical  
 17 director. Issues of a clinical nature  
 18 occurring in the other areas of the laboratory  
 19 would be referred to you.  
 20 COFFEY, Q.C.:  
 21 Q. For example, I take it the hematology section.  
 22 DR. DALTON:  
 23 A. Hematology, chemistry, microbiology.  
 24 COFFEY, Q.C.:  
 25 Q. And you, as the senior pathologist, would

Page 134

1 report to whom?  
 2 DR. DALTON:  
 3 A. Usually the medical director.  
 4 COFFEY, Q.C.:  
 5 Q. And I take it that's in the early days.  
 6 DR. DALTON:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. Did that change over time?  
 10 DR. DALTON:  
 11 A. We have not have a medical director for the  
 12 last year and a half or so and the CEO has  
 13 taken on the role of medical director, so I  
 14 would report directly to the CEO.  
 15 COFFEY, Q.C.:  
 16 Q. So there was a medical director in the  
 17 hospital in Grand Falls going back to the time  
 18 you started in '96?  
 19 DR. DALTON:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. And I take it Dr. Alteen is the person you  
 23 referred to -  
 24 DR. DALTON:  
 25 A. More recently, yes.

Page 135

1 COFFEY, Q.C.:  
 2 Q. He was the most recent medical director.  
 3 DR. DALTON:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. And he's not in that position any longer. And  
 7 that was, from your understanding, the name of  
 8 his title, he was medical director.  
 9 DR. DALTON:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. The arrangement in Grand Falls then over time,  
 13 did it change in the sense of, I take it there  
 14 had been an amalgamation of hospital boards?  
 15 DR. DALTON:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. So when you arrived there in '96, what was the  
 19 situation?  
 20 DR. DALTON:  
 21 A. When I arrived in '96, there were two separate  
 22 boards, one for the Gander site and one for  
 23 the Grand Falls site and then some years ago,  
 24 there was an amalgamation and we went from  
 25 four health regions for the province and the

Page 136

1 central area became one, became one region.  
 2 COFFEY, Q.C.:  
 3 Q. Yes, and that would be in 2005. Four regions,  
 4 that's April 1, 2005?  
 5 DR. DALTON:  
 6 A. Around then, yes.  
 7 COFFEY, Q.C.:  
 8 Q. Did that change, that amalgamation in 2005,  
 9 make any difference in your reporting? Who  
 10 reported to you or who you reported to?  
 11 DR. DALTON:  
 12 A. Not really, I still reported to Dr. Alteen.  
 13 COFFEY, Q.C.:  
 14 Q. Where was Dr. Alteen located?  
 15 DR. DALTON:  
 16 A. Half the time in Grand Falls and half time in  
 17 Gander.  
 18 COFFEY, Q.C.:  
 19 Q. And that's after 2005, I take it?  
 20 DR. DALTON:  
 21 A. After the amalgamation, yes.  
 22 COFFEY, Q.C.:  
 23 Q. Before the amalgamation, where was he -  
 24 DR. DALTON:  
 25 A. He was entirely in Grand Falls.

Page 137

1 COFFEY, Q.C.:

2 Q. Now, Doctor, going back to, again, to 1996 and

3 continuing on through to today, the

4 technologists, whom did they report to when

5 you first arrived?

6 DR. DALTON:

7 A. The technologist reported to the chief

8 technologist in the lab and then -

9 COFFEY, Q.C.:

10 Q. The chief technologist reported to whom?

11 DR. DALTON:

12 A. And the chief technologist reported to the

13 medical director as well.

14 COFFEY, Q.C.:

15 Q. Okay, not to you--not to the senior

16 pathologist, but to the medical director.

17 DR. DALTON:

18 A. Reported to the medical director, yes.

19 COFFEY, Q.C.:

20 Q. Did that ever change?

21 DR. DALTON:

22 A. Not really, that's the way it has been, it was

23 there when I arrived and it's been more or

24 less the same since then.

25 COFFEY, Q.C.:

Page 138

1 Q. And I take it with the amalgamation in 2005 of

2 Grand Falls' medical services with Gander's

3 medical services, hospital services anyways,

4 has there been a difference--the chief

5 technologist, there's one chief technologist

6 for the entire area now.

7 DR. DALTON:

8 A. That's right, up to then you had a chief

9 technologist in each site, now you have one

10 chief technologist who is split between the

11 two. As you said, you had a medical director

12 on each site and now you got a medical

13 director split between the two, so it changed

14 from that point of view, yes.

15 COFFEY, Q.C.:

16 Q. Within the laboratory in Grand Falls, can you

17 describe for the Commissioner, please, perhaps

18 a typical day for yourself, in terms of, you

19 know, you go in -

20 DR. DALTON:

21 A. Like right now?

22 COFFEY, Q.C.:

23 Q. Well, no, perhaps to go back because right now

24 we may have changed, say from, you know, from

25 '06 really until 2005, would it have changed

Page 139

1 in any substantive way?

2 DR. DALTON:

3 A. On the days when there were--at the times when

4 there were two of us there, it was certainly a

5 whole lot easier to work.

6 COFFEY, Q.C.:

7 Q. And I'll ask you about then, to distinguish

8 between the two perhaps.

9 DR. DALTON:

10 A. Right.

11 COFFEY, Q.C.:

12 Q. On a typical day in that period, between '96

13 and '05 when there were two of you there, what

14 would happen?

15 DR. DALTON:

16 A. Usually start about 8:30, 8:45, you had about

17 an hour to go over your difficult cases, do

18 some paperwork because it's relatively quiet

19 at that hour in the morning, people aren't

20 looking for you on phones, and then at about

21 10, 10:30, the work starts to pick up. You

22 may get a few phone calls, people looking for

23 information, maybe people you've got to get in

24 touch with. And the specimens that had come

25 in the previous day would start coming up from

Page 140

1 the laboratory or the slides from those

2 specimens would start coming up around 10:15,

3 10:30 or so. Then you would start reading

4 those. You could go through them fairly

5 quickly, pick out the ones that were not--pick

6 out the ones that were not critical or the

7 ones that were not particularly difficult and

8 you would deal with those quickly, leaving you

9 with the more difficult ones that you have to

10 spend more time on. Then you would settle

11 down and spend time on those around mid-day or

12 so, if you didn't have any meetings or

13 whatever, you'd get a sandwich at your desk

14 and keep going with those cases and try and

15 get them done, organized to be sent out to

16 someone else if they needed to be. And then

17 every second day, you would have the gross

18 examination, starting at about 2:30, 2:45,

19 that would take about an hour. And then at

20 about 4:00, the technologists would be leaving

21 at that point because they're unionized and

22 they leave and usually you have an hour, hour

23 and a half late in the afternoon, early

24 evening, peace and quiet and you just sit down

25 and focus on your cases.

Page 141

1 COFFEY, Q.C.:

2 Q. And so that's when there were two of you

3 there?

4 DR. DALTON:

5 A. That's when there is two of us.

6 COFFEY, Q.C.:

7 Q. And every second day you would be doing -

8 DR. DALTON:

9 A. Every second day you'd do the gross

10 examination.

11 COFFEY, Q.C.:

12 Q. Gross examination in the afternoons.

13 DR. DALTON:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. On the alternate afternoons that you weren't

17 grossing, what would you do?

18 DR. DALTON:

19 A. Again, depending upon how much stuff you had

20 to go through, you may have meetings, for

21 instance, there were a number of meetings that

22 had to be done. There may be issues regarding

23 equipment in the laboratory, if you're

24 purchasing some new equipment, you try to get

25 background information to find out what's

Page 142

1 available, how much does it cost, can we

2 afford it, all this kind of stuff.

3 COFFEY, Q.C.:

4 Q. So you'd be involved, as the senior

5 pathologist, in that kind of administrative

6 end of things?

7 DR. DALTON:

8 A. At a particular level, I wouldn't be involved

9 in it all the time, but certainly when it

10 comes to making the final decisions, there

11 would have to be some back and forth between

12 me and the chief technologist.

13 COFFEY, Q.C.:

14 Q. Could you describe for the Commissioner then

15 what would happen during the periods that you

16 were on your own?

17 DR. DALTON:

18 A. When you're on your own, it's quite different.

19 A lot of the administrative stuff would have

20 to just be put aside, you give that to the

21 chief technologist to make the decisions.

22 Usually you start much earlier, you start

23 about 8 in the morning, you got that hour or

24 two of quiet time and you're trying to catch

25 up with your cases, trying to get some

Page 143

1 paperwork done. Then the specimens start

2 coming up around 10:15 or so.

3 COFFEY, Q.C.:

4 Q. This would be the specimens, this would be the

5 slides?

6 DR. DALTON:

7 A. I'm sorry, the slides from the previous day

8 would start coming up at around 10:15. You

9 would settle in with that and work with them.

10 My surgeons were very good, in fact, because

11 they would know when I'd be on my own, and

12 they wouldn't bother me too much about cases,

13 so you don't get that many phone calls and

14 stuff like that to distract you. Come lunch

15 hour, usually get a sandwich and sit down at

16 your desk and you go through your cases. Then

17 at about 2:30, you do the gross examination

18 and at that point, I started to train my

19 technologists to do a lot of the, what we call

20 the small gross and that took a lot of

21 pressure off me, so that meant I was only

22 focusing on the big cases.

23 COFFEY, Q.C.:

24 Q. Larger specimens, I take it.

25 DR. DALTON:

Page 144

1 A. Yes. And then when they were gone at 4, 4:30,

2 you'd settle down again, get some more work

3 done. Usually, particularly in the

4 wintertime, come back in the evenings for an

5 hour or two because it's quiet, not much going

6 on anyway, catch up with some cases that way.

7 Initially when I was there, when I went there

8 first, we seemed to be doing an awful lot of

9 autopsies on the weekends and that was taking

10 up a lot of--it was taking up a lot of my time

11 on weekends, so we managed to discourage

12 autopsies as much as we could because it takes

13 about four hours to do a case and we just

14 didn't have that time. And you'd come in on

15 weekends for a couple of hours and do some

16 cases, catch up with paperwork, that kind of

17 thing.

18 COFFEY, Q.C.:

19 Q. And I take it then if you're on your own, you

20 get up and do the same thing next day, Monday

21 to Friday -

22 DR. DALTON:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. Having to go to the grossing bench that

Page 145

1 afternoon -  
 2 DR. DALTON:  
 3 A. Every day.  
 4 COFFEY, Q.C.:  
 5 Q. Every day. So that when you were on your own,  
 6 you would get all the specimens that would  
 7 come in, every day, you'd have to do the  
 8 grossing for them and at some point you're  
 9 expected to deal with the slides.  
 10 DR. DALTON:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. That were produced accordingly.  
 14 DR. DALTON:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. If you, and during the periods there were the  
 18 two of you there, you would, in effect, catch  
 19 half the cases?  
 20 DR. DALTON:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. And then have to deal with the, do the  
 24 grossing every second day.  
 25 DR. DALTON:

Page 146

1 A. That's right.  
 2 COFFEY, Q.C.:  
 3 Q. And deal, though, only with the slides from  
 4 your own gross.  
 5 DR. DALTON:  
 6 A. My own stuff, yes.  
 7 COFFEY, Q.C.:  
 8 Q. So you deal with them. If you grossed the  
 9 specimen, you'd end up dealing with the  
 10 slides?  
 11 DR. DALTON:  
 12 A. That's right.  
 13 COFFEY, Q.C.:  
 14 Q. Now, Doctor, with respect to issues involving,  
 15 for example the fixation of tissues, are there  
 16 any written protocols or were there any  
 17 written protocols or procedures in place in  
 18 Grand Falls when you arrived there in '96 to  
 19 deal with how specimens are to be handled, how  
 20 they're to be fixed, how they're to be  
 21 handled, tissue processed, things like that,  
 22 was there anything written down?  
 23 DR. DALTON:  
 24 A. There were general protocols saying you were  
 25 to use formaldehyde and so on. They were in

Page 147

1 fairly general terms, however in a place like  
 2 Grand Falls, there was only two pathologists  
 3 or in fact, one pathologist for quite a lot of  
 4 the time. It wasn't a priority to have all  
 5 this written down, it was easy to transmit the  
 6 information backwards and forwards, it's only  
 7 laterally we started writing everything down  
 8 to be sure that everything is covered.  
 9 COFFEY, Q.C.:  
 10 Q. And that's in recent years, the past several  
 11 years.  
 12 DR. DALTON:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. Doctor, how much then interaction did you have  
 16 on a typical day, which you've described for  
 17 the Commissioner, a day when you were doing  
 18 grossing, okay, either every day grossing when  
 19 on your own or ever second day, how much  
 20 interaction would you have with the  
 21 technologists?  
 22 DR. DALTON:  
 23 A. You would have a very close interaction with  
 24 them, in fact, all day long from in the  
 25 morning when they're bringing you up the

Page 148

1 specimens or bringing you up the slides,  
 2 asking for re-cuts, occasional special stains  
 3 and in the afternoon during the grossing  
 4 process, issues, for instance unlabelled or  
 5 improperly labelled specimens you would  
 6 interact closely with them on issues like  
 7 that. We have three pathologists--or I beg  
 8 your pardon, three technologists working in  
 9 that area, so you get to know them fairly  
 10 well, interact with them on a personal level  
 11 quite frequently.  
 12 COFFEY, Q.C.:  
 13 Q. And, Doctor, the specimens that you would have  
 14 to deal with would originate where?  
 15 DR. DALTON:  
 16 A. They would have originated mainly within the  
 17 hospital, in the surgical suite, but they may  
 18 come from the emergency room, some of them  
 19 would come from the ambulatory care clinic  
 20 where patients walk in and lumps and bumps and  
 21 go home again.  
 22 COFFEY, Q.C.:  
 23 Q. And fixation then, I take it, would be  
 24 involved in specimens coming from surgery or  
 25 the emergency room at times.

Page 149

1 DR. DALTON:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. Certainly surgery and probably emergency room  
 5 as well.  
 6 DR. DALTON:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. Was there fixation involved in the ambulatory  
 10 care specimens?  
 11 DR. DALTON:  
 12 A. Yes, in fact, the specimens are actually taken  
 13 or collected and put immediately in formalin  
 14 at the site of taking.  
 15 COFFEY, Q.C.:  
 16 Q. Wherever it was.  
 17 DR. DALTON:  
 18 A. Wherever it was, yes. Whether it was in the  
 19 clinics or diagnostic imaging or the surgical  
 20 suite.  
 21 COFFEY, Q.C.:  
 22 Q. Were there any rules in place over the years  
 23 in relation--well, first of all, was it  
 24 written down that that had to be done  
 25 anywhere, like mandated in writing that you

Page 150

1 excise a tissue specimen, whoever the surgeon  
 2 or whomever physician is, and is required to  
 3 immediately put it in formalin and how much  
 4 formalin and so on.  
 5 DR. DALTON:  
 6 A. We supplied the formalin, in fact, we supplied  
 7 the containers to them and all the containers  
 8 that were supplied there was formalin in them,  
 9 so there was no way they could send one that  
 10 wasn't in formalin.  
 11 COFFEY, Q.C.:  
 12 Q. Okay, and in terms of the idea of requiring  
 13 that it be immediately put in formalin -  
 14 DR. DALTON:  
 15 A. I can't say if that was ever written down  
 16 specifically anywhere, but certainly well  
 17 understood.  
 18 COFFEY, Q.C.:  
 19 Q. You would take it as a given, then, you  
 20 understood that the surgeons should understand  
 21 -  
 22 DR. DALTON:  
 23 A. Absolutely.  
 24 COFFEY, Q.C.:  
 25 Q. Excised tissue, they should put it in

Page 151

1 formalin.  
 2 DR. DALTON:  
 3 A. If it's going in a specimen container, all the  
 4 specimen containers that they received had  
 5 formalin in them, so hard to avoid that.  
 6 COFFEY, Q.C.:  
 7 Q. Doctor, the formalin that was utilized in  
 8 Grand Falls, was it made up in Grand Falls or  
 9 was it purchased pre-made.  
 10 DR. DALTON:  
 11 A. Purchased, already made, ready for us.  
 12 COFFEY, Q.C.:  
 13 Q. Ready for use. Do you know if in Grand Falls  
 14 the pH levels of this formalin was ever tested  
 15 from time to time?  
 16 DR. DALTON:  
 17 A. No, not that I recall, no.  
 18 COFFEY, Q.C.:  
 19 Q. Doctor, do you know if in Grand Falls there  
 20 were any refrigerators in the operating room  
 21 or near the operating room where specimens  
 22 might be kept until they could get down to the  
 23 laboratory?  
 24 DR. DALTON:  
 25 A. Yes, they do have fridges--they have a holding

Page 152

1 area where the specimens are kept, so our  
 2 person who collects the specimens knows where  
 3 to go, to pick them up and to bring them down.  
 4 COFFEY, Q.C.:  
 5 Q. I take it that's so now -  
 6 DR. DALTON:  
 7 A. Yes, oh it's always been the same place, it  
 8 hasn't changed.  
 9 COFFEY, Q.C.:  
 10 Q. And how long has that been there?  
 11 DR. DALTON:  
 12 A. Since I've been there.  
 13 COFFEY, Q.C.:  
 14 Q. Okay, so when you arrived, the idea of keeping  
 15 or cooling tissue specimens in the vicinity of  
 16 the OR until they could be transported, it was  
 17 always done.  
 18 DR. DALTON:  
 19 A. And we have refrigerators in the lab, so any  
 20 specimens that come down and there's one or  
 21 two kinds of specimens that don't get put in  
 22 formalin, they get immediately put in the  
 23 fridge when they're brought to the lab.  
 24 COFFEY, Q.C.:  
 25 Q. Doctor, when you arrived in Grand Falls, was

Page 153

1 there any system in place for keeping track of  
 2 the time at which a recording, recording the  
 3 time at which a specimen went in the formalin?  
 4 DR. DALTON:  
 5 A. We didn't record the time, we just had the  
 6 date that the specimen was collected and that  
 7 was put on the container.  
 8 COFFEY, Q.C.:  
 9 Q. But not the time of the day.  
 10 DR. DALTON:  
 11 A. Not the actual time of day, no.  
 12 COFFEY, Q.C.:  
 13 Q. Could you describe then, for example, like a  
 14 typical day, if a mastectomy occurred, for  
 15 example, on Tuesday morning.  
 16 DR. DALTON:  
 17 A. Uh-hm.  
 18 COFFEY, Q.C.:  
 19 Q. In the hospital in Grand Falls, what your  
 20 understanding was then or what you observed  
 21 over the years about how that specimen was  
 22 handled, I mean, from the time they're up in  
 23 the OR, what would happen to them.  
 24 DR. DALTON:  
 25 A. Right, the mastectomy would be done, the

Page 154

1 specimen would be placed in formalin--in the  
 2 specimen container which has the formalin in  
 3 it, the particular requisitions would all be  
 4 made out and stamped and that would be put in  
 5 the collecting area to be picked up by our  
 6 person who would pick them up about three  
 7 times a day, he did a round, he'd go around  
 8 and pick up the stuff. That would be brought  
 9 then to the laboratory and grossed--at the  
 10 next gross examination that day, the specimen  
 11 would be grossed and prepared, allowed to fix  
 12 overnight and then the section is taken the  
 13 following day.  
 14 COFFEY, Q.C.:  
 15 Q. So, and as you say, fixed overnight, so I take  
 16 it it would come down, you were there 3:00 in  
 17 the afternoon, for example, at the grossing  
 18 bench that particular day.  
 19 DR. DALTON:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. And a breast tissue, a mastectomy would be  
 23 grossed, how was that handled, like in the  
 24 beginning of '96 all the way on, how would you  
 25 do that?

Page 155

1 DR. DALTON:  
 2 A. The gross was, it was measured, the texture  
 3 and the quality of the skin, was there a  
 4 surgical site on the skin, the margins at  
 5 which it was cut were all painted. It was  
 6 surgically sectioned in one centimeter  
 7 intervals and paper between the slices to  
 8 weaken the formaldehyde and it was placed back  
 9 in formaldehyde to be properly fixed and then  
 10 looked at the following day.  
 11 COFFEY, Q.C.:  
 12 Q. And where would it be stored then, after you  
 13 done, you say one centimeter was what was  
 14 being used at the time you arrived.  
 15 DR. DALTON:  
 16 A. Right.  
 17 COFFEY, Q.C.:  
 18 Q. The bread loafing, the one centimeter widths,  
 19 Doctor, where then would the--after you  
 20 finished that part of the procedure, where  
 21 would the specimen end up overnight?  
 22 DR. DALTON:  
 23 A. That would be just put aside on the bench in  
 24 the grossing room and then it would be looked  
 25 at again on the following day.

Page 156

1 COFFEY, Q.C.:  
 2 Q. So it would be refrigerated overnight?  
 3 DR. DALTON:  
 4 A. No.  
 5 COFFEY, Q.C.:  
 6 Q. What then would happen the next day?  
 7 DR. DALTON:  
 8 A. The next day you would then look at the  
 9 particular area that you were interested in,  
 10 take your sections from that area, you would  
 11 also check on the margins around, anterior,  
 12 posterior, medial, lateral, superior,  
 13 inferior, you would check the nipple, you  
 14 would check the skin, you would check any  
 15 lesions that were on the skin, you would  
 16 sample those, and then you would include all  
 17 of that in the tissue for processing. The  
 18 surgical cavity site, you would go around the  
 19 surgical cavity site and sample that liberally  
 20 to make sure that there's no--make sure that  
 21 there was no residual tumour there after the  
 22 biopsy had been done.  
 23 COFFEY, Q.C.:  
 24 Q. And the tissue then, you would, I take it  
 25 dissect it with a view to having it put in the

Page 157

1 cassettes?  
 2 DR. DALTON:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. And then what would happen?  
 6 DR. DALTON:  
 7 A. Then those cassettes would be processed  
 8 overnight on an automatic processor and slides  
 9 would be made the following morning from  
 10 those.  
 11 COFFEY, Q.C.:  
 12 Q. Now who was responsible, Doctor, for doing the  
 13 tissue processing, running the tissue  
 14 processing machine?  
 15 DR. DALTON:  
 16 A. That would be the senior technologist in  
 17 anatomic pathology.  
 18 COFFEY, Q.C.:  
 19 Q. So running it and maintaining the machine as  
 20 well?  
 21 DR. DALTON:  
 22 A. And doing the preventative maintenance and so  
 23 on, yes.  
 24 COFFEY, Q.C.:  
 25 Q. Do you know if records are kept of that in

Page 158

1 Grand Falls?  
 2 DR. DALTON:  
 3 A. Yes, they are.  
 4 COFFEY, Q.C.:  
 5 Q. And how about dating back to the time that you  
 6 arrived?  
 7 DR. DALTON:  
 8 A. They would go back to whenever we got the  
 9 machine and that was before I arrived.  
 10 COFFEY, Q.C.:  
 11 Q. Doctor, to give the Commissioner some sense of  
 12 the numbers involved, approximately how many  
 13 breast cancer surgeries would be done in Grand  
 14 Falls in a typical year?  
 15 DR. DALTON:  
 16 A. It would vary from 35, 30, to 40, 45.  
 17 COFFEY, Q.C.:  
 18 Q. I'm sorry?  
 19 DR. DALTON:  
 20 A. It would vary from 25, 30 to 40, 45 per year,  
 21 approximately one week on average.  
 22 COFFEY, Q.C.:  
 23 Q. Which would bring you up one a week.  
 24 DR. DALTON:  
 25 A. Of around, somewhere from -

Page 159

1 COFFEY, Q.C.:  
 2 Q. Anywhere from one to every two weeks to one  
 3 every week, somewhere in that -  
 4 DR. DALTON:  
 5 A. Something like that.  
 6 COFFEY, Q.C.:  
 7 Q. - somewhere in that vicinity, depending upon  
 8 which year you pick.  
 9 DR. DALTON:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. Why would there be a difference from time to  
 13 time? Did that relate to how many surgeons  
 14 were available or just the natural incidence  
 15 of the disease in the area.  
 16 DR. DALTON:  
 17 A. It may relate somewhat to the surgeons who  
 18 were available, we did have a female surgeon  
 19 at one time who, female patients felt more  
 20 comfortable with a female surgeon. That  
 21 seemed to bring more cases. Our full surgical  
 22 complement would be four, so there would be  
 23 quite a bit of business coming from four,  
 24 right now and we have for some time been down  
 25 to two surgeons, so there's a noticeable

Page 160

1 difference.  
 2 COFFEY, Q.C.:  
 3 Q. A drop in the number of mastectomies that are  
 4 going on in Grand Falls?  
 5 DR. DALTON:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. Now, Doctor, I take it then that you described  
 9 the tissues in the cassettes would go to the  
 10 tissue processor overnight.  
 11 DR. DALTON:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. What would then happen?  
 15 DR. DALTON:  
 16 A. Then the following morning, once they're taken  
 17 off the processor, they are made into what we  
 18 call blocks, paraffin wax block and they are  
 19 then cut on a microtome, 5 microns thick and  
 20 the slides are made from those.  
 21 COFFEY, Q.C.:  
 22 Q. And in the case of breast cancer, what would  
 23 then happen?  
 24 DR. DALTON:  
 25 A. Slides are made from those -



Page 161

1 COFFEY, Q.C.:

2 Q. So what type of slide would be made first? In

3 a breast cancer case, typical breast cancer

4 case, there'd be--and I take it there might be

5 anywhere from, I don't know, five blocks to

6 twenty-five blocks per case.

7 DR. DALTON:

8 A. Oh, it could be as many--if it's a mastectomy

9 case, it could be 25, 30 blocks in some of

10 those. If it's just a biopsy, it can be 5,

11 10, 15 blocks, it can vary quite a bit.

12 COFFEY, Q.C.:

13 Q. So 5 to 35 would be the range, depending on

14 biopsy and it's a mastectomy.

15 DR. DALTON:

16 A. Yes, it's quite wide, depending on the size of

17 the lesion.

18 COFFEY, Q.C.:

19 Q. And you've indicated that slides would be cut

20 from each of those blocks, what type of slide

21 from each of those blocks? Would it be -

22 DR. DALTON:

23 A. H&E slide.

24 COFFEY, Q.C.:

25 Q. H&E slide, that's what I'm getting at. And

Page 162

1 what would then happen?

2 DR. DALTON:

3 A. You would read the H&E slides, if you had

4 enough information, you could make a

5 diagnosis.

6 COFFEY, Q.C.:

7 Q. Diagnosis as to what?

8 DR. DALTON:

9 A. If it was a carcinoma or if it was a

10 mastectomy, if there was any residual

11 carcinoma left after the biopsy had been done.

12 You'd dictate a report, put that together and

13 that would be electronically sent down to the

14 office to be typed and then that would come

15 back to you that afternoon of the following

16 morning, you would check it to make sure it

17 was correct and it was saying the things that

18 you wanted it to say. And then you would

19 verify that report and send it to the

20 physician and you would also routinely send

21 for ER and PR and HER2/neu, if there was

22 cancer there, that is.

23 COFFEY, Q.C.:

24 Q. Back in the early days, in '96 in Grand Falls,

25 was ER and PR testing being done?

Page 163

1 DR. DALTON:

2 A. It was done occasionally when I arrived there

3 first, yes.

4 COFFEY, Q.C.:

5 Q. And what process was being used at that time?

6 DR. DALTON:

7 A. Initially when I arrived we were sending cases

8 over to the Victoria General Hospital in

9 Halifax and then after a year or two, they

10 started doing it down here in St. John's.

11 COFFEY, Q.C.:

12 Q. And when it was going to the Victoria General

13 in Halifax, this was blocks would be going?

14 DR. DALTON:

15 A. Blocks would be going over, yes.

16 COFFEY, Q.C.:

17 Q. And it would be IHC testing and blocks would

18 go over.

19 DR. DALTON:

20 A. Yes.

21 COFFEY, Q.C.:

22 Q. When you arrived, was this arrangement already

23 in place with Victoria General?

24 DR. DALTON:

25 A. Yes, when I arrived.

Page 164

1 COFFEY, Q.C.:

2 Q. You inherited it.

3 DR. DALTON:

4 A. I inherited that, yes.

5 COFFEY, Q.C.:

6 Q. Go back then to the link, because you had just

7 come from Halifax at the time in 1996, while

8 you were resident in Halifax, did you have

9 occasion to look at ER and PR IHC slides?

10 DR. DALTON:

11 A. Yes, when we sit down with the consultant

12 pathologist, we would be given the slides

13 first and we would make up our diagnosis and

14 so on and then they would sit down with us and

15 they would go through the slides, part of the

16 training process.

17 COFFEY, Q.C.:

18 Q. Do you recall what you were taught about how

19 an ER and PR slide, IHC slides were to be

20 examined, like the thought process?

21 DR. DALTON:

22 A. The thought process of examining -

23 COFFEY, Q.C.:

24 Q. Yes, back then, you know, in Halifax, what

25 were you taught about that?

Page 165

1 DR. DALTON:  
 2 A. We were taught to look out for nuclear  
 3 staining, we were taught to don't read around  
 4 the edge of the slide, but read in the centre  
 5 of the slide where the stain is uniformed.  
 6 And we were taught how to do--how to eyeball  
 7 slides to get counts for the percentage of  
 8 positive cells on a slide.  
 9 COFFEY, Q.C.:  
 10 Q. And when you were in Halifax as a resident,  
 11 what was the approach to that in terms of  
 12 reporting? Was it reported as a percentage or  
 13 positive, negative or both, do you recall or  
 14 was there any consistency?  
 15 DR. DALTON:  
 16 A. I think it would have been mainly reported as  
 17 positive, negative because that's what the  
 18 technicians would want you to say, you know,  
 19 if it's positive or negative, go ahead or not  
 20 go head. I would not know of--and some people  
 21 may have included the percentages as added  
 22 information; some may not have done that, but  
 23 it was positive, negative mainly.  
 24 COFFEY, Q.C.:  
 25 Q. Was there any cut off as to what was

Page 166

1 considered positive and negative in your  
 2 training days, do you recall?  
 3 DR. DALTON:  
 4 A. In the training days it was at 30 percent.  
 5 COFFEY, Q.C.:  
 6 Q. It's what was being utilized in Halifax.  
 7 DR. DALTON:  
 8 A. If it was below 30 percent, it was negative,  
 9 over 30 percent it was positive.  
 10 COFFEY, Q.C.:  
 11 Q. And how would you determine then, Doctor, what  
 12 thought processes were you taught to employ in  
 13 terms of determining well what the percentage  
 14 was? How would you physically and in your  
 15 thought process go about that?  
 16 DR. DALTON:  
 17 A. The thought process is you would scan the  
 18 slide and you would pick out, you would pick a  
 19 representative area across the centre of the  
 20 slide and you'd make, mentally make little  
 21 blocks and you'd count the cells within those  
 22 blocks that were positive and negative and you  
 23 would count those across the centre of the  
 24 slide and that gave you a fairly good reading,  
 25 exactly what proportion of the ones you were

Page 167

1 looking at were positive or negative.  
 2 COFFEY, Q.C.:  
 3 Q. Whether you wanted to say a hundred or fifty  
 4 or twenty or zero.  
 5 DR. DALTON:  
 6 A. Fifty or five--yes.  
 7 COFFEY, Q.C.:  
 8 Q. Were you taught in Halifax anything about  
 9 internal controls for ER and PR slides?  
 10 DR. DALTON:  
 11 A. It was not an issue at that time, no.  
 12 COFFEY, Q.C.:  
 13 Q. And when you arrived in Grand Falls, there was  
 14 no, as you indicated IHC was not being done  
 15 for ER/PR in Grand Falls, certainly.  
 16 DR. DALTON:  
 17 A. No.  
 18 COFFEY, Q.C.:  
 19 Q. Was there any IHC testing going on at all in  
 20 Grand Falls?  
 21 DR. DALTON:  
 22 A. No, not at that time.  
 23 COFFEY, Q.C.:  
 24 Q. Was there ever subsequently any?  
 25 DR. DALTON:

Page 168

1 A. When some of the younger pathologists came up  
 2 from the States, they were interested in doing  
 3 some IHC for S100, helping to identify where  
 4 particular tissues might be from and something  
 5 like that, but we never did ER and PR and  
 6 stuff like that.  
 7 COFFEY, Q.C.:  
 8 Q. And I take it, IHC itself, within the  
 9 laboratory in Grand Falls never occupied any  
 10 significant part of their work?  
 11 DR. DALTON:  
 12 A. No.  
 13 COFFEY, Q.C.:  
 14 Q. As time went on then, beyond '96, '97, '98,  
 15 where was the IHC testing being done in  
 16 Newfoundland, any IHC testing?  
 17 DR. DALTON:  
 18 A. Most of the IHC was being done here in St.  
 19 John's.  
 20 COFFEY, Q.C.:  
 21 Q. You arrived in Grand Falls in '96, you were  
 22 sending ER/PR IHC testing or ordering it for  
 23 Halifax.  
 24 DR. DALTON:  
 25 A. Victoria General, yes.

Page 169

1 COFFEY, Q.C.:

2 Q. I'll be asking about when and how that came,

3 the change came about to St. John's, you

4 already referred to it.

5 DR. DALTON:

6 A. Uh-hm.

7 COFFEY, Q.C.:

8 Q. Back in '96, was ER and PR ordered for all

9 breast cancer cases?

10 DR. DALTON:

11 A. No, my impression was it was only on selected

12 cases and I don't quite know how they were

13 selected, we'd get a phone call or we would

14 get a request from the clinician asking for ER

15 and PR and we'd respond to that.

16 COFFEY, Q.C.:

17 Q. And this is what I wanted to ask you about, as

18 a pathologist then, when you arrived--the

19 junior pathologist in Grand Falls, you had

20 just come from a program in Halifax. Was ER

21 and PR being ordered on all breast cancers

22 there or was it a function of the clinician

23 asking and then you ordering it?

24 DR. DALTON:

25 A. I seem to remember it as being a function of

Page 170

1 specific orders or asking specifically.

2 COFFEY, Q.C.:

3 Q. Asked by, not asked by the pathologist,

4 someone would ask the pathologist to do it.

5 DR. DALTON:

6 A. That's right.

7 COFFEY, Q.C.:

8 Q. So you went to Grand Falls and that was

9 consistent with your Halifax experience.

10 DR. DALTON:

11 A. And that was consistent with what had been

12 going on over there.

13 COFFEY, Q.C.:

14 Q. So the surgeon would ask you in Grand Falls,

15 the oncologist would ask you, whoever the

16 attending physician was.

17 DR. DALTON:

18 A. Right, it was usually the oncologist because

19 the patients would have been referred to the

20 oncology centre here in St. John's and I would

21 get a phone call saying "could you please do

22 ER/PR on such and such as case".

23 COFFEY, Q.C.:

24 Q. And in terms of dealing with Victoria General

25 in Halifax, you would do what? If you got a

Page 171

1 request from an oncologist in St. John's in

2 '96/'97, what would you do?

3 DR. DALTON:

4 A. We would send the blocks and probably a

5 representative slide indicating that it was a

6 tumour. We would send that over to the people

7 in Victoria General. They would process it and

8 read the slides and send us back a report.

9 COFFEY, Q.C.:

10 Q. The written report?

11 DR. DALTON:

12 A. The written report.

13 COFFEY, Q.C.:

14 Q. And when the slides would come back -- would

15 the slides come back to Grand Falls?

16 DR. DALTON:

17 A. Eventually, yes, some months later.

18 COFFEY, Q.C.:

19 Q. But by then the report had been in and you had

20 reported it?

21 DR. DALTON:

22 A. It would have gone out, yes.

23 COFFEY, Q.C.:

24 Q. Would you examine the slides when they came

25 back, do you know?

Page 172

1 DR. DALTON:

2 A. Not usually. The report had been made and it

3 would have been probably quite some time --

4 they'd send back batches of slides

5 periodically. So the timeliness of looking at

6 the -- of re-examining wouldn't have made much

7 sense to us.

8 COFFEY, Q.C.:

9 Q. Then, Doctor, I take it then that that changed

10 in time?

11 DR. DALTON:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. I wanted to ask you, though, in identifying

15 the blocks to be sent to Halifax in '96, what

16 would you be looking for? Like, a particular

17 patient, a particular mastectomy operation,

18 what would you be looking - and the oncologist

19 says, Dr. Dalton, could you do an ER/PR?

20 DR. DALTON:

21 A. Yes.

22 COFFEY, Q.C.:

23 Q. How would you go about choosing which of those

24 20 or 30 or 30 odd blocks?

25 DR. DALTON:

Page 173

1 A. I would take the slides that relate to those  
 2 blocks.  
 3 COFFEY, Q.C.:  
 4 Q. That's the H & E slides, H & E stain slides, I  
 5 take it?  
 6 DR. DALTON:  
 7 A. Yes, I would take those slides and I would go  
 8 through them, and you would look for a slide  
 9 that had representative tumour on it. In  
 10 other words, there was a good amount of tumour  
 11 there so that you could get a good reading on  
 12 the ER and PR for that tumour.  
 13 COFFEY, Q.C.:  
 14 Q. And the idea of ensuring that there was normal  
 15 tissue on the slide at that time was not  
 16 within your radar?  
 17 DR. DALTON:  
 18 A. It certainly wasn't indicated to us that this  
 19 was a requirement or an absolute requirement.  
 20 COFFEY, Q.C.:  
 21 Q. Did you ever get any request from Halifax to  
 22 send a different block?  
 23 DR. DALTON:  
 24 A. I don't recollect.  
 25 COFFEY, Q.C.:

Page 174

1 Q. I'm not suggesting you did, I'm just --  
 2 DR. DALTON:  
 3 A. Yes. I don't think so.  
 4 COFFEY, Q.C.:  
 5 Q. It doesn't stand out in your mind?  
 6 DR. DALTON:  
 7 A. No, no, no.  
 8 COFFEY, Q.C.:  
 9 Q. Doctor, did you ever receive any complaints  
 10 from the hospital in Halifax as to the quality  
 11 of the blocks in relation to fixation?  
 12 DR. DALTON:  
 13 A. Not that I recollect, no.  
 14 COFFEY, Q.C.:  
 15 Q. Or tissue processing?  
 16 DR. DALTON:  
 17 A. No.  
 18 COFFEY, Q.C.:  
 19 Q. Doctor, if we could, please, Exhibit P-1287.  
 20 Now, Doctor, this is a memorandum dated  
 21 February 16th, 1998, from Dr. Mahmoud Khalifa.  
 22 It's to Newfoundland pathologists, and the  
 23 reference is, "reporting of estrogen and  
 24 progesterone receptor immunohistochemical  
 25 results". See that?

Page 175

1 DR. DALTON:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. Have you ever seen this before?  
 5 DR. DALTON:  
 6 A. Yes, it looks familiar to me.  
 7 COFFEY, Q.C.:  
 8 Q. Would you have received this, do you think,  
 9 back in 1998?  
 10 DR. DALTON:  
 11 A. It would have come to the laboratory, maybe  
 12 not directly to me, but it would have come to  
 13 the laboratory.  
 14 COFFEY, Q.C.:  
 15 Q. And here this memo deals with the idea that --  
 16 it begins by saying, "As you all know, it has  
 17 been suggested that assessment of estrogen and  
 18 progesterone status in mammary invasive  
 19 carcinomas be performed immunohistochemically  
 20 on formalin fixed, paraffin-embedded tissues",  
 21 and he goes on to talk about it and says that,  
 22 "The Health Care Corporation of St. John's has  
 23 been employing this technology for over a  
 24 year", and talks about audits correlating  
 25 those results with biochemical results, and

Page 176

1 then he notes in paragraph three that as it  
 2 was in its introductory phase, Phase 1, Dr.  
 3 Khalifa had been reporting results in the  
 4 majority of cases, and he then says, "As we  
 5 have come to a more advanced stage of this  
 6 pursuit where this test could be done with a  
 7 relatively high efficiency and reliability, I  
 8 have come to believe that we are probably  
 9 ready to move into the next two and final  
 10 phases", and Phase 2 is each pathologist will  
 11 be asked to report results or his/her own  
 12 cases as indicated by the brown staining of  
 13 nuclei of the invasive neoplastic cells, and  
 14 that phase will start March 1, 1998. Now,  
 15 Doctor, in Grand Falls in 1998, did you -- the  
 16 hospital there then moved to instead of  
 17 sending ER/PR cases to Halifax, sent them to  
 18 St. John's?  
 19 DR. DALTON:  
 20 A. Started sending them to St. John's around  
 21 then.  
 22 COFFEY, Q.C.:  
 23 Q. Do you recall how you were introduced to that  
 24 idea, how it first came up?  
 25 DR. DALTON:

Page 177

1 A. Probably it would have been -- I would assume  
 2 I would have got a letter something like this,  
 3 and then I had a good relationship with Dr.  
 4 Khalifa, in fact --  
 5 COFFEY, Q.C.:  
 6 Q. I was going to ask you about that.  
 7 DR. DALTON:  
 8 A. And I probably would have called him to find  
 9 out what did he want us to do, and how did he  
 10 want us to do it, and we've complied with  
 11 that.  
 12 COFFEY, Q.C.:  
 13 Q. Doctor, how had you known Dr. Khalifa?  
 14 DR. DALTON:  
 15 A. I'm sorry?  
 16 COFFEY, Q.C.:  
 17 Q. How had you known Dr. Khalifa?  
 18 DR. DALTON:  
 19 A. When I arrived, I think he was in St. John's  
 20 when I arrived, and from time to time I'd  
 21 phone down looking for help with a case or  
 22 something like that, and then after a while I  
 23 came down to St. John's and I'd make a point  
 24 of going in and spending an hour with the guys  
 25 there and talking to them and finding out what

Page 178

1 they were up to and what was happening, and  
 2 got to know him that way.  
 3 COFFEY, Q.C.:  
 4 Q. He was site chief in the General Hospital at  
 5 the time?  
 6 DR. DALTON:  
 7 A. I understand so, yes.  
 8 COFFEY, Q.C.:  
 9 Q. You said that occasionally from time to time  
 10 you would consult with him on individual  
 11 cases?  
 12 DR. DALTON:  
 13 A. I would consult with him, yes.  
 14 COFFEY, Q.C.:  
 15 Q. Why him as opposed to others?  
 16 DR. DALTON:  
 17 A. He seemed to be amenable to talking to, and  
 18 you'd send him a case and he would respond and  
 19 chat to you and give you information and so  
 20 on.  
 21 COFFEY, Q.C.:  
 22 Q. He'd follow up on it, I take it?  
 23 DR. DALTON:  
 24 A. He'd follow up on it, yes.  
 25 COFFEY, Q.C.:

Page 179

1 Q. I take it, even if it was something that he  
 2 wasn't familiar with, was he the sort of guy  
 3 who would go and look and come back to you?  
 4 DR. DALTON:  
 5 A. He would from time to time send back  
 6 references and papers and so on in relation to  
 7 a case, yes.  
 8 COFFEY, Q.C.:  
 9 Q. So when you were told in early 1998, or you  
 10 were advised -- saw this memo or otherwise,  
 11 you were advised that he wanted to go or  
 12 suggested that henceforth beginning in March  
 13 of 1998, individual pathologists would report  
 14 their own ER/PR results?  
 15 DR. DALTON:  
 16 A. Uh-hm.  
 17 COFFEY, Q.C.:  
 18 Q. Was there any consideration given in Grand  
 19 Falls to should we continue on with Victoria  
 20 General, or should we go to St. John's? I  
 21 should ask you first of all, had there been  
 22 any problem with Victoria General's ER/PR  
 23 results that you were aware of?  
 24 DR. DALTON:  
 25 A. None that I'm aware of, no.

Page 180

1 COFFEY, Q.C.:  
 2 Q. The service that they provided?  
 3 DR. DALTON:  
 4 A. The service was there, it was good, the  
 5 reports were good. We didn't have any  
 6 problems with them or transporting or stuff  
 7 backwards and forwards, so there was no  
 8 specific reasons, just that it was a service  
 9 being offered on the island, it would be that  
 10 little bit quicker and that's why we'd go with  
 11 it.  
 12 COFFEY, Q.C.:  
 13 Q. So there was no actual kind of weighing of the  
 14 pros and cons of switching off, it was the  
 15 service is now available in St. John's,  
 16 Khalifa is proposing that we utilize this, and  
 17 that's what was chosen?  
 18 DR. DALTON:  
 19 A. That's what was chosen, yes.  
 20 COFFEY, Q.C.:  
 21 Q. Now here when we go through the particular  
 22 Phase 2 described here, he says, "Beginning  
 23 March 1, 1998, at which time your  
 24 immunostained slides will be mailed back to  
 25 you with positive controls whenever it is

Page 181

1 technically possible. With each run, I will  
 2 still be responsible for reviewing the  
 3 positive controls here in our laboratory, and  
 4 the slides will not be mailed to you unless  
 5 adequate staining is noted in the positive  
 6 controls. As we are all interested in making  
 7 this transition as smooth as possible, I will  
 8 be more than glad to continue being available  
 9 to answer any questions and address concerns",  
 10 and then he talks about discontinuing the  
 11 utilization of the biochemistry service in St.  
 12 John's for ER/PR. Now the biochemistry  
 13 service in St. John's had not been utilized  
 14 for ER/PR by Grand Falls?  
 15 DR. DALTON:  
 16 A. No, I'd never had contact with it. I'd seen  
 17 the end results of it and the reports when I  
 18 was over in Victoria General, but as my cases,  
 19 I never had any contact with it.  
 20 COFFEY, Q.C.:  
 21 Q. In Phase 2 here in this memo, the reference to  
 22 positive controls, what type of controls did  
 23 you understand or would you have understood  
 24 that to be?  
 25 DR. DALTON:

Page 182

1 A. Positive control would be an external control.  
 2 COFFEY, Q.C.:  
 3 Q. And external control, which is common in  
 4 special stains?  
 5 DR. DALTON:  
 6 A. In all special stains, it's one of the key  
 7 features.  
 8 COFFEY, Q.C.:  
 9 Q. Now, Doctor, so the -- St. John's, in the  
 10 person of Dr. Khalifa, has proposed to move to  
 11 this process, utilizing St. John's for ER/PR  
 12 IHC analysis. Grand Falls had decided to do  
 13 so. By March 1, 1998, were you the senior  
 14 pathologist?  
 15 DR. DALTON:  
 16 A. I don't remember. I'm not sure exactly when  
 17 Dr. Falk (phonetic) left.  
 18 COFFEY, Q.C.:  
 19 Q. Okay.  
 20 DR. DALTON:  
 21 A. So I would have to go back to the records and  
 22 look at that.  
 23 COFFEY, Q.C.:  
 24 Q. But if it wasn't -- if you weren't, you were  
 25 soon to be?

Page 183

1 DR. DALTON:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. What did you understand then, Doctor,  
 5 beginning in 1998 when you would order an  
 6 ER/PR IHC test in St. John's -- how would you  
 7 go about it? I take it, by then -- was it  
 8 still the oncologist asking you to order the -  
 9 -  
 10 DR. DALTON:  
 11 A. I would have thought around about then we were  
 12 doing it on request, and then some time  
 13 afterwards we were indicated to automatically  
 14 send all our positive cases for ER and PR. So  
 15 I would have again selected a slide that I  
 16 thought had representative tumour on it and I  
 17 would have packaged that, included a letter,  
 18 and sent it to St. John's asking for ER and  
 19 PR.  
 20 COFFEY, Q.C.:  
 21 Q. On that particular block?  
 22 DR. DALTON:  
 23 A. On that particular block.  
 24 COFFEY, Q.C.:  
 25 Q. And you would then -- what would then happen?

Page 184

1 DR. DALTON:  
 2 A. Then some time afterwards we would get back a  
 3 slides -- sorry, a slide -- sorry, an ER slide  
 4 and a PR slide and controls, and read your  
 5 controls first, and if --  
 6 COFFEY, Q.C.:  
 7 Q. That would be an ER external control?  
 8 DR. DALTON:  
 9 A. External -- ER and PR external control. Read  
 10 the controls first and then read the slides in  
 11 the same way that I had been taught to do it  
 12 in Halifax.  
 13 COFFEY, Q.C.:  
 14 Q. And in - so you look at the external controls,  
 15 the ER external control, and the PR external  
 16 control separately?  
 17 DR. DALTON:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. And you'd be looking for what in those  
 21 external controls?  
 22 DR. DALTON:  
 23 A. You'd be looking to make sure the controls  
 24 were working because that was a known --  
 25 COFFEY, Q.C.:

Page 185

1 Q. Which means?  
 2 DR. DALTON:  
 3 A. It was a known positive case, so you should  
 4 get good staining on the known positive for ER  
 5 and PR.  
 6 COFFEY, Q.C.:  
 7 Q. On the nuclei?  
 8 DR. DALTON:  
 9 A. In the nuclei, yes.  
 10 COFFEY, Q.C.:  
 11 Q. And good staining in this context meant what?  
 12 DR. DALTON:  
 13 A. Meant that you had a high, proportional high  
 14 ratios of cells were positive, and it was a  
 15 strong positive.  
 16 COFFEY, Q.C.:  
 17 Q. Strong intensity?  
 18 DR. DALTON:  
 19 A. Intensity, yes.  
 20 COFFEY, Q.C.:  
 21 Q. Very brown in the sense, or sharp, it would  
 22 stand out as well?  
 23 DR. DALTON:  
 24 A. Sharp, sharp.  
 25 COFFEY, Q.C.:

Page 186

1 Q. Doctor, and then if the controls for the ER  
 2 and PR checked out, what would you do then?  
 3 DR. DALTON:  
 4 A. You would then go ahead and read the actual  
 5 case, the ER and the PR slides on the  
 6 particular case.  
 7 COFFEY, Q.C.:  
 8 Q. Utilizing the process you described as you'd  
 9 been taught in Halifax?  
 10 DR. DALTON:  
 11 A. That's right.  
 12 COFFEY, Q.C.:  
 13 Q. Doctor, was there ever a time when you were  
 14 utilizing St. John's for ER/PR IHC when the  
 15 external control slides did not come to Grand  
 16 Falls?  
 17 DR. DALTON:  
 18 A. Sorry?  
 19 COFFEY, Q.C.:  
 20 Q. Did not come, was there ever a period when  
 21 they did not come?  
 22 DR. DALTON:  
 23 A. Yes, there was a period when they did not send  
 24 us any control slides back. I felt I couldn't  
 25 read the slides if I didn't have controls

Page 187

1 because again I was reading uncontrolled  
 2 slides, basically. At one point, I was  
 3 reassured that someone would have checked the  
 4 controls there before they would have sent us  
 5 the slides, so in their minds the positive  
 6 controls were working. That was taking  
 7 someone else's word for it and I really didn't  
 8 feel good about that, and I really wanted the  
 9 controls. I felt I couldn't read unless I had  
 10 controls, and we sent the slides back down.  
 11 Sometimes they re-cut the slides and made  
 12 controls and sent them back to us.  
 13 COFFEY, Q.C.:  
 14 Q. So you sent the slides back?  
 15 DR. DALTON:  
 16 A. I sent the slides back to St. John's and asked  
 17 them to redo the case for me and the controls.  
 18 COFFEY, Q.C.:  
 19 Q. Would you be sending the slides back or the  
 20 blocks or both?  
 21 DR. DALTON:  
 22 A. Well, if we had already gotten the blocks  
 23 back, we would be sending that back down, but  
 24 usually the blocks didn't come back until some  
 25 time afterwards. So we'd just refer the

Page 188

1 slides back to them and ask them to redo the  
 2 case.  
 3 COFFEY, Q.C.:  
 4 Q. Okay, the slides I'm sending back to you, the  
 5 ER/PR slides I'm sending back to you, use the  
 6 blocks they came from to create new ER/PR --  
 7 DR. DALTON:  
 8 A. New case, new slides, and include controls.  
 9 COFFEY, Q.C.:  
 10 Q. And the controls.  
 11 DR. DALTON:  
 12 A. On one occasion -- or one time I can  
 13 distinctly remember being told, as I say, that  
 14 they were reading the controls down there, and  
 15 that we should take it as being okay, but as I  
 16 said, I wasn't really comfortable about that.  
 17 On another occasion -- on a number of other  
 18 occasions, they would send us control slides  
 19 that we would have to read straight away, send  
 20 them back to them, and then they'd send them  
 21 to someone else with someone else's ER and PR.  
 22 So it was not -- we felt uncomfortable with  
 23 that, and eventually it settled down and they  
 24 started giving us the control slides.  
 25 COFFEY, Q.C.:

Page 189

1 Q. External control slides?  
 2 DR. DALTON:  
 3 A. External control slides, yes.  
 4 COFFEY, Q.C.:  
 5 Q. Doctor, do you recall who it was you were  
 6 dealing with in St. John's in terms of these  
 7 assurances?  
 8 DR. DALTON:  
 9 A. I know on a number of occasions when I spoke  
 10 to someone, it was one of the technologists in  
 11 the IHC lab, and I don't have a name. I can't  
 12 tell you. I remember talking to a female, but  
 13 I don't know who it was.  
 14 COFFEY, Q.C.:  
 15 Q. Doctor, when a -- I take it, over time,  
 16 perhaps not initially but over time there was  
 17 a requisition form that you would use to order  
 18 IHC tests from the lab in St. John's?  
 19 DR. DALTON:  
 20 A. Yes, that's right.  
 21 COFFEY, Q.C.:  
 22 Q. A preprinted form.  
 23 DR. DALTON:  
 24 A. The patient name, the number, and you'd ring  
 25 what you want and send it down.

Page 190

1 COFFEY, Q.C.:  
 2 Q. Would you get that requisition form back or a  
 3 copy of it back, do you recall?  
 4 DR. DALTON:  
 5 A. Yes, I think it would come back -- sometimes  
 6 they would actually wrap the slides in these  
 7 to protect the slides and they would come back  
 8 with the blocks, so you would get to see the  
 9 requisition, yes.  
 10 COFFEY, Q.C.:  
 11 Q. I appreciate you've told the Commissioner  
 12 about at times you'd get a verbal assurance  
 13 from someone on the phone that the external  
 14 controls, when you didn't get them, had worked  
 15 in St. John's.  
 16 DR. DALTON:  
 17 A. It had been read.  
 18 COFFEY, Q.C.:  
 19 Q. Would it ever be written down anywhere on the  
 20 requisition forms, do you recall?  
 21 DR. DALTON:  
 22 A. I honestly --  
 23 COFFEY, Q.C.:  
 24 Q. Can't remember.  
 25 DR. DALTON:

Page 191

1 A. Don't recall specifically being reassured when  
 2 I'd see it written down. Again I would not  
 3 have seen the controls myself.  
 4 COFFEY, Q.C.:  
 5 Q. And you were -- even despite a written  
 6 assurance, your own natural inclination was  
 7 I'd like to see the controls myself?  
 8 DR. DALTON:  
 9 A. I've been nearly 40 years in laboratories and  
 10 it's hard to break a habit.  
 11 COFFEY, Q.C.:  
 12 Q. Okay. Doctor, was there ever any time that  
 13 you recall involving IHC, ER/PR IHC slides  
 14 that came from St. John's that you got control  
 15 slides and you thought that they hadn't  
 16 stained or hadn't worked properly?  
 17 DR. DALTON:  
 18 A. There were times when the material would have  
 19 lifted off the -- the controls might be all  
 20 right, but the test slides, something might  
 21 have lifted off the slides.  
 22 COFFEY, Q.C.:  
 23 Q. I'll get to the test slides themselves in a  
 24 moment, but the actual--I'll ask you to think  
 25 first of all about the controls, the external

Page 192

1 controls, that you had any concern--I  
 2 appreciate you had concern, you wanted to see  
 3 the control slides.  
 4 DR. DALTON:  
 5 A. Yeah, yeah.  
 6 COFFEY, Q.C.:  
 7 Q. But actual, you look at the external control  
 8 slides and you had misgivings about them and  
 9 acted upon that?  
 10 DR. DALTON:  
 11 A. In fact, there were times I noticed some of  
 12 the controls seemed to be very weak.  
 13 COFFEY, Q.C.:  
 14 Q. I was going to ask you about that. This is  
 15 the--because there's some documents the  
 16 Commissioner has seen and will see in the  
 17 future, and not so much involving Grand Falls  
 18 as just there are references to controls being  
 19 weak.  
 20 DR. DALTON:  
 21 A. Yes, yeah, yeah.  
 22 COFFEY, Q.C.:  
 23 Q. What do you recall about those instances?  
 24 When that would happen, what would that--would  
 25 that mean anything in particular to you?



Page 193

1 DR. DALTON:  
 2 A. It would mean I would look very much more  
 3 carefully at the test slides and I would look  
 4 for to have the staining on the test slides at  
 5 least as strong, if not stronger than that  
 6 before I would report it.  
 7 COFFEY, Q.C.:  
 8 Q. On the control? In order to report it, you'd  
 9 want the test slides staining -  
 10 DR. DALTON:  
 11 A. To be certainly better--as good as, if not  
 12 better than the controls.  
 13 COFFEY, Q.C.:  
 14 Q. What about if there was no staining, if they  
 15 stained--if the patient's tissue slides in  
 16 that instance were negative, you couldn't see  
 17 any staining?  
 18 DR. DALTON:  
 19 A. And if the controls were positive, even though  
 20 they might be weakly positive, I would  
 21 probably have taken those as being negative  
 22 slides.  
 23 COFFEY, Q.C.:  
 24 Q. Now Doctor, if we could, ask you to look at -  
 25 THE COMMISSIONER:

Page 194

1 Q. While you're on the subject -  
 2 COFFEY, Q.C.:  
 3 Q. Sure.  
 4 THE COMMISSIONER:  
 5 Q. - Doctor, when you get a control slide, do you  
 6 expect to see, if things have gone well, a  
 7 certain intensity in the staining?  
 8 DR. DALTON:  
 9 A. Yes, that's the idea of the control slide, to  
 10 control the process and make sure you're  
 11 getting adequate staining with known cases,  
 12 and by inference, that would apply to your  
 13 test cases. If it's right on the control  
 14 slides, then it should be right on the test  
 15 cases.  
 16 THE COMMISSIONER:  
 17 Q. So that's what I've sort of taken from the  
 18 information that I've gotten thus far. That  
 19 is that if you have a control slide, working  
 20 from the basis that the control slide is a  
 21 known substance, as it were, a known quantity  
 22 and that it should be strongly positive, then  
 23 you would expect to see the evidence of that  
 24 strong positivity on -  
 25 DR. DALTON:

Page 195

1 A. On your test slides.  
 2 THE COMMISSIONER:  
 3 Q. - on your--well, on your control slide at  
 4 least, so that when you are reading your test  
 5 slide, you have some confidence that the  
 6 control worked as it should?  
 7 DR. DALTON:  
 8 A. Yes, you'd have confidence that the process  
 9 was working with known tumours.  
 10 THE COMMISSIONER:  
 11 Q. So what, if anything, do you, as pathologists,  
 12 take from the intensity of the results on your  
 13 control slide? I'm just wondering, is there a  
 14 place when you get your control slide back,  
 15 and I understand that normally you hope for a  
 16 strong reaction, good slide, good intensity of  
 17 colour.  
 18 DR. DALTON:  
 19 A. Um-hm. Yes, a good crisp slide.  
 20 THE COMMISSIONER:  
 21 Q. Crisp, that's the word, crisp. And if your  
 22 control slide is less than that, is there a--  
 23 for a pathologist, is there a place at which  
 24 you say, even though it is staining, it is not  
 25 staining sufficiently for me to have

Page 196

1 confidence in the process or does it have to  
 2 go to nil before you sort of say "no, the  
 3 process didn't work."  
 4 DR. DALTON:  
 5 A. Certainly if it goes to nil, you would not use  
 6 that at all. However, as you come down the  
 7 grades of staining, there is no actual point  
 8 that I'm aware of that you would make that  
 9 transition, but instinctively, having seen a  
 10 number of these, you would know that at a  
 11 certain lack of intensity, the process would  
 12 not have been working as you would want it and  
 13 you would repeat--you would get that repeated.  
 14 THE COMMISSIONER:  
 15 Q. Okay, so that's something you judge with some  
 16 experience?  
 17 DR. DALTON:  
 18 A. Again, it's a judgment call.  
 19 THE COMMISSIONER:  
 20 Q. And the judgment is that it has reached that  
 21 point of weakness where you, as a pathologist,  
 22 are uncomfortable with reading it?  
 23 DR. DALTON:  
 24 A. You're uncomfortable.  
 25 THE COMMISSIONER:

Page 197

1 Q. Okay. Now can--is there any correlation  
 2 between that weakness and the results on other  
 3 things, on the slides that you're actually  
 4 reading?  
 5 DR. DALTON:  
 6 A. Sorry, I don't -  
 7 THE COMMISSIONER:  
 8 Q. Well, what I'm wondering is, as I'm sitting  
 9 here listening to you describe this, for  
 10 example, if you have a control slide which is  
 11 not as crisp as you would want it to be,  
 12 something less than that, but not to the point  
 13 where you would say "I'm so uncomfortable, I  
 14 will not read this"  
 15 DR. DALTON:  
 16 A. Um-hm.  
 17 THE COMMISSIONER:  
 18 Q. And of the particular tissue which you are  
 19 examining to determine whether or not it is  
 20 positive or negative, whether ER or PR, is  
 21 weak for example in terms of its intensity,  
 22 does that indicate anything in terms of the  
 23 validity of a test or not?  
 24 DR. DALTON:  
 25 A. It certainly could interfere and that's why

Page 198

1 you do the controls, just to pick up--you pick  
 2 up these weaknesses and when you detect them,  
 3 then you should get the test repeated and not  
 4 go forward at that point. That's the whole  
 5 idea.  
 6 THE COMMISSIONER:  
 7 Q. But I can't make any assumptions regarding  
 8 the--in a test where part of what you have to  
 9 do is to determine percentages, for example,  
 10 would the weakness in your control interfere  
 11 in any way with your ability to read what you  
 12 have to do on the test slides?  
 13 DR. DALTON:  
 14 A. It could because if the intensity was low  
 15 enough, you may not be able to pick it up and  
 16 you would be calling negative, a slide that  
 17 may have some staining in it, but it might be  
 18 a very small amount of stain and might be very  
 19 scattered and it would look like it was  
 20 negative or look like it was below the  
 21 threshold, and that would be the danger.  
 22 THE COMMISSIONER:  
 23 Q. Okay. So does that mean that when you're  
 24 making your call, you make it sort of higher  
 25 up in terms of requiring a fairly strong

Page 199

1 degree of intensity in your control slide?  
 2 I'm just wondering how you get this--how this  
 3 instinct gets developed to the point where you  
 4 get that confidence.  
 5 DR. DALTON:  
 6 A. Basically, you--as the controls get weaker,  
 7 there's obviously something interfering with  
 8 the process. This may be something inherent  
 9 in the tissue or it may be something inherent  
 10 in the process itself, and as your controls  
 11 get weaker, in general, your tests are usually  
 12 not as crisp as your controls because you can  
 13 control your test tissue. It's whatever comes  
 14 your way. So as your controls get weaker, the  
 15 reading of your test tissue becomes more  
 16 difficult and you could drop below the  
 17 threshold inadvertently because of some  
 18 problem occurring in the process, as opposed  
 19 to an inherent problem with the tissue itself.  
 20 THE COMMISSIONER:  
 21 Q. Yes, I think that's logical, and I suppose  
 22 what I'm saying is what I don't understand,  
 23 and it might just be a matter of experiences,  
 24 how you get the--how you come to the  
 25 conclusion as to where you have to say -

Page 200

1 DR. DALTON:  
 2 A. That's where that point is.  
 3 THE COMMISSIONER:  
 4 Q. - I needed this to be redone. It's not safe.  
 5 Does that just come with experience or would  
 6 it -  
 7 DR. DALTON:  
 8 A. I would think it comes with experience. When  
 9 you see enough of them, you instinctively know  
 10 something is not working right and you get it  
 11 repeated.  
 12 THE COMMISSIONER:  
 13 Q. Okay.  
 14 COFFEY, Q.C.:  
 15 Q. Doctor, looking at Dr. Khalifa's memo of  
 16 February 16th, 1998, Exhibit P-1287, here,  
 17 Doctor, the bottom of the second page of the  
 18 memo, he says "attached, please find a  
 19 proposal for uniform reporting of ER/PR  
 20 immunohistochemical staining. This process  
 21 was discussed with many of my colleagues who  
 22 mostly agree with its content and accepted it  
 23 as a policy, as I encourage you to adopt the  
 24 proposed--attached proposal in your reporting  
 25 to maintain uniformity. It should be clearly

Page 201

1 stated that this is only a proposal" and he  
 2 goes on to say, "as you already know, there's  
 3 a considerable host of publications addressing  
 4 this issue. I'll be glad to share any of the  
 5 material I already have with you. I would be  
 6 extremely--I would extremely appreciate your  
 7 feedback on this matter."  
 8 Now Doctor, a couple of questions I have  
 9 about this. When you started to utilize St.  
 10 John's for ER/PR, IHC testing, and getting the  
 11 slides back from St. John's, how were you  
 12 reporting the results in Grand Falls?  
 13 DR. DALTON:  
 14 A. I was reporting positive, greater than 30  
 15 percent, negative, less than 30 percent.  
 16 COFFEY, Q.C.:  
 17 Q. And if, for example, a case came back, would  
 18 you report the percentages?  
 19 DR. DALTON:  
 20 A. I would report--at the time, I think I was  
 21 reporting percentages, yes.  
 22 COFFEY, Q.C.:  
 23 Q. So if a case came back, say ER and you viewed  
 24 it as ten percent, what would actually end up  
 25 on the pathology report?

Page 202

1 DR. DALTON:  
 2 A. I would have said negative, ten percent of  
 3 cells reacting, or less than 30 percent of  
 4 cells reacting.  
 5 COFFEY, Q.C.:  
 6 Q. And would you necessarily put in the ten or  
 7 would you just simply say less than 30, or may  
 8 it vary?  
 9 DR. DALTON:  
 10 A. I would have said less than 30 in some and ten  
 11 in others, but that it was negative.  
 12 COFFEY, Q.C.:  
 13 Q. And that had been the way you'd been trained  
 14 in Halifax?  
 15 DR. DALTON:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. Okay, here when we look at the next page, the  
 19 proposal by Dr. Khalifa at the time for  
 20 uniform reporting of ER/PR immunohistochemical  
 21 assessment, February '98, "the report of a  
 22 hormone receptor status will have three  
 23 components. The first component is a  
 24 statement of whether the stain is positive or  
 25 negative. Positivity is defined by nuclear

Page 203

1 staining in any number of malignant cells.  
 2 The second component is a rough estimate of  
 3 the percentage of immuno reactive cells in the  
 4 section examined, this estimate could be in  
 5 the form of a range or a fixed number and is  
 6 listed in a parentheses, and the third  
 7 component is to comment regarding only ER and  
 8 not PR immuno reactivity, and is to be  
 9 included in the report if a small percentage  
 10 of neoplastic cells, one to 30 percent, is  
 11 positive." And then the comment reads, and  
 12 he's got a quotation here, "evidence from the  
 13 available literature" and so on.  
 14 Doctor, were you utilizing this format,  
 15 beginning in 1998? Did you utilize this  
 16 format?  
 17 DR. DALTON:  
 18 A. Yes, I would have been utilizing that, yes.  
 19 COFFEY, Q.C.:  
 20 Q. And so this approach that Dr. Khalifa had set  
 21 out in February of 1998 suggested, that was  
 22 utilized in Grand Falls beginning in 1998?  
 23 DR. DALTON:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

Page 204

1 Q. Now would you include this comment, if it was  
 2 appropriate?  
 3 DR. DALTON:  
 4 A. Yes, we were including that comment on the  
 5 reports.  
 6 COFFEY, Q.C.:  
 7 Q. Doctor, I take it you would do that for  
 8 yourself. How about from time to time when  
 9 you had a colleague working with you, would he  
 10 or she utilize the same approach in this?  
 11 DR. DALTON:  
 12 A. Yes, they would be able to look at my reports  
 13 that had already been done and would be able  
 14 to copy those or use the same format.  
 15 COFFEY, Q.C.:  
 16 Q. Were they expected to use the same format as  
 17 you?  
 18 DR. DALTON:  
 19 A. Yes, they were.  
 20 COFFEY, Q.C.:  
 21 Q. And would you have communicated that to them?  
 22 DR. DALTON:  
 23 A. I would have communicated it and my office  
 24 manager would have communicated as well that  
 25 all the reports go through.

Page 205

1 COFFEY, Q.C.:

2 Q. Because they had to be typed.

3 DR. DALTON:

4 A. They had to be typed.

5 COFFEY, Q.C.:

6 Q. And if they weren't complying with your views

7 -

8 DR. DALTON:

9 A. You heard about it.

10 COFFEY, Q.C.:

11 Q. - you would have heard. You didn't hear any

12 complaints from your office manager?

13 DR. DALTON:

14 A. No, may have got complaints, but we sorted

15 them out.

16 COFFEY, Q.C.:

17 Q. Yes. Doctor, and here, Doctor, did you ever

18 have occasion then, after initially discussing

19 this with Dr. Khalifa, to discuss it further

20 with him, ER/PR?

21 DR. DALTON:

22 A. Not, there was nothing other than the

23 transport of blocks and slides backwards and

24 forwards and the general routine--there was

25 nothing that specifically comes back to mind

Page 206

1 at that time.

2 COFFEY, Q.C.:

3 Q. Anything of a problematic nature in the sense

4 of -

5 DR. DALTON:

6 A. Yes, if something went missing, we'd track it

7 down, where did it go to and so on.

8 COFFEY, Q.C.:

9 Q. If we could, please, Exhibit P-2340? Now

10 Doctor, this is a letter on Central

11 Newfoundland Regional Health Centre

12 stationary. It's signed by--it's April 1,

13 1998. It's signed by yourself and actually by

14 that point, I think you're still associate

15 pathologist?

16 DR. DALTON:

17 A. Yes.

18 COFFEY, Q.C.:

19 Q. The way you're signing yourself still at the

20 time, and you write "I am requesting ER/PR

21 evaluation on the above mentioned patient with

22 the infiltrating ductal--with an infiltrating

23 ductal carcinoma. I have enclosed a slide

24 which I would appreciate your returning at

25 your earliest convenience." This would be, in

Page 207

1 fact, I take it, a block at the time, would

2 it?

3 DR. DALTON:

4 A. It would be a block and the slide that

5 indicated the tumour.

6 COFFEY, Q.C.:

7 Q. H & E slide?

8 DR. DALTON:

9 A. Yeah.

10 COFFEY, Q.C.:

11 Q. And this particular case, it's returned April

12 17th, 1998, on the back. It's handwritten,

13 and then if we could, please, Exhibit P-2341.

14 This is a letter of April 13th, 1998. Again,

15 from yourself to Dr. Khalifa. You write "we

16 are interested in ER/PR on the enclosed blocks

17 and slides on the above lady. She has an

18 infiltrating ductal carcinoma of the left

19 breast" and it's dated April 16th '98 on it,

20 but when you look at the second page, it's

21 noted to be "returned April 17th, 1998."

22 And if we could, Exhibit P-2342, please,

23 Registrar? This is again a letter of May 4th,

24 1998, to Dr. Khalifa from yourself, Dr.

25 Dalton. You write "enclosed is a block and

Page 208

1 slide of a biopsy on this lady with an

2 infiltrating adenocarcinoma. I request ER/PR

3 immunohistochemistry assessment, please.

4 Return of the block and slide at your earliest

5 convenience would be appreciated," and here

6 it's signed by P. Welsh, May 7th, 1998 and the

7 number, I take it that's probably a St. John's

8 number, 3711?

9 DR. DALTON:

10 A. I would think so, for that time of the year

11 our numbers wouldn't be that high.

12 COFFEY, Q.C.:

13 Q. Yes, and if we could, please, Exhibit P-2343?

14 Now here, Doctor, there's a special procedure

15 request form on Health Care Corporation of St.

16 John's letterhead. There's a space for a

17 surgical number. There's a block, space for

18 the block number, your name, M. Dalton, May 5

19 '98 is the date, and under

20 immunohistochemistry, there's a carcinoma and

21 there's ER and--EST and PROG REC.

22 DR. DALTON:

23 A. Um-hm.

24 COFFEY, Q.C.:

25 Q. I take it that's estrogen and progesterone

Page 209

1 receptors, and you referred earlier to the  
 2 requisition form, you'd circle it. That's the  
 3 kind of thing you'd use, and then this is  
 4 written on the bottom "histotech, P.Welsh.  
 5 Date Completed, May 7th '98." Doctor, I just  
 6 wanted to ask you here, what part of this form  
 7 would you fill out?  
 8 DR. DALTON:  
 9 A. Most of that would have been filled out by my  
 10 office manager.  
 11 COFFEY, Q.C.:  
 12 Q. So you would indicate to the office manager,  
 13 "this is the block I want the test done. This  
 14 is what I want done."  
 15 DR. DALTON:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. They would fill it out and send it off?  
 19 DR. DALTON:  
 20 A. They would fill it out and send it out.  
 21 COFFEY, Q.C.:  
 22 Q. And this, when it would come back, I take it,  
 23 P. Welsh or whomever's name, the tech's name  
 24 and date would be on?  
 25 DR. DALTON:

Page 210

1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Exhibit P-23--I'm sorry, well, I'll stay on  
 4 the same exhibit. Second page of this  
 5 particular exhibit, it's a letter of May 1,  
 6 1998, and this apparently is the  
 7 corresponding--you had sent a letter  
 8 apparently on May 1st, 1998, because that's  
 9 the surgical number. It's on the requisition  
 10 form. The requisition forms, you would  
 11 receive those from where?  
 12 DR. DALTON:  
 13 A. They would have come to us from St. John's.  
 14 THE COMMISSIONER:  
 15 Q. Mr. Coffey, wherever you can find a spot,  
 16 we'll break for lunch.  
 17 COFFEY, Q.C.:  
 18 Q. Thank you, Commissioner. If I could, 2344,  
 19 please? Doctor, this is a special procedure  
 20 request form for a particular surgical  
 21 pathology number, October 25th '98 and the  
 22 block is number four and the pathologist, do  
 23 you recognize who that is?  
 24 DR. DALTON:  
 25 A. I think this looks like Dr. Griffin.

Page 211

1 COFFEY, Q.C.:  
 2 Q. Was Dr. Griffin a pathologist in Grand Falls  
 3 at one time?  
 4 DR. DALTON:  
 5 A. No, Dr. Griffin was a pathologist in St.  
 6 John's way back and left and went back to  
 7 Ireland sometime in early 2000, 2001.  
 8 COFFEY, Q.C.:  
 9 Q. Okay. Maybe it's here through inadvertence  
 10 itself, because the source is indicated to be  
 11 Mary Butler here. If I could, please, Exhibit  
 12 P-2345, please? This is a letter of October  
 13 27th, 1998 to Dr. Khalifa from Dr. Abedi.  
 14 This is from Grand Falls?  
 15 DR. DALTON:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. And Dr. Abedi was a pathologist?  
 19 DR. DALTON:  
 20 A. He came around about that time, yes.  
 21 COFFEY, Q.C.:  
 22 Q. So by then, certainly by October, you are the  
 23 senior pathologist?  
 24 DR. DALTON:  
 25 A. Yes.

Page 212

1 COFFEY, Q.C.:  
 2 Q. Dr. Abedi is there. And again, it's  
 3 requesting ER/PR evaluation. Commissioner,  
 4 perhaps we could take a break now and come  
 5 back after lunch. Thank you.  
 6 THE COMMISSIONER:  
 7 Q. Sure, we'll break until five after two.  
 8 (LUNCH BREAK)  
 9 THE COMMISSIONER:  
 10 Q. Mr. Coffey.  
 11 COFFEY, Q.C.:  
 12 Q. Thank you, Commissioner. Exhibit, excuse me,  
 13 Registrar, please, 2346? Doctor, this is  
 14 again, I take it, a request for ER/PR by  
 15 yourself of Dr. Khalifa on October 27th, 1998?  
 16 DR. DALTON:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. Exhibit P-2347, please? And this is a request  
 20 of November 13th, 1998 of Dr. Khalifa by  
 21 yourself for ER/PR evaluation, as you put it.  
 22 DR. DALTON:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. And there's a note here, "please send back to

Page 213

1 Grand Falls" by whoever signed that. I'm  
 2 sorry, that's 2347. 2348, please? Doctor,  
 3 here, this is a request of November 1st, 1999,  
 4 skipped a full year ahead now, to "pathologist  
 5 on call in pathology department" and it says--  
 6 it's signed by yourself. It says "this lady  
 7 recently had a needle localized biopsy of the  
 8 left breast, showing extensive ductal  
 9 carcinoma in situ with focal areas of  
 10 invasion. We are interested in ER/PR  
 11 immunohistochemical evaluation." So Doctor, I  
 12 just want to ask you about this, and I  
 13 appreciate that there were--this was invasive  
 14 carcinoma?  
 15 DR. DALTON:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. It was DCIS with invasion. A purely DCIS  
 19 case, were you, in Grand Falls, were the  
 20 pathologists in Grand Falls ordering ER/PR on  
 21 purely DCIS cases?  
 22 DR. DALTON:  
 23 A. We were for a while and I discussed it with  
 24 Dr. Carter when she came and she recommended  
 25 that we should be doing that. So we stopped

Page 214

1 at that point.  
 2 COFFEY, Q.C.:  
 3 Q. So that would be--Dr. Carter would be 2003,  
 4 2004 I take it?  
 5 DR. DALTON:  
 6 A. Sometime around then, yes.  
 7 COFFEY, Q.C.:  
 8 Q. Around that time, but up until then, you--  
 9 DR. DALTON:  
 10 A. - up to then, we would have been requesting  
 11 them, yes.  
 12 COFFEY, Q.C.:  
 13 Q. And would you report them then in the normal  
 14 way?  
 15 DR. DALTON:  
 16 A. We would report them in the normal way.  
 17 COFFEY, Q.C.:  
 18 Q. Here, if we could, just 2349, please? Doctor,  
 19 this is a request of November 11th 1999, again  
 20 addressed to the pathologist on call. It's  
 21 from yourself looking for ER/PR IHC  
 22 evaluation. You've now gone to pathologist on  
 23 call. I take it Dr. Khalifa, by this point,  
 24 was probably gone?  
 25 DR. DALTON:

Page 215

1 A. I would think so, yes.  
 2 COFFEY, Q.C.:  
 3 Q. Now Doctor, after Dr. Khalifa left, who, if  
 4 anyone in particular in St. John's would you  
 5 deal with involving IHC matters?  
 6 DR. DALTON:  
 7 A. Well, in making requests, we were either told  
 8 or said to ourselves the pathologist on call  
 9 because if we were requesting help with a  
 10 particular case, for example, and if we were  
 11 not directing it to a particular person, then  
 12 we would send it to pathologist on call and  
 13 the person who happened to be on call would  
 14 get it and look after it.  
 15 COFFEY, Q.C.:  
 16 Q. Now Doctor, you've indicated that at times  
 17 when Dr. Khalifa was there, you'd use him, I  
 18 take it, as a sounding board or consultant at  
 19 times?  
 20 DR. DALTON:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. After he left, was there anyone perform the  
 24 same function for you in St. John's?  
 25 DR. DALTON:

Page 216

1 A. Probably not immediately, but I would have,  
 2 for consultations and advice and so on, I  
 3 would probably have gone to Dr. Don Cook,  
 4 would have been the next person that I would  
 5 have had contact with.  
 6 COFFEY, Q.C.:  
 7 Q. And looking back on it, he's probably the guy,  
 8 the next -  
 9 DR. DALTON:  
 10 A. He was the next kind of senior person or the  
 11 next person at that level, yeah.  
 12 COFFEY, Q.C.:  
 13 Q. If we could, please, then, just ask you,  
 14 Doctor, Exhibit P-0113, please? Now Doctor,  
 15 these--this exhibit, the first several pages  
 16 of it include the three 2003 Dr. Ejeckam  
 17 memos.  
 18 DR. DALTON:  
 19 A. Um-hm.  
 20 COFFEY, Q.C.:  
 21 Q. The Commissioner has seen these a number of  
 22 times. The memo of April 4, 2003 on page one  
 23 here, it's addressed to pathologists, HSC, St.  
 24 Clare's and out of town hospitals. It's from  
 25 Dr. G. Ejeckam. "Immunohistochemical stains"

Page 217

1 is the subject and it says "please note that  
 2 immunohistochemical stains with the following  
 3 antibodies" and they list eight of them, the  
 4 last two are ER/PR "have remained unreliable,  
 5 erratic and therefore unhelpful for diagnostic  
 6 purposes. Consequent on the above, staining  
 7 with these antibodies will stop forthwith  
 8 until we can solve the reliability,  
 9 sensitivity and specificity problems. Efforts  
 10 are under way and hopefully a solution will be  
 11 found within the next four to six weeks. You  
 12 will be duly informed when such stains can  
 13 resume." That's copied to people internally  
 14 within Eastern Health, within the Health Care  
 15 Corporation.  
 16 Doctor, did you receive a copy of this  
 17 memo, that you can recall, in 2003?  
 18 DR. DALTON:  
 19 A. I don't recall exactly receiving this.  
 20 COFFEY, Q.C.:  
 21 Q. Or being told that IHC stains, a number of  
 22 stains, eight stains, are being suspended for  
 23 a while?  
 24 DR. DALTON:  
 25 A. Yeah. I honestly can't say that I received it

Page 218

1 or that I was aware that they were stopping to  
 2 do--I honestly don't remember if I was aware  
 3 they were stopping doing these stains at the  
 4 time. Probably if we had sent--if I'd not and  
 5 we had sent them stains, they would have said  
 6 "look, you know, we're not doing these" and  
 7 sent them back to us or referred them on to  
 8 someone else for us, but as for specifically  
 9 seeing this, I really can't say.  
 10 COFFEY, Q.C.:  
 11 Q. Now these eight stains, the other six stains,  
 12 you know what they were utilized--generally,  
 13 what they were utilized for?  
 14 DR. DALTON:  
 15 A. They're used basically for tissue  
 16 identification, for picking up--for  
 17 histogenesis of tumours and again, that would  
 18 be something we wouldn't have used very often,  
 19 certainly not as often possibly as the ER and  
 20 PR.  
 21 COFFEY, Q.C.:  
 22 Q. Now if you were told, in 2003, in writing, by  
 23 Dr. G. Ejeckam--well, first of all, did you  
 24 know who Dr. Ejeckam was at that time?  
 25 DR. DALTON:

Page 219

1 A. Yes, I was aware of the name, yes.  
 2 COFFEY, Q.C.:  
 3 Q. Okay, and in what context?  
 4 DR. DALTON:  
 5 A. That he was a pathologist and had arrived  
 6 recently in St. John's, I think, at that time.  
 7 COFFEY, Q.C.:  
 8 Q. Do you know anything more about him than that?  
 9 DR. DALTON:  
 10 A. That he was a senior pathologist that had come  
 11 from aboard, yes.  
 12 COFFEY, Q.C.:  
 13 Q. Okay, and we understand, from evidence the  
 14 Commissioner has heard, that he had some  
 15 experience with immunohistochemistry. He had  
 16 some background in it, in his professional  
 17 career. Back in 2003, were you aware that he  
 18 had--he was a senior pathologist, you knew.  
 19 He had recently arrived in St. John's. Were  
 20 you told back then that he also has some  
 21 experience in immunohistochemistry?  
 22 DR. DALTON:  
 23 A. Not specifically that I can recall, no.  
 24 COFFEY, Q.C.:  
 25 Q. Not specifically, okay.

Page 220

1 DR. DALTON:  
 2 A. Again, it's five, six, seven years ago.  
 3 COFFEY, Q.C.:  
 4 Q. I'm not suggesting you were.  
 5 DR. DALTON:  
 6 A. But no, I can't recall.  
 7 COFFEY, Q.C.:  
 8 Q. Doctor, for example, in the way that you've  
 9 just referred to Dr. Carter at one point in  
 10 the early 2000s, you spoke to her about DCIS  
 11 and you would have recognized or been  
 12 understood she was a breast pathologist?  
 13 DR. DALTON:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. So in that way, so in the same way in 2003,  
 17 Ejeckam, IHC?  
 18 DR. DALTON:  
 19 A. Not really at the same level because I had  
 20 known Dr. Carter for many years before she  
 21 came back here.  
 22 COFFEY, Q.C.:  
 23 Q. Okay.  
 24 DR. DALTON:  
 25 A. On a personal level.

Page 221

1 COFFEY, Q.C.:

2 Q. So if, in 2003, you received this memo or a

3 written memo saying ER and PR, amongst other

4 stains, have remained unreliable, erratic and

5 therefore unhelpful for diagnostic purposes,

6 do you think that would stand out in your

7 mind?

8 DR. DALTON:

9 A. It would have certainly given me pause for

10 thought.

11 COFFEY, Q.C.:

12 Q. Because what would your immediate thought, do

13 you think, be?

14 DR. DALTON:

15 A. My immediate thought would be we need to get

16 something to replace the ones, particularly

17 the ER and PR. Obviously this is an ongoing

18 thing that we need to be doing, and that would

19 have been probably my uppermost thought at

20 that point in time.

21 COFFEY, Q.C.:

22 Q. And to be told that these two stains, amongst

23 others, have remained unreliable, erratic and

24 unhelpful for diagnostic purposes, if you'd

25 been utilizing those stains in the months

Page 222

1 before that, would that have had any potential

2 significance to you?

3 DR. DALTON:

4 A. It certainly would have raised questions as to

5 how long the problem had been in place.

6 COFFEY, Q.C.:

7 Q. Doctor, the next page of this exhibit is a May

8 2nd, 2003 memo from Dr. Ejeckam. Again, it's

9 to pathologists, HCS, St. Clare's and out of

10 town hospitals. It's from him. Subject is

11 ER/PR immunohistochemical stains, May 2nd

12 2003, and this is a three-page memo. You see

13 it there.

14 DR. DALTON:

15 A. Um-hm.

16 COFFEY, Q.C.:

17 Q. It's signed by him on the third page. It's

18 copied to people within Eastern--well, within

19 the Health Care Corporation at the time, and

20 he begins by saying "I am glad to inform you

21 that we have rectified the difficulties

22 related to the immunostain of ER/PR.

23 Therefore we can now resume regular requests

24 for these antibody stains. I will, however,

25 like to bring the following information to

Page 223

1 your attention" and then he goes on for a

2 number of paragraphs talking about ER and PR

3 and various aspects of that in relation to

4 breast cancer, okay. Do you know if you

5 received this memo in 2003?

6 DR. DALTON:

7 A. No, this memo, I know I didn't receive because

8 I've been shown this on a number of occasions

9 recently and I have no recollection of having

10 received it. I also showed a copy of it to my

11 office manager and asked her if she'd ever

12 seen anything or, you know, where would it

13 have been filed and she has no recollection of

14 ever receiving it.

15 COFFEY, Q.C.:

16 Q. Doctor, in fact, the first paragraph deals

17 with, amongst other things, fixation issues,

18 dehydration and tissue processing, ten percent

19 neutral buffer formalin, checking the pH of

20 buffered formalin. This is the sort of thing,

21 I take it, that if it came in and it related

22 to formalin and checking pH's and so on, your

23 office manager and the technologist people

24 would end up being involved in this, wouldn't

25 they?

Page 224

1 DR. DALTON:

2 A. It would have certainly--it would have started

3 a train of QA for us straight away.

4 COFFEY, Q.C.:

5 Q. And inquiries as to what we're doing?

6 DR. DALTON:

7 A. As to what went on, and what was happening,

8 yes.

9 COFFEY, Q.C.:

10 Q. Now Doctor, here it references here optimal

11 fixation time for immunostains is 18 to 24

12 hours. Now just when you were recounting your

13 typical day for the Commissioner this morning,

14 remember that?

15 DR. DALTON:

16 A. Um-hm.

17 COFFEY, Q.C.:

18 Q. For breast tissue that was coming from, for

19 example, the OR in Grand Falls, how long in

20 the normal course, would it be fixed in

21 formalin?

22 DR. DALTON:

23 A. For most of the time I was there, up to

24 probably 2006, for breast biopsies, we would

25 identify the biopsy, identify the part of the



Page 225

1 biopsy that had the tumour in it. We would  
 2 slice that open, fix the--sorry, paint the  
 3 margin and slice that open, identify exactly  
 4 where the lesion was and fix that overnight  
 5 and then make our slides off that the  
 6 following day, and that's what we did for most  
 7 of the time that I was there, up to 2006 that  
 8 is.  
 9 COFFEY, Q.C.:  
 10 Q. And so it would -- if an operation for breast  
 11 cancer, suspected breast cancer, occurred in  
 12 the afternoon in Grand Falls, when would that  
 13 tissue arrive in the laboratory for grossing?  
 14 DR. DALTON:  
 15 A. It would have arrived in the afternoon, and we  
 16 have a list every day or what operations are  
 17 being done and we know when the breast  
 18 biopsies are being done, and if by the time  
 19 we're finishing up, we have not received that,  
 20 then we make inquiries is that going to be  
 21 done today or not. If it's cancelled, well  
 22 and good; if it is going to be done today,  
 23 then arrangements are made to receive that and  
 24 start the processing that evening so that it  
 25 doesn't sit overnight.

Page 226

1 COFFEY, Q.C.:  
 2 Q. Now that approach you've just described then,  
 3 how far back does that date?  
 4 DR. DALTON:  
 5 A. From when I started work there.  
 6 COFFEY, Q.C.:  
 7 Q. Okay, so what I'm getting at is this, would  
 8 there be ever situations that you were aware  
 9 of that breast tissue would sit in formalin  
 10 overnight without being grossed?  
 11 DR. DALTON:  
 12 A. It would be grossed beforehand. As I say, you  
 13 identify the area and then --  
 14 COFFEY, Q.C.:  
 15 Q. Because you see what I'm getting at is if it  
 16 didn't get done --  
 17 DR. DALTON:  
 18 A. Oh, if it didn't get done; yes, I see what you  
 19 mean.  
 20 COFFEY, Q.C.:  
 21 Q. If the operation got done late in the day, and  
 22 it didn't get to a pathologist to be grossed  
 23 before he or she went home for the night, it  
 24 would have to wait until the next morning?  
 25 DR. DALTON:

Page 227

1 A. It would have to wait, but as I say, we had  
 2 the OR list and we would know when these were  
 3 being done, and at the end of the day the  
 4 technologist automatically checked to make  
 5 sure everything is in, and if it's not, check  
 6 to see if that case had been cancelled or  
 7 otherwise.  
 8 COFFEY, Q.C.:  
 9 Q. And so it's your recollection that in Grand  
 10 Falls, anyway, in your time, that if a breast  
 11 operation was done on a particular day, before  
 12 that evening or by that evening the grossing  
 13 of that --  
 14 DR. DALTON:  
 15 A. Would have taken place.  
 16 COFFEY, Q.C.:  
 17 Q. To start the fixation process, in earnest, as  
 18 it were, would have already occurred?  
 19 DR. DALTON:  
 20 A. That would have occurred.  
 21 COFFEY, Q.C.:  
 22 Q. And, Doctor, how long would it remain then in  
 23 formalin?  
 24 DR. DALTON:  
 25 A. It would remain in formalin until the

Page 228

1 following day and then the slides --  
 2 approximately 24 hours, and the slides would  
 3 be made from that then the following day.  
 4 COFFEY, Q.C.:  
 5 Q. I'm sorry, would the slides be made from it or  
 6 --  
 7 DR. DALTON:  
 8 A. Okay, it would be -- it would stay in formalin  
 9 overnight.  
 10 COFFEY, Q.C.:  
 11 Q. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. Then the following day the sections are taken  
 14 from the area of the tumour and they're put in  
 15 blocks and then slides made from the blocks.  
 16 COFFEY, Q.C.:  
 17 Q. So when would the tissue processing occur?  
 18 DR. DALTON:  
 19 A. Tissue processing would occur the following  
 20 night.  
 21 COFFEY, Q.C.:  
 22 Q. That's what I'm getting at, the second night  
 23 the tissue processing would occur?  
 24 DR. DALTON:  
 25 A. Yes.

Page 229

1 COFFEY, Q.C.:

2 Q. And then the blocks would be made --

3 DR. DALTON:

4 A. The following day.

5 COFFEY, Q.C.:

6 Q. The third day, in effect?

7 DR. DALTON:

8 A. Yes.

9 COMMISSIONER:

10 Q. From the operation --

11 COFFEY, Q.C.:

12 Q. Day one, the operation?

13 DR. DALTON:

14 A. Right, there was the operation. Then day two

15 would be --

16 COFFEY, Q.C.:

17 Q. Evening of day one would be doing what?

18 DR. DALTON:

19 A. It would be fixing in formalin.

20 COFFEY, Q.C.:

21 Q. Having been grossed?

22 DR. DALTON:

23 A. Having been grossed. Day two would be the day

24 the blocks are made.

25 COMMISSIONER:

Page 230

1 Q. The processing through the machinery to take

2 it out of the formalin and in the --

3 DR. DALTON:

4 A. Would have occurred the night before, on the

5 Monday night, on the night of day one.

6 COFFEY, Q.C.:

7 Q. On the night of day one, what would occur?

8 DR. DALTON:

9 A. Okay, go back.

10 COFFEY, Q.C.:

11 Q. It's Monday.

12 DR. DALTON:

13 A. It's Monday. The specimen comes down. We open

14 the specimen, we identify where the tumour is

15 and so on. We put coloured pins so we can go

16 back and find that. Then we put that specimen

17 in formalin overnight. It sits there

18 overnight fixing.

19 COFFEY, Q.C.:

20 Q. Bread loafed, I take it?

21 DR. DALTON:

22 A. Bread loafed at that point. Then the

23 following day, which is day two, we would then

24 go and take the sections from the area where

25 the tumour is and put those in cassettes.

Page 231

1 Those cassettes go in the tissue processor

2 overnight.

3 COFFEY, Q.C.:

4 Q. Tuesday night.

5 DR. DALTON:

6 A. That's day two, Tuesday night, and then on

7 Wednesday morning the slides are cut from

8 those.

9 COFFEY, Q.C.:

10 Q. Okay, that was certainly my understanding.

11 So, Doctor, what would happen if surgery

12 occurred on a Friday?

13 DR. DALTON:

14 A. We had -- I had dealt with that and asked them

15 not to do breast biopsies on a Friday because

16 --

17 COFFEY, Q.C.:

18 Q. When you say biopsies, are you talking just

19 biopsies or mastectomies too?

20 DR. DALTON:

21 A. The biopsies are the diagnostic procedure, the

22 mastectomy is the third procedure.

23 COFFEY, Q.C.:

24 Q. Yes, so -- and you've been referring to the

25 biopsy. I take it, would a mastectomy be

Page 232

1 handled any differently?

2 DR. DALTON:

3 A. The mastectomy would be handled -- as I said

4 this morning, it would be bread loafed, fixed

5 overnight, and so on.

6 COFFEY, Q.C.:

7 Q. Same process.

8 DR. DALTON:

9 A. Except if we got those on a Friday, we would

10 process those on the Friday, but the biopsies

11 we asked them not to send on a Friday because

12 we didn't want them sitting -- we didn't want

13 the tumour material sitting in the biopsy

14 (sic.) all weekend.

15 COFFEY, Q.C.:

16 Q. Because it's a smaller piece of tissue?

17 DR. DALTON:

18 A. Because it's a much smaller piece of tissue.

19 COFFEY, Q.C.:

20 Q. So in your time when you ran into biopsies --

21 somebody suggesting or wanting to do a breast

22 biopsy on a Friday, you said, no, it's not a

23 good idea?

24 DR. DALTON:

25 A. No, it was not a good idea, do it earlier in

Page 233

1 the week or later.  
 2 COFFEY, Q.C.:  
 3 Q. So what days did you prefer that they not  
 4 occur on?  
 5 DR. DALTON:  
 6 A. On Friday. As long as we could get them  
 7 Monday, Tuesday, Wednesday, and Thursday, we  
 8 were able to process them within the allocated  
 9 period of time. However, when they came on a  
 10 Friday, they would have been sitting over the  
 11 weekend and that was generally considered not  
 12 a good idea, not specifically from the point  
 13 of view of immunohistochemistry, but it was  
 14 just not considered a good idea.  
 15 COFFEY, Q.C.:  
 16 Q. Now mastectomies, in terms of the days of the  
 17 week that that surgery would occur on, if that  
 18 occurred on a Friday, what would happen?  
 19 DR. DALTON:  
 20 A. That would have occurred on Friday, we would  
 21 have bread loafed it on Friday, and let it fix  
 22 in the formalin until Monday, and then process  
 23 it on the Monday.  
 24 COFFEY, Q.C.:  
 25 Q. So it would end up being fixed for 48 to 72

Page 234

1 hours?  
 2 DR. DALTON:  
 3 A. 48 to 72 hours. The problem -- the reason we  
 4 did that was in those cases you would already  
 5 have had a diagnostic biopsy.  
 6 COFFEY, Q.C.:  
 7 Q. Yes.  
 8 DR. DALTON:  
 9 A. So you were just looking for residual tumour.  
 10 COFFEY, Q.C.:  
 11 Q. Doctor, paragraph three says, "Check normal  
 12 breast acini in your sections as internal  
 13 controls. This is a second level control.  
 14 Nuclear staining in normal breast tissue is  
 15 heterogeneous and varies with menstrual  
 16 cycle". Doctor, there's reference to internal  
 17 controls in this May 2003 memo, May 2nd, 2003  
 18 memo. If that had come to your attention in  
 19 May, would you have -- would that have stood  
 20 out at the time?  
 21 DR. DALTON:  
 22 A. I would have -- I think it would have. It  
 23 would have raised questions because it's  
 24 something we did not generally set out to do  
 25 or take note of was the internal controls. We

Page 235

1 were again -- we were focusing on the external  
 2 controls at all times.  
 3 COFFEY, Q.C.:  
 4 Q. Doctor, in paragraph seven here, Dr. Ejeckam  
 5 does refer to ER positive tumours as being of  
 6 particular types, and he has told us that, in  
 7 fact, he should have included lobular as well.  
 8 DR. DALTON:  
 9 A. Lobular carcinoma, yes.  
 10 COFFEY, Q.C.:  
 11 Q. Were you aware from your training as a  
 12 pathologist that certain types of breast  
 13 tumours were prone to being ER positive?  
 14 DR. DALTON:  
 15 A. I was aware that particular tumours had  
 16 different percentages of positives, depending  
 17 on the morphology of the tumour.  
 18 COFFEY, Q.C.:  
 19 Q. When you were doing an ER and PR analysis  
 20 looking at an ER/PR slide, would you be doing  
 21 the analysis with that sort of information in  
 22 mind?  
 23 DR. DALTON:  
 24 A. It would be in mind, but it would be far back  
 25 in your mind because the number -- our overall

Page 236

1 numbers were -- in comparison to everything  
 2 else, were fairly thin on the ground.  
 3 COFFEY, Q.C.:  
 4 Q. Yes.  
 5 DR. DALTON:  
 6 A. So it wouldn't be something you would be  
 7 noting as you went along.  
 8 COFFEY, Q.C.:  
 9 Q. As an example, if you saw a tubular -- what  
 10 you thought to be a tumour, you classified it  
 11 as a tubular carcinoma, and the ER when you  
 12 were looking at it was negative, I take it you  
 13 would see so few tubulars that it wouldn't  
 14 kind of stand out to you?  
 15 DR. DALTON:  
 16 A. We would see probably one or two of these a  
 17 year. They're rare.  
 18 COFFEY, Q.C.:  
 19 Q. And they're rare themselves, and the fact that  
 20 if it turned out to be negative, it wouldn't  
 21 at the time stand out?  
 22 DR. DALTON:  
 23 A. I was aware that there was variation and  
 24 nothing was 100 percent, so you'd just see  
 25 negative, and that's one of the 5 percent that

Page 237

1 was negative.

2 COFFEY, Q.C.:

3 Q. Were you keeping -- was Grand Falls keeping

4 any statistics on its ER/PR results?

5 DR. DALTON:

6 A. No.

7 COFFEY, Q.C.:

8 Q. Doctor, the June 19th 2003 memo, I take it,

9 was not distributed -- not meant for you, it

10 was addressed to Terry Gulliver from Dr.

11 Ejeckam, and it's signed on the third page,

12 it's distributed to a number of individuals,

13 site chiefs in St. John's hospitals and Dr.

14 Robb as the discipline chair, and Mr. Dyer.

15 Doctor, here Dr. Ejeckam tells Mr. Gulliver in

16 June of '03, "Following persistent erratic

17 results of immunostains in our laboratory, I

18 accepted to work closely with our technical

19 staff in order to rectify this problem". I

20 take it you didn't see this memo until perhaps

21 this year?

22 DR. DALTON:

23 A. That's probably --

24 COFFEY, Q.C.:

25 Q. Or perhaps late last year or this year?

Page 238

1 DR. DALTON:

2 A. That's probably the first time I saw it, yes.

3 COFFEY, Q.C.:

4 Q. Some of the subject matter, for example, the

5 idea that or the statement to the effect that

6 -- the assertion that there were persistent

7 erratic results of immunostains in the St.

8 John's lab, was that ever brought to your

9 attention in 2003, or '04 for that matter?

10 DR. DALTON:

11 A. Not really. No, I can't say it was actually

12 brought to my attention as such. It may have

13 come up in conversation, as I've previously

14 mentioned, about the quality of the slides we

15 were getting back and so on, but --

16 COFFEY, Q.C.:

17 Q. Yes, and I wanted to ask you about that

18 because you did refer to that before lunch.

19 Had that topic come up, and if so, you know,

20 amongst whom and when?

21 DR. DALTON:

22 A. It came up when, as I say, when I was given

23 some of the slides coming back that didn't

24 have controls or some of the material had

25 washed off the slides. We would send them back

Page 239

1 down for a repeat, or we would ask for the

2 controls. As I said, on at least one occasion

3 that comes to mind, I felt I needed to talk to

4 someone down there and I phoned the IHC lab

5 and I spoke to a female there in the lab and

6 she reassured me these things, they happen

7 from time to time, send back the slides and

8 they will correct them, and we'd move on.

9 COFFEY, Q.C.:

10 Q. Did you ever talk to any pathologists about

11 what you were saying in terms of these

12 problematic slides?

13 DR. DALTON:

14 A. I can't say I did because they didn't really

15 start happening until probably after 2000 or

16 so. That would have been after when Dr.

17 Khalifa wasn't there.

18 COFFEY, Q.C.:

19 Q. Okay.

20 DR. DALTON:

21 A. So I wouldn't have contact with whoever was

22 involved.

23 COFFEY, Q.C.:

24 Q. After Dr. Khalifa left St. John's, did you

25 have any sense or any understanding that there

Page 240

1 was any particular doctor or doctors in charge

2 of the IHC end of things?

3 DR. DALTON:

4 A. I wasn't aware of -- I wasn't aware of who was

5 actually in charge, and I didn't know that

6 there was actually a specific person

7 appointed. Presumably, again the assumption

8 was it would come under the head of the

9 department.

10 COFFEY, Q.C.:

11 Q. Doctor, in paragraph six here of that June

12 19th memo, Dr. Ejeckam has written -- the

13 second half of that paragraph, "Diagnosis

14 based on inappropriate immunostain will surely

15 jeopardize patient care and may even expose

16 the HCCSJ to litigation. Therefore, it will

17 be ill-advised to operate an unreliable and

18 erratic immunohistochemical procedures in our

19 laboratory". Now as the senior pathologist in

20 Grand Falls that was utilizing the IHC

21 services in St. John's, and, well, you'd been

22 doing so for years before June of '03 --

23 DR. DALTON:

24 A. Uh-hm.

25 COFFEY, Q.C.:

Page 241

1 Q. But as a senior pathologist in Grand Falls  
 2 utilizing that service, would that, do you  
 3 think, have been of some relevance to you?  
 4 DR. DALTON:  
 5 A. Oh, that would have been relevant, yes,  
 6 absolutely.  
 7 COFFEY, Q.C.:  
 8 Q. If that, in fact, was -- it was being written  
 9 at least in St. John's. Do you think as a  
 10 user of the facility, do you feel that you  
 11 should have been made aware of it?  
 12 DR. DALTON:  
 13 A. I would have thought so. I would have thought  
 14 so.  
 15 COFFEY, Q.C.:  
 16 Q. And presumably, if there was a response or a  
 17 modification of it, that could be elaborated  
 18 upon too, but in the meantime, as the senior  
 19 pathologist utilizing the service, you would  
 20 have felt that someone would bring it to your  
 21 attention?  
 22 DR. DALTON:  
 23 A. I would have felt I should have been let know  
 24 as to what's going on.  
 25 COFFEY, Q.C.:

Page 242

1 Q. I appreciate your comments to the Commissioner  
 2 that occasionally or at times, you know,  
 3 tissue would wash off slides, and you were  
 4 complaining about not receiving external  
 5 controls. At any point, Doctor, did you ever  
 6 feel or understand or reach the conclusion or  
 7 talk about the idea that what you were  
 8 receiving from the IHC in St. John's lab was  
 9 unreliable and erratic? Did you ever have  
 10 reason to believe it was unreliable? I  
 11 appreciate in an individual case you had a  
 12 question, but I'm talking about overall.  
 13 DR. DALTON:  
 14 A. Yes, overall spectrum. My assumption was St.  
 15 John's is our centre of excellence and that  
 16 the appropriate checks and balances were in  
 17 place, and that's why we assumed what we were  
 18 getting was reliable.  
 19 COFFEY, Q.C.:  
 20 Q. And if in a particular case you had a concern  
 21 --  
 22 DR. DALTON:  
 23 A. Then we dealt with that particular case.  
 24 COFFEY, Q.C.:  
 25 Q. If we could, please -- you understand, of

Page 243

1 course, what's given rise to the Commission of  
 2 Inquiry is matters involving ER/PR testing?  
 3 DR. DALTON:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. You're certainly aware of that. When did this  
 7 as a subject, as an issue, first come to your  
 8 attention?  
 9 DR. DALTON:  
 10 A. I think it was sometime in 2005, I had either  
 11 a letter or a phone call from Dr. Cook saying  
 12 that a problem had arisen and he wanted to --  
 13 he wanted me to send him a certain group of  
 14 cases so that they could recheck that group.  
 15 COFFEY, Q.C.:  
 16 Q. Exhibit P-0492 please? And, Doctor, this is a  
 17 memo to all laboratory directors and they list  
 18 a whole bunch of them, including yourself.  
 19 DR. DALTON:  
 20 A. Uh-hm.  
 21 COFFEY, Q.C.:  
 22 Q. You're third from the bottom there. Central  
 23 Newfoundland Hospital from Dr. Cook, clinical  
 24 chief, June 14th, 2005. The subject is  
 25 estrogen and progesterone receptors. And it

Page 244

1 says "We are aware of a number of negative  
 2 estrogen and progesterone receptors that have  
 3 converted on repeat testing with our Ventana  
 4 benchmark immunoperoxidase testing." Talks  
 5 about it being fully automated and goes on to  
 6 say "most of these false negatives have  
 7 occurred during the year 2002. Presently we  
 8 are in the process of retesting all negative  
 9 ER and PRs for that particular year. I'm  
 10 requesting that you forward all negative and  
 11 ER/PR cases for the year 2002 to Barry Dyer.  
 12 I ask that you submit the reports, original ER  
 13 and PR slides, including controls, as well as  
 14 H&E slides and paraffin blocks of the tumour.  
 15 We will repeat all ER and PR receptors with  
 16 the Ventana and forward the results to you. I  
 17 will keep you updated and if you have any  
 18 questions, call Dr. Cook or Dr. Carter." Is  
 19 this the memo you're talking about?  
 20 DR. DALTON:  
 21 A. That's probably the one, yes.  
 22 COFFEY, Q.C.:  
 23 Q. Now, Doctor, when you received this, did you  
 24 make any inquiries as to what was going on?  
 25 DR. DALTON:

Page 245

1 A. Well I did, I would have talked to Dr. Cook  
 2 and/or Dr. Carter to find out what was  
 3 happening and I was led to believe that,  
 4 exactly as the letter says, that there was a  
 5 problem with the ER/PR testing and that they  
 6 wanted to review it and that they felt it was  
 7 a particular period in time that they wanted  
 8 to look at and we collected the stuff together  
 9 and sent it to them as they requested.  
 10 COFFEY, Q.C.:  
 11 Q. Now, Doctor, he says here "all negative ER and  
 12 PR cases".  
 13 DR. DALTON:  
 14 A. Uh-hm.  
 15 COFFEY, Q.C.:  
 16 Q. What did you, at the time or would you at the  
 17 time have understood ER and PR negative to  
 18 mean?  
 19 DR. DALTON:  
 20 A. At the time of this letter, I think things had  
 21 changed from the--we started, as I said  
 22 earlier on at 30 percent and gradually over a  
 23 period of time, the percentage cut off had  
 24 dropped. I think at the time we were, at this  
 25 stage I was giving percentages of positivity

Page 246

1 and let someone else decide exactly what was  
 2 positive and what was negative, and I would  
 3 have checked to see what they meant by  
 4 positive and negative at that particular point  
 5 in time for 2002.  
 6 COFFEY, Q.C.:  
 7 Q. So when you got the letter or the memo here  
 8 during that phone call with Drs. Cook or  
 9 Carter, you would have asked them, well or  
 10 clarified what -  
 11 DR. DALTON:  
 12 A. I would have found out what they meant by a  
 13 positive and a negative for that period of  
 14 time that was--because we had known it had  
 15 changed.  
 16 COFFEY, Q.C.:  
 17 Q. Doctor, do you recall what it was you were  
 18 told about what should be used as the cut off  
 19 for 2002 at that time?  
 20 DR. DALTON:  
 21 A. I don't remember exactly what the cut off was  
 22 at that time.  
 23 COFFEY, Q.C.:  
 24 Q. Did you discuss with Dr. Cook or Carter why it  
 25 was it was 2002? Did they explain -

Page 247

1 DR. DALTON:  
 2 A. In fact, the sense I have, after my  
 3 conversations, letters and so on, was that  
 4 something had gone wrong with the system that  
 5 they were using at the time and they went to  
 6 the other system because of that.  
 7 COFFEY, Q.C.:  
 8 Q. Something had gone wrong with the machinery.  
 9 DR. DALTON:  
 10 A. With the machinery, with the equipment.  
 11 COFFEY, Q.C.:  
 12 Q. If we could, please, Exhibit P-1983? Doctor,  
 13 this is a letter of June 29th, 2005, it's  
 14 addressed to Barry Dyer. It says, it's re:  
 15 negative ER/PR receptors, 2002. "As per the  
 16 memo from Dr. Don Cook, dated June 14th, 2005,  
 17 enclosed are our negative ER/PR cases for 2002  
 18 on the following patients", and you list them  
 19 out. And what's here, of course, is redacted  
 20 but, except for surgical number and then it's  
 21 signed "Sincerely, Dr. Dalton, Pathology  
 22 Director." Now, Doctor, when you received Dr.  
 23 Cook's memo June 14th and had your  
 24 conversation and satisfied yourself as to what  
 25 they meant by negative, what criteria you

Page 248

1 should use and comparing your letter here, the  
 2 date of it, which is within two weeks really  
 3 of the June 14th memo. What happened during  
 4 those two weeks? How did you go about  
 5 identifying the patients?  
 6 DR. DALTON:  
 7 A. Once we would have known what was a negative,  
 8 I would have given that information to my  
 9 office manager and she would have pulled those  
 10 cases.  
 11 COFFEY, Q.C.:  
 12 Q. And do you recall how that was done, like how  
 13 she physically would go about it?  
 14 DR. DALTON:  
 15 A. At that time we would have had a log book of  
 16 the cases that had been sent out for ER and PR  
 17 and she would have gone to that log book and  
 18 gone back through that.  
 19 COFFEY, Q.C.:  
 20 Q. And identified--now did that log book contain  
 21 the results of the ER/PR tests or just the  
 22 fact that they had been ordered?  
 23 DR. DALTON:  
 24 A. I think it may well have been the fact that we  
 25 sent stuff out and then she would have

Page 249	Page 251
<p>1 correlated that with the results on the, 2 electronic results on the computer and picked 3 up the one she wanted, that way. 4 COFFEY, Q.C.: 5 Q. While we're on the topic of the computer, 6 that's Meditec? 7 DR. DALTON: 8 A. Meditec, yes. 9 COFFEY, Q.C.: 10 Q. How long had Meditec been in use in Grand 11 Falls? 12 DR. DALTON: 13 A. We've had Meditec since I've been there, but 14 we put Meditec in place for anatomic pathology 15 in 2001. 16 COFFEY, Q.C.: 17 Q. So I'll come to that, eventually, when you 18 have to go back beyond 2001 as to how you went 19 about it, but in 2002, utilizing this log book 20 that identified all ER/PR patient tests and 21 then access, use that list to access - 22 DR. DALTON: 23 A. To access the results of - 24 COFFEY, Q.C.: 25 Q. - the 2002 results from Meditec.</p>	<p>1 COFFEY, Q.C.: 2 Q. Doctor, had you been given to understand, 3 because when we look at that memo of June 4 14th, if we can look back at 492 please, you 5 will note here that "we are aware of a number 6 of negative ER/PR that have converted", but it 7 doesn't particularize what that number is, the 8 number could be anything, I suppose from two 9 all the way up to whatever. Having read this 10 and discussed the matter with either Drs. 11 Carter or Cook, did you have any sense as to 12 what kind of numbers they were talking about? 13 DR. DALTON: 14 A. Not really, but I was concerned that if ours 15 were involved, then obviously I needed to know 16 about it. 17 COFFEY, Q.C.: 18 Q. Sure. But in June of 2005, whatever they knew 19 about their numbers, they didn't convey that 20 to you? 21 DR. DALTON: 22 A. I kind of have a sense or I had a sense, I'm 23 not sure which, that they, in fact they were 24 as curious as I was to know exactly what kind 25 of numbers they were dealing with.</p>
Page 250	Page 252
<p>1 DR. DALTON: 2 A. Yes. 3 COFFEY, Q.C.: 4 Q. And you would have already dictated, of 5 course, the results long before, for 2002 into 6 the Meditec system. 7 DR. DALTON: 8 A. Yes. 9 COFFEY, Q.C.: 10 Q. Doctor, you're, I'll characterize it this way, 11 you were relatively prompt compared to your 12 colleagues elsewhere in the province, in 13 providing the 2002 cases, okay. Was there any 14 reason why you were so prompt? 15 DR. DALTON: 16 A. Just a good office manager. 17 COFFEY, Q.C.: 18 Q. And at the time, Doctor, was there, at least 19 in June of 2005, was there any real sense of 20 urgency about this? I'm trying to get for the 21 Commissioner some sense of how you felt at 22 that point, as opposed to maybe later on? 23 DR. DALTON: 24 A. Not really a sense of urgency, no, not at that 25 time.</p>	<p>1 COFFEY, Q.C.: 2 Q. I believe, Doctor, if you could look back, 3 please, at 1983. About sixteen patients, I 4 think is in the listing. 5 DR. DALTON: 6 A. Uh-hm. 7 COFFEY, Q.C.: 8 Q. And in any one year, as you have indicated, I 9 take it that it might vary anywhere from 25 10 breast cancer patients for the year all the 11 way up to just under 50. 12 DR. DALTON: 13 A. 50, somewhere around there. 14 COFFEY, Q.C.: 15 Q. Yes. At the time these patients were 16 identified, was there any calculation done by 17 yourself or your office as to what percentage 18 of them are '02 cases, were negative? Or did 19 you just identify the '02s and send them on, 20 '02 negatives. 21 DR. DALTON: 22 A. We just identified the '02s and sent them on. 23 COFFEY, Q.C.: 24 Q. Exhibit P-0928 please? Now Doctor in your 25 pathology working group minutes of July 20th,</p>

Page 253

1 2005, the attendees are a number of  
 2 individuals: Drs. Williams, Denic, yourself,  
 3 Dr. Neil and Mr. Jerrett and Mr. Brown and  
 4 this is a--dealing with a draft report having  
 5 been provided to yourselves, you're being  
 6 asked to critique it, give your overall  
 7 opinion and then I take it that this working  
 8 group was dealing with pathologist  
 9 remuneration and trying to improve it.  
 10 DR. DALTON:  
 11 A. I haven't seen the whole -  
 12 COFFEY, Q.C.:  
 13 Q. Haven't seen it, okay, I'll just take you down  
 14 through so you get some sense of--the second  
 15 bullet is "It was also agreed that we need a  
 16 reference to the oncology bonus step payments;  
 17 thus this will also be included in the  
 18 appendix." And this is, in effect, a critique  
 19 of the draft report, but this group, were you  
 20 involved with a group that was seeking to  
 21 improve their remuneration for pathologists,  
 22 working group?  
 23 DR. DALTON:  
 24 A. I would have been, yes, obviously.  
 25 COFFEY, Q.C.:

Page 254

1 Q. These meetings, did they occur in a particular  
 2 geographic location or -  
 3 DR. DALTON:  
 4 A. I can't recall exactly, we've had meetings and  
 5 discussions over the years, but specifically  
 6 meetings in one place or one location, I  
 7 presume to get those together, it must have  
 8 been in St. John's or it must have been a  
 9 teleconference.  
 10 COFFEY, Q.C.:  
 11 Q. Yeah, and that's what I wanted to ask you  
 12 about, is it possible that this was a  
 13 teleconference as opposed to a meeting, per  
 14 se? A meeting, a physical meeting all in the  
 15 one location or do you know?  
 16 DR. DALTON:  
 17 A. I don't ever remember meeting Dr. Robert  
 18 Williams, I just noticed that now, he's the  
 19 first name on the attendees there. I may have  
 20 met him inadvertently, but I certainly don't  
 21 recollect sitting at a meeting with him.  
 22 COFFEY, Q.C.:  
 23 Q. So it's possible then it was a phone call?  
 24 DR. DALTON:  
 25 A. So I think that's probably a teleconference or

Page 255

1 something along those lines.  
 2 COFFEY, Q.C.:  
 3 Q. And the reason I raise that is this, the  
 4 Commissioner, of course, has heard a fair  
 5 amount of evidence on what was going on in St.  
 6 John's around that time and had gone on in St.  
 7 John's concerning ER/PR.  
 8 DR. DALTON:  
 9 A. Uh-hm.  
 10 COFFEY, Q.C.:  
 11 Q. Having sent your letter of June 29th off to  
 12 Dr. Cook, we just looked at with those 16  
 13 patient blocks. Doctor, when did you next  
 14 hear anything about ER/PR?  
 15 DR. DALTON:  
 16 A. Sometime after that, I think again, either as  
 17 I said when I heard it first as on a telephone  
 18 call or a letter, a request from Dr. Cook to  
 19 send more slides, more blocks, so this was  
 20 sort of the next step up from that, and it was  
 21 sometime after that.  
 22 COFFEY, Q.C.:  
 23 Q. And in the intervening time, you didn't hear  
 24 anything first, that you can recall first -  
 25 DR. DALTON:

Page 256

1 A. Not specifically, other than things were going  
 2 on and they were being checked and they didn't  
 3 like the results they were getting or  
 4 something along those lines, but specifically  
 5 to numbers or anything like that, I couldn't -  
 6 COFFEY, Q.C.:  
 7 Q. At the time, would you have felt, if you had  
 8 been asked at the time, if you were being kept  
 9 in the loop, as it were?  
 10 DR. DALTON:  
 11 A. Yeah, I felt we were being kept in the loop  
 12 because I got a sense they didn't really know  
 13 a whole lot more than we did at the time and  
 14 they were going through the process to find  
 15 out exactly what they were dealing with.  
 16 COFFEY, Q.C.:  
 17 Q. Exhibit P-0581? Now, Doctor, these are  
 18 handwritten notes of Dr. Cook, two different  
 19 dates. Towards the bottom of the page there's  
 20 a reference to, it says, "Tried to reach Dr.  
 21 Dankwa"--I'm sorry, August 24th, and then it  
 22 says "Spoke to Maurice Dalton, September 1,  
 23 2005, 3:45 p.m. at great length with  
 24 background information, wanted him to know  
 25 this before I went out memo." Would that be



Page 257

1 the phone call, you think, where Dr. -  
 2 DR. DALTON:  
 3 A. Possibly, yeah.  
 4 COFFEY, Q.C.:  
 5 Q. Letting you--giving you a heads up.  
 6 DR. DALTON:  
 7 A. Yeah, again I was using Dr. Cook as a  
 8 reference point for many things, being the  
 9 senior pathologist, so yes, that's possible we  
 10 could have spoken about this.  
 11 COFFEY, Q.C.:  
 12 Q. Now in the meantime, Doctor, I want to ask, if  
 13 we could, please, bring up Exhibit P-0534?  
 14 Doctor, this is a memo of July 28th, 2005,  
 15 middle of that summer, it's to pathologists  
 16 within Eastern Health and various lab  
 17 directors, Drs. Fontaine, Baker, Anwar,  
 18 Gallagher, Neil and it's probably supposed to  
 19 be Dankwa in St. Anthony, and Mr. Gulliver and  
 20 Mr. Dyer from Dr. Cook. This deals with  
 21 HER2/neu. Do you know if you received this?  
 22 DR. DALTON:  
 23 A. Yes, as I say, I don't know if I actually  
 24 received that letter, but I became aware of  
 25 the routine testing for HER2/neu was going to

Page 258

1 be put in place because I do remember asking  
 2 about it, if we should be doing it as a matter  
 3 of routine or not. And subsequently,  
 4 obviously it was decided to be as a matter of  
 5 routine.  
 6 COFFEY, Q.C.:  
 7 Q. And dealing with this, Doctor, it says, "as a  
 8 reminder when choosing blocks to send for both  
 9 hormone receptor testing and HER2/neu testing,  
 10 please select a section that contains both  
 11 tumour and normal or benign epithelium. The  
 12 normal and/or benign epithelium acts as an  
 13 internal control for immunohistochemical  
 14 staining". Now, up to the point where, June  
 15 of 2005, you were asked to send in your 2002  
 16 negatives, had you, before that or up to that  
 17 point and including that time, were you aware  
 18 of the perceived necessity of using normal  
 19 tissue for internal controls?  
 20 DR. DALTON:  
 21 A. Not really. I think we were still with the  
 22 external controls results.  
 23 COFFEY, Q.C.:  
 24 Q. If we could look please at Exhibit P-0076?  
 25 Doctor, this is a memo of July 28th, 2005.

Page 259

1 It's addressed to all pathologists and  
 2 pathology residents in Eastern Health. It's  
 3 from Drs. Cook and Carter. And the subject  
 4 matter is "optimal assessment reporting of  
 5 hormone receptor status in infiltrating  
 6 carcinoma". "When ordering and reporting  
 7 ER/PR status on infiltrating carcinoma of the  
 8 breast" and if you'll look Doctor, you'll see  
 9 it's one through eight on the first page and  
 10 then number nine. And this is a very, I  
 11 understand, fairly detailed instructions for a  
 12 physician or a pathologist who is involved in  
 13 ER and PR status assertion. I gather you  
 14 did not receive a copy of this?  
 15 DR. DALTON:  
 16 A. No. I would have liked to, but I didn't.  
 17 COFFEY, Q.C.:  
 18 Q. Yes, and your final comment there is what I  
 19 wanted to ask you about. You would have liked  
 20 to have. Why is that?  
 21 DR. DALTON:  
 22 A. Well, it clearly lays out, in a step wise  
 23 approach, how you report and how you look at  
 24 these things. We had obviously still been  
 25 looking at them with the way we'd been trained

Page 260

1 which was quite some time previously and  
 2 obviously technology had moved on somewhat  
 3 since then and this is explaining this.  
 4 COFFEY, Q.C.:  
 5 Q. Doctor, from Eastern Health, have you ever  
 6 seen such a document?  
 7 DR. DALTON:  
 8 A. I can't say that I have.  
 9 COFFEY, Q.C.:  
 10 Q. And I'm not suggesting you have, at all, I'm -  
 11 DR. DALTON:  
 12 A. Yes, no, I don't think so.  
 13 COFFEY, Q.C.:  
 14 Q. I'm going to take this up again in May of '07,  
 15 you understand that.  
 16 DR. DALTON:  
 17 A. Sure.  
 18 COFFEY, Q.C.:  
 19 Q. But in terms of the this kind of step by step  
 20 methodical layout of what to look for and a  
 21 suggested comprehensive approach, you don't  
 22 recall?  
 23 DR. DALTON:  
 24 A. Not to me, no.  
 25 COFFEY, Q.C.:

Page 261

1 Q. Exhibit P-0590 please. Doctor, this is a  
 2 memo, September 6th, 2005. It's to laboratory  
 3 directors. You are included there, you're  
 4 middle of the group. It's from Dr. Cook. It's  
 5 involving ERs and PRs. And he writes, "I wish  
 6 to advise you that we are doing a review of  
 7 our estrogen and progesterone receptors and I  
 8 expect to have more information within the  
 9 next few weeks and will keep you updated.  
 10 Please note the following points". And then  
 11 he refers back to his memo of June 14th, '05,  
 12 in fact, it's June 14th. "I'm requesting you  
 13 forward all ER negative cases on primary  
 14 breast lesions, independent of PR status, from  
 15 May 1997 to March 31, '04 to Barry Dyer at the  
 16 General Hospital site". And then he sets out  
 17 how it's to be defined. "Prior to April 1,  
 18 '01 minus ten percent or less, from May 1997  
 19 to December, 2000, 30 percent or less, as  
 20 negative". And what he wants sent for each of  
 21 those cases and he says that "all ERs and PRs  
 22 performed on the Ventana will also be referred  
 23 to Mount Sinai for retesting. You can also  
 24 forward these cases to Barry Dyer". I'm going  
 25 to ask you about this, this fourth bullet, did

Page 262

1 you understand all ER an PRs, not just  
 2 negatives? Everything on the Ventana was  
 3 going to be sent to Mount Sinai initially or  
 4 did you distinguish between them?  
 5 DR. DALTON:  
 6 A. I'm sorry, what was your question again?  
 7 COFFEY, Q.C.:  
 8 Q. I'm asking you this, if you look here, the  
 9 first three paragraphs, in effect, he says  
 10 that we're going to look at all ER negative  
 11 cases on primary breast lesions, independent  
 12 of PR status, from May '97 to March 31, '04.  
 13 He wants all of them and he tells you how to  
 14 define ER negative. In the fourth bullet, he  
 15 says, "all ERs and PRs performed on the  
 16 Ventana from April 1, 04 which is the day  
 17 after this, to August 9th, '05 will also be  
 18 referred to Mount Sinai for retesting. You  
 19 can also provide for these this cases to Barry  
 20 Dyer".  
 21 DR. DALTON:  
 22 A. Um-hm.  
 23 COFFEY, Q.C.:  
 24 Q. That would be yourself -  
 25 DR. DALTON:

Page 263

1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. - and others. What did you understand about  
 4 which cases on the Ventana or that had been  
 5 processed wit the Ventana were going to be  
 6 retested?  
 7 DR. DALTON:  
 8 A. It would have been all, anything between April  
 9 1, 2004 and August 9th, 2005.  
 10 COFFEY, Q.C.:  
 11 Q. Whether or not it was positive or negative.  
 12 DR. DALTON:  
 13 A. Regardless.  
 14 COFFEY, Q.C.:  
 15 Q. And then he suggested priority list in terms  
 16 of the concentrating on particular years. And  
 17 he says, "we will return all blocks and slides  
 18 as soon as possible". I take it to this day  
 19 you haven't gotten those blocks or slides  
 20 back?  
 21 DR. DALTON:  
 22 A. No.  
 23 COFFEY, Q.C.:  
 24 Q. Here then they advise you that they're  
 25 currently undergoing a quality review process,

Page 264

1 laboratory medicine program in St. John's  
 2 hospitals. "Consequently, please note the  
 3 following changes. There's a hold on  
 4 reporting of ER and PR by all pathologists in  
 5 St. John's. All current requests for ER and  
 6 PR are being forwarded to Mount Sinai. You  
 7 may elect to do that for yourselves in your  
 8 lab and the status of the Ventana system will  
 9 be determined when they received correlations  
 10 of the ER/PR results from Mount Sinai and  
 11 Montreal General". Doctor, you would have  
 12 received this memo, the September 6th memo?  
 13 Back in September of '05 you would have  
 14 received this?  
 15 DR. DALTON:  
 16 A. Um-hm.  
 17 COFFEY, Q.C.:  
 18 Q. What did you do when you got this?  
 19 DR. DALTON:  
 20 A. Well, we were, I think, for a period of time  
 21 sending our stuff to St. John's and then they  
 22 would refer to Mount Sinai for us. And then  
 23 rather than have delays and so on, we started  
 24 sending it directly to Mount Sinai ourselves  
 25 after a short time.

Page 265

1 COFFEY, Q.C.:

2 Q. If we could, on that point, Exhibit P-1776.

3 Doctor, this is a letter of September 26th,

4 2005, later that same month from Mount Sinai

5 Hospital. It's from Dr. Brendan Mullen. It's

6 addressed to yourself at your hospital. And

7 he says, "at the request of Dr. Cook, Mount

8 Sinai is providing temporary coverage for the

9 performance interpretation of ER and PR

10 receptors and HER2/neu assessment. To refer a

11 case, please send it to his attention", the

12 paraffin block and so on. He talks about the

13 cost associated. So, did you take Dr. Mullen

14 up on the offer?

15 DR. DALTON:

16 A. Yes, I did.

17 COFFEY, Q.C.:

18 Q. Okay. And I take it beginning in September -

19 DR. DALTON:

20 A. We started sending our stuff there. I

21 informed the medical director in my

22 administration that we would doing this

23 because they would be getting the bills.

24 COFFEY, Q.C.:

25 Q. Doctor, and that has continued, I take it, to

Page 266

1 this day?

2 DR. DALTON:

3 A. To this day.

4 COFFEY, Q.C.:

5 Q. How has the service been from Mount Sinai in

6 relation to the ER/PR and HER2/neu?

7 DR. DALTON:

8 A. It's been excellent.

9 COFFEY, Q.C.:

10 Q. While I'm on the topic, I'm going to ask you

11 now, ER and PR testing resumed, we understand,

12 in February of 2007 in St. John's. We

13 understand that; we've heard evidence to that

14 effect.

15 DR. DALTON:

16 A. Um-hm.

17 COFFEY, Q.C.:

18 Q. Were you made aware of that just before they

19 resumed retesting, around the time they did?

20 DR. DALTON:

21 A. Yes, I was.

22 COFFEY, Q.C.:

23 Q. Okay. Were you asked whether, was Grand Falls

24 invited to utilize ER/PR testing in St.

25 John's?

Page 267

1 DR. DALTON:

2 A. Yes, we were.

3 COFFEY, Q.C.:

4 Q. And do you recall who asked you?

5 DR. DALTON:

6 A. Maybe Dr. Denic, I think, maybe Dr. Denic and

7 Dr. Cook. It would have come up in different

8 conversations, but who asked me first, I

9 wouldn't know.

10 COFFEY, Q.C.:

11 Q. And what was your response at the time?

12 DR. DALTON:

13 A. Well, I felt until all the dust was settled

14 and so on, we'd stay where we were.

15 COFFEY, Q.C.:

16 Q. I mean, you say the dust settled, you're

17 referring to what?

18 DR. DALTON:

19 A. To until we got all the answers back as to

20 what had gone and then, of course, we began to

21 hear about the Inquiry and we decided to just

22 stay where we were.

23 COFFEY, Q.C.:

24 Q. Now, I will return to that. Doctor, to go

25 back, if we could, to P-590. Doctor, you

Page 268

1 would have understood then when you got this

2 September 6th memo that the range of years

3 that expanded significantly. Did you talk to

4 anyone about why that was so and what was

5 going on in St. John's about -

6 DR. DALTON:

7 A. Oh, I would have talked to people in St.

8 John's. I would have talked to my colleagues

9 to find out what was going on, yes.

10 COFFEY, Q.C.:

11 Q. Do you recall what you were told, Doctor?

12 DR. DALTON:

13 A. Not exactly, but at different times there were

14 comments regarding fixation issues; different

15 times there were comments regarding antigen

16 retrieval and things of that nature.

17 COFFEY, Q.C.:

18 Q. And in September of 2005, were you told

19 anything by the people in St. John's that you

20 spoke to and I take it that would be to mean

21 Dr. Cook, at the time.

22 DR. DALTON:

23 A. That's right, yes.

24 COFFEY, Q.C.:

25 Q. Were you told anything about what they knew or

Page 269

1 understood about conversion rates up to that  
 2 point?  
 3 DR. DALTON:  
 4 A. I was told that there was a conversion rate,  
 5 but nobody seemed to have a fix on what the  
 6 number was.  
 7 COFFEY, Q.C.:  
 8 Q. So, you understood, I take it here, looking at  
 9 the first paragraph, first bullet anyway, that  
 10 you were asked to gather up all the cases  
 11 between May of '97 to March of '04.  
 12 DR. DALTON:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. And this time how negative was defined is  
 16 spelled out.  
 17 DR. DALTON:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Having been asked to do this, did you do it?  
 21 DR. DALTON:  
 22 A. We did.  
 23 COFFEY, Q.C.:  
 24 Q. And how did you go about doing that then?  
 25 DR. DALTON:

Page 270

1 A. Again, my laboratory manager and one of my  
 2 senior technologists, we used this template as  
 3 for the dates and the cut off points and so  
 4 on. And from 2001 to end date on this, we did  
 5 electronic searches on our computers. And from  
 6 1997 to 2001, we did manual searches of our  
 7 log books. And requisitions that we had on  
 8 hand.  
 9 COFFEY, Q.C.:  
 10 Q. With a view to identifying the patients that -  
 11 DR. DALTON:  
 12 A. With a view to identifying, yes.  
 13 COFFEY, Q.C.:  
 14 Q. Having done--as the patients were identified,  
 15 what happened then?  
 16 DR. DALTON:  
 17 A. Then we pulled the appropriate box of slides  
 18 on those patients. We collected them together  
 19 and then when we had the batch together, we  
 20 consigned them to Dr. Cook in St. John's.  
 21 COFFEY, Q.C.:  
 22 Q. And did that include as well, looking at the  
 23 last bullet on the first page of the memo.  
 24 DR. DALTON:  
 25 A. Yes, would have included those.

Page 271

1 COFFEY, Q.C.:  
 2 Q. All the Ventana processed one.  
 3 DR. DALTON:  
 4 A. Yes, would have included those.  
 5 COFFEY, Q.C.:  
 6 Q. Doctor, if you look, there are a couple of  
 7 references in this to the Ventana system. Did  
 8 you understand at the time that this Ventana  
 9 system is being utilized for all IHC testing,  
 10 not just ER/PR?  
 11 DR. DALTON:  
 12 A. I know I talked to Dr. Carter at some point  
 13 and she was particularly involved with the ER  
 14 and PR, but I understand there was a system  
 15 that could be used for other things, but  
 16 again, whether it was being used, I can't say.  
 17 COFFEY, Q.C.:  
 18 Q. Because in the meantime, I take it, the other  
 19 IHC tests you were continuing to order.  
 20 DR. DALTON:  
 21 A. From time to time, we didn't order very many.  
 22 COFFEY, Q.C.:  
 23 Q. But whenever you would order, you would just  
 24 do it.  
 25 DR. DALTON:

Page 272

1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Did anyone every bring to your attention the  
 4 fact this it's the same machinery, this  
 5 Ventana machine is processing the other IHC -  
 6 DR. DALTON:  
 7 A. Not really. Whenever I asked, you know, as  
 8 the--what was the significance of this? The  
 9 ER and PR is quite different, the results from  
 10 other immunohistochemistry, ER and PR is a  
 11 plus minus. You know, you treat or you don't  
 12 treat. Whereas most of the other situations  
 13 is being used to identify the histogenesis of  
 14 a tissue which involves a number of other  
 15 criteria as well. So, it's not used on its  
 16 own.  
 17 COFFEY, Q.C.:  
 18 Q. You were given this understanding from whom?  
 19 DR. DALTON:  
 20 A. Again, in general conversations with the  
 21 people in St. John's, would have been Dr. Cook  
 22 and Dr. Carter.  
 23 COFFEY, Q.C.:  
 24 Q. So, Doctor, you've indicated to the  
 25 Commissioner that you report to, in the chain

Page 273

1 of command as it were, you report to Dr.  
 2 Alteen.  
 3 DR. DALTON:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. When did you first make Dr. Alteen aware of  
 7 the ER/PR matter?  
 8 DR. DALTON:  
 9 A. I would have thought it would have been when  
 10 we got the first request from Dr. Cook.  
 11 COFFEY, Q.C.:  
 12 Q. Back in June of 2005.  
 13 DR. DALTON:  
 14 A. Yes, with that 16 cases, yeah. Around about  
 15 that time, I think I would have put him in the  
 16 picture, but certainly by the time we got the  
 17 second request, I certainly would have talked  
 18 to him by then.  
 19 COFFEY, Q.C.:  
 20 Q. And the purpose of telling him, if you did  
 21 speak to him in June or about the June memo,  
 22 would have been what?  
 23 DR. DALTON:  
 24 A. He's medical director. He attends meetings.  
 25 He was involved with the Provincial Medical

Page 274

1 Board. He was involved with the NLMA. So,  
 2 that when the medical directors meet, this  
 3 information would be passed around between  
 4 then, so I wanted him briefed before he went  
 5 to his meetings.  
 6 COFFEY, Q.C.:  
 7 Q. So, he wouldn't be surprised, as it were.  
 8 DR. DALTON:  
 9 A. So, he wouldn't be surprised by it.  
 10 COFFEY, Q.C.:  
 11 Q. Then the second memo, the September 6th memo,  
 12 why would you have told him about that, other  
 13 than the same reason?  
 14 DR. DALTON:  
 15 A. The same reasons basically.  
 16 COFFEY, Q.C.:  
 17 Q. Did he get involved at all?  
 18 DR. DALTON:  
 19 A. Yes, he was involved and on a number of  
 20 occasions we discussed what we were doing  
 21 about the collection of the specimens, who we  
 22 were sending them to and so on. And I  
 23 understand he had discussions with some of the  
 24 other medical directors at some of their  
 25 meetings regarding these things.

Page 275

1 COFFEY, Q.C.:  
 2 Q. If we could please, bring up Exhibit P-1945,  
 3 please. Doctor, these are some handwritten  
 4 notes from Dr. Cook on a number of dates. The  
 5 third entry, September 28th, 2005 at 9: 30  
 6 a.m., right here. He writes, "voice mail let  
 7 for Dr. Dalton. Hopefully next week cases,  
 8 final check, Tuesday or Wednesday". And then  
 9 he records that you phone him back at 1: 00  
 10 p.m. It says, "Maurice Dalton called, hoped  
 11 to have paraffin blocks at General by  
 12 tomorrow".  
 13 DR. DALTON:  
 14 A. Um-hm.  
 15 COFFEY, Q.C.:  
 16 Q. And then September 29th, 2005, 4:30 p.m.,  
 17 "received a call from Maurice Dalton, 82  
 18 blocks are on the way and should arrive  
 19 tomorrow". And that's "I", Dr. Cook, "pass on  
 20 message to Barry Dyer". Doctor, by the end of  
 21 September 2005 how far do you recall having  
 22 progressed with this?  
 23 DR. DALTON:  
 24 A. I would have thought, according to these  
 25 notes, we probably seemed to have done it all

Page 276

1 by then or at least, all that was requested,  
 2 it was up to that stage, I think.  
 3 COFFEY, Q.C.:  
 4 Q. And in terms of resource allocation and arms  
 5 of identifying the patients and pulling the  
 6 blocks and getting the materials ready to send  
 7 to St. John's, how much effort was made?  
 8 DR. DALTON:  
 9 A. It was a huge effort for us because again,  
 10 we're not a very big laboratory. We don't  
 11 have that many people and as I say, my senior  
 12 technologist and my office manager were the  
 13 two people primarily involved. And a lot of  
 14 what they would normally have done had to be  
 15 done by someone else.  
 16 COFFEY, Q.C.:  
 17 Q. And was there overtime, do you know, do you  
 18 recall expended on this?  
 19 DR. DALTON:  
 20 A. I can't remember.  
 21 COFFEY, Q.C.:  
 22 Q. You can't recall, but would -- I take it,  
 23 though, these two individuals you've  
 24 identified in terms of the administrative end  
 25 of it, the actual slogging through it,

Page 277

1 identifying it, and pulling blocks --  
 2 DR. DALTON:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. Recording it all, they were assigned to do it  
 6 and others were assigned to pick up --  
 7 DR. DALTON:  
 8 A. Others were assigned to pick up their work.  
 9 COFFEY, Q.C.:  
 10 Q. Doctor, was there any kind of database created  
 11 in Grand Falls or that you're aware of in  
 12 Grand Falls for this?  
 13 DR. DALTON:  
 14 A. We kept a list of -- a listing of all the ones  
 15 we identified, yes.  
 16 COFFEY, Q.C.:  
 17 Q. Doctor, do you know if there was ever an  
 18 electronic database created? You kept a list,  
 19 but --  
 20 DR. DALTON:  
 21 A. I know there was a spreadsheet put together at  
 22 some point, yes.  
 23 COFFEY, Q.C.:  
 24 Q. Who was responsible for doing that?  
 25 DR. DALTON:

Page 278

1 A. That would have been my office manager, and I  
 2 also noted Dr. Alteen either used that  
 3 spreadsheet or created one of his own.  
 4 COFFEY, Q.C.:  
 5 Q. Okay. Page two of 1945, Dr. Cook has an entry  
 6 for October 3rd, 2005, "Spoke to Maurice  
 7 Dalton regarding receipt of Grand Falls cases  
 8 and seventeen cases submitted to St. John's in  
 9 June, 2005". So this had broken in the news  
 10 in the media, October 2nd, 2005, the  
 11 Commissioner has heard that already. Do you  
 12 recall -- I want to ask you a couple questions  
 13 about that. Up to October 2nd, 2005, this was  
 14 not known publicly, okay, the fact that this  
 15 was going on. Were you ever consulted about  
 16 whether or not patients should be told about  
 17 the fact that their tissues were being  
 18 retested?  
 19 DR. DALTON:  
 20 A. No one spoke to me directly about that, and  
 21 certainly wasn't a decision -- I wasn't  
 22 involved in the decision making process.  
 23 COFFEY, Q.C.:  
 24 Q. So you weren't involved, you were never privy  
 25 to it?

Page 279

1 DR. DALTON:  
 2 A. Just to collect the stuff.  
 3 COFFEY, Q.C.:  
 4 Q. Yes, I appreciate it, to actually get the work  
 5 done?  
 6 DR. DALTON:  
 7 A. Get the work done.  
 8 COFFEY, Q.C.:  
 9 Q. But in terms of whether the patients should be  
 10 do, and if so, how, you weren't asked about  
 11 that?  
 12 DR. DALTON:  
 13 A. No, that was made at some other level.  
 14 COFFEY, Q.C.:  
 15 Q. If we could, Exhibit P-2351, please. Doctor,  
 16 I understand these are handwritten notes of  
 17 Dr. Alteen. Do you recognize the handwriting?  
 18 DR. DALTON:  
 19 A. I think so, yes.  
 20 COFFEY, Q.C.:  
 21 Q. He's got written here, "Maurice Dalton,  
 22 September 28th '05, ER/PR negative patients  
 23 who may be false negatives. Issue with  
 24 testing at HSC since 1997", and apparently  
 25 these are various things you told him?

Page 280

1 DR. DALTON:  
 2 A. Uh-hm.  
 3 COFFEY, Q.C.:  
 4 Q. As I understand, this is where he got the  
 5 information. Is it possible that September  
 6 28th is the first time you briefed Dr. Alteen  
 7 in detail?  
 8 DR. DALTON:  
 9 A. Maybe in detail, that we had some numbers and  
 10 so on. I would suggest probably prior to that  
 11 I would have given him a heads up. Again at  
 12 the time, Dr. Alteen was medical director in  
 13 our building. He was only a matter of 50/60  
 14 feet away, so it's -- we met on a regular  
 15 basis in the corridors.  
 16 COFFEY, Q.C.:  
 17 Q. There's a reference here towards the bottom of  
 18 the first page of his note that says, "At  
 19 present suggests the false negative rate is 10  
 20 to 20 percent, and therefore, seven to  
 21 fourteen people potentially affected".  
 22 There's a note here approximately 70 cases  
 23 over this time.  
 24 DR. DALTON:  
 25 A. Uh-hm.

Page 281

1 COFFEY, Q.C.:

2 Q. This 10 to 20 percent false negative rate, do

3 you recall what that was -- where that came

4 from if indeed you were the one who provided

5 that?

6 DR. DALTON:

7 A. I probably provided it to him, and where I

8 probably got it from was -- again it was one

9 of these numbers that was going around, that

10 no one had a proper fix on.

11 COFFEY, Q.C.:

12 Q. There's also a reference here to "Our

13 percentage positive negative has stayed within

14 generally accepted reference levels". So by

15 this point, September 28th, 2005, had you had

16 a look at the positivity rates in Grand Falls?

17 DR. DALTON:

18 A. These would probably be numbers I would have

19 got from Dr. Cook and again there was a lot of

20 discussion as to what an accepted reference

21 level was, and whether we were there or not,

22 but it was prior to getting any hard

23 information back.

24 COFFEY, Q.C.:

25 Q. Now, Doctor, in September, 2005, were you made

Page 282

1 aware that there was external reviewers coming

2 in to St. John's in Eastern Health? It turns

3 out it's Dr. Banerjee and Trish Wegrynowski,

4 but were you made aware that Eastern Health

5 had hired outside consultants?

6 DR. DALTON:

7 A. There was somebody coming in to look at what

8 they were doing, yes.

9 COFFEY, Q.C.:

10 Q. You understood --

11 DR. DALTON:

12 A. I didn't know who hired them, but I knew they

13 were coming in.

14 COFFEY, Q.C.:

15 Q. Doctor, were you ever made aware of the

16 results?

17 DR. DALTON:

18 A. Yes, I was.

19 COFFEY, Q.C.:

20 Q. And do you recall when that was?

21 DR. DALTON:

22 A. Yesterday.

23 COFFEY, Q.C.:

24 Q. I'm sorry?

25 DR. DALTON:

Page 283

1 A. Yesterday.

2 COFFEY, Q.C.:

3 Q. So back then in 2005 and '06 when they were

4 here?

5 DR. DALTON:

6 A. No, I did not see anything written down. There

7 were various discussions and various opinions

8 expressed, but the actual text of the report I

9 didn't see until yesterday.

10 COFFEY, Q.C.:

11 Q. And in the sense -- I take it no one sat you

12 down or over the phone said, look, Maurice,

13 this is what it is?

14 DR. DALTON:

15 A. No.

16 COFFEY, Q.C.:

17 Q. This is what our outside consultants say?

18 DR. DALTON:

19 A. No, and I did not have a copy of that.

20 COMMISSIONER:

21 Q. Mr. Coffey, wherever you can find a spot to

22 take an afternoon break.

23 COFFEY, Q.C.:

24 Q. Thank you, Commissioner. If we could, please,

25 Exhibit P-0670. Doctor, again these are Dr.

Page 284

1 Cook's handwritten notes. He writes on

2 October 28th, 2005, 4:10 p.m, "Spoke at great

3 length to Dr. Dalton in Grand Falls to gauge",

4 I believe he says in here, "to gauge his

5 emotional state. I stated that I had nothing

6 to report from Mount Sinai. I stated that I

7 would generate reports to be sent to lab

8 directors, [something] report on the review

9 cases, and [something] will be generated.

10 Spoke to him on our review process with tumour

11 board rounds". So this is the end of October,

12 2005. I take it, Doctor, by then your cases

13 had already been sent to St. John's?

14 DR. DALTON:

15 A. Yes.

16 COFFEY, Q.C.:

17 Q. And you were looking for -- making inquiries

18 about results?

19 DR. DALTON:

20 A. Find out what was happening, what we needed to

21 do if anything and so on.

22 COFFEY, Q.C.:

23 Q. And, Doctor, this tumour board rounds or

24 tumour board panel, what were you given to

25 understand about that, what was going to

Page 285

1 happen there?  
 2 DR. DALTON:  
 3 A. Yes, this was -- around about then was the  
 4 first time I started to hear about these, that  
 5 the patients that had converted, they were  
 6 going to be dealt with by a panel which would  
 7 include an oncologist and physicians.  
 8 COFFEY, Q.C.:  
 9 Q. And from your perspective, is that a good  
 10 idea, a welcome idea?  
 11 DR. DALTON:  
 12 A. Well, it would -- yes, I considered it a good  
 13 idea in that the people who were used to  
 14 dealing with patients would be dealing with  
 15 this in this particular case as opposed to  
 16 pathologists.  
 17 COFFEY, Q.C.:  
 18 Q. And, Doctor, by then, by the end of October,  
 19 2005, how were you feeling about this at the  
 20 time?  
 21 DR. DALTON:  
 22 A. We were feeling a bit despondent. A lot of  
 23 work had been done and we thought we were  
 24 doing good things, and it's beginning -- it  
 25 was beginning to look like things were not

Page 286

1 going too well, to put it mildly.  
 2 COFFEY, Q.C.:  
 3 Q. And I take it the Grand Falls cases had not  
 4 yet had any results back, but you understood  
 5 from the reports in the media about St. John's  
 6 that there were conversions?  
 7 DR. DALTON:  
 8 A. That things were not good, yes.  
 9 COFFEY, Q.C.:  
 10 Q. Things were not good. Thank you,  
 11 Commissioner.  
 12 COMMISSIONER:  
 13 Q. We'll take the afternoon break.  
 14 (BREAK)  
 15 COMMISSIONER:  
 16 Q. Mr. Coffey.  
 17 COFFEY, Q.C.:  
 18 Q. Thank you, Commissioner. Exhibit P-2352.  
 19 Now, Doctor, this is a series of e-mails we  
 20 received from Dr. Alteen. When we look at the  
 21 bottom of the page here, there's a fairly  
 22 lengthy e-mail from Heather Predham to Susan  
 23 Sullivan and J. Budgell regarding ER/PR,  
 24 September 29th, 2005, and this is where Ms.  
 25 Predham is advising people that the matter is

Page 287

1 about to go public. This is September 29th  
 2 and she -- look at the last paragraph, she  
 3 says, "Why am I telling you two all this?  
 4 Well, since June, Dr. Cook, our Chief of  
 5 Pathology, has requested that your two boards  
 6 send in your blocks to be retested in Mount  
 7 Sinai, to no avail. I wanted to give you a  
 8 heads up as we have to begin to inform people  
 9 individually about these issue, but the  
 10 Department of Health wants us to make a public  
 11 statement. Since your labs have not responded  
 12 yet to our request, you may be asked about the  
 13 reasons why. What do you think". Signed,  
 14 Heather. Then Ms. Budgell -- who is Judy  
 15 Budgell?  
 16 DR. DALTON:  
 17 A. She was our risk manager at the time.  
 18 COFFEY, Q.C.:  
 19 Q. She e-mails Dr. Alteen and copies it to  
 20 yourself on October 3rd at 9:19 a.m. saying,  
 21 "Hi Larry, this needs to be discussed", and  
 22 then you on the same day sent her an e-mail  
 23 saying, "Judy, their request for the first  
 24 batch of specimens, 2002, was received in mid  
 25 June 13th, and complied with within a week or

Page 288

1 so. The formal request for the second batch  
 2 was dated September 6th on file, and completed  
 3 on September 29th by one secretary at the  
 4 busiest time of our year. I was suggest until  
 5 these have been processed, it might be  
 6 appropriate to avoid any further speculation  
 7 as yet we know there is a problem, but the  
 8 extent is not clear, and this is what is  
 9 currently in play, and it should be completed  
 10 in due course, and then the appropriate steps  
 11 will have to be taken, M.T. Dalton". She has  
 12 forwarded that on to Dr. Alteen for his  
 13 information. So, Doctor, does that e-mail  
 14 then capture -- your e-mail of October 3rd  
 15 capture kind of where you were as of the end  
 16 of September?  
 17 DR. DALTON:  
 18 A. Yes, that would have been quite correct.  
 19 COFFEY, Q.C.:  
 20 Q. Doctor, if we could, Exhibit P-2201. Doctor,  
 21 this is a letter from Barry Dyer addressed to  
 22 a number of individuals, including yourself,  
 23 the subject is ER/PR retesting. He says,  
 24 "Please forward to me a complete list of all  
 25 patient specimens that have been sent in for



Page 289

1 ER/PR retesting. The purpose is to cross-  
 2 reference to ensure that all specimens shipped  
 3 have been received by our laboratory. Thanking  
 4 you in advance". Would you have responded to  
 5 this by sending -- and then send Barry Dyer a  
 6 copy of the listing of what you had sent in?  
 7 DR. DALTON:  
 8 A. Yes, we would have responded to that.  
 9 COFFEY, Q.C.:  
 10 Q. Now, Doctor, on this point, how comfortable  
 11 were you at the time that you had identified  
 12 all the patients?  
 13 DR. DALTON:  
 14 A. We felt reasonably comfortable because of the  
 15 way we had gone about it. We thought there  
 16 were very few unknown that we had missed.  
 17 COFFEY, Q.C.:  
 18 Q. To this day, do you have any reason to believe  
 19 there were any missed in that first --  
 20 DR. DALTON:  
 21 A. We did -- approximately six or eight months  
 22 ago there was one patient approached a member  
 23 of the House of --  
 24 COFFEY, Q.C.:  
 25 Q. House of Assembly?

Page 290

1 DR. DALTON:  
 2 A. House of Assembly, sorry, and said that she  
 3 wanted to be included and we looked into her  
 4 and she was one, in fact, that we had missed  
 5 and we went back and combed through the system  
 6 again and found one other.  
 7 COFFEY, Q.C.:  
 8 Q. And those two patients, they've been  
 9 identified within the past year?  
 10 DR. DALTON:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. In Grand Falls?  
 14 DR. DALTON:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. What was done with their samples?  
 18 DR. DALTON:  
 19 A. We took -- we got the blocks, we got the  
 20 slides, we sent them to Mount Sinai for  
 21 testing and they both came back as genuine  
 22 negatives.  
 23 COFFEY, Q.C.:  
 24 Q. And were they advised of the results?  
 25 DR. DALTON:

Page 291

1 A. Through the system to advise the patients,  
 2 yes.  
 3 COFFEY, Q.C.:  
 4 Q. Were you able to tell why or ascertain why  
 5 they may have been missed the first time  
 6 around?  
 7 DR. DALTON:  
 8 A. Yes, in one of them it was the way the result  
 9 was written. It was written as positive 5  
 10 percent of cells reacting -- sorry, 5 percent  
 11 of cells positive or something like that. So  
 12 that when the person was checking through the  
 13 cell deposit, they weren't interested in it  
 14 and moved on. Of course, they were looking  
 15 for negatives. It was when we went back this  
 16 time -- again my office manager, she picked up  
 17 on it and said, all right, so we went back and  
 18 then we printed off approximately 12,000 hard  
 19 copies off her computer and manually checked  
 20 every single one of them to make sure that  
 21 there was nothing like that in there again.  
 22 COFFEY, Q.C.:  
 23 Q. Doctor, if we could, Exhibit P-1091? Doctor,  
 24 this is a memo of February 1st, 2006. It's  
 25 from Dr. Cook to a number of lab directors,

Page 292

1 including yourself. Right there, number two  
 2 now on the list.  
 3 DR. DALTON:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. He says "we have received most of the results  
 7 from Mount Sinai regarding the ER/PR review  
 8 process. The results from Mount Sinai were  
 9 issued on Excel spreadsheets. I" that is Dr.  
 10 Cook, "will be issuing individual reports on  
 11 patients and submitting these to you at your  
 12 respective sites. When you receive these  
 13 reports, please ensure that they are  
 14 incorporated into your hospital information or  
 15 laboratory information systems. I expect that  
 16 you will be receiving the first of these  
 17 reports within the next two weeks. If you  
 18 have any questions, please call."  
 19 Now Doctor, could you tell the  
 20 Commissioner, please, then what happened? In  
 21 terms of how did the results actually come  
 22 back to Grand Falls.  
 23 DR. DALTON:  
 24 A. The results came back on spreadsheets and they  
 25 gave the results as they were in Mount Sinai

Page 293

1 and at around about this time, the decision  
 2 was made, we made the decision through Dr.  
 3 Alteen and so on, that any action that needed  
 4 to be taken would be taken through the tumour  
 5 board group who were meeting. So they would  
 6 meet directly -  
 7 COFFEY, Q.C.:  
 8 Q. In St. John's?  
 9 DR. DALTON:  
 10 A. In St. John's, and they would inform the  
 11 patients of the results and then those that  
 12 needed follow up and further action, they  
 13 would take care of that, and we were assured  
 14 that that was being done and under way. We  
 15 kept these results on file ourselves and then  
 16 towards the end of 2006 through 2007, we then  
 17 sent the results to the patients charts so  
 18 that there would be a permanent record in each  
 19 patient's chart.  
 20 COFFEY, Q.C.:  
 21 Q. Doctor, the patients who on retest came back  
 22 as 0/0 from Mount Sinai, for example, okay,  
 23 how were those results dealt with? On the  
 24 spreadsheet that had Mount Sinai 0/0 or less  
 25 than--it was zero or less than one.

Page 294

1 DR. DALTON:  
 2 A. Right.  
 3 COFFEY, Q.C.:  
 4 Q. How were they dealt with?  
 5 DR. DALTON:  
 6 A. The patients themselves, again this would have  
 7 been left up to, as I say, there was  
 8 discussion with myself, Dr. Cook, Dr. Alteen,  
 9 as to how we would handle the clinical end,  
 10 the patient end, and it was decided that the  
 11 oncology group, tumour board rounds, whatever  
 12 they call themselves, would take care of that  
 13 and inform the relevant patients that they had  
 14 been tested and the results of the test.  
 15 COFFEY, Q.C.:  
 16 Q. And for example, confirmed negative?  
 17 DR. DALTON:  
 18 A. I'm assuming confirmed negative would be part  
 19 of that.  
 20 COFFEY, Q.C.:  
 21 Q. Okay. So your understanding was that was all  
 22 going to be handled through St. John's?  
 23 DR. DALTON:  
 24 A. That was going to be handled through St.  
 25 John's.

Page 295

1 COFFEY, Q.C.:  
 2 Q. No matter what the patient's results?  
 3 DR. DALTON:  
 4 A. Regardless.  
 5 COFFEY, Q.C.:  
 6 Q. And your understanding at the time, Dr. Alteen  
 7 was involved in that, he concurred with that?  
 8 DR. DALTON:  
 9 A. In the decision making process and also  
 10 liaising with the various groups through the  
 11 medical directors, yes.  
 12 COFFEY, Q.C.:  
 13 Q. Doctor, did you ever get, from St. John's, for  
 14 individual patients whose results were in the  
 15 spreadsheets, did you ever get a pathology  
 16 report, for example, from Dr. Cook reporting  
 17 the Mount Sinai Excel spreadsheet results?  
 18 DR. DALTON:  
 19 A. Yes, there were individual ones came through.  
 20 I'm not quite sure exactly why they were  
 21 individualized, maybe that they were just  
 22 dealt with at different times. As Mount Sinai  
 23 had time to do work, they did it and so on,  
 24 but yes, we did get individual ones come  
 25 through.

Page 296

1 COFFEY, Q.C.:  
 2 Q. Doctor, the Excel spreadsheets, because they  
 3 apparently arrived in early '06, late January,  
 4 we're going to see in a moment, or you would  
 5 have gotten them after you got this memo,  
 6 February 1st '06. When you got your Excel  
 7 spreadsheet from St. John's, I take it that  
 8 was just the Grand Falls cases?  
 9 DR. DALTON:  
 10 A. As I remember, yes.  
 11 COFFEY, Q.C.:  
 12 Q. And so you had all of them. No matter what  
 13 the result, you would have--from Mount Sinai,  
 14 you would have all the results that were  
 15 available up to that point?  
 16 DR. DALTON:  
 17 A. Up to that point, yes.  
 18 COFFEY, Q.C.:  
 19 Q. The entry of those results into the Meditec  
 20 system in Grand Falls for those patients, who  
 21 did that entry and when did it occur?  
 22 DR. DALTON:  
 23 A. That would have been done by my office  
 24 manager.  
 25 COFFEY, Q.C.:

Page 297

1 Q. By your office manager?  
 2 DR. DALTON:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. And how was that done? I mean, like  
 6 literally, was it typed in. Did somebody have  
 7 to sign off on it, do you recall?  
 8 DR. DALTON:  
 9 A. I presume it would have to be typed in.  
 10 There's no other way of -  
 11 COFFEY, Q.C.:  
 12 Q. Oh yes, I appreciate that, but having been  
 13 typed in, would it have to be signed off by  
 14 any physician?  
 15 DR. DALTON:  
 16 A. Again, I can't--I mean, I didn't actually see  
 17 this physically being done before my eyes, but  
 18 that's the only way it can be done is to be  
 19 typed in.  
 20 COFFEY, Q.C.:  
 21 Q. Typed in, and I appreciate that, but I'm  
 22 getting at signed off, because you're, of  
 23 course, familiar with the idea of physicians  
 24 signing -  
 25 DR. DALTON:

Page 298

1 A. Yeah, okay, as regards to verification  
 2 purposes. I personally did not verify them.  
 3 Throughout this, I took a hands off approach.  
 4 I did not want to be selecting anything,  
 5 involved in selection process. I didn't want  
 6 to be involved in from the point of view of  
 7 patient management, partly because I think a  
 8 hands off--there was something going wrong and  
 9 I wanted a hands off approach and let the  
 10 people who knew what they were doing deal with  
 11 it. The other part of that, was that I was on  
 12 my own for a lot of this time and I just  
 13 honestly did not have the time to be--I did  
 14 not have the time to be sorting through all  
 15 this material and there was a lot of it.  
 16 COFFEY, Q.C.:  
 17 Q. I take it, Doctor, in this time, your work was  
 18 otherwise going on?  
 19 DR. DALTON:  
 20 A. Oh, everything had to go on at the same time.  
 21 COFFEY, Q.C.:  
 22 Q. Exhibit P-1811. Doctor, this is a--it's an e-  
 23 mail from Brendan Mullen, Dr. Brendan Mullen,  
 24 January 20th '06 to Dr. Cook, and he's sending  
 25 him the ER/PR results that are available up to

Page 299

1 that point. This is a large spreadsheet this  
 2 involved. But in the course of this, Dr.  
 3 Mullen concludes by saying "when you," that is  
 4 Dr. Cook "have had an opportunity to review  
 5 the results, I would like to discuss some of  
 6 the technical difficulties we encountered with  
 7 processing and staining of specimens. Some of  
 8 the same issues are present in the current  
 9 Newfoundland and Labrador material." Did Dr.  
 10 Cook ever contact you about that?  
 11 DR. DALTON:  
 12 A. Not really, certainly not way back in January  
 13 of '06.  
 14 COFFEY, Q.C.:  
 15 Q. If we could, please, Exhibit C-0182? Now  
 16 Doctor, this is a particular pathology report  
 17 from a particular patient. If we look at  
 18 pages two and three, I'm just going to--the  
 19 second page, there's a pathology report on  
 20 Mount Sinai letterhead and when we look down  
 21 at the bottom of the page, you'll see it's  
 22 printed November 14th, 2005.  
 23 DR. DALTON:  
 24 A. Um-hm.  
 25 COFFEY, Q.C.:

Page 300

1 Q. And this sort of report, this sort of format,  
 2 is this how Mount Sinai reports their current  
 3 cases to you?  
 4 DR. DALTON:  
 5 A. Yes, this is the way they're reported, yes.  
 6 COFFEY, Q.C.:  
 7 Q. Doctor, now I understand, Doctor, that that  
 8 particular report relates to a patient that  
 9 was dealt with in 2002, actually 2002 and  
 10 early '03. We're looking at page one of this.  
 11 Doctor, there's an addendum here, addendum  
 12 number one, and it refers to--and in fact,  
 13 it's entered by report of Donald Cook, and  
 14 November 16th, 2005, and it says "consultation  
 15 at Mount Sinai Hospital for  
 16 immunohistochemical studies." It's block 11,  
 17 Grand Falls surgical number and it's redacted  
 18 here. Shows ER as positive 30 percent of  
 19 cells and PR positive with ten percent and  
 20 HER2/neu is reported as well.  
 21 This sort of report from Dr. Cook, would  
 22 that come back to Grand Falls?  
 23 DR. DALTON:  
 24 A. That would have come back to Grand Falls, I  
 25 would have thought, yes.

Page 301

1 COFFEY, Q.C.:

2 Q. In fact there's a reference here to copy,

3 Doctor.

4 DR. DALTON:

5 A. And a copy was sent to Dr. Alteen.

6 COFFEY, Q.C.:

7 Q. Dr. Alteen, okay. So this sort of--because

8 the great massive reports came back in early

9 '06 with the spreadsheets. So were there

10 cases where individual patients were dealt

11 with kind of separately in the retesting?

12 DR. DALTON:

13 A. Yeah, there were reports coming for some time.

14 There were individual reports, two or three

15 together. Again, I took the view that this

16 was as they had the time to do this work, they

17 were doing it and filling in the loose ends.

18 COFFEY, Q.C.:

19 Q. Now Doctor, if we could look at, please,

20 Exhibit P-2354? Doctor, we've heard that--the

21 Commissioner has heard evidence that there

22 were some cases identified at Mount Sinai as

23 being DCIS.

24 DR. DALTON:

25 A. Um-hm.

Page 302

1 COFFEY, Q.C.:

2 Q. And then there was an inquiry or inquiries

3 done, investigations conducted and to

4 determine whether in fact the original

5 diagnosis was properly invasive or was DCIS.

6 Did any of those cases involve Grand Falls, do

7 you know? Were there any cases that -

8 DR. DALTON:

9 A. There were one or two cases, one in particular

10 that comes to mind, that I think is currently

11 subject to legal -

12 COFFEY, Q.C.:

13 Q. There's litigation going on about it?

14 DR. DALTON:

15 A. Litigation, yes.

16 COFFEY, Q.C.:

17 Q. But this is one that was dealt with, it

18 involved DCIS and the issue of whether it is

19 truly DCIS or not?

20 DR. DALTON:

21 A. I think that came up at some point in the

22 discussion, yes.

23 COFFEY, Q.C.:

24 Q. Okay. Now was that, in fact, your patient,

25 Doctor, or was it somebody else's?

Page 303

1 DR. DALTON:

2 A. No, it was not my patient. It was someone

3 else's. However, I've been (unintelligible)

4 involved. It landed on my lap.

5 COFFEY, Q.C.:

6 Q. So you're involved because you happen to head

7 the particular department?

8 DR. DALTON:

9 A. Because I happen to be there.

10 COFFEY, Q.C.:

11 Q. If we could, please, Exhibit P-1195, please?

12 Now Doctor, this is some e-mails of November

13 8th and 9th and they relate to the idea of

14 having a teleconference, or video conference,

15 I'm sorry, setting up a video conference for

16 November 20th, 2006 involving an ER/PR

17 presentation, and in fact, if we look at the

18 e-mail below it, you'll see November 8th

19 there's an e-mail from Denise Dunn, works in

20 St. John's, to a number of individuals,

21 including yourself. "Please see attached memo

22 from Dr. Oscar Howell, VP Medical. Dr. Nash

23 Denic would like you to participate in this

24 presentation via video conference." Did you,

25 in fact, participate then in the video

Page 304

1 conference?

2 DR. DALTON:

3 A. Yes, we did.

4 COFFEY, Q.C.:

5 Q. And what do you recall about that, Doctor?

6 DR. DALTON:

7 A. There was a presentation made on what had come

8 back from Mount Sinai at that time. There was

9 some discussions as to what the problems may

10 have been regarding antigen retrieval. There

11 was some discussion as regards fixation of

12 tissues, and they were the essence of what was

13 discussed.

14 COFFEY, Q.C.:

15 Q. Do you recall what you were told about

16 fixation at that time?

17 DR. DALTON:

18 A. Well, we were told, in fact, that the fixation

19 seemed to be a major problem and that this

20 seemed to be one of the issues driving the

21 problems with the ER and PR.

22 COFFEY, Q.C.:

23 Q. Was there any further discussion about that,

24 in terms of fixation was an issue, but why it

25 would cause the problem with ER/PR?

Page 305

1 DR. DALTON:  
 2 A. Not so much why it would cause a problem.  
 3 Just if material was improperly fixed, you  
 4 would finish up with a problem. That the  
 5 problem wasn't obvious to see on the H & E  
 6 because that was relatively insensitive to the  
 7 problem, but it was showing up on the  
 8 immunohistochemistry.  
 9 COFFEY, Q.C.:  
 10 Q. And having participated in the video  
 11 conference, did you make any inquiries after  
 12 that about fixation, in your own institution?  
 13 DR. DALTON:  
 14 A. Yes. Any time this came up, we went back and  
 15 we looked at what we were doing, make sure I  
 16 checked with the radiologist to make sure that  
 17 stuff wasn't hanging around over there, that  
 18 it was being sent to us as soon as they had  
 19 the material, that it wasn't being delayed,  
 20 and at some point, and I'm trying to--the  
 21 dates are beginning to roll around in my head,  
 22 but at some point, we had discussions with Dr.  
 23 Carter who came up and spent a day with Dr.  
 24 Somers and myself in Gander to talk about  
 25 fixation and as what she would recommend, and

Page 306

1 I'm trying to pin down that date exactly when  
 2 that occurred.  
 3 COFFEY, Q.C.:  
 4 Q. So you can't recall, and perhaps Dr. Carter  
 5 will be able to tell us that.  
 6 DR. DALTON:  
 7 A. Dr. Carter may be able to tell you or Dr.  
 8 Somers, and I'm -  
 9 COFFEY, Q.C.:  
 10 Q. Inquiries can be made in that regard.  
 11 DR. DALTON:  
 12 A. Sorry?  
 13 COFFEY, Q.C.:  
 14 Q. Inquiries can be made in that regard, but you  
 15 recall Dr. Carter coming out?  
 16 DR. DALTON:  
 17 A. It would--yes, she came out and spent a day  
 18 with us, and I'm--end of 2006 or end of 2007.  
 19 Everything is beginning to run together at  
 20 this stage, but yes, he came out and spent a  
 21 day with us.  
 22 COFFEY, Q.C.:  
 23 Q. And Doctor, the video conference went ahead, I  
 24 gather, November 20th.  
 25 DR. DALTON:

Page 307

1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. You indicated you participated, made  
 4 inquiries. Doctor, with respect to blocks or  
 5 tissue prepared, slides prepared from breast  
 6 tissue blocks, compared to blocks of other  
 7 types of tissue, did you ever notice any  
 8 difference in your institution, in terms of  
 9 the slides prepared, because it was breast  
 10 tissue as opposed to other types of tissue.  
 11 DR. DALTON:  
 12 A. How would you -  
 13 COFFEY, Q.C.:  
 14 Q. Well in a sense of--we've heard from, for  
 15 example, from technologists recently that  
 16 breast tissue can be problematic in terms of  
 17 cutting.  
 18 DR. DALTON:  
 19 A. Yes, it can be unless you, unless you slice  
 20 thinly so you get penetration and proper  
 21 fixation, yes, because of the amount of fat.  
 22 COFFEY, Q.C.:  
 23 Q. We understand, I asked you earlier about the  
 24 fact that ER/PR resumed in St. John's in  
 25 February of 2002, we've heard that from

Page 308

1 witnesses. You spoke about the fact that you  
 2 were initially approached, perhaps on more  
 3 than one occasion or you discussed it on more  
 4 than one occasion with perhaps Drs. Denic or  
 5 Cook or both, about Grand Falls utilizing St.  
 6 John's again.  
 7 DR. DALTON:  
 8 A. Uh-hm.  
 9 COFFEY, Q.C.:  
 10 Q. And that didn't or hasn't occurred to date.  
 11 If we could look, please, at Exhibit P-2351?  
 12 I understand these are notes of Dr. Alteen,  
 13 but if we could go to page 14, please,  
 14 Registrar? Doctor, these are, I gather, notes  
 15 of a teleconference of May 24th, 2007, with  
 16 what are termed CFOs and medical directors and  
 17 Department of Health, Community Services.  
 18 There are a list of names of participants and  
 19 the issue is framed, "All ER/PR testing was  
 20 presumed to be done in St. John's since St.  
 21 John's restarted; however, apparently this is  
 22 not the case outside of St. John's, apparently  
 23 all still being sent to Mount Sinai"--and  
 24 that's attributed to John Abbott. There's  
 25 comments attributed to Mr. Gulliver and then

Page 309

1 some to Nash Denic and then we go into the  
 2 second page, comments attributed to Terry  
 3 Gulliver and then at the top of the third  
 4 page, there's a reference to--it says, there's  
 5 a note here written, "Maurice Dalton, no issue  
 6 that we are aware of related to fixation."  
 7 And it goes on from there. Now to put this in  
 8 context, so what--Dr. Nash Denic, if we go  
 9 back to the first page here, he's quoted as  
 10 saying "doing St. John's patients, trying to  
 11 ensure quality assurance is in place and  
 12 standards are met. Mount Sinai would like St.  
 13 John's to take over ER/PR for all province and  
 14 may have to send out for HER2/neu. It is not  
 15 up to standard yet with new antibodies, need  
 16 to ensure that with all regions the fixation  
 17 process for preparation of sample is at the  
 18 same standard across the province. I have  
 19 drafted a recommendation for proper fixation  
 20 on such tissue to ensure reproducibility needs  
 21 to be fixed from 8 to 24 hours. Have package  
 22 prepared for each region, so that each region  
 23 understands protocol, ensures that this will  
 24 be followed. Went through validation process  
 25 for a year by working with facilities in the

Page 310

1 UK and USA to ensure standards met by February  
 2 1, '07, we're okay with this, and started  
 3 processing their own samples again. And  
 4 Eastern Health are ready to take over ER/PR  
 5 testing within the next month and will send  
 6 HER2/neu for all province to Mount Sinai until  
 7 their testing is validated. Also suggests to  
 8 review all DCIS for province. Nash got into  
 9 issues of remuneration of pathologists for  
 10 taking on extra workload." And then there's a  
 11 reference to Mr. Gulliver having said  
 12 something and then you are quoted as saying  
 13 "no issue that we are aware of related to  
 14 fixation". Do you recall this teleconference,  
 15 Doctor? In particular the reference to Dr.  
 16 Denic saying or he's quoted as saying "We"--  
 17 St. John's--"will be sending around a  
 18 protocol."  
 19 DR. DALTON:  
 20 A. Not, I'm not sure I was even at that  
 21 teleconference. Am I logged in as -  
 22 COFFEY, Q.C.:  
 23 Q. Well it's referenced to, that's Maurice  
 24 Dalton.  
 25 DR. DALTON:

Page 311

1 A. Yes, yeah.  
 2 COFFEY, Q.C.:  
 3 Q. Because after you said that, Nash Denis is  
 4 quoted as saying "fixation was a problem at  
 5 all sites after the review."  
 6 DR. DALTON:  
 7 A. Yeah, I'm not sure I may have been completely  
 8 understood when I was making that comment  
 9 because as I say, from the word go we were  
 10 told fixation was an issue, so it wouldn't  
 11 have made much sense to say that fixation  
 12 wasn't an issue at this point in time.  
 13 COFFEY, Q.C.:  
 14 Q. And so Doctor, arising out of this, so you  
 15 don't recall the teleconference?  
 16 DR. DALTON:  
 17 A. I'm not--off the top of my head I can't say, I  
 18 certainly don't--that comment doesn't -  
 19 EATON, Q.C.:  
 20 Q. I think if you look at the top of the page,  
 21 he's not shown as being in attendance.  
 22 DR. DALTON:  
 23 A. Yeah, so -  
 24 COFFEY, Q.C.:  
 25 Q. No, no, he's not, but his name is there, we'll

Page 312

1 hear from Dr. Alteen maybe -  
 2 DR. DALTON:  
 3 A. Yeah, he may be able to refer to it.  
 4 COFFEY, Q.C.:  
 5 Q. They're his notes.  
 6 DR. DALTON:  
 7 A. Yeah.  
 8 COFFEY, Q.C.:  
 9 Q. Doctor, what I do want to ask you is this,  
 10 following out of that teleconference in May,  
 11 May 24, 2007, did you receive anything from  
 12 St. John's in relation to a written protocol  
 13 suggested fixation policies?  
 14 DR. DALTON:  
 15 A. We had already, we were using Dr. Carter's  
 16 protocols at that stage and we were also using  
 17 Dr. Carter for all our DCIS cases, so we were  
 18 actually--we actually gone ahead on our own  
 19 probably as it turned out, to do a lot of this  
 20 stuff anyway. I did get protocols and I'm not  
 21 sure if they had come from Dr. Denic or  
 22 directly from Dr. Carter himself.  
 23 COFFEY, Q.C.:  
 24 Q. And those written protocols that you did  
 25 receive, did you implement them at the time?

Page 313

1 DR. DALTON:  
 2 A. They're implemented.  
 3 COFFEY, Q.C.:  
 4 Q. Have you received anything since to update  
 5 those, from Eastern Health?  
 6 DR. DALTON:  
 7 A. I can't say I did, no.  
 8 COFFEY, Q.C.:  
 9 Q. Okay.  
 10 DR. DALTON:  
 11 A. Is there something I can point to?  
 12 COFFEY, Q.C.:  
 13 Q. Perhaps the exhibit number for 2177,  
 14 Registrar, please? 2175.  
 15 THE COMMISSIONER:  
 16 Q. Are we transposing numbers back and forth.  
 17 COFFEY, Q.C.:  
 18 Q. That would be it, it's taking its time. Now,  
 19 Doctor, this is--well it's been labelled  
 20 "Eastern Health Procedure Manual, Pathology  
 21 Lab".  
 22 MR. SIMMONS:  
 23 Q. It's actually 2157.  
 24 COFFEY, Q.C.:  
 25 Q. It loaded too fast. If it remains true to

Page 314

1 form, Doctor, it's going to take about 15  
 2 seconds to load. Now, Doctor, this is a  
 3 document, you'll see here on the first page of  
 4 it, "Pathology Policies and Procedures  
 5 Manual", it's Eastern Health, Table of  
 6 Contents, Pathology Policies, and there is a  
 7 listing of numbers. 410J-PCO-010 Fixation  
 8 Policy and then there are a number of other  
 9 ones, tissue is for gross examination only,  
 10 handling suboptimal specimens in pathology,  
 11 slide or block removal from pathology files  
 12 and it goes on, and then, if we could, on the  
 13 next page, it continues, "Pathology  
 14 Procedures" and it includes then a specimen  
 15 and collection and handling procedures. The  
 16 first one is PRC-PAT-102-Fixation Procedure.  
 17 And it goes on then, Doctor, at some length.  
 18 The second one here is Pathology specimen  
 19 labelling, tissue handling for breast  
 20 specimen, needle localization, frozen section  
 21 specimens and so on and so forth. Have you  
 22 received a copy of this, Doctor? It's about  
 23 three hundred and some odd pages long.  
 24 DR. DALTON:  
 25 A. No, not one that big. This is clearly an in-

Page 315

1 house policy procedure document and it's very  
 2 detailed. And no, we would not have--I'm sure  
 3 a three hundred page document I would have  
 4 remembered.  
 5 COFFEY, Q.C.:  
 6 Q. You'd remember that. Just a moment please,  
 7 Commissioner, I'm just going to -  
 8 DR. DALTON:  
 9 A. I actually have portions of documents in  
 10 relationship--from time to time I had requests  
 11 on what tissues were--which tissues would be  
 12 considered tissues of little value, in other  
 13 words, that wouldn't require histology. I've  
 14 got those from time to time from St. John's,  
 15 but not everything in one block like this.  
 16 COFFEY, Q.C.:  
 17 Q. And, Doctor, here Doctor, this is at page 42  
 18 of the exhibit, this is labelled, it's  
 19 "Fixation Procedure for Pathology Specimens",  
 20 the issuing authorities are Dr. Denic and Mr.  
 21 Gulliver. It's dated March 17th, 2008. Its  
 22 effective date is March 19th, 2008, which is  
 23 the same as issuance date and this is, in  
 24 fact, I gather the procedure for pathology  
 25 specimens, fixation, pathology specimens

Page 316

1 utilized within Eastern Health. Might that be  
 2 of some assistance to yourself?  
 3 DR. DALTON:  
 4 A. Oh yes, indeed.  
 5 COFFEY, Q.C.:  
 6 Q. And -  
 7 THE COMMISSIONER:  
 8 Q. P-2157 on our website.  
 9 COFFEY, Q.C.:  
 10 Q. Yes. And for example, here on page 48,  
 11 Doctor, is a particular procedure for  
 12 pathology tissue handling, breast specimen,  
 13 needle localization. So as the Commissioner  
 14 pointed out, this is up on our website, P-  
 15 2157. Doctor, overall then I take it, Doctor,  
 16 that from your perspective, just based upon a  
 17 comment you made several minutes ago, that  
 18 after you were alerted to the fact that there  
 19 was a problem, potentially a problem in ER/PR  
 20 testing, going back to '97, you did what you  
 21 were asked to do in the sense of obtain  
 22 specimens, blocks and so on, identified  
 23 patients and forwarded them as required. And  
 24 passed on information, but you, in terms of  
 25 actually being involved in the hands-on way in

Page 317

1 terms of the analysis of it, if there was to  
 2 be any contact with patients, you left to  
 3 others.  
 4 DR. DALTON:  
 5 A. Left to others.  
 6 COFFEY, Q.C.:  
 7 Q. In terms, Doctor, in terms of the current lab  
 8 work, are there any written policies or  
 9 procedures for, well, it's unfair to ask you  
 10 because you haven't had a chance to look at P-  
 11 2157, but if there are such written policies  
 12 of what they are to date, okay, within your  
 13 lab, if it's possible could you, what you have  
 14 to date, as we speak today, when you go back  
 15 to Grand Falls, if you could identify those  
 16 and have those packaged and sent to Mr. Browne  
 17 or to Mr. Eaton?  
 18 DR. DALTON:  
 19 A. I thought they had already been sent.  
 20 COFFEY, Q.C.:  
 21 Q. And they may be, okay, in terms of that, if  
 22 they have, fine, but I just want--because this  
 23 is a moving target and I appreciate that, so  
 24 if you could, just to check -  
 25 DR. DALTON:

Page 318

1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. And that can be just passed on, so we'll have  
 4 some sense, the Commissioner will have some  
 5 sense of where things are now.  
 6 DR. DALTON:  
 7 A. Yeah, I think we were asked last week in fact  
 8 to furnish this information and -  
 9 COFFEY, Q.C.:  
 10 Q. If that was passed on last week, because that  
 11 came up in another context, so that will be  
 12 fine.  
 13 DR. DALTON:  
 14 A. Yes.  
 15 MR. BROWNE:  
 16 Q. It was couriered yesterday.  
 17 COFFEY, Q.C.:  
 18 Q. I appreciate that. It came up with Dr. Neil,  
 19 okay, when he was here and I'm just raising  
 20 the same thing with yourself. Those are the  
 21 questions I have, Commissioner, thank you very  
 22 much.  
 23 THE COMMISSIONER:  
 24 Q. Thank you. Ms. Brazil?  
 25 MS. BRAZIL:

Page 319

1 Q. No questions, Commissioner.  
 2 THE COMMISSIONER:  
 3 Q. Mr. Simmons?  
 4 DR. MAURICE DALTON, EXAMINATION BY DANIEL SIMMONS  
 5 MR. SIMMONS:  
 6 Q. Good afternoon, Dr. Dalton, I'm Dan Simmons.  
 7 I'm the lawyer here for Eastern Health.  
 8 DR. DALTON:  
 9 A. Yes.  
 10 MR. SIMMONS:  
 11 Q. A few things I want to follow up on with you  
 12 coming out of the questions that Mr. Coffey  
 13 has asked you since you started this morning.  
 14 You were asked a number of questions about the  
 15 external controls concerning the time when  
 16 ER/PR testing was being done in St. John's and  
 17 the cases would be returned to you and you  
 18 would read, interpret and report the cases in  
 19 Grand Falls.  
 20 DR. DALTON:  
 21 A. Yes.  
 22 MR. SIMMONS:  
 23 Q. You told us that, if I understand, normally  
 24 there would be a positive control slide that  
 25 would come along with the cases and on some

Page 320

1 occasions you had situations where you did not  
 2 get a positive control slide.  
 3 DR. DALTON:  
 4 A. That's right.  
 5 MR. SIMMONS:  
 6 Q. On those cases when you did get the positive  
 7 controls, you also told us, I believe, that  
 8 there were occasions when the controls were  
 9 stained weaker than on other occasions, were  
 10 there?  
 11 DR. DALTON:  
 12 A. Yes.  
 13 MR. SIMMONS:  
 14 Q. Did you ever have any occasion to have to have  
 15 a case repeated, send it back to St. John's  
 16 for the reason that the positive control that  
 17 had been sent to you had failed to stain?  
 18 DR. DALTON:  
 19 A. There were, again, this is memory, there were  
 20 a number of occasions, whether it was one, two  
 21 or five, I can't honestly say, but I do have a  
 22 recollection of looking at some of them and  
 23 thinking, I really can't go much further with  
 24 this and it needs to be repeated. Very often  
 25 my recollection is when they were repeated,



Page 321

1 they came back fine.  
 2 MR. SIMMONS:  
 3 Q. Okay, so over the period of time that you were  
 4 having the tests done in St. John's, the  
 5 number of occasions when you had them repeated  
 6 because of the weak external controls was in  
 7 the range of one to five, something of that  
 8 magnitude?  
 9 DR. DALTON:  
 10 A. It wasn't happening on an ongoing regular  
 11 basis, this was from time to time.  
 12 MR. SIMMONS:  
 13 Q. Did it happen often enough or close enough in  
 14 time together to ever cause you to raise any  
 15 concern about the quality of the slides you  
 16 were getting back?  
 17 DR. DALTON:  
 18 A. I did get in touch with, as I said, the  
 19 immunohistochemistry lab there on one, two  
 20 occasions and ask them exactly what was going  
 21 on and if they could--and if they could repeat  
 22 the work for me. As I said, I remember  
 23 speaking to a female and I understand a  
 24 technologist, but I don't have a name as to  
 25 who was actually--and I can't tell you exactly

Page 322

1 when that was done, but it was in that period  
 2 of time.  
 3 MR. SIMMONS:  
 4 Q. Did you ever take that issue up with any  
 5 pathologist at--it would have been the Health  
 6 Care Corporation of St. John's at this time,  
 7 rather than Eastern Health.  
 8 DR. DALTON:  
 9 A. Not specifically, no.  
 10 MR. SIMMONS:  
 11 Q. When you returned any of those cases for  
 12 repeats, did you send any kind of a cover  
 13 letter or make any notation about any concern  
 14 that you had or the reason for your request  
 15 for the repeat that you can recall?  
 16 DR. DALTON:  
 17 A. I would have asked my office manager to return  
 18 them and usually there would be a note or  
 19 something on file somewhere.  
 20 MR. SIMMONS:  
 21 Q. And I presume that you never had any cases  
 22 that you went ahead and reported without  
 23 having a satisfactory external control  
 24 available to you?  
 25 DR. DALTON:

Page 323

1 A. Without having the control, I would have had  
 2 to see a control at some point along the way,  
 3 whether it was a control that was sent to me  
 4 and then I had to send it on to someone else  
 5 or something along those lines.  
 6 MR. SIMMONS:  
 7 Q. So you had not had any cases that you would  
 8 report without having, in one means or  
 9 another, satisfied yourself that there was a  
 10 positive -  
 11 DR. DALTON:  
 12 A. I would have had to see a control.  
 13 MR. SIMMONS:  
 14 Q. So I presume then in those limited number of  
 15 cases that were repeated, when they were  
 16 repeated, you did get satisfactory external  
 17 controls to allow you to report them?  
 18 DR. DALTON:  
 19 A. It would have been, yes.  
 20 MR. SIMMONS:  
 21 Q. You were referred to Dr. Ejeckam's memos from  
 22 2003 and in the first one, he had referred to  
 23 erratic staining and you didn't get that memo,  
 24 you told us that.  
 25 DR. DALTON:

Page 324

1 A. No.  
 2 MR. SIMMONS:  
 3 Q. And you were asked some questions about it.  
 4 From your observations around that time period  
 5 in 2002, 2003, did you make any observations  
 6 that caused you to question the quality of the  
 7 slides you were receiving, other than those  
 8 occasions when you spoke about when the  
 9 internal control may not--the external control  
 10 may have been weak. Did you have any other  
 11 issues that you observed from seeing the  
 12 slides?  
 13 DR. DALTON:  
 14 A. They would have probably been the issues I  
 15 would have been mainly concerned about.  
 16 MR. SIMMONS:  
 17 Q. Yes. Did you ever make any observations of  
 18 the slides you received that would have  
 19 suggested any problems with fixation of the  
 20 tissues, for example?  
 21 DR. DALTON:  
 22 A. Not at that point in time.  
 23 MR. SIMMONS:  
 24 Q. And we know as well that at that time you  
 25 weren't looking for internal controls because

Page 325

1 you weren't aware of that.

2 DR. DALTON:

3 A. It wasn't an issue.

4 MR. SIMMONS:

5 Q. Right. Up to the time that St. John's stopped

6 doing the testing of the Grand Falls samples,

7 which would have been August of 2005, up to

8 that time had you been aware of the concept of

9 looking for internal controls in ER/PR slides

10 up until then?

11 DR. DALTON:

12 A. Not really, not really. Again, it wasn't one

13 of the things we were looking for, so yes, if

14 you saw a staining, you would have noted it

15 almost subconsciously, but I wouldn't have

16 gone looking at the slide to make sure the

17 stain was there before I started the reading.

18 MR. SIMMONS:

19 Q. So up until the time that you stopped having

20 the testing done in St. John's and started

21 sending it to Mount Sinai, you weren't

22 selecting blocks purposely to have the

23 internal controls in them when you sent them

24 for ER/PR.

25 DR. DALTON:

Page 326

1 A. Not necessarily.

2 MR. SIMMONS:

3 Q. And not looking for those when they came back

4 to you to be reported.

5 DR. DALTON:

6 A. The blocks were selected on the basis of

7 having a prominent amount of tumour that would

8 be representative.

9 MR. SIMMONS:

10 Q. And, of course, since then all your

11 interpretation of ER/PRs has been done in

12 Toronto at Mount Sinai, rather than in Grand

13 Falls?

14 DR. DALTON:

15 A. That's right, yes.

16 MR. SIMMONS:

17 Q. And Mount Sinai, I gather, has not been--have

18 they been returning the slides to you when you

19 sent cases to them as consults?

20 DR. DALTON:

21 A. We've been getting the blocks back.

22 MR. SIMMONS:

23 Q. Getting the blocks back and the report from

24 Mount Sinai.

25 DR. DALTON:

Page 327

1 A. And the reports.

2 MR. SIMMONS:

3 Q. So you had not had occasion to, yourself, see

4 any of the slides produced from your blocks at

5 Mount Sinai?

6 DR. DALTON:

7 A. Not necessarily, no.

8 MR. SIMMONS:

9 Q. And no opportunity to compare those slides to

10 the ones you had been seeing from St. John's

11 before.

12 DR. DALTON:

13 A. No.

14 MR. SIMMONS:

15 Q. As a pathologist and a physician, aside from

16 your initial training in your residency, is it

17 generally accepted that there's some

18 obligation to stay current in developments in

19 your field of practice?

20 DR. DALTON:

21 A. Yes.

22 MR. SIMMONS:

23 Q. And what types of things do you do in order to

24 stay current?

25 DR. DALTON:

Page 328

1 A. We get journals, we do CAP--the College of

2 American Pathology studies--surveys, sorry, we

3 do Oakstone Quizzes, it's a commercial

4 pathology company in the United States, attend

5 meetings, discuss with our colleagues, develop

6 policy procedure manuals, a variety of

7 activities.

8 MR. SIMMONS:

9 Q. And you've told us that when you did your

10 residency, internal controls were not part of

11 the routine, as I understand it, of

12 interpreting ER/PR tests.

13 DR. DALTON:

14 A. Not at that time, it certainly wasn't

15 instructed to us that this is something we

16 should insist or look for or insist in all

17 cases.

18 MR. SIMMONS:

19 Q. And since you've finished your residency in

20 1996, in the course of keeping up on

21 developments in the field, reading journals

22 and so on, did you come across the concept of

23 a developing idea of paying more attention to

24 internal controls in ER/PR testing, or is that

25 something that you didn't find in the

Page 329

1 literature?  
 2 DR. DALTON:  
 3 A. Again it was -- if it was there, it wasn't  
 4 something that really didn't register until  
 5 fairly recently when all these issues started  
 6 to come out.  
 7 MR. SIMMONS:  
 8 Q. Right. Mr. Coffey asked you about the steps  
 9 that you went through or your facility went  
 10 through to identify those patient samples that  
 11 should be retested through Mount Sinai, and  
 12 you explained how after a time there were two  
 13 discovered that had been missed; one person  
 14 self-identified, and then you went back and  
 15 did a thorough review and identified one more,  
 16 and I believe you said that those retests went  
 17 to Mount Sinai.  
 18 DR. DALTON:  
 19 A. Mount Sinai.  
 20 MR. SIMMONS:  
 21 Q. Did they go through Eastern Health or did  
 22 Central send those directly to Mount Sinai?  
 23 DR. DALTON:  
 24 A. I think we were asked to send them directly to  
 25 Mount Sinai to expedite the matter.

Page 330

1 MR. SIMMONS:  
 2 Q. Right, and so then the results would have come  
 3 directly back to Central?  
 4 DR. DALTON:  
 5 A. They would have come back to us, yes.  
 6 MR. SIMMONS:  
 7 Q. Rather than to Eastern Health?  
 8 DR. DALTON:  
 9 A. Yes.  
 10 MR. SIMMONS:  
 11 Q. So those people at Eastern Health who might  
 12 have been trying to maintain some form of  
 13 tally of what was happening with retesting,  
 14 would not necessarily have known of those  
 15 results, would they?  
 16 DR. DALTON:  
 17 A. The request for these came through someone in  
 18 --  
 19 DR. DALTON:  
 20 A. This was the NLCHI database review, wasn't it?  
 21 DR. DALTON:  
 22 A. Yes, it actually came through that, and then  
 23 we reported back through that, so that there  
 24 is a record back through the system.  
 25 MR. SIMMONS:

Page 331

1 Q. Good, okay. You were shown an e-mail that Dr.  
 2 Mullen had sent to Dr. Cook in January of  
 3 2006, in which Dr. Mullen made some  
 4 observations about quality of current material  
 5 coming from Newfoundland, and he made some  
 6 similar statements when he was here and gave  
 7 evidence a couple of weeks ago, I guess. You  
 8 may have been familiar with that or you may  
 9 have heard about that.  
 10 DR. DALTON:  
 11 A. Yes.  
 12 MR. SIMMONS:  
 13 Q. You did?  
 14 DR. DALTON:  
 15 A. Yes.  
 16 MR. SIMMONS:  
 17 Q. For a fair period of time your institution was  
 18 sending ER/PR samples directly to Mount Sinai,  
 19 and was it Dr. Mullen who was reporting those  
 20 back to you?  
 21 DR. DALTON:  
 22 A. Yes, certainly reported a lot of them, whether  
 23 he reported all of them, but there was another  
 24 name there from time to time.  
 25 MR. SIMMONS:

Page 332

1 Q. Yes, and those reports when they came back,  
 2 would they go through you and would you see  
 3 those when they came back?  
 4 DR. DALTON:  
 5 A. Yes, they would come through me or my  
 6 colleague who was there at the time, yes.  
 7 MR. SIMMONS:  
 8 Q. Did you ever get any direct contact from Dr.  
 9 Mullen or anyone at Mount Sinai raising any  
 10 concerns about the quality of the material  
 11 coming from Central?  
 12 DR. DALTON:  
 13 A. No. I wrote them -- in fact, I phoned them on  
 14 one occasion when the question of the internal  
 15 controls came up and asked if this was  
 16 something they wanted, and the senior  
 17 laboratory technologist at Mount Sinai said,  
 18 yes, they would like to have some normal  
 19 material on the case.  
 20 MR. SIMMONS:  
 21 Q. Yes.  
 22 DR. DALTON:  
 23 A. And there was one case in particular we sent  
 24 and it was all tumour on the blocks. We had  
 25 to go and get a piece of normal tissue to send

Page 333

1 with it, but when they processed it, they  
 2 processed it as two separate pieces of tissue  
 3 and sent back two reports.  
 4 MR. SIMMONS:  
 5 Q. Uh-hm.  
 6 DR. DALTON:  
 7 A. Which created a bit of confusion when we came  
 8 to the oncologist.  
 9 MR. SIMMONS:  
 10 Q. So there had been nothing initiated from Mount  
 11 Sinai to say -- to tell you that they wanted  
 12 blocks with normal tissue?  
 13 DR. DALTON:  
 14 A. No.  
 15 MR. SIMMONS:  
 16 Q. That was something you initiated and when you  
 17 took the initiative --  
 18 DR. DALTON:  
 19 A. It was something I did on my own because again  
 20 in discussion with my colleagues, they were  
 21 aware or becoming aware of the need for  
 22 internal controls. So when we did this, this  
 23 is what happened.  
 24 MR. SIMMONS:  
 25 Q. Okay. Now on fixation and standards,

Page 334

1 policies, and procedures for doing that, we  
 2 now have four regional health authorities in  
 3 this province, and the Central Authority not  
 4 so long ago was comprised of two separate  
 5 authorities, one centred in Grand Falls and  
 6 one centred in Gander?  
 7 DR. DALTON:  
 8 A. Uh-hm.  
 9 MR. SIMMONS:  
 10 Q. When the consolidation of those two took  
 11 place, I presume there would have been a set  
 12 of policies and procedures of some sort for  
 13 the laboratory in Grand Falls and a set of  
 14 policies and procedures of some sort in  
 15 Gander?  
 16 DR. DALTON:  
 17 A. Uh-hm.  
 18 MR. SIMMONS:  
 19 Q. You would be aware of that?  
 20 DR. DALTON:  
 21 A. Yes.  
 22 MR. SIMMONS:  
 23 Q. Has anything been done in your authority to  
 24 consolidate or standardize those policies and  
 25 procedures between the two labs?

Page 335

1 DR. DALTON:  
 2 A. No, and I've had discussions with Dr.  
 3 Gallagher and Dr. Somers, both in Gander. I  
 4 have brought my -- I've given them my policies  
 5 and procedures and they have gone through them  
 6 and are evolving their own version of those  
 7 policies and procedures. At some point in  
 8 time we will be able to combine them. There's  
 9 a lot of -- there are quite a number of issues  
 10 between the two institutions at all levels  
 11 that we have to deal with.  
 12 MR. SIMMONS:  
 13 Q. So I take it, it's not surprising then to find  
 14 in your institution that even after this  
 15 period of time that there would still be some  
 16 differences in procedures in place in the  
 17 different labs, in your view?  
 18 DR. DALTON:  
 19 A. There would be some difference in approach,  
 20 yes.  
 21 MR. SIMMONS:  
 22 Q. Right, okay. Now in this province is there  
 23 any kind of system in place or authority that  
 24 exists to promote the standardization of  
 25 procedures in the labs among the four health

Page 336

1 authorities?  
 2 DR. DALTON:  
 3 A. No specific organization as such, but, for  
 4 instance, dealing with breast material, I use  
 5 Dr. Carter as my standard, and took my lead  
 6 from her.  
 7 MR. SIMMONS:  
 8 Q. Uh-hm.  
 9 DR. DALTON:  
 10 A. In other areas, I would go to the person who  
 11 is the expert in that area or the perceived  
 12 expert in that area and get my information  
 13 from that person.  
 14 MR. SIMMONS:  
 15 Q. Right, okay. But there's no compulsive means  
 16 here which compels the authorities to take  
 17 steps to standardize their policies for things  
 18 like fixation? There's nothing like that  
 19 existing here in this province, is there?  
 20 DR. DALTON:  
 21 A. Not that I'm aware of.  
 22 MR. SIMMONS:  
 23 Q. So does Eastern Health then, in your view,  
 24 have any kind of authority or special power  
 25 that would allow it to impose any particular

Page 337

1 type of procedures on the other health  
 2 authorities?  
 3 DR. DALTON:  
 4 A. Not particular powers or authority as such,  
 5 but they would be our reference point.  
 6 They're our centre of excellence and we would  
 7 defer to them.  
 8 MR. SIMMONS:  
 9 Q. And when you do need to consult either with  
 10 pathologists about their procedures or any  
 11 other laboratory procedures, what's been your  
 12 experience when you've wanted to contact  
 13 someone at Eastern Health and seek any  
 14 assistance?  
 15 DR. DALTON:  
 16 A. They've always been forthcoming with  
 17 information. As I said, I have good personal  
 18 relationships with Dr. Cook, Dr. Denic, Dr.  
 19 Elms, some of the people working down at the  
 20 Health Sciences, so I'm in a position I can  
 21 ask them questions and get answers.  
 22 MR. SIMMONS:  
 23 Q. Okay, thank you very much, Dr. Dalton.  
 24 COMMISSIONER:  
 25 Q. Thank you, Mr. Simmons. Mr. Eaton.

Page 338

1 DR. MAURICE DALTON, EXAMINATION BY DAVID EATON, Q.C.  
 2 EATON, Q.C.:  
 3 Q. Dr. Dalton, just to pick up on a point Mr.  
 4 Simmons just raised, since you have been  
 5 sending the blocks to Mount Sinai in 2005  
 6 forward, you mentioned that you had the  
 7 discussion with somebody there about the  
 8 internal controls?  
 9 DR. DALTON:  
 10 A. Yes.  
 11 EATON, Q.C.:  
 12 Q. Early on. Have you had any feedback from  
 13 anybody at Mount Sinai about the quality of  
 14 the samples that you are sending other than  
 15 that discussion?  
 16 DR. DALTON:  
 17 A. Other than that discussion, no, and the only  
 18 other information I have is anecdotal evidence  
 19 coming through the system, whatever that's  
 20 worth.  
 21 EATON, Q.C.:  
 22 Q. Okay. Have you followed up on that at all,  
 23 the issue of the quality of the samples in  
 24 view of perhaps some of the evidence that  
 25 you've heard here, directly or indirectly?

Page 339

1 DR. DALTON:  
 2 A. Yes, when we started to hear about the issues  
 3 about fixation, that's when, as I say, we got  
 4 Dr. Carter to come out and visit us and tell  
 5 us what we should be doing, if we needed to  
 6 change anything, and put some policies in  
 7 place to deal with that. When the issue of  
 8 the internal controls began to be talked about  
 9 widely among pathologists and colleagues,  
 10 that's when I got onto Mount Sinai and felt,  
 11 you know, if we should be doing this, we  
 12 should be doing it, but as I say, when we did  
 13 it, we got two separate results on two  
 14 separate specimens and it became difficult.  
 15 EATON, Q.C.:  
 16 Q. Okay. What about in terms of discussions with  
 17 Mount Sinai, and I don't know if you heard  
 18 either directly or indirectly the evidence of  
 19 Dr. Mullen that there may still be some issue  
 20 with the quality of the tissue samples that  
 21 they are receiving --  
 22 DR. DALTON:  
 23 A. Yes.  
 24 EATON, Q.C.:  
 25 Q. Had he, before he testified here, ever

Page 340

1 expressed any concern to you?  
 2 DR. DALTON:  
 3 A. Not to me, no.  
 4 EATON, Q.C.:  
 5 Q. To anybody else in the Grand Falls Hospital?  
 6 DR. DALTON:  
 7 A. No, there was no one else that has been in  
 8 touch with him that I'm aware of out of Grand  
 9 Falls.  
 10 EATON, Q.C.:  
 11 Q. Okay, and have you taken any steps to follow  
 12 up as a result of that?  
 13 DR. DALTON:  
 14 A. Absolutely. As soon as I heard this from Dr.  
 15 Mullen -- I didn't hear his evidence directly,  
 16 but I heard it indirectly, and again felt, you  
 17 know, with all we'd done, it seemed there is  
 18 obviously something that's not right here that  
 19 he can still, as he said, identify the  
 20 material from hospitals outside of Eastern,  
 21 and I wrote him and asked him if he could  
 22 please explain what the problem is from his  
 23 point of view, number one; and what we should  
 24 be doing it, number two. That was about ten  
 25 days ago, shortly after he gave his evidence,

Page 341

1 and I have not heard anything since.  
 2 EATON, Q.C.:  
 3 Q. Okay, thank you. Those are the questions that  
 4 I have.  
 5 COMMISSIONER:  
 6 Q. Thank you, Mr. Eaton. Ms. Newbury.  
 7 DR. MAURICE DALTON, EXAMINATION BY MS. JENNIFER NEWBURY  
 8 MS. NEWBURY:  
 9 Q. Good afternoon, Dr. Dalton. Jennifer Newbury  
 10 for the Canadian Cancer Society. A couple of  
 11 brief questions for you.  
 12 DR. DALTON:  
 13 A. Yes.  
 14 MS. NEWBURY:  
 15 Q. First of all, I was interested in knowing what  
 16 the practice was in your laboratory regarding  
 17 registration of cancer diagnosis with the  
 18 Cancer Registry, if that is a practice?  
 19 DR. DALTON:  
 20 A. It is a practice that information is  
 21 automatically sent into the registry.  
 22 MS. NEWBURY:  
 23 Q. And how long has that been ongoing?  
 24 DR. DALTON:  
 25 A. Oh, it's been going for -- I would guess the

Page 342

1 first time I became aware of the need for  
 2 this, and this was something should be done,  
 3 was about probably four or five years ago, but  
 4 I just have a sense it's been going on longer  
 5 than that. Again this is done through the  
 6 office management as opposed to directly from  
 7 myself.  
 8 MS. NEWBURY:  
 9 Q. Okay, and do you know if that's a manual  
 10 process or whether it's used --  
 11 DR. DALTON:  
 12 A. I know there were great pains to make it an  
 13 automated electronic system. I'm not sure if  
 14 they've gotten there yet.  
 15 MS. NEWBURY:  
 16 Q. And with regard to breast cancer, do you know  
 17 what types of information would be included in  
 18 the report sent to the Cancer Registry?  
 19 DR. DALTON:  
 20 A. I would -- it would be the completed report,  
 21 which would have obviously patient  
 22 demographics, type of specimen, information as  
 23 regards the grading, staging the specimen.  
 24 Then, of course, the ER and PR and HER-2-neu  
 25 would -- I would assume would be included in

Page 343

1 that information. That's critical.  
 2 MS. NEWBURY:  
 3 Q. Okay, thank you, and it was a comment of yours  
 4 in your evidence this morning that it was your  
 5 assumption St. John's, Eastern Health's  
 6 laboratory was a centre of excellence and they  
 7 had checks and balances in place with regard  
 8 to the ER/PR testing. What did you envision  
 9 those checks and balances would include with  
 10 respect to that testing?  
 11 DR. DALTON:  
 12 A. Well, I would have thought they would have in-  
 13 house controls of their process and these  
 14 would be checked before the slides were sent  
 15 back to us. The preventative maintenance on  
 16 whatever equipment they have would be taking  
 17 place and things along those lines.  
 18 MS. NEWBURY:  
 19 Q. Okay, and the in-house controls, are they the  
 20 external controls, separate set of external  
 21 controls?  
 22 DR. DALTON:  
 23 A. They would be--yes, they would be called  
 24 external controls to control the process that  
 25 was being used.

Page 344

1 MS. NEWBURY:  
 2 Q. Okay, and would you have any other detail  
 3 about that? Is it just those two general  
 4 areas that you thought would be included?  
 5 DR. DALTON:  
 6 A. I would assume there would be--I would assume  
 7 they were using standard reagents, that their  
 8 reagents were in date, that they were stored  
 9 properly, and a variety of checks and balances  
 10 along those lines. Again, this is basic  
 11 laboratory procedure.  
 12 MS. NEWBURY:  
 13 Q. Okay. Thank you, Dr. Dalton. Those are all  
 14 the questions I have.  
 15 DR. DALTON:  
 16 A. Okay.  
 17 THE COMMISSIONER:  
 18 Q. Thank you. Ms. Taylor?  
 19 MS. TAYLOR:  
 20 Q. No questions, Commissioner.  
 21 THE COMMISSIONER:  
 22 Q. Mr. Pike?  
 23 MR. PIKE:  
 24 Q. No questions, thank you.  
 25 THE COMMISSIONER:

Page 345

1 Q. Mr. Browne?  
 2 DR. MAURICE DALTON, EXAMINATION BY MR. PETER BROWNE  
 3 MR. BROWNE:  
 4 Q. Thank you, Commissioner. Good afternoon, Dr.  
 5 Dalton. We're near the end of the road, I  
 6 hope. Just a couple of areas I want to cover  
 7 with you. Mr. Coffey asked you this morning  
 8 about your responsibilities and I just made a  
 9 note that you're clinical director, you have  
 10 your--for, I guess, the lab medicine program  
 11 in Grand Falls? Is that -  
 12 DR. DALTON:  
 13 A. Yes.  
 14 MR. BROWNE:  
 15 Q. I guess you look after your clinical  
 16 responsibilities for the anatomical pathology  
 17 work?  
 18 DR. DALTON:  
 19 A. Yes.  
 20 MR. BROWNE:  
 21 Q. There was a third area as well, and I hit a  
 22 blank there on that. You have training in  
 23 microbiology?  
 24 DR. DALTON:  
 25 A. Yes, I was a microbiologist for about 15

Page 346

1 years.  
 2 MR. BROWNE:  
 3 Q. Do you still carry on any responsibilities  
 4 within your institution concerning that area?  
 5 DR. DALTON:  
 6 A. Yes, I'm the chair of the Infection Control  
 7 Committee. I have two infection control  
 8 nurses working in our region. I give  
 9 infection control support to the people in the  
 10 Gander, although they don't have a person on  
 11 site in Gander. We do, through the infection  
 12 control nurses, monitoring, vaccination  
 13 programs, that sort of thing.  
 14 MR. BROWNE:  
 15 Q. So these are in addition to your other roles?  
 16 DR. DALTON:  
 17 A. They would be in addition to. A relatively  
 18 small area, but in addition to.  
 19 MR. BROWNE:  
 20 Q. Thank you. Now you were asked about Dr.  
 21 Khalifa's memo in 1998. In addition to, I  
 22 guess, introducing a reporting format for  
 23 ER/PR do you recall whether or not Dr. Khalifa  
 24 was involved with the notion of synoptic  
 25 reporting around that time?

Page 347

1 DR. DALTON:  
 2 A. Yes, indeed. Actually, he introduced me to  
 3 synoptic reporting here back in probably '97,  
 4 I guess, not too long after I got here. Up to  
 5 then, in the area I trained in, most reporting  
 6 was narrative reporting, and for a variety of  
 7 reasons, including the oncologists in St.  
 8 John's would have preferred synoptic  
 9 reporting, he actually produced a series of  
 10 synoptic reports for tumour pathology and I've  
 11 been using those ever since.  
 12 MR. BROWNE:  
 13 Q. And just so we're clear on that and the  
 14 Commissioner gets an understanding, does that  
 15 include breast?  
 16 DR. DALTON:  
 17 A. Yes.  
 18 MR. BROWNE:  
 19 Q. It included other organs, such as liver?  
 20 DR. DALTON:  
 21 A. Breast, bowel, kidney, skin for melanomas,  
 22 liver--sorry, not liver, bladder, prostate,  
 23 stomach, any of the major organs where there's  
 24 a tumour and we would be diagnosing them, then  
 25 we would be using synoptic reports.

Page 348

1 MR. BROWNE:  
 2 Q. And the importance of doing that synoptic  
 3 reporting for the oncology side would be to  
 4 give classifications or staging of the disease  
 5 and so on, so that they would know that in  
 6 terms of their clinical management of the  
 7 patient?  
 8 DR. DALTON:  
 9 A. It makes the reports much easier for them to  
 10 read, in the first instance. For us, I like  
 11 them because it is a checklist to make sure  
 12 you got enough of the relevant information in  
 13 there. Sometimes in a narrative report, you  
 14 can forget to add in bits of critical  
 15 information because your interest is in  
 16 another area or you're focusing on something  
 17 else at that point in time, and so I support  
 18 the idea of synoptic reporting, both from the  
 19 oncologists point of view because they like it  
 20 and it makes their life easier and also for  
 21 myself, it's a check on what I'm putting in  
 22 place.  
 23 MR. BROWNE:  
 24 Q. It's a road map in terms of getting all the -  
 25 DR. DALTON:

Page 349

1 A. Getting all the right stuff in there.  
 2 MR. BROWNE:  
 3 Q. And as well, you were shown by Mr. Coffey the  
 4 format that was used. I think there was two  
 5 examples, example one and two. You may recall  
 6 now. If you wish, we can call up the exhibit,  
 7 but the reference two, and maybe that may  
 8 help, Doctor, I think it's 1287, Registrar,  
 9 please? Just find that for you now, Doctor.  
 10 Yes, Doctor, it's at page four and there's two  
 11 examples. One with--the first one doesn't have  
 12 a commentary, it just has percentage of cells,  
 13 both for estrogen receptors and progesterone  
 14 receptors, and then the example two, which  
 15 again has positivity in percentages, but then  
 16 the commentary with the correlation back to  
 17 bioassay method. This, was this new to you  
 18 when you saw this in '98?  
 19 DR. DALTON:  
 20 A. No, this was very familiar to me, in fact.  
 21 MR. BROWNE:  
 22 Q. Could you explain to the Commissioner where  
 23 had you seen this type of reporting  
 24 previously?  
 25 DR. DALTON:

Page 350

1 A. When I was training in Halifax, this canned  
 2 text was put on the bottom of all our ER and  
 3 PR reports that we were reporting out there  
 4 and as I indicated earlier, I'm not sure if  
 5 Dr. Khalifa got that directly from Halifax or  
 6 if he got it through me from Halifax, but it  
 7 was very familiar to me from Halifax.  
 8 MR. BROWNE:  
 9 Q. Lastly, Doctor, witnesses have been given the  
 10 opportunity to make any statements or comments  
 11 or recommendations to the Commissioner in  
 12 assisting her in writing her report. Is it  
 13 your intention or do you wish to make any  
 14 comments to the Commissioner this afternoon?  
 15 DR. DALTON:  
 16 A. Sure, I'd like to make a small statement, if I  
 17 may? I haven't been following the details of  
 18 what's been going on here very closely over  
 19 the last while. However, I do have a number  
 20 of concerns expressed to me by patients and  
 21 families of patients, asking to know what is  
 22 happening and where things are going, and I  
 23 think I would like to try to reassure the  
 24 patients and the families that a great deal is  
 25 going on in laboratories all across this

Page 351

1 province, in laboratories all across the  
 2 country, but I can particularly speak to  
 3 laboratories in this province. There's a lot  
 4 of quality assurance being put in place,  
 5 quality assurance initiatives that are being  
 6 done to ensure the quality, whereas previously  
 7 a lot of the emphasis was on quantity, where  
 8 now the emphasis is on quality of our work and  
 9 what we're doing and of the results we're  
 10 producing.  
 11 We're being very heavily supported in  
 12 this by the Provincial Government and by the  
 13 Department of Health. We have recently  
 14 received large amounts of monies to get new  
 15 staff, get quality assurance people on site,  
 16 senior technology people who will take over  
 17 this load of work from us. This again, will  
 18 ensure the quality of what we're doing at the  
 19 end of the day. We are being very heavily  
 20 supported by the regional health authorities  
 21 in all these initiatives.  
 22 A lot of what we're doing right now will  
 23 be ongoing. There will be changes made down  
 24 the road to improve all of this, but in an  
 25 effort to reassure the patients, patients'

Page 352

1 families, and any future patients who will be  
 2 coming into the system, we're doing a great  
 3 deal indeed to make sure that we're producing  
 4 quality at this point in time.  
 5 MR. BROWNE:  
 6 Q. That's all the questions I have, Dr. Dalton.  
 7 Thank you, Commissioner.  
 8 THE COMMISSIONER:  
 9 Q. Thank you, Mr. Browne. Mr. Coffey, do you  
 10 have anything arising?  
 11 COFFEY, Q.C.:  
 12 Q. No, Commissioner.  
 13 THE COMMISSIONER:  
 14 Q. Thank you. Dr. Dalton, there's just one point  
 15 before we close for the day I'd like your  
 16 comments on, and that is that it seems to me  
 17 for a great deal of your career, you've been  
 18 all by yourself.  
 19 DR. DALTON:  
 20 A. At times, various times, yes.  
 21 THE COMMISSIONER:  
 22 Q. And I sort of had a similar conversation with  
 23 Dr. Dankwa last week. He seemed to think  
 24 there were advantages and disadvantages to  
 25 being by yourself as a pathologist, but can



Page 353

1 you tell me what it does to your ability to  
 2 maintain your professional competence, to have  
 3 to be the sole person who is responsible for  
 4 lengthy periods of time in an institution?  
 5 DR. DALTON:  
 6 A. It is difficult to keep one's competence at a  
 7 high level at all times. However, there are a  
 8 number of things you can do to ensure that  
 9 certainly in the critical areas that you can  
 10 keep your level at a high level. Most of my  
 11 colleagues are well aware of me sending them  
 12 stuff for consults, difficult cases, difficult  
 13 slides, even turning up in their offices from  
 14 time to time, and this has been the main  
 15 effort on my part to actually keep a lot of  
 16 contact with my colleagues across the  
 17 province, make sure that the level at which  
 18 I'm reporting stays there, that it stays at a  
 19 high level. In recent times we have had the,  
 20 again through the assistance of the regional  
 21 health authority, we've had the ability to  
 22 send large amounts of work to a commercial  
 23 company, the Gamma Dynacare, in Ottawa. We  
 24 have used that again as, to take the pressure  
 25 off me, number one, but also we've

Page 354

1 incorporated them into our quality assurance  
 2 program. All our positive slides are double  
 3 read at Gamma Dynacare in Ottawa. They  
 4 actually send me all their positive slides and  
 5 I double read theirs for them. We send about  
 6 15 to 20 percent of my negative slides, are  
 7 also sent out there for review as well. So,  
 8 this is instrumental in making sure that my  
 9 reading stays at a very high level.  
 10 THE COMMISSIONER:  
 11 Q. So, you have chosen other ways, instead of  
 12 walking into the office next door to say to  
 13 your colleague, what do you think of this  
 14 slide. Then you send it down the road or out  
 15 of the province or whatever.  
 16 DR. DALTON:  
 17 A. I've chosen more formal ways of doing it as  
 18 well.  
 19 THE COMMISSIONER:  
 20 Q. Okay, thank you.  
 21 DR. MAURICE DALTON, RE-EXAMINATION BY BERNARD COFFEY,  
 22 Q.C.  
 23 COFFEY, Q.C.:  
 24 Q. Commissioner, if I could, something arising on  
 25 that point. Just on that point, Doctor, you

Page 355

1 referred to double reading your positive  
 2 slides?  
 3 DR. DALTON:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. What exactly, could you just expand on that,  
 7 the Commissioner may have understood it, I  
 8 just want to make sure I understand it.  
 9 DR. DALTON:  
 10 A. For instance, if I look at a slide and I think  
 11 it's carcinoma, before I report it, I will  
 12 send that to a colleague or to Dr. Carter or  
 13 again with Dynacare or someone to ensure that  
 14 it's carcinoma, and then I would also take a  
 15 selection of my negative slides after I have  
 16 reported them and send them out and get  
 17 someone to check on those for me.  
 18 COFFEY, Q.C.:  
 19 Q. And you have indicated that for the  
 20 Dynacare's, what they are calling something  
 21 positive initially, they are sending that to  
 22 you, asking you to confirm it?  
 23 DR. DALTON:  
 24 A. They're sending that to me for confirmation  
 25 before they verify it, yes.

Page 356

1 COFFEY, Q.C.:  
 2 Q. Positive in the sense of classifying it as a  
 3 carcinoma.  
 4 DR. DALTON:  
 5 A. It there's a carcinoma there or not.  
 6 COFFEY, Q.C.:  
 7 Q. Okay, and one other point arising out of that  
 8 in terms of interacting with colleagues, the  
 9 Commissioner raised with you, video-  
 10 conferencing, is that going on routinely in  
 11 any way?  
 12 DR. DALTON:  
 13 A. There were, I was involved with a series of  
 14 video-conferencing with the tumour board  
 15 rounds on Wednesday morning, but we started  
 16 our own in-house diagnostic imaging pathology  
 17 rounds, which run about 7:30 on a Thursday  
 18 morning, so I couldn't be coming in, couldn't  
 19 be coming that frequently, so I've had to let  
 20 the tumour board rounds ones go.  
 21 COFFEY, Q.C.:  
 22 Q. And the video-conferencing tumour board rounds  
 23 originates in Eastern Health?  
 24 DR. DALTON:  
 25 A. Yes, it comes from the Bliss Murphy Centre

Page 357

1 here.  
 2 COFFEY, Q.C.:  
 3 Q. Okay, so that is available, I take it,  
 4 throughout the province if you -  
 5 DR. DALTON:  
 6 A. It's every Wednesday morning at 8:00.  
 7 COFFEY, Q.C.:  
 8 Q. So you can hook into that, in Grand Falls you  
 9 can, and I presume somewhere else if -  
 10 DR. DALTON:  
 11 A. In the others you can as well, yes.  
 12 COFFEY, Q.C.:  
 13 Q. - they wanted to, they could make the  
 14 arrangements.  
 15 DR. DALTON:  
 16 A. Yes, that's right.  
 17 COFFEY, Q.C.:  
 18 Q. And if it was possible then, and certainly get  
 19 the staffing, it would be possible for you to  
 20 or your fellow staff member to participate.  
 21 DR. DALTON:  
 22 A. Absolutely.  
 23 COFFEY, Q.C.:  
 24 Q. With your colleagues in St. John's.  
 25 DR. DALTON:

Page 358

1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. And you're saying you're doing this, though,  
 4 as well on Thursdays hopefully.  
 5 DR. DALTON:  
 6 A. Well we've actually, in the meantime we've had  
 7 to, we've started our own diagnostic imaging  
 8 and pathology rounds where the diagnostic  
 9 imaging people show their imagines and I show  
 10 the pathology and we discuss cases that way.  
 11 COFFEY, Q.C.:  
 12 Q. And that's done within your own institution?  
 13 DR. DALTON:  
 14 A. That's our own--that's in-house.  
 15 COFFEY, Q.C.:  
 16 Q. Does that involve Gander as well?  
 17 DR. DALTON:  
 18 A. Not at this point in time.  
 19 COFFEY, Q.C.:  
 20 Q. Thank you, Commissioner, I just wanted to  
 21 confirm that. Thank you.  
 22 THE COMMISSIONER:  
 23 Q. Thank you very much, Dr. Dalton, for your  
 24 contribution to our effort.  
 25 DR. DALTON:

Page 359

1 A. Thank you, Commissioner.  
 2 THE COMMISSIONER:  
 3 Q. We'll adjourn until Monday at 9:30, thank you.  
 4 Enjoy your weekend.

Page 360

1 CERTIFICATE  
 2 I, Judy Moss, hereby certify that the foregoing is  
 3 a true and correct transcript in the matter of the  
 4 Commission of Inquiry on Hormone Receptor Testing,  
 5 heard on the 18th day of July, A.D., 2008 before  
 6 the Honourable Justice Margaret A. Cameron,  
 7 Commissioner, at the Commission of Inquiry, St.  
 8 John's, Newfoundland and Labrador and was  
 9 transcribed by me to the best of my ability by  
 10 means of a sound apparatus.  
 11 Dated at St. John's, Newfoundland and Labrador  
 12 this 18th day of July, A.D., 2008  
 13 Judy Moss

Inquiry on Hormone Receptor Testing

<b>-\$-</b>	<b>11:30</b> [1] 325:10	322:3	<b>240</b> [1] 278:23	<b>600</b> [10] 250:21 251:19 251:24 253:11,15 265:1 266:21,24 327:25
<b>\$500,000</b> [5] 230:10,15 230:24 270:19 271:2	<b>11th</b> [10] 80:17 85:8 101:11 104:2 105:24 134:4 153:16,23 154:1 154:11	<b>19th-20th</b> [1] 193:22	<b>25</b> [6] 275:11,12 291:23 327:23,24 391:13	<b>6th</b> [1] 397:2
<b>-?-</b>	<b>12</b> [7] 81:25 157:14 158:25 255:12,15 256:1 256:25	<b>-2-</b>	<b>25th</b> [2] 265:19,24	<b>-7-</b>
<b>'04</b> [2] 204:15 278:23	<b>120</b> [9] 250:12,14,19 252:21,24 258:6 266:9 268:2,3	<b>2</b> [2] 120:24 214:16	<b>26</b> [2] 101:9 337:7	<b>7</b> [1] 116:5
<b>'05</b> [8] 5:6 8:13 48:7 188:25 313:6,9 381:1 393:19	<b>1200</b> [3] 203:21 206:22 220:6	<b>2,760</b> [2] 132:9 133:16	<b>260</b> [4] 257:24 258:4 279:2,4	<b>763</b> [2] 75:12 116:23
<b>'06</b> [7] 102:1 113:2 313:9 356:11 368:2 369:1 372:1	<b>1292</b> [1] 156:7	<b>20</b> [4] 222:18,20 249:8 266:20	<b>27</b> [5] 75:19 81:6,10,12 82:23	<b>78</b> [1] 159:6
<b>'07</b> [5] 97:9 102:8,17 115:13 355:9	<b>12:29</b> [1] 190:8	<b>200</b> [6] 32:5,5 206:22,22 222:13 269:16	<b>2760</b> [8] 66:12 70:19 72:5 75:9 79:19 95:20 97:5 151:2	<b>7th</b> [5] 119:25 127:25 154:25 337:4 338:21
<b>'97</b> [3] 180:11,13 204:15	<b>12th</b> [1] 148:18	<b>2000</b> [7] 162:8,11 236:3 257:23 278:23,25 279:2	<b>27th</b> [6] 76:12 80:14,16 81:3,5 84:11	<b>-8-</b>
<b>'errors</b> [1] 277:18	<b>13</b> [1] 83:16	<b>2002</b> [3] 248:1 266:3 275:10	<b>28th</b> [3] 48:21 345:18 364:23	<b>80</b> [1] 403:7
<b>'rate</b> [1] 71:10	<b>14</b> [3] 10:23 11:5,10	<b>2002-2003</b> [1] 237:14	<b>2:37</b> [1] 218:13	<b>8:12</b> [3] 157:17,22 323:15
<b>'weak</b> [1] 276:9	<b>1438</b> [1] 343:25	<b>2003</b> [7] 162:12,15 167:1 247:16 248:1 266:3 275:17	<b>2:51</b> [1] 329:21	<b>8:40</b> [3] 183:2,14 184:2
<b>---</b>	<b>144</b> [2] 2:4,5	<b>2004</b> [6] 159:7 162:20 203:21 236:4 257:24 279:2	<b>2nd</b> [2] 390:11 395:16	<b>8th</b> [1] 380:25
<b>-apart</b> [1] 236:8	<b>1478</b> [3] 119:18 337:2 342:18	<b>2004</b> [6] 159:7 162:20 203:21 236:4 257:24 279:2	<b>-3-</b>	<b>-9-</b>
<b>-I</b> [2] 352:7 389:7	<b>14th</b> [2] 155:11 344:13	<b>2005</b> [38] 4:13 13:10 23:9 34:17 45:6 48:22 116:24 120:1 127:25 154:25 155:11 156:8 174:14 180:9 190:8 203:10 235:2 291:23 327:11 329:20 337:5 338:22 346:3 350:17 364:20,23 365:9 373:2 375:14 376:10 379:22,24 383:5 384:7 391:3 392:2 397:2 400:12	<b>3</b> [7] 70:19 72:5,8,21,22 97:7 156:16	<b>9</b> [1] 110:10
<b>-I'm</b> [1] 355:16	<b>15</b> [2] 308:6 314:2	<b>2005</b> [38] 4:13 13:10 23:9 34:17 45:6 48:22 116:24 120:1 127:25 154:25 155:11 156:8 174:14 180:9 190:8 203:10 235:2 291:23 327:11 329:20 337:5 338:22 346:3 350:17 364:20,23 365:9 373:2 375:14 376:10 379:22,24 383:5 384:7 391:3 392:2 397:2 400:12	<b>30</b> [5] 102:21 249:6 266:20 276:7 380:13	<b>90</b> [1] 403:7
<b>-though</b> [1] 388:15	<b>1500</b> [10] 175:5 180:23 197:12 203:22 204:11,13 206:22 220:7 251:1 267:5	<b>2005</b> [38] 4:13 13:10 23:9 34:17 45:6 48:22 116:24 120:1 127:25 154:25 155:11 156:8 174:14 180:9 190:8 203:10 235:2 291:23 327:11 329:20 337:5 338:22 346:3 350:17 364:20,23 365:9 373:2 375:14 376:10 379:22,24 383:5 384:7 391:3 392:2 397:2 400:12	<b>300</b> [1] 78:9	<b>939</b> [3] 75:9,10 95:20
<b>-/-</b>	<b>154</b> [2] 2:5,6	<b>2006</b> [23] 58:23 74:20 112:3 117:3 129:15 146:2 148:18 149:7 162:21,24 162:25 163:3,7 165:18 167:4 168:15 353:10,19 357:10,11 362:21 364:21 400:14	<b>30th</b> [4] 23:8 156:8 157:16 323:24	<b>94</b> [1] 403:8
<b>/Tuesday</b> [1] 279:12	<b>15th</b> [9] 115:14,21 117:18 117:20 226:24 269:23 289:15 295:17 298:12	<b>2007</b> [12] 58:18,20 134:4 142:5 152:14 163:8,8,13 168:25 182:2 354:2 360:24	<b>317</b> [1] 117:15	<b>9:00</b> [1] 225:23
<b>-0-</b>	<b>16</b> [3] 275:11 327:23 383:4	<b>2007</b> [12] 58:18,20 134:4 142:5 152:14 163:8,8,13 168:25 182:2 354:2 360:24	<b>33</b> [2] 275:12 327:24	<b>9:30</b> [2] 358:19 404:10
<b>0125</b> [1] 129:16	<b>160</b> [2] 2:6,8	<b>2008</b> [3] 1:4 405:5,12	<b>35</b> [1] 32:4	<b>9:51</b> [1] 116:16
<b>0186</b> [1] 152:10	<b>1606</b> [1] 323:6	<b>2008</b> [3] 1:4 405:5,12	<b>350</b> [3] 31:3,20 32:3	<b>9th</b> [4] 152:23 153:8 380:25 383:5
<b>0311</b> [1] 396:24	<b>1607</b> [1] 325:9	<b>20th</b> [8] 24:7 27:24 34:15 163:8 193:12 202:17 224:19 225:2	<b>39</b> [1] 74:13	<b>-A-</b>
<b>0312</b> [2] 203:8 211:21	<b>161</b> [1] 3:2	<b>2008</b> [3] 1:4 405:5,12	<b>3:00</b> [2] 158:4 385:12	<b>A.D</b> [2] 405:5,12
<b>0314</b> [1] 149:12	<b>1623</b> [1] 134:2	<b>20th</b> [8] 24:7 27:24 34:15 163:8 193:12 202:17 224:19 225:2	<b>3:37</b> [1] 293:11	<b>a.m</b> [4] 116:17 203:11 236:18 248:21
<b>0807</b> [1] 345:16	<b>16th</b> [4] 115:15 116:16 117:18,23	<b>21</b> [1] 289:21	<b>3rd</b> [11] 45:6 157:22 158:5 318:10,19 323:14 329:20 356:10 357:10 362:21 363:23	<b>Abbott</b> [54] 36:19 45:5 45:18 46:7,14 47:12 49:1 49:9,10 55:3,3,6 84:15 88:15 89:14 125:25 155:10,19 156:1 177:3 179:13,17 182:20 185:3 187:10,12 188:20 189:10 191:11 217:6 218:14 225:20 235:23,25 283:12 290:21 291:16,23 293:9 337:6 341:6 345:19,25 346:1,13 350:2 356:24 366:18 368:13,13,19 369:17 391:12 403:23
<b>-1-</b>	<b>17</b> [2] 155:10 344:8	<b>21st</b> [29] 162:24 191:4 193:1 194:2 199:10 202:18,20 205:8,20 208:2 208:4 225:12 226:10,20 226:23 227:8 230:8,19 235:2 236:16 246:1,12 246:14 252:16 266:1 285:3 294:18 327:21 375:14	<b>35</b> [1] 32:4	<b>Abbott's</b> [3] 88:11,14 370:3
<b>1</b> [1] 211:21	<b>175</b> [1] 390:14	<b>213</b> [1] 150:20	<b>350</b> [3] 31:3,20 32:3	<b>ability</b> [6] 185:20 223:16 269:12 270:2 302:20 405:9
<b>1,000</b> [2] 197:12 251:1	<b>176</b> [1] 75:12	<b>21st</b> [29] 162:24 191:4 193:1 194:2 199:10 202:18,20 205:8,20 208:2 208:4 225:12 226:10,20 226:23 227:8 230:8,19 235:2 236:16 246:1,12 246:14 252:16 266:1 285:3 294:18 327:21 375:14	<b>39</b> [1] 74:13	<b>able</b> [15] 28:13 55:20 57:8 69:2 76:10 81:18 90:1 129:1 230:24 232:12,17 232:18 259:2 280:6 333:9
<b>10</b> [4] 31:13 83:3 116:25 249:8	<b>177</b> [5] 373:2 376:8,10 377:12 379:1	<b>21st</b> [29] 162:24 191:4 193:1 194:2 199:10 202:18,20 205:8,20 208:2 208:4 225:12 226:10,20 226:23 227:8 230:8,19 235:2 236:16 246:1,12 246:14 252:16 266:1 285:3 294:18 327:21 375:14	<b>3:00</b> [2] 158:4 385:12	<b>Aboriginal</b> [1] 163:15
<b>100</b> [1] 268:2	<b>18</b> [1] 1:4	<b>22nd</b> [1] 163:8	<b>3:37</b> [1] 293:11	<b>above</b> [1] 258:6
<b>1000</b> [8] 175:5 180:23 204:11 220:7 253:21 267:13,22 269:17	<b>18th</b> [26] 146:2 174:19 176:18 178:3,9 186:3 190:8,23 192:6,12 197:22 204:8 213:1,5 221:7 286:11 294:18 353:10,19 357:11,16 360:22 362:22 364:10 405:5,12	<b>23</b> [4] 75:8 91:11 93:8 103:24	<b>3rd</b> [11] 45:6 157:22 158:5 318:10,19 323:14 329:20 356:10 357:10 362:21 363:23	<b>absent</b> [2] 98:6 310:24
<b>104</b> [8] 66:12 70:19 72:5 83:21 132:9 133:22 150:19 151:2	<b>1997</b> [4] 159:7 162:4 203:20 278:24	<b>23rd</b> [14] 62:20 64:17 77:24 84:5 85:7 91:17 92:14 96:2,24 97:22 129:15 131:9 149:7 369:1	<b>41</b> [1] 75:5	<b>absolute</b> [4] 27:8 43:6 44:2,7
<b>107</b> [1] 97:6	<b>1998</b> [1] 163:22	<b>23rd</b> [14] 62:20 64:17 77:24 84:5 85:7 91:17 92:14 96:2,24 97:22 129:15 131:9 149:7 369:1	<b>42</b> [3] 65:7 117:14 129:16	<b>absolutely</b> [8] 174:7
<b>10:30</b> [1] 213:10	<b>1999</b> [2] 162:4,7	<b>2nd</b> [1] 163:8	<b>43/44/45</b> [1] 82:12	
<b>10:32</b> [1] 203:10	<b>1998</b> [1] 163:22	<b>23</b> [4] 75:8 91:11 93:8 103:24	<b>4:00</b> [1] 389:4	
<b>10th</b> [1] 153:8	<b>19th</b> [28] 178:25 179:18 183:3,17 189:18,19 191:9 193:12 194:5,20,22 196:8 197:15 199:25 203:4,10 213:5,7,11,23 216:10 218:12 221:8 222:24 251:7 286:11 294:18	<b>23rd</b> [14] 62:20 64:17 77:24 84:5 85:7 91:17 92:14 96:2,24 97:22 129:15 131:9 149:7 369:1	<b>4:41</b> [1] 335:17	
<b>11</b> [4] 81:13 91:8 94:17 358:21	<b>1999</b> [2] 162:4,7	<b>2nd</b> [1] 163:8	<b>4th</b> [2] 84:14 162:25	
<b>117</b> [19] 74:2,6,9 75:14 75:18 76:11 77:3,5 78:7 79:9 81:16 82:21 83:25 84:3 95:20 96:2,24 100:21 102:24	<b>1998</b> [1] 163:22	<b>23</b> [4] 75:8 91:11 93:8 103:24	<b>-5-</b>	
<b>119</b> [2] 2:3,4	<b>19th</b> [28] 178:25 179:18 183:3,17 189:18,19 191:9 193:12 194:5,20,22 196:8 197:15 199:25 203:4,10 213:5,7,11,23 216:10 218:12 221:8 222:24 251:7 286:11 294:18	<b>23rd</b> [14] 62:20 64:17 77:24 84:5 85:7 91:17 92:14 96:2,24 97:22 129:15 131:9 149:7 369:1	<b>5</b> [2] 49:4 218:11	

Inquiry on Hormone Receptor Testing

<p>268:7 350:4 357:14 360:9 360:9 384:23 388:12 <b>accept</b> [1] 309:11 <b>acceptable</b> [2] 72:6 391:18 <b>accepted</b> [4] 162:15 163:4 243:21 249:7 <b>access</b> [6] 28:22 35:11 85:5,24 331:7 383:6 <b>accessing</b> [1] 181:21 <b>accompany</b> [1] 175:22 <b>accompanying</b> [1] 401:13 <b>accord</b> [1] 309:19 <b>according</b> [1] 189:4 <b>account</b> [1] 185:10 <b>accurate</b> [6] 63:13 233:23 255:10 305:8 330:24 390:21 <b>accurately</b> [1] 78:24 <b>accused</b> [1] 173:13 <b>achieving</b> [1] 216:2 <b>acknowledge</b> [1] 71:24 <b>acknowledged</b> [1] 23:25 <b>acting</b> [1] 171:6 <b>action</b> [31] 1:13 112:7 115:17 124:5,6,10 126:11 126:15 127:12,21 128:6 128:8,18 129:2,9 137:21 138:7,16,22 188:16 192:2 193:20 200:1 206:1 211:1 215:18,25 238:10,23 239:4 347:9 <b>actions</b> [1] 41:5 <b>activities</b> [1] 6:21 <b>activity</b> [2] 124:23 138:24 <b>actual</b> [4] 82:22 272:9 324:14 340:12 <b>acute</b> [1] 8:25 <b>add</b> [5] 31:21 83:25 147:14 305:6 358:3 <b>added</b> [1] 147:25 <b>adding</b> [1] 380:9 <b>additional</b> [7] 252:25 262:16 270:12 271:4 332:12 335:5,9 <b>address</b> [3] 190:17 338:2 338:24 <b>addressed</b> [3] 121:4 217:17 325:23 <b>adequacy</b> [1] 374:15 <b>adequate</b> [1] 142:13 <b>adequately</b> [1] 147:16 <b>adheres</b> [1] 374:17 <b>Adjourned</b> [1] 404:12 <b>ADM</b> [3] 140:16 186:21 187:6 <b>administered</b> [1] 7:20 <b>administering</b> [1] 380:20 <b>administration</b> [5] 23:21 161:23,25 162:2</p>	<p>188:9 <b>administrator</b> [1] 187:7 <b>admittedly</b> [1] 281:19 <b>ADMs</b> [3] 20:21 356:16 358:9 <b>ads</b> [3] 376:16,19 377:2 <b>advance</b> [6] 50:18 52:3 52:13 53:21,24 230:6 <b>advanced</b> [1] 314:11 <b>adverse</b> [1] 339:4 <b>advice</b> [32] 172:3,18,22 176:14,15,21 188:12 189:15 200:3 204:1 208:5 210:22 211:6,14 212:6 239:12,14,18 240:14 241:19 299:4,5,21,21 300:8,13 305:23 309:11 310:23 336:15 401:18 402:6 <b>advise</b> [6] 146:24 153:8 207:21,24 215:5 330:23 <b>advised</b> [10] 178:15 204:2 263:16 281:23 309:3,7 310:6 320:8 321:4 330:3 <b>advises</b> [1] 335:22 <b>advising</b> [2] 190:20 296:15 <b>advisor</b> [9] 163:5,9,13 165:17,19,24 168:19 372:2 400:20 <b>advocacy</b> [1] 370:24 <b>affairs</b> [3] 20:23 163:1 163:15 <b>affect</b> [6] 26:21 249:9 261:7 315:6 338:14 395:22 <b>affected</b> [22] 30:22 32:6 33:1,17 87:10 180:25 203:25 257:18 267:5 281:12 301:14,15 306:9 306:9 326:1,20 327:9,10 328:3,25 329:5 336:12 <b>affecting</b> [3] 26:2 181:16 319:16 <b>affects</b> [3] 203:19 207:6 319:6 <b>affidavit</b> [1] 112:12 <b>affidavits</b> [1] 112:24 <b>affirmed</b> [1] 160:21 <b>afternoon</b> [20] 5:20 6:9 158:4,5 159:19 195:13 204:7 218:13,16 221:16 223:11 234:21,24 323:9 325:14 329:10 335:22 380:24 385:12 389:4 <b>afterwards</b> [2] 29:15 346:19 <b>again</b> [129] 7:10 40:15 44:7 46:8 55:13 57:14 61:1 90:6 93:21 97:2,6 100:1,24 102:7 103:10 104:8,21 105:10 107:19 109:25 110:9 125:17 127:15 128:18 136:24 137:19 154:24 158:2,25 162:22 163:1 164:24</p>	<p>167:3 168:24 182:6 192:15 193:21 196:20 199:18 201:21 204:14 213:10 216:13 217:19,22 220:19 222:7 223:22 229:7,18 230:19 231:24 233:14 237:3,8,20 246:24 251:16 252:4 253:23 254:8 260:19 264:15 265:11 277:5,8 278:5 279:7 280:14 283:1 284:19 294:15 296:19 297:4 298:4,19 300:22 301:12 305:10,22 306:10 309:12,24 310:1 314:1 325:12 335:14 339:16 340:7 343:12 345:18 346:7,12 347:18 349:13 349:18 350:20 352:9,22 354:19 355:15 359:20 362:12 368:2 370:23 377:7,9,24 378:4 383:13 383:20 384:15,16 386:1 386:2 387:21,21,24,24 388:18 389:18,21 390:12 395:6 396:14 397:9 401:8 403:21 404:10 <b>against</b> [4] 238:10 278:8 330:6,15 <b>age</b> [1] 265:9 <b>agencies</b> [3] 18:23 20:3 357:8 <b>agency</b> [2] 357:23 370:10 <b>agenda</b> [6] 343:11 344:9 347:19 358:4,7 364:12 <b>aging</b> [2] 398:2 399:10 <b>AGM</b> [1] 398:13 <b>ago</b> [3] 27:4 127:8 306:15 <b>agree</b> [14] 33:13 37:1,4,9 40:8,11 42:8 56:20 103:7 105:4 173:22 309:8 330:17 331:9 <b>agreed</b> [4] 88:4 200:10 319:21 346:13 <b>agrees</b> [1] 391:23 <b>ahead</b> [5] 156:3 185:20 278:19 348:18 368:2 <b>air</b> [1] 51:7 <b>al</b> [1] 1:9 <b>alert</b> [1] 385:1 <b>alerted</b> [1] 204:4 <b>allocation</b> [1] 231:8 <b>allowed</b> [3] 211:3,4,5 <b>almost</b> [7] 136:24 158:4 170:19 213:21 307:21,25 396:19 <b>along</b> [11] 16:24 23:22 145:14 272:4,25 287:24 293:20 318:2 326:8 384:17 391:11 <b>always</b> [9] 15:8 21:1,6 55:19 137:3 196:17 310:11 334:15,17 <b>amalgamated</b> [1] 303:24 <b>ambulance</b> [2] 9:9 323:19</p>	<p><b>amend</b> [1] 120:16 <b>amended</b> [3] 121:7 122:15,25 <b>amendments</b> [4] 121:8 123:9,13,20 <b>among</b> [3] 210:22 243:13 336:11 <b>amongst</b> [6] 291:2 329:18 335:15 337:6 357:2 392:18 <b>amount</b> [10] 164:23 212:18 219:16 231:12 233:4 237:10 267:5 336:9 393:9,10 <b>analysing</b> [1] 100:2 <b>analysis</b> [2] 271:17 370:18 <b>analyst</b> [1] 401:12 <b>angle</b> [1] 176:22 <b>angles</b> [1] 173:21 <b>animated</b> [1] 227:11 <b>announce</b> [4] 243:15 386:22 387:1,4 <b>announcement</b> [5] 218:21,23 219:23 220:19 243:17 <b>announcements</b> [1] 239:23 <b>announcing</b> [1] 386:20 <b>annual</b> [1] 288:24 <b>annually</b> [1] 31:4 <b>another's</b> [1] 188:21 <b>answer</b> [23] 58:1,14 60:6 60:15,22 61:7 62:8 71:10 74:15 93:13 103:11 104:18,19 270:15 284:6 366:12 368:6,8,15 371:18 372:3 386:11 394:9 <b>answered</b> [5] 59:18 140:7 291:11 386:8 404:5 <b>answering</b> [4] 63:3,7 241:5 306:15 <b>answers</b> [8] 369:11 370:3 371:15 376:2,4 392:10 393:1,8 <b>antenna</b> [2] 181:3 207:8 <b>antibody</b> [1] 374:6 <b>anticipate</b> [1] 171:4 <b>antigen</b> [1] 374:5 <b>anxious</b> [1] 396:14 <b>anyhow</b> [1] 210:6 <b>anytime</b> [1] 60:14 <b>anyway</b> [3] 118:8 341:20 396:21 <b>apologies</b> [1] 82:14 <b>apologize</b> [19] 201:5,9 230:6 235:12,20 236:1,5 237:3 241:6 247:21 264:12 274:3 278:17 279:25 290:18 298:4 307:25 309:24 313:5 <b>apparatus</b> [1] 405:10 <b>apparent</b> [3] 110:7 373:21 393:24</p>	<p><b>appeal</b> [1] 396:20 <b>appear</b> [4] 82:21 308:7 391:6 397:15 <b>Appearances</b> [1] 1:5 <b>appeared</b> [2] 105:5 359:21 <b>apply</b> [1] 124:5 <b>appointment</b> [1] 209:13 <b>appreciate</b> [9] 124:22 128:25 328:12 347:19 354:14 366:17 371:14 381:6 385:23 <b>appreciated</b> [2] 12:23 106:14 <b>appreciation</b> [1] 12:11 <b>apprised</b> [6] 55:14 171:21 192:8 206:4 223:4 320:24 <b>approach</b> [7] 47:2,14 48:6 263:7 330:8,17 340:6 <b>approached</b> [1] 88:5 <b>appropriate</b> [9] 142:4 142:10,24 214:20 215:11 234:8 239:22 240:15 288:5 <b>appropriately</b> [1] 374:20 <b>approval</b> [1] 76:2 <b>approve</b> [1] 89:24 <b>approved</b> [5] 120:11 209:13 380:9,15,17 <b>approximate</b> [1] 221:14 <b>April</b> [13] 8:15 12:5 162:25 163:3,7 165:18 168:15 183:1 203:20 204:12 226:6 289:4 400:20 <b>area</b> [1] 280:5 <b>areas</b> [4] 7:5,6 8:7 164:25 <b>arena</b> [1] 180:7 <b>argument</b> [2] 56:9,15 <b>arise</b> [1] 155:18 <b>arisen</b> [1] 175:4 <b>arm</b> [2] 166:11 401:9 <b>arms-length</b> [1] 14:4 <b>arrange</b> [1] 206:1 <b>arranged</b> [2] 218:17 368:23 <b>arrived</b> [2] 189:1 225:8 <b>article</b> [6] 30:5 31:3 33:22 35:16,18 315:15 <b>articles</b> [1] 109:16 <b>articulate</b> [1] 350:13 <b>Arts</b> [3] 161:20 163:19 163:21 <b>ASAP</b> [1] 146:24 <b>ascertain</b> [1] 142:12 <b>aside</b> [8] 7:15 15:17 51:25 59:11 102:5,7 132:13 393:25 <b>asks</b> [1] 391:22</p>
---	--	---	---	--

<p><b>aspect</b> [9] 19:23 58:11 60:2 61:3 170:2,3 217:18 244:12 337:11</p> <p><b>aspects</b> [1] 15:23</p> <p><b>assembling</b> [2] 144:19 146:15</p> <p><b>Assembly</b> [11] 144:19 146:15 164:17 166:9,9 166:20 352:20 386:24 387:5 393:14 401:16</p> <p><b>assessment</b> [2] 37:9 40:23</p> <p><b>assist</b> [4] 164:13 167:20 171:6 401:17</p> <p><b>assistance</b> [2] 396:15 402:7</p> <p><b>assistant</b> [23] 7:4,12 13:14 15:4 162:5,11,16 162:23 163:2 164:7,9,12 166:17 167:14 176:8 191:25 208:20 209:6 218:7 320:12 321:16 331:23 360:17</p> <p><b>assistants</b> [1] 189:5</p> <p><b>assisting</b> [2] 166:6 169:25</p> <p><b>associated</b> [1] 11:1</p> <p><b>association</b> [3] 1:14 166:13 399:14</p> <p><b>assume</b> [9] 159:17 169:10 185:15 191:23 223:7 254:8,17 258:5 400:1</p> <p><b>assumed</b> [7] 104:19 186:13 195:23 213:19 287:23 288:3 362:2</p> <p><b>assuming</b> [2] 100:10 344:2</p> <p><b>assumption</b> [2] 287:10 287:11</p> <p><b>assurance</b> [4] 217:13 230:25 231:13,16</p> <p><b>assured</b> [1] 202:1</p> <p><b>attached</b> [3] 27:11 35:9 325:18</p> <p><b>attaches</b> [1] 156:10</p> <p><b>attachment</b> [1] 324:8</p> <p><b>attend</b> [1] 376:10</p> <p><b>attendance</b> [5] 49:1 275:5 308:7 337:7 379:2</p> <p><b>attended</b> [5] 295:18 313:19 327:21 379:21,24</p> <p><b>attendeess</b> [1] 120:7</p> <p><b>attention</b> [24] 42:18 108:24 109:19 116:11 149:18 158:8 172:6,8,12 175:9 326:20 327:3 331:13 332:3,6 359:11 360:7,23,24 361:25 373:23 374:13,18 386:5</p> <p><b>attributed</b> [1] 309:2</p> <p><b>audience</b> [3] 134:11 135:3 138:17</p> <p><b>audiences</b> [3] 134:6 135:9,16</p> <p><b>August</b> [32] 146:2 226:24</p>	<p>269:23 282:17 283:8 288:25 289:2,15 290:2 294:22 295:4,17 298:12 298:25 306:1 308:6 312:2 314:2 321:5 331:1 353:10 353:19 356:20 357:11,16 360:22 362:22 363:14 364:10 372:1 395:24 404:1</p> <p><b>authorities</b> [18] 1:17 5:9 6:4,6 7:7 11:5,9,14 12:4 18:25 87:3 88:23 175:21 253:5 303:25 345:11 395:24 396:1</p> <p><b>authority</b> [17] 1:11 14:15 18:13 86:22 90:13 98:17 188:10 191:22 192:3 218:17 229:8 231:7 238:12,20 271:2 347:5 370:10</p> <p><b>authorized</b> [1] 242:3</p> <p><b>automated</b> [2] 272:22 272:23</p> <p><b>avail</b> [1] 394:4</p> <p><b>available</b> [9] 28:23 33:6 35:3 78:25 252:12,14 277:17,20 308:22</p> <p><b>awaiting</b> [2] 293:4 396:4</p> <p><b>aware</b> [84] 8:17 14:16 20:10 24:9,15 29:19 50:24 55:12,25 56:5,21 60:17 79:13 89:25 98:9 105:21 115:16,18,23,25 116:3 117:8 126:6 127:14 132:25 135:15 159:20,25 160:1,3 172:7 179:19,23 184:24 186:6,18 191:3 202:9,12 206:7 213:24 214:1 219:1 223:22 224:4 224:6,10 254:7 274:14 286:3 288:1 338:15 340:20 341:6,16 349:9 351:20 353:10,19,25 354:2,4 360:5 361:4,10 361:14,20,21 362:5,19 363:3,10 365:12 366:5 366:19,25 370:20 377:22 378:10 391:1 396:9,11 399:20 400:1</p> <p><b>awareness</b> [1] 317:24</p> <p><b>away</b> [19] 179:25 204:16 205:25 220:17 250:9 255:16 262:16 278:7 280:11 302:11 306:7 307:2 324:25 327:14 328:1 332:13 340:14 351:8 382:22</p> <p><b>awfully</b> [1] 27:3</p> <hr/> <p style="text-align: center;"><b>-B-</b></p> <hr/> <p><b>B</b> [2] 325:16 335:21</p> <p><b>b'y</b> [1] 252:8</p> <p><b>B.C</b> [1] 373:3</p> <p><b>BA</b> [1] 163:24</p> <p><b>Bachelor</b> [4] 161:20 162:1 163:19,21</p> <p><b>background</b> [6] 7:18 26:11 35:3 161:16 170:4</p>	<p>347:10</p> <p><b>bad</b> [9] 223:18 294:10,17 307:21,25 308:21 382:23 386:22 388:2</p> <p><b>balance</b> [1] 258:7</p> <p><b>Banerjee</b> [1] 373:2</p> <p><b>barn</b> [1] 330:9</p> <p><b>base</b> [1] 254:5</p> <p><b>based</b> [14] 70:10 252:6 259:11 264:3 292:5 299:3 301:21 305:10 311:6 319:11 328:15 335:20 375:12 382:1</p> <p><b>basis</b> [5] 13:2 170:13 187:12 211:10 330:22</p> <p><b>batch</b> [3] 259:22 274:9 278:7</p> <p><b>batched</b> [2] 394:7,15</p> <p><b>batches</b> [1] 302:10</p> <p><b>bearing</b> [1] 387:23</p> <p><b>beating</b> [1] 395:23</p> <p><b>became</b> [22] 24:15 181:20 187:3 202:12 221:3 238:22 240:22 250:7 257:1 299:18 301:1 301:18 302:11,14,21 311:12 352:23 354:2 360:5 361:17 393:23 401:1</p> <p><b>become</b> [14] 6:14 11:11 178:15 205:2,17 227:19 256:3 257:9 270:1 322:21 333:14 344:13 353:25 354:4</p> <p><b>becomes</b> [4] 112:13,13 321:6 397:18</p> <p><b>becoming</b> [6] 16:21 87:2 212:5 339:24 386:9 391:17</p> <p><b>beforehand</b> [3] 47:6 269:6 270:11</p> <p><b>began</b> [3] 236:16 271:13 383:16</p> <p><b>begin</b> [2] 161:15 311:6</p> <p><b>beginning</b> [5] 282:25 294:22 314:3 327:11 390:15</p> <p><b>behalf</b> [12] 211:4 241:18 243:20 289:10,13 334:11 378:13,15 395:11,11 398:6,7</p> <p><b>beneficial</b> [1] 189:11</p> <p><b>benefit</b> [4] 36:24 43:23 381:4 402:5</p> <p><b>Bernard</b> [1] 1:6</p> <p><b>best</b> [11] 193:24 203:3 245:17 263:7 287:14 309:11 310:23 334:8 341:9 378:22 405:9</p> <p><b>better</b> [8] 21:22 218:19 307:23 308:25 340:5 348:8 374:25 375:17</p> <p><b>Betty</b> [1] 358:2</p> <p><b>between</b> [18] 13:12 14:8 14:17 15:19,20 16:4,6,8 86:22 87:23 88:21 155:17</p>	<p>171:7 344:4 369:6 383:21 397:4 402:11</p> <p><b>beyond</b> [1] 341:15</p> <p><b>biased</b> [1] 308:18</p> <p><b>big</b> [2] 333:18 381:22</p> <p><b>biggest</b> [1] 220:16</p> <p><b>billion</b> [1] 380:12</p> <p><b>binder</b> [2] 156:17 352:19</p> <p><b>bit</b> [4] 267:22 279:1 347:7 398:8</p> <p><b>Blackberry</b> [3] 294:1 385:5 402:14</p> <p><b>Blackmore</b> [1] 377:10</p> <p><b>block</b> [1] 289:5</p> <p><b>blocks</b> [1] 374:23</p> <p><b>board</b> [21] 14:24,25 163:11 186:9 203:15,17 203:23 214:20 215:10 217:12 228:20,21 245:4 250:8 327:15 338:2,24 341:1 351:11 359:23 393:6</p> <p><b>boardroom</b> [3] 225:22 226:14,19</p> <p><b>boards</b> [2] 10:23,25</p> <p><b>Bob</b> [2] 236:20 265:9</p> <p><b>body</b> [1] 324:14</p> <p><b>bogged</b> [2] 302:15 335:6</p> <p><b>boiled</b> [1] 371:3</p> <p><b>Bonnell</b> [35] 23:8 25:12 25:21 27:23 33:24 36:22 38:18 40:15 41:25 42:20 43:17 44:10 45:8,16,25 46:8,12 47:1,13 49:25 53:5,7 61:9,24 84:15 152:15 156:9,19 159:12 225:18 236:22 346:14 348:7 379:5,17</p> <p><b>Bonnell's</b> [1] 34:12</p> <p><b>book</b> [7] 144:20,25 145:8 146:16 289:7 355:6,13</p> <p><b>books</b> [1] 403:7</p> <p><b>born</b> [1] 161:19</p> <p><b>bottom</b> [6] 31:2 83:11 149:19 236:3 263:9 292:7</p> <p><b>bought</b> [1] 166:2</p> <p><b>branch</b> [1] 320:1</p> <p><b>breadth</b> [1] 8:20</p> <p><b>break</b> [16] 143:16,19,25 144:2 203:14 204:25 206:8 234:7,12,17 323:9 323:9 329:8,11 402:23 404:7</p> <p><b>breakdown</b> [4] 97:3 101:1 103:22 104:24</p> <p><b>breakdowns</b> [1] 66:18</p> <p><b>breaking</b> [1] 303:5</p> <p><b>breaks</b> [1] 39:3</p> <p><b>breast</b> [14] 1:12 116:23 121:2 155:14 197:13 203:18,20 204:17 207:3 337:8 338:23 343:6 383:7 395:20</p> <p><b>Brian</b> [1] 285:25</p>	<p><b>brief</b> [2] 161:15 346:11</p> <p><b>briefed</b> [4] 35:2 298:8 342:7 403:2</p> <p><b>briefing</b> [122] 24:6,25 25:7 27:24,25 28:14,21 28:23 29:2,6,8,9,10 34:14 58:23 59:15 72:11 74:14,15,25 75:6,22,24 76:2,11,19 79:13,19 80:14 85:8,25 91:8,11 91:17,19 92:13,21 93:11 93:14 96:1 98:3 103:16 103:20 104:1,6,22 105:24 112:3 113:22 114:8,11 114:16 115:8,12 117:4 130:24 144:15,18,20 145:7,25 146:15,23 148:2 148:16,18,24 149:2 151:24 153:22 154:11 156:10 157:16 160:2 180:2 185:5 193:15 204:3 205:19 206:1,3 213:9,12 213:15 218:17,20 225:1 242:10 321:10,13 322:5 322:18 323:16,22 324:8 324:14 342:6 352:6,17 353:20 355:6,13,17,18 355:19 356:13,17 357:2 357:8 361:4 362:11,23 364:5,11 368:14 369:12 370:18 371:4 376:9,11 391:23 403:6</p> <p><b>briefings</b> [2] 283:14 395:1</p> <p><b>briefly</b> [2] 157:18 400:19</p> <p><b>bring</b> [16] 36:15 86:11 122:2 172:8 173:2,25 174:1 188:2,6 193:18 245:3 255:4 263:10,11 263:15 312:16</p> <p><b>bringing</b> [3] 173:1 187:18 360:6</p> <p><b>broad</b> [4] 12:19 168:4 370:21 381:17</p> <p><b>broadcast</b> [1] 300:17</p> <p><b>broader</b> [6] 13:1 141:22 244:18 297:11 334:24 337:23</p> <p><b>broke</b> [5] 49:13 117:21 235:1 314:10 318:3</p> <p><b>broken</b> [3] 38:2,5,9</p> <p><b>brother</b> [1] 256:9</p> <p><b>brought</b> [7] 97:5 156:1 172:11 175:9 200:9 202:25 361:25</p> <p><b>Browne/Jane</b> [1] 1:9</p> <p><b>budget</b> [4] 168:5 230:13 230:17 231:8</p> <p><b>building</b> [1] 334:5</p> <p><b>bullet</b> [5] 75:4 236:2 250:12 257:23 263:19</p> <p><b>bunch</b> [1] 303:14</p> <p><b>burden</b> [1] 269:7</p> <p><b>bureaucracy</b> [1] 164:22</p> <p><b>burner</b> [1] 311:16</p> <p><b>Business</b> [4] 161:22,24 162:2 163:25</p>
--	--	---	--	--

<p><b>busy</b> [1] 187:16</p> <hr/> <p align="center"><b>-C-</b></p> <hr/> <p><b>Cabinet</b> [27] 172:1 185:22 202:9,21,25 213:25 214:2,12 217:22 219:2,5 312:3 320:14 321:14,17,19 355:11,22 357:24 358:17 359:22 360:13,18 362:14 363:17 380:8,17</p> <p><b>Cake</b> [8] 203:9,9 214:3 215:3 217:10 218:6,10 218:12</p> <p><b>calculate</b> [5] 67:25 70:2 70:9 132:3 133:16</p> <p><b>calculation</b> [2] 150:10 305:3</p> <p><b>calendar</b> [2] 185:19 195:8</p> <p><b>calls</b> [16] 153:24 245:10 269:8,8 270:8 285:23 286:6 288:16 335:24,25 336:1 351:22 360:18 378:6,7,12</p> <p><b>Cameron</b> [2] 1:3 405:6</p> <p><b>Canada</b> [1] 380:15</p> <p><b>Canadian</b> [2] 1:15 119:8</p> <p><b>cancer</b> [20] 1:12,15 116:23 119:8 138:9 155:14 197:13 203:18,20 204:17 207:4 335:19 338:23 383:7 384:10 395:18,20 396:24 398:11 398:20</p> <p><b>canvassed</b> [1] 147:17</p> <p><b>capacity</b> [2] 4:19 145:5</p> <p><b>Caplin</b> [1] 176:20</p> <p><b>car</b> [1] 348:1</p> <p><b>Carbonear</b> [1] 159:8</p> <p><b>care</b> [21] 5:7 6:3 7:19 8:25 9:5,18,25,25 10:14 13:3 18:5,8 20:11,17 23:21 116:20 134:18 169:21 187:5 194:13 268:14</p> <p><b>career</b> [6] 161:17 163:24 163:25 265:8,12 386:15</p> <p><b>careers</b> [1] 300:12</p> <p><b>Carolyn</b> [20] 25:1 174:19 178:21,21 180:19 186:14 201:16 203:12 204:4 212:15 218:24 236:19 285:17 286:8,19 290:12 290:21 293:10 320:7 329:25</p> <p><b>carried</b> [6] 21:24 218:3 218:4 265:16 365:11 402:14</p> <p><b>carry</b> [3] 87:11 294:1 385:4</p> <p><b>carrying</b> [1] 164:13</p> <p><b>case</b> [23] 15:9 44:11 51:16 51:18 54:3 58:12 62:13 80:20 107:2 113:6 118:8 137:6,10 148:1 160:2</p>	<p>199:10 230:3 232:8 238:25 269:16 371:7 375:22 398:19</p> <p><b>cases</b> [8] 75:8 120:20 147:7 373:10,11,12 374:9 375:19</p> <p><b>Cash</b> [1] 236:25</p> <p><b>catch</b> [2] 326:20 332:6</p> <p><b>catching</b> [1] 124:25</p> <p><b>causative</b> [1] 373:22</p> <p><b>caused</b> [2] 54:17 132:21</p> <p><b>cautious</b> [2] 241:11 294:15</p> <p><b>CBC</b> [10] 115:13 116:16 117:12,13 335:18,22 348:14 384:20 385:19 395:16</p> <p><b>cells</b> [1] 276:1</p> <p><b>central</b> [4] 1:16 229:8 357:8,23</p> <p><b>centre</b> [4] 138:9 254:12 261:25 372:15</p> <p><b>centres</b> [5] 250:13 252:23 253:25 254:2 292:15</p> <p><b>CEO</b> [9] 15:1 55:4,7 228:20 229:7 236:21 347:2,5 349:19</p> <p><b>certain</b> [11] 61:1 77:16 97:25 124:23 133:1 136:17 146:5 168:5 170:20 245:19 398:1</p> <p><b>certainly</b> [123] 6:11,13 19:9,23 25:9 28:4 29:7 32:9 33:20 38:24 40:14 40:18 44:10 48:9 50:22 50:23,24 51:5 53:24 54:1 56:4 76:3 77:21 78:12 81:15 84:25 87:5 90:4 90:13 92:6,25 93:10 96:15 97:4 98:9 105:5,9 105:11,13 106:5,7 107:24 111:24 114:10 124:9 125:4,18 127:16 134:14 134:19 138:11 139:11,13 143:3 151:18,23,24 153:3 164:13,19 170:17,18 171:3 172:12 174:14 180:21 181:15 182:6 185:8 187:17 191:21 192:11,20 195:6 199:9 204:15 205:7 207:7 209:23 220:11 222:20 227:21 233:9 239:8 240:21,24 241:17 251:11 252:18 256:17 257:7,13 263:10 267:19 271:21 274:4 277:25 280:1,19 283:10,11 285:1 296:14 298:6 299:19 301:13 304:19 309:23 313:5,6 313:22 319:18 333:19 338:13 342:3,16 356:1 364:17 369:21 387:8 388:4 394:10,24</p> <p><b>certainty</b> [5] 43:6 44:2 44:7 46:9 104:16</p> <p><b>certificate</b> [4] 2:9 161:22 161:24 405:1</p>	<p><b>Certification</b> [1] 115:19</p> <p><b>certify</b> [1] 405:2</p> <p><b>cetera</b> [2] 155:18 277:17</p> <p><b>chain</b> [1] 16:15</p> <p><b>chair</b> [2] 14:23,24</p> <p><b>chairman</b> [2] 228:21 229:7</p> <p><b>challenge</b> [3] 301:1,10 381:22</p> <p><b>challenged</b> [1] 283:24</p> <p><b>challenges</b> [1] 167:17</p> <p><b>challenging</b> [1] 181:15</p> <p><b>chances</b> [1] 395:23</p> <p><b>change</b> [27] 66:19,20 67:14 83:13,15,20,21 88:4,18 148:11 152:24 153:18 167:2 220:14 221:22 249:24 250:6 251:6 255:17 258:21 260:1 261:3,11,14 273:15 276:14 351:12</p> <p><b>changed</b> [21] 68:22 78:3 79:10,16 80:1 96:3,4,25 168:24 219:13 221:18 248:23 249:4,9 256:12 264:23 275:11,12 303:25 310:14 322:22</p> <p><b>changes</b> [11] 66:21,22 68:14,21 95:21 96:5 99:19 106:15 114:20 167:16 267:18</p> <p><b>changing</b> [9] 86:23 219:25 260:21 264:15,23 265:4,14 266:2 275:24</p> <p><b>Chaplin</b> [44] 10:18 25:1 174:19 175:13,16 178:14 179:9 184:15 190:23 197:8,10,17,19 200:4,12 203:13 204:7 205:4 207:23 208:9 213:2,14 214:4 218:12,24 219:6 220:24 221:17 223:7,25 225:17 236:19 274:19 285:17,24 286:9 287:17 290:12 291:7 293:10 311:23,25 319:2 347:16</p> <p><b>Chaplin's</b> [2] 274:17 278:2</p> <p><b>characteristics</b> [1] 373:15</p> <p><b>characterize</b> [1] 170:19</p> <p><b>characterized</b> [2] 126:21 328:2</p> <p><b>Charlie</b> [1] 162:9</p> <p><b>chat</b> [7] 226:17 228:23 228:25 229:11 281:9 399:9,11</p> <p><b>chatted</b> [7] 189:4 195:17 281:6 286:9 318:12 398:16 400:4</p> <p><b>chatting</b> [3] 178:21 179:15 383:16</p> <p><b>Chaytor</b> [594] 1:7 2:6,8 63:7 71:2 84:13 106:7 129:18 154:17,19,20 155:4 156:4,19 157:12 157:21,25 158:14,19,23</p>	<p>159:18 160:5,9,15,20,23 161:5,13 163:17,23 164:5 165:3,8,15,22 166:18,24 167:8,21 168:12,18,23 169:6,10,16,23 170:7 171:17 172:9,16 173:8 173:14,20 174:3,8 175:11 176:6,17 177:10,20 178:1 178:6,12,24 179:3,8,16 180:4,12,16 181:2,9,25 182:12,17 183:8,16,25 184:5,17 185:1,11,25 186:7,19 187:9,24 188:6 188:19 189:7,17,23 190:4 191:8,16 192:4,19,24 193:4 194:3,19 195:2,7 195:21 196:4,11,25 197:6 198:2,8,21 199:14,23 200:16,21 201:2,6,9,10 201:15 202:3,8,14,23 203:6 204:10,18,23 205:15 206:6,12,20 207:10,20 208:3,8,13,23 209:4,8,18 210:3,11,16 211:11,19 212:1,2,11,25 213:8,22 214:7,14 215:8 215:17 216:4,16,25 217:8 217:25 218:9 219:11,19 220:1,5,12,22 221:5,19 222:2,11,17,22 223:2,8 223:20 224:5,11,17,25 225:9,24 226:5,25 227:5 228:4,8,15 229:3,13,25 230:6,22 231:4,10,19 232:11,16,22 233:16,24 234:7,10,19,20,24,25 235:9,13,18 236:6,13,24 237:4 238:2,7 239:2,10 240:3,8,17 241:7 242:5 242:13 243:6,10,24 244:19 245:14,24 246:13 247:6,14 248:5,10,15 249:12,18,23 250:11,23 251:5,22 252:15,20 253:10,14,19 254:4,19 254:23 255:11,19,24 256:5,20 257:3,22 258:9 258:20 259:8,12 260:7 260:22 261:8,18 262:7 262:23 263:18 264:8,17 264:21 265:6,25 266:10 266:14,23 267:8,12,20 267:25 268:8,23 269:3,4 270:4,17 271:6,25 272:8 272:15 273:3,14 274:15 275:1,9,16,23 276:6,17 276:25 277:13 278:12,18 279:9,20 280:8,21 281:1 281:2,13,24 282:11,20 283:5,18,23 284:8,14,22 285:2,8,12,16,21 286:4 286:12,17,24 287:4,16 287:22 288:6,12,19 289:3 289:19,25 290:5,25 291:6 291:15,19 293:19 294:4 294:19 295:2,8,16,21 296:20 297:3,12 298:1 298:11,15,23 299:8,12 299:23 300:7,10 301:2 302:1,17,22 303:19 304:2 305:15,25 306:14 307:6 307:17,22 308:1,15 310:4 310:11,16 311:1,9,19,24</p>	<p>312:10,14,23 313:2,7,12 313:24 314:8,21 315:13 315:18 316:2,6,12,20 317:11,20,25 318:6,7,17 318:22 319:1,13 320:6 320:17,22 321:2,25 322:9 322:20 323:4,8,10 324:16 325:1,8 326:5,17,23 327:5,19 328:7,11,16,18 328:22 329:6,14,15 330:25 331:4 332:2,14 332:22 333:1,8,22 334:19 334:25 335:12 336:13 337:1 338:18 339:22 340:16,23 341:11,21,22 342:17 343:5,17,24 344:17,23 345:2,8,15 346:17 347:6,15 348:19 348:24 349:4,14,17,23 350:5,15,25 351:19,25 352:15 353:1,8,13,17,24 354:3,8,24 355:4,10 356:3,21 357:7,15,18 358:11 359:6,14 360:3 360:10,20 361:2,6,13,19 361:24 362:6,20 363:5,9 363:20 364:1,7,14,18 365:6,7,16,20 366:2,7 366:11,15,16,22 367:8 367:21 368:7,18,22 369:5 369:15 370:2,8 371:6,13 372:4,23 373:9 375:20 375:25 376:7,25 377:11 377:16,20 378:5,10,17 378:24 379:10,20 380:5 381:12 382:2,6,11,17 383:2,18 384:1,24 385:9 385:13,22 387:15,19 388:5,9,13,20 389:10,25 390:8 391:8 392:16 393:12,19 394:12,20 395:13 396:22 398:25 399:19 400:6,11,17 401:3 401:20 402:9,17,22,24 403:14,18 404:6</p> <p><b>Chaytor's</b> [1] 64:1</p> <p><b>check</b> [3] 323:19 390:24 399:17</p> <p><b>checked</b> [5] 183:2 242:3 255:9 344:18 348:16</p> <p><b>Cheeseman</b> [1] 155:10</p> <p><b>cherry</b> [1] 114:2</p> <p><b>chief</b> [4] 208:21 225:19 236:22 381:5</p> <p><b>Chit-chat</b> [1] 312:22</p> <p><b>choice</b> [1] 374:23</p> <p><b>choose</b> [2] 68:2 134:23</p> <p><b>choosing</b> [1] 113:15</p> <p><b>chosen</b> [3] 108:15 114:16 135:2</p> <p><b>Christmas</b> [1] 170:23</p> <p><b>circulated</b> [4] 105:17 108:2 120:6 225:6</p> <p><b>circulation</b> [3] 357:3 377:6 379:13</p> <p><b>circumstance</b> [1] 64:10</p> <p><b>circumstances</b> [3] 40:24 298:21 358:23</p> <p><b>Claim</b> [1] 243:19</p>
--	---	---	---	--

<p><b>clarification</b> [7] 122:7 122:19 123:13 154:21 156:21 171:9 262:17</p> <p><b>clarified</b> [1] 154:23</p> <p><b>clarify</b> [3] 144:16 167:13 336:22</p> <p><b>class</b> [5] 1:13 115:16 238:10,23 239:4</p> <p><b>classify</b> [1] 35:19</p> <p><b>clear</b> [15] 102:24 103:8 103:10 106:12 107:24 177:7 221:3,7 242:22 270:15 350:13 366:15 368:6 371:22 376:6</p> <p><b>clearly</b> [14] 43:19 221:15 231:17 232:8 240:13 244:9 267:6 292:1 303:4 303:12 316:10 340:25 343:20 348:4</p> <p><b>clerk</b> [1] 215:2</p> <p><b>clients</b> [3] 203:19,22,25</p> <p><b>Clinic</b> [3] 276:9,11,13</p> <p><b>clinical</b> [1] 381:5</p> <p><b>clinicians</b> [1] 375:1</p> <p><b>clipping</b> [1] 319:22</p> <p><b>clippings</b> [5] 107:20,25 108:2 109:14 116:9</p> <p><b>close</b> [10] 171:2,19 174:20 176:2,5 180:7,17 186:25 253:21 387:2</p> <p><b>closed</b> [3] 226:17 399:7 400:12</p> <p><b>closely</b> [1] 171:14</p> <p><b>closer</b> [1] 94:22</p> <p><b>closing</b> [2] 386:23,24</p> <p><b>co</b> [1] 88:20</p> <p><b>Co-counsel</b> [2] 1:6,7</p> <p><b>co-ordinated</b> [1] 370:7</p> <p><b>coast</b> [1] 290:13</p> <p><b>coffee</b> [1] 229:11</p> <p><b>Coffey</b> [2] 1:6 157:14</p> <p><b>colleague</b> [2] 200:12 315:4</p> <p><b>colleagues</b> [6] 110:12 189:4 210:22 211:8 243:14 314:25</p> <p><b>collected</b> [1] 116:7</p> <p><b>collecting</b> [1] 116:8</p> <p><b>collection</b> [1] 20:4</p> <p><b>collective</b> [1] 263:4</p> <p><b>column</b> [4] 31:1,2,10 275:4</p> <p><b>com</b> [1] 217:12</p> <p><b>combined</b> [1] 162:19</p> <p><b>comfort</b> [10] 281:25 296:10 301:23 306:1,4 306:17 307:8 310:17 311:4 316:19</p> <p><b>comfortable</b> [4] 23:19 70:12 263:16 292:5</p> <p><b>coming</b> [27] 11:13 35:1 84:4 91:16 92:22 125:11 168:1 172:24 199:21 219:8 228:19 273:2 274:6</p>	<p>278:21 297:18,19 305:24 308:16 310:23 314:13 342:5 347:8 350:21 357:21 364:4 378:7 381:19</p> <p><b>comment</b> [23] 48:12 56:16,17,25 57:6,10 71:3 94:15 113:11,14 114:11 124:4 146:20 151:10 201:25 229:14 249:1 309:1 341:7 342:19 381:2 381:3 389:16</p> <p><b>commenting</b> [2] 113:21 113:22</p> <p><b>comments</b> [7] 151:13 241:21 243:7 381:7,10 383:14 399:24</p> <p><b>Commission</b> [11] 1:1,6 1:7 149:15 161:2 167:13 183:12 236:1 338:4 405:4 405:7</p> <p><b>Commissioner</b> [71] 1:3 4:1 62:24 63:13,16,24 64:8,14,17 80:13,23 81:4 81:17,24 82:1,6,11,18 118:17,21,25 121:24 122:3 131:3 136:8,12 143:7,13,14 144:1,5,9 147:20 148:12,15 156:18 157:5,9,13 160:7,8,13 161:6,10,14 164:8 183:20 183:24 234:6,14,18,21 235:3,15 301:4,8,12 304:5,12,22 305:2,13 323:7,11 329:9,13,16 341:24 402:21 404:9 405:7</p> <p><b>Commissioner's</b> [1] 302:23</p> <p><b>commitments</b> [1] 187:16</p> <p><b>committee</b> [9] 48:19,20 120:1 121:5 123:22 337:3 344:1 345:18 364:24</p> <p><b>common</b> [2] 386:6,6</p> <p><b>communicate</b> [12] 17:18 18:4 52:10,19 137:16 142:10 212:20 277:7 278:14 280:12 325:19 338:9</p> <p><b>communicated</b> [18] 17:19 18:9 27:20 33:20 36:22 40:10 47:9 78:24 87:16 112:23 142:22 171:12 215:12 217:5,19 278:5,10 322:24</p> <p><b>communicating</b> [6] 8:8 15:22 19:17 47:4 139:8 203:24</p> <p><b>communication</b> [14] 22:15 126:4 135:20 137:24 138:12 139:1 140:10 142:1 204:2 210:5 212:12,21 219:2 322:25</p> <p><b>communication's</b> [3] 51:14 60:2 61:1</p> <p><b>communications</b> [95] 4:18,19 5:14 6:17 7:25 8:5 9:24 10:9,12,14,24</p>	<p>11:5,12,13 12:12,24 15:17,18,19 16:6,9,13 16:20 17:9,22,24 18:3 18:17 19:8,14 22:5 40:18 49:6 52:11 55:9 78:20 84:19 86:13,17,21 92:16 126:25 127:2 134:3,15 135:4,14 137:2,5,10,13 137:17,23 138:3,6,22,24 140:17 141:2,7,13,16,21 141:23 142:6,11,14,25 155:12,24 156:2 173:2 174:22 175:14 176:9 200:13 214:3 218:24 236:20 288:16 318:13 319:25 320:1,4 323:13 336:19 337:11,15 339:19 341:14,25 342:4 345:23 379:17 381:9</p> <p><b>communications'</b> [1] 176:14</p> <p><b>community</b> [8] 9:5 42:23 44:19 48:21 72:10 75:7 162:22 170:9</p> <p><b>company</b> [3] 240:14 241:24 243:3</p> <p><b>compare</b> [2] 68:14 204:6</p> <p><b>compared</b> [1] 72:23</p> <p><b>comparing</b> [6] 68:20 71:18 76:15 96:16 100:3 235:21</p> <p><b>complaint</b> [1] 63:10</p> <p><b>complete</b> [3] 161:1 162:3 395:8</p> <p><b>completed</b> [3] 124:21 126:6 163:21</p> <p><b>completely</b> [1] 373:19</p> <p><b>complex</b> [3] 271:16 334:24 370:25</p> <p><b>complicated</b> [2] 26:2 372:7</p> <p><b>component</b> [1] 137:19</p> <p><b>composed</b> [1] 147:8</p> <p><b>computer</b> [1] 303:9</p> <p><b>concealing</b> [3] 106:19 106:22 107:10</p> <p><b>conceivably</b> [1] 229:20</p> <p><b>concern</b> [32] 38:20 54:17 55:10 85:5 89:21 91:1 132:5 133:13 187:20 240:18 257:8 268:9,11 268:12 269:5 288:7 297:4 316:24 317:12 332:5 336:10,11 341:8 348:12 350:10,18 362:18 377:21 378:3 390:1,4 392:20</p> <p><b>concerned</b> [18] 38:24 54:25 132:22 133:9 194:10,14 257:5,19 262:2 281:10,17,21 282:3 316:21 346:6 361:18 377:23 393:15</p> <p><b>concerns</b> [12] 86:12 133:20 142:13 194:6 269:21 325:21 331:19 333:18 334:7,14 338:13 393:20</p> <p><b>conclusion</b> [1] 151:25</p>	<p><b>conclusions</b> [2] 373:25 375:6</p> <p><b>concrete</b> [1] 88:17</p> <p><b>conduit</b> [2] 111:2 171:6</p> <p><b>conference</b> [3] 113:2 138:7 139:5</p> <p><b>conferences</b> [1] 398:7</p> <p><b>confidence</b> [2] 116:20 268:13</p> <p><b>confident</b> [1] 292:2</p> <p><b>confirm</b> [2] 366:1,3</p> <p><b>conflicts</b> [1] 195:9</p> <p><b>confused</b> [2] 299:18 343:3</p> <p><b>confusion</b> [6] 38:20 39:6 336:1,4,5,11</p> <p><b>connected</b> [1] 238:5</p> <p><b>connection</b> [1] 198:19</p> <p><b>conscious</b> [1] 317:23</p> <p><b>consequences</b> [1] 182:9</p> <p><b>Conservation</b> [1] 168:3</p> <p><b>consider</b> [2] 173:24 209:16</p> <p><b>consideration</b> [3] 269:25 387:3,8</p> <p><b>considerations</b> [1] 386:19</p> <p><b>considered</b> [1] 249:13</p> <p><b>consistency</b> [1] 321:21</p> <p><b>consistent</b> [7] 35:16,17 128:4 137:3 212:3 309:24 310:11</p> <p><b>consistently</b> [1] 130:21</p> <p><b>constituencies</b> [1] 166:11</p> <p><b>constituency</b> [5] 162:8 162:13 164:24 166:16 401:11</p> <p><b>constituted</b> [3] 248:22 249:2 276:14</p> <p><b>consult</b> [1] 245:16</p> <p><b>consultant</b> [2] 254:24 278:21</p> <p><b>consultation</b> [3] 18:11 246:15 320:1</p> <p><b>consulted</b> [1] 246:2</p> <p><b>contact</b> [47] 41:22 50:18 50:21 55:2 125:13,13,18 153:6,7 166:10 170:13 170:18 176:10 177:3,8 213:24 214:1 239:25 240:25 245:15 254:1 257:14 259:4,14,15 261:22 285:4,9,18 286:20 286:20 287:1,19 288:8 292:12 312:9 318:18 319:3,9,17 322:2,4 337:16 341:17 345:12 385:17 395:4</p> <p><b>contacted</b> [12] 61:21,23 62:10 159:3,22 200:23 202:5,9 224:7 240:23 241:3 258:18</p> <p><b>contacting</b> [1] 287:17</p> <p><b>contacts</b> [1] 50:13</p>	<p><b>contained</b> [5] 98:15 137:1 153:3 160:2 370:22</p> <p><b>contemplated</b> [3] 261:12 262:9 392:7</p> <p><b>content</b> [4] 53:16 135:20 211:22 326:14</p> <p><b>contention</b> [1] 48:5</p> <p><b>contents</b> [2] 2:1 370:21</p> <p><b>context</b> [20] 43:11 63:15 76:16 115:10 134:14 135:25 137:7,14 138:10 138:17 141:23 240:9 262:8 270:5,18 347:19 349:24 350:1 354:18 357:20</p> <p><b>continue</b> [1] 42:10</p> <p><b>continued</b> [1] 282:21</p> <p><b>continuing</b> [1] 279:13</p> <p><b>contract</b> [1] 209:14</p> <p><b>contracts</b> [1] 209:9</p> <p><b>contrary</b> [2] 93:3,5</p> <p><b>contrasting</b> [3] 76:15 96:17 100:4</p> <p><b>contribution</b> [1] 160:10</p> <p><b>control</b> [5] 56:12 230:11 333:2,4 375:3</p> <p><b>controls</b> [8] 373:16,20 373:23,24 374:7,8,19,21</p> <p><b>controversy</b> [1] 116:21</p> <p><b>convenient</b> [1] 234:13</p> <p><b>conversation</b> [30] 28:6 28:8 43:13,17,21 46:6,8 46:13,18 47:25 93:22 126:23 127:2 174:18 179:13 213:6 226:8,20 230:5 252:6,7 256:7 268:19 284:18 291:12 317:19 337:23 338:17 347:16 368:5</p> <p><b>conversations</b> [4] 139:15 193:21 199:25 313:20</p> <p><b>conversion</b> [3] 79:23 276:18,20</p> <p><b>converted</b> [3] 327:24,24 373:13</p> <p><b>converting</b> [1] 292:18</p> <p><b>convey</b> [1] 19:18</p> <p><b>conveyed</b> [4] 27:2 98:2 146:6 148:18</p> <p><b>Cook</b> [11] 225:19 236:22 237:1 247:21,21 249:2 258:2 268:16 271:13 309:5 373:12</p> <p><b>cooperation</b> [1] 210:24</p> <p><b>copied</b> [1] 391:5</p> <p><b>copies</b> [2] 52:13 218:13</p> <p><b>copy</b> [18] 52:3,6 83:4,7 90:5 120:21 125:4 314:20 315:14 323:21 324:24 352:19 354:22 359:18 363:22 365:23 370:15 391:10</p> <p><b>cordial</b> [2] 175:25 401:1</p> <p><b>Corporation</b> [4] 9:18</p>
---	--	--	---	---

9:25 10:15 13:3 <b>correct</b> [58] 4:15,22 18:11 20:25 24:12,18 26:16,18 33:11 34:20,22 64:7,13 67:23 69:9 79:6 82:14 85:11 91:21 106:3 120:4 123:17 127:23 128:2 129:6,11,19 130:12 132:17 144:22 145:1,3 145:13,21,23 146:7,9 147:2,5,12 149:2,4 167:7 168:17,22 170:6 183:19 193:3 222:1 223:16 287:3 290:4 291:18 299:11 346:12 362:2 380:4 405:3 <b>correctly</b> [2] 6:19 35:15 <b>correlation</b> [1] 248:4 <b>cost</b> [1] 380:11 <b>Council</b> [1] 215:2 <b>counsel</b> [2] 158:3 172:4 <b>counterpart</b> [5] 14:24 15:1,2 125:19 208:16 <b>counterparts</b> [7] 13:16 14:9 60:5,20,24 87:17 110:13 <b>countless</b> [1] 363:15 <b>country</b> [4] 227:19 233:13 292:16 394:4 <b>couple</b> [23] 4:9,10 115:20 129:14 154:21 167:25 185:14 246:7,8 262:20 264:7,9 279:22 280:14 280:17 283:1 288:22 294:21 308:8 350:21 356:8,18 381:11 <b>course</b> [31] 10:25 34:16 49:12 112:25 137:11 157:11 174:9 175:13 188:16 190:19 192:2 193:19,24 200:1 205:25 211:1 215:24 216:18 220:17 236:21 253:6 256:6 259:11 263:13 264:3 288:21 290:16 334:15 351:13 354:13 357:2 <b>courses</b> [1] 312:7 <b>court</b> [6] 107:2 112:7,12 113:6 114:13 115:2 <b>courtesy</b> [6] 53:16 315:1 315:5 334:6 346:7 348:18 <b>cover</b> [1] 139:6 <b>coverage</b> [9] 42:11 109:20,21 117:17 337:10 337:18 342:20,22,24 <b>covered</b> [2] 136:20 330:11 <b>covering</b> [1] 38:25 <b>coy</b> [2] 298:5 387:9 <b>crackerjack</b> [1] 273:25 <b>crashed</b> [1] 303:10 <b>Crawley</b> [4] 214:17,24 215:7 286:1 <b>create</b> [1] 336:10 <b>created</b> [1] 8:14 <b>criminal</b> [1] 232:4	<b>Crosbie</b> [1] 243:19 <b>cross</b> [1] 21:8 <b>cross-examination</b> [1] 158:3 <b>Crown</b> [1] 164:19 <b>culminated</b> [1] 403:25 <b>current</b> [4] 155:14 253:7 322:13 344:10 <b>curve</b> [1] 23:23 <b>cut</b> [1] 324:10  <b>-D-</b> <b>D-A-R-R-E-L-L</b> [1] 161:4 <b>daily</b> [1] 170:18 <b>DAKO</b> [7] 233:4 272:3 272:21 273:16 372:7 374:1,3 <b>Dan</b> [1] 4:5 <b>Daniel</b> [3] 1:10 2:3 4:3 <b>Darrell</b> [14] 2:7 36:19 160:16,23 161:4 199:2 293:12 303:7 323:16 325:12 337:9 342:20 357:4 372:21 <b>data</b> [1] 248:22 <b>date</b> [6] 61:13 156:10 248:21 293:11 312:22 382:1 <b>dated</b> [3] 74:20 190:7 405:11 <b>dates</b> [1] 383:4 <b>Dawe</b> [5] 384:10 397:5,8 399:23 400:3 <b>Dawe's</b> [1] 399:23 <b>day-to-day</b> [4] 170:13 187:11 211:9 352:10 <b>days</b> [23] 4:9 6:13 7:11 74:24 102:6 117:23 155:10 175:24 185:14 199:21 205:8,18 246:8,9 250:25 260:21 294:21 318:2 335:16 339:24,25 372:6 403:9 <b>dead</b> [4] 384:15 386:1 387:20,23 <b>deadline</b> [2] 389:2,3 <b>deadlines</b> [1] 389:22 <b>deal</b> [10] 13:2 171:4 187:2 230:16 269:13 270:2 287:13 309:4 310:8 336:15 <b>dealing</b> [28] 4:25 7:11 9:18 10:8 24:2 78:19 172:19 174:12 181:11 205:14 211:15 212:18 220:21 221:1,13 222:10 227:13 228:1 232:1 237:11 245:21 251:20 252:9 265:13 340:7 401:9 401:10,23 <b>dealings</b> [4] 60:20,23 214:11 217:23 <b>deals</b> [2] 36:14 383:8 <b>dealt</b> [2] 187:7 272:16	<b>Deborah</b> [6] 190:13 379:8,18 384:4 390:17 390:23 <b>debrief</b> [1] 281:8 <b>decade</b> [3] 180:15,17 274:10 <b>deceased</b> [8] 66:7 69:3 70:1 75:12 132:1,14 133:5 381:24 <b>December</b> [34] 58:23 80:17 81:13,25 84:14 85:9 86:10 87:18 91:8 94:17 102:1 104:2 105:24 113:2 115:8,12 116:22 117:3 148:18 152:18,23 153:8,15,23 154:11 383:20 384:5,6 390:11 395:15 396:7 397:2,5 398:14 <b>decide</b> [5] 100:11 147:24 190:20 193:19 333:2 <b>decided</b> [7] 41:23 55:1 139:9 188:16 330:6,15 330:21 <b>deciding</b> [1] 41:3 <b>decision</b> [16] 41:19,21 152:22 171:11 173:5 188:13,17 241:14 242:19 244:4 280:10 282:1 284:10,10 286:25 388:1 <b>decisions</b> [1] 56:14 <b>dedicated</b> [1] 372:17 <b>deduce</b> [1] 28:13 <b>deducing</b> [1] 44:4 <b>deeply</b> [1] 290:16 <b>Defends</b> [1] 116:17 <b>deferred</b> [1] 40:22 <b>define</b> [2] 71:12,21 <b>defining</b> [1] 340:25 <b>definite</b> [1] 221:7 <b>definitely</b> [3] 174:24 204:13 391:24 <b>definitive</b> [13] 189:22 224:24 226:10 277:24 283:22 289:17 295:1 313:18 344:17 350:20,22 362:10 368:6 <b>definitively</b> [3] 271:12 274:11 404:4 <b>degree</b> [10] 161:20 162:2 163:19,21 171:18 181:17 185:19 201:25 317:5 402:8 <b>deleted</b> [1] 147:25 <b>deliberate</b> [2] 232:17,19 <b>deliberately</b> [3] 118:1 232:5 354:17 <b>deliver</b> [1] 261:23 <b>delivered</b> [3] 5:8 7:19 261:24 <b>demand</b> [1] 334:1 <b>demanding</b> [1] 87:3 <b>demeanour</b> [3] 196:16 197:4 198:13 <b>demographics</b> [1] 254:6	<b>department</b> [188] 4:12 5:5,10 6:5,7,18,22 7:3 10:13 11:23 12:12,18,25 13:9,13 14:10,16,17 15:21 17:17 18:12,23,24 19:4,19 20:3,20,23 22:23 23:15,22 24:1,8 28:2,16 28:24 30:15 34:19 35:1 35:12 40:16 41:13 45:24 47:2,14 48:5,20 52:11 53:1 56:10 57:23,24 58:12 72:10 79:14 86:23 87:2 88:6 91:2 95:2 105:18 108:3,7,12 116:8 123:22 128:6 134:14,16 135:21 138:24 139:7 140:13 141:1 142:14 155:17 159:13 162:19,21 162:25 163:4 164:18 166:7,21 167:4,11,18,18 168:2,14 169:4,17 170:9 170:21 171:8,22 175:14 176:1 182:2 185:16 187:7 188:9 189:12 190:5,14 190:24 191:17 192:7,12 192:16 194:2,18 210:24 211:13 214:19 215:10,14 217:11,20 218:1,8 225:22 231:9 242:17 260:9 271:9 281:4 282:21 283:6 284:9 309:20 312:1,2 313:15 320:7 321:15 329:19 330:8,17 331:17 332:16 334:1 336:3,20 337:4 338:6 339:12 340:10 341:1,3 342:10 344:5 349:8 350:8,9 352:1,14 352:23 355:24 356:18 360:6 361:17 362:4,16 365:21 366:24 367:24 370:12,17 371:18 373:6 375:8 378:8 385:24 386:21 390:2 392:8,17 392:19 396:9 397:14 399:15 400:8 401:15 402:1,4 403:1,10 <b>department's</b> [5] 11:4 11:12 21:24 242:14 268:5 <b>departmental</b> [5] 14:18 14:18 60:1 164:17 394:25 <b>departments</b> [3] 4:20 7:16 162:17 <b>depend</b> [1] 69:1 <b>depending</b> [7] 57:14 68:1 147:16 173:3 207:16 263:25 388:10 <b>depth</b> [2] 213:6 346:11 <b>deputies</b> [1] 7:4 <b>deputy</b> [41] 7:3,4,13,13 13:14,15 15:2,4 20:21 41:21 42:1 90:16 127:15 171:14 173:1 177:4,12 179:14 188:8,15 191:25 191:25 217:6 218:7,7 225:20 265:10,20,21 320:12,12 321:15,16 347:2,4 349:19 358:3,9 360:16,17 369:10 <b>derived</b> [1] 132:8 <b>describe</b> [3] 12:20 91:23	92:2 <b>described</b> [3] 58:1 114:6 115:14 <b>deserved</b> [1] 300:4 <b>designed</b> [1] 141:18 <b>desirable</b> [1] 143:3 <b>desire</b> [2] 56:23 57:7 <b>desk</b> [2] 315:24 317:8 <b>despite</b> [3] 71:17 114:17 271:4 <b>detail</b> [5] 36:17 165:11 170:11 199:12 292:8 <b>detailed</b> [1] 124:1 <b>details</b> [1] 75:8 <b>detection</b> [1] 374:6 <b>determination</b> [2] 147:22 250:6 <b>determine</b> [13] 133:4,22 148:7 214:21 215:11,20 216:6 217:15 230:3 245:17 250:5 255:5 276:2 <b>determined</b> [2] 80:15 307:3 <b>develop</b> [2] 123:3 309:13 <b>developed</b> [2] 309:18 348:7 <b>developing</b> [1] 139:16 <b>development</b> [5] 125:14 294:8 337:16 341:4,16 <b>developments</b> [1] 294:23 <b>deviated</b> [1] 199:7 <b>DH</b> [1] 357:3 <b>dialogue</b> [2] 173:16,17 <b>died</b> [1] 382:8 <b>difference</b> [1] 165:23 <b>differences</b> [1] 87:23 <b>different</b> [28] 7:5 11:5 27:10 31:15 113:16 134:17 137:1 139:13 164:3,15 168:2 174:4 182:8 184:11 225:8 244:8 266:5 279:2 323:20 334:21 342:12 343:22,23 366:12 387:6,8,12,13 <b>differently</b> [2] 90:11,21 <b>difficult</b> [7] 10:23 11:3 26:12 27:3 187:14 300:10 305:21 <b>difficulty</b> [3] 211:15 302:5 303:1 <b>diminish</b> [1] 251:25 <b>Dinn</b> [12] 208:20 209:20 209:24 285:9 286:20 287:6,19,24 318:18 320:23 321:4 322:11 <b>dinner</b> [1] 398:13 <b>dinnery</b> [1] 398:5 <b>direct</b> [10] 4:9 7:18 26:19 57:20 72:20 143:1 188:10 192:3 217:23 396:20 <b>directed</b> [5] 125:22 126:3 290:19,20 368:10 <b>direction</b> [6] 90:10,14
---	---	---	---	---



<p>125:12 336:15 359:3 401:19 <b>directly</b> [12] 10:8 171:15 184:13,25 208:24 259:2 259:5 260:17 297:10 320:5 355:23 360:16 <b>director</b> [21] 4:19 5:14 16:12,20 17:16 18:17 32:18 142:25 174:22 175:13 176:8 200:13 218:24 236:19 288:16 318:13 319:25 320:4 321:16 323:12 393:6 <b>directors</b> [4] 159:2,21 210:4 322:24 <b>discharging</b> [1] 22:6 <b>disclose</b> [5] 58:25 113:15 239:13,19 263:5 <b>disclosed</b> [11] 92:9 93:2 94:3 100:9,11 105:12 107:7 114:19 152:2 316:17,17 <b>disclosing</b> [4] 112:19 113:6 114:14 115:3 <b>disclosure</b> [13] 151:11 152:17 153:13,15 237:25 238:4 241:1,21 242:24 264:2 296:16 297:5 301:20 <b>discontent</b> [1] 153:25 <b>discovered</b> [6] 203:17 227:17,20 229:23 233:14 395:24 <b>discuss</b> [15] 41:25 126:24 152:6 172:1 245:4 247:11 256:14,21 273:17 285:17 288:3 323:18 328:19 337:13 369:18 <b>discussed</b> [52] 46:21 50:23 66:4 124:12 150:5 150:9 151:4 152:8 182:22 184:16 186:17 193:25 194:24 205:21 210:17 212:13 215:13 221:21 227:2,9 228:5 238:3 239:14 240:4 242:16 247:17 248:7 257:4 283:11 284:21 286:19 301:9 308:11 309:20 311:10,20 317:6 325:15 330:2 336:3,14 337:12 337:20 340:21 344:10,15 365:17 375:13,19 376:14 377:17 396:6 <b>discusses</b> [1] 311:6 <b>discussing</b> [2] 38:18 174:9 <b>discussion</b> [103] 25:2,18 36:8,21 37:25 38:3 42:20 42:22 45:4 46:1 65:23 66:6,16 69:12,25 73:9 73:20 74:8 79:25 84:3,5 84:12 89:14 92:11,16,19 93:7,10,14,17 97:15 124:9 128:22 131:25 152:16 155:20,23,25 172:24 173:25 176:19 182:19 184:25 190:22,24 191:3,7 196:5,13 197:25</p>	<p>198:10,12 205:16 207:16 208:4 210:13 220:24 223:3,11 227:14,23 233:4 237:12 238:7 239:19 250:10 251:13 255:7,25 256:3,24 269:11 272:1,9 272:11,20 273:2,11,21 273:22,24 275:13 276:10 276:15,20 277:3,22 281:4 291:2 308:22 318:1 324:1 338:6 339:5 340:18 346:3 346:19 352:1 358:12,16 367:23 382:12 394:11 <b>discussions</b> [23] 7:12 34:16 41:23 128:19 130:23 172:1 189:20 191:10,11 224:12,20 226:3 244:11 246:21 284:20 313:8,16 315:19 318:8 336:19 344:5 372:13 403:19 <b>disease</b> [2] 207:9 395:23 <b>dispute</b> [1] 88:15 <b>disruption</b> [1] 275:18 <b>distinguished</b> [1] 265:10 <b>distribute</b> [1] 95:1 <b>distributed</b> [1] 30:14 <b>distribution</b> [4] 53:17 352:16 360:12 362:25 <b>district</b> [4] 166:12,12,14 399:6 <b>Division</b> [2] 1:15 119:9 <b>DM</b> [2] 187:25 357:9 <b>doctor</b> [7] 258:10,18 260:24,25 269:20 297:9 308:2 <b>Doctors</b> [1] 1:9 <b>doctors'</b> [1] 245:8 <b>document</b> [11] 36:13 110:11 129:17 146:12 155:7 156:20 159:11,11 159:15 324:9 370:22 <b>documented</b> [2] 89:8 89:10 <b>documents</b> [3] 36:13 92:24 371:1 <b>doesn't</b> [19] 43:15,19 56:20 72:8,9,15 75:13 82:21 109:7 123:12 128:18 198:15 216:19 251:25 308:6,23 309:15 397:15,15 <b>dollars</b> [1] 380:13 <b>domain</b> [1] 319:21 <b>Don</b> [4] 225:18 236:22 236:25 237:1 <b>Donahue</b> [1] 358:2 <b>Donald</b> [1] 373:12 <b>done</b> [52] 31:4,19 35:24 49:11 50:25 51:7,20 64:3 68:15,16 69:7 80:16 81:2 81:7,13 127:11 140:8 141:24 142:4 148:23 157:1 185:21 193:23 201:1 206:3 217:14 224:1 240:15 254:16 257:16</p>	<p>262:20,22 280:3,17 283:17 293:3,8 301:24 306:12,13 321:13 322:5 327:23 329:24 335:11 343:21 345:5 367:11 376:22 379:19 384:11 395:25 <b>door</b> [2] 226:17 399:7 <b>double</b> [1] 255:9 <b>doubt</b> [1] 243:22 <b>down</b> [27] 13:15 74:19 94:19 95:11 97:3 176:4 195:14 223:13 237:17 248:3 251:9 264:25 267:6 274:20,23 296:11 302:15 302:18 303:5,5 306:18 306:20 308:16 312:24 335:6 371:2,3 <b>downplay</b> [1] 387:11 <b>downplayed</b> [1] 34:9 <b>downward</b> [1] 219:18 <b>Doyle</b> [1] 162:6 <b>dozen</b> [1] 170:24 <b>Dr</b> [50] 29:21 49:2,7,11 54:4 63:9 64:2 89:1 190:12 225:17 226:7 228:12 231:23 236:20 237:16 247:16,20,21 249:1,2 258:2,2 264:4 265:9 268:16 271:13 275:20 295:25 296:4 299:5 308:17,17 309:5,6 309:7,7,14 318:15 329:24 345:20,24 346:8 356:25 373:2,12 379:25 380:18 383:9 384:11 390:13 <b>draft</b> [5] 80:16 81:2,13 82:24 190:17 <b>drafted</b> [4] 77:14 86:3 309:19 353:20 <b>drafting</b> [3] 75:22 77:10 137:4 <b>dragged</b> [1] 302:9 <b>drained</b> [1] 382:22 <b>draw</b> [4] 42:18 149:18 158:8 331:13 <b>drawing</b> [2] 332:3 386:5 <b>drawn</b> [2] 21:2,7 <b>drifted</b> [2] 289:8 296:5 <b>drilling</b> [1] 303:5 <b>driving</b> [1] 348:13 <b>drug</b> [5] 380:9,10,11,17 381:4 <b>ductal</b> [2] 373:17,20 <b>due</b> [1] 374:4 <b>duplicate</b> [2] 200:11 288:10 <b>during</b> [26] 5:20 28:1 48:7 49:12 84:2 129:21 131:9 133:14 149:17 156:22 157:10 176:10 181:15 198:22 237:15,17 242:12 268:17 290:6 293:21 338:10 350:22 354:12 369:21 393:18 403:20</p>	<p><b>duties</b> [4] 164:10,14,24 367:5 <b>dynamics</b> [1] 343:15 <hr/><b>-E-</b><hr/><b>e</b> [4] 36:3 38:16 48:1 395:17 <b>e-mail</b> [57] 38:16 40:8 42:1,6 43:12,15 44:4,5 47:10,18,24 48:1,9 49:9 51:6 84:10 146:13 148:17 153:3 155:9 156:7 158:2 190:5 192:14,17 203:8 211:22 217:9 265:20 291:22 293:15 323:11 324:10,15 326:12,15 328:5 329:17,21 331:15 331:18,19 335:14,18 341:12 345:25 351:17 356:15 358:8 384:2,3 386:3 390:12 391:10 392:18 397:1,7 <b>e-mails</b> [6] 109:5 325:11 327:1 378:11 391:6 402:15 <b>EA</b> [5] 165:10 166:2 170:8 187:25 401:7 <b>early</b> [37] 7:11 30:5 31:12 32:25 39:3 52:25 53:3 182:2,25 183:7 193:11 203:15 204:25 205:18 213:1 216:13 226:21 230:20 233:3,22 250:9 259:20 260:17,21 262:19 274:6 280:1 296:1 301:9 302:24 313:23 314:17 324:22 339:24 365:8 372:5 403:21 <b>EAs</b> [4] 210:7,13,18 315:2 <b>easier</b> [1] 11:11 <b>easiest</b> [1] 307:14 <b>East</b> [1] 162:6 <b>Eastern</b> [193] 1:10 4:6 8:13,21 12:2,5,13,21,25 13:17 14:3,10,19,25 15:3 15:21 18:24 24:8 29:19 32:23 33:10,13 36:23 41:5 47:3 48:6 49:5,17 50:19 52:1,11,15 53:8 55:21 56:12,13,18 57:7 57:11,23 60:5,20 62:22 64:20 69:17 70:8 71:8 71:19 72:16 74:7 75:6 78:1 79:13,21 86:10,11 87:17 88:21 89:23 90:1 90:10,20,25 91:9,10,18 92:12,20 101:14 103:14 106:19 107:14 108:14 110:3,17,20 111:1,21 112:22 114:23 115:6 116:7,17,21,22 117:1 118:1 129:20 130:15 132:22 133:15,21 149:11 150:11,15 151:20 152:15 153:7,14,22 175:2,7 187:3 190:10 191:22 193:14 203:15,17,23 206:2 207:23 212:16,22</p>	<p>219:8 222:7 225:2 236:20 239:6 240:13 241:17 243:2,14 244:24 245:6 246:4 252:12 253:2,15 255:2 263:12 265:2 269:12,23 270:14 274:8 277:6 279:16 280:2,10 281:23 282:17 283:7,13 290:7,23 296:8 297:23 300:13 301:22 302:4,25 305:24 310:1,24 311:7 311:16 323:23 325:13 327:16 331:25 332:9 335:5,24 336:21,21 337:8 338:7,12 339:12 340:11 341:17 345:3,10,21 346:8 346:23 347:12,21 348:16 351:8 355:23 365:22 368:15 376:16 377:1 379:8 383:15 392:13,15 393:7 394:25 395:11 396:1 <b>easy</b> [4] 31:20 252:12 271:23 331:7 <b>Ed</b> [1] 36:19 <b>edit</b> [2] 90:7 145:6 <b>editing</b> [1] 77:11 <b>education</b> [4] 162:18,20 225:22 374:25 <b>educational</b> [1] 161:16 <b>effect</b> [4] 51:8 121:15 243:7 256:8 <b>effective</b> [1] 165:2 <b>effectively</b> [1] 17:19 <b>effectiveness</b> [1] 381:6 <b>effort</b> [1] 333:11 <b>efforts</b> [3] 200:11 288:11 392:25 <b>eight</b> [1] 109:13 <b>either</b> [18] 63:19 120:17 175:19 182:4 184:14 232:23 273:5 285:23,25 286:14 355:1 359:10 360:16 362:22 365:23 367:1 378:21 404:5 <b>Ejeckam</b> [3] 237:16 247:16 275:21 <b>elaborate</b> [1] 165:6 <b>Elizabeth</b> [2] 201:23 204:4 <b>elsewhere</b> [2] 293:1,5 <b>emotional</b> [1] 207:5 <b>emphasis</b> [2] 271:14 333:3 <b>emphasize</b> [1] 260:20 <b>emphasized</b> [1] 136:20 <b>employee</b> [1] 385:24 <b>end</b> [24] 42:6 74:19 146:20 151:9 188:7 230:16 241:4 261:7 280:9 291:11,13 293:2 297:21 312:1 321:5 329:4,5 331:11 334:9 346:2 350:16 351:1 364:23 401:16 <b>endeavour</b> [1] 370:6</p>
--	---	--	---	---

<p><b>ended</b> [3] 27:19 244:20 267:11</p> <p><b>ending</b> [1] 148:16</p> <p><b>endorsed</b> [3] 47:2,14 48:6</p> <p><b>ends</b> [1] 267:15</p> <p><b>energy</b> [1] 288:13</p> <p><b>engage</b> [1] 255:2</p> <p><b>engaged</b> [6] 204:1 207:22 242:1 279:19 280:3 324:13</p> <p><b>engagement</b> [2] 399:13 400:2</p> <p><b>engagements</b> [1] 398:4</p> <p><b>enjoyed</b> [3] 170:15 187:22 400:25</p> <p><b>ensure</b> [3] 17:17 49:25 217:11</p> <p><b>ensuring</b> [2] 21:23 38:24</p> <p><b>enter</b> [1] 161:7</p> <p><b>entered</b> [6] 161:9,11,12 244:13 307:9,12</p> <p><b>entering</b> [1] 244:3</p> <p><b>entire</b> [3] 104:1 272:16 306:19</p> <p><b>entirely</b> [6] 184:11 231:16 239:7 268:22 289:13 299:19</p> <p><b>entirety</b> [1] 152:2</p> <p><b>environment</b> [2] 134:21 168:3</p> <p><b>epithelium</b> [2] 373:17 373:20</p> <p><b>equals</b> [1] 83:25</p> <p><b>equipment</b> [3] 233:20 238:15 307:10</p> <p><b>ER</b> [2] 159:4 165:19</p> <p><b>ER/PR</b> [47] 23:6 24:9 25:2 49:4 51:25 77:4 155:14 174:10,11 210:13 227:1 249:3 257:16 258:16 260:11 268:22 271:13 306:22 312:9 313:21 325:13 329:20 334:20 336:6 340:20 342:24 344:9,19 345:21 350:7 353:4 364:22 368:17 371:8 378:16 381:14,16 382:13 383:17 384:8 390:3,13 399:3,23 400:14 403:2,16</p> <p><b>error</b> [53] 66:14 67:14 67:14 69:13,19,24 70:3 70:10,17,20 71:13,21 72:1,6,23 97:7 102:23 116:25 117:2 118:2 129:21,24 130:1,1,4,6 130:11,13,17,21,25 131:10,12,16,20,20 132:3 132:17,23 133:2,4 149:20 150:1 153:1 237:3 266:18 271:18,20 272:4,12 273:2 273:4,4</p> <p><b>error'</b> [1] 71:10</p> <p><b>errors</b> [4] 203:18 207:1 235:7 277:21</p>	<p><b>Es</b> [1] 103:4</p> <p><b>escalated</b> [1] 347:1</p> <p><b>especially</b> [5] 32:18 206:25 207:3 228:20 388:24</p> <p><b>essentially</b> [4] 141:17 166:5 167:14,17</p> <p><b>establish</b> [1] 372:16</p> <p><b>established</b> [3] 40:4 155:15 327:15</p> <p><b>estimate</b> [2] 304:23 305:10</p> <p><b>estimated</b> [1] 203:21</p> <p><b>et</b> [3] 1:9 155:18 277:17</p> <p><b>etcetera</b> [2] 340:15 381:6</p> <p><b>evaluate</b> [1] 373:21</p> <p><b>evaluation</b> [6] 214:21 215:11,19 216:5 217:1 217:14</p> <p><b>evening</b> [3] 30:6 178:19 389:5</p> <p><b>evenings</b> [2] 393:25 394:14</p> <p><b>event</b> [7] 139:21,25 142:18,19,20,21 339:4</p> <p><b>events</b> [2] 139:13,16</p> <p><b>eventually</b> [1] 263:5</p> <p><b>everybody</b> [2] 125:4 136:9</p> <p><b>evidence</b> [17] 6:2 63:25 72:20 110:16 130:11 131:24 132:15 141:14 145:19 146:25 149:13,24 151:8 152:13,22 365:8 374:11</p> <p><b>exact</b> [3] 238:13 241:25 348:11</p> <p><b>exactly</b> [16] 122:21 193:16,16 205:14 206:25 220:21 228:1 237:10 243:11 264:14 301:24 303:22 336:24 340:2 343:14 372:21</p> <p><b>examination</b> [11] 2:3,4 2:5,8 4:3,9 26:19 57:20 119:2 144:7 160:23</p> <p><b>examined</b> [3] 36:16 69:11 71:1</p> <p><b>example</b> [29] 18:16 29:11 32:3 63:5,15 66:18 88:25 89:8 92:6 109:13 109:16 124:19 125:13 135:6 137:5,9 138:2,5 138:10 140:14 142:17 145:25 148:8 155:13 285:9 333:21 351:22 353:3 387:12</p> <p><b>examples</b> [5] 59:3,11 60:19 360:1 361:3</p> <p><b>excellence</b> [1] 372:15</p> <p><b>excellent</b> [2] 170:15 174:21</p> <p><b>except</b> [1] 212:4</p> <p><b>excerpts</b> [1] 116:6</p> <p><b>exchange</b> [4] 16:2 229:10 391:10 392:18</p>	<p><b>exchanged</b> [1] 296:2</p> <p><b>exclude</b> [1] 69:2</p> <p><b>exclusive</b> [1] 374:20</p> <p><b>excuse</b> [5] 80:13 112:15 115:2 209:3 251:20</p> <p><b>executive</b> [41] 48:19,20 55:1,9 120:1 121:5 123:22 128:10,20 154:25 162:10,16,23 163:2 164:7 164:9,12 166:17 167:14 176:7 189:2,5,6 208:20 209:5 215:2 331:23 337:3 337:12 339:6 340:21 341:7 342:23 344:1,10 345:17 356:12 364:24 370:11,16 371:9</p> <p><b>exhaustive</b> [1] 378:21</p> <p><b>exhibit</b> [11] 63:6 74:14 119:18,19 129:15 134:2 134:5 149:12 152:10 214:16 338:20</p> <p><b>exhibits</b> [5] 3:1,2 161:6 161:12 189:25</p> <p><b>exist</b> [3] 141:3,6,9</p> <p><b>existed</b> [2] 6:3 24:10</p> <p><b>existing</b> [2] 15:20 166:2</p> <p><b>expect</b> [15] 7:24 28:19 50:24 56:5 73:11 96:8,8 98:15,21 99:15 101:3 116:24 214:19 284:24 371:1</p> <p><b>expectation</b> [20] 11:11 14:14 16:13 32:25 35:5 35:8 50:17 52:2,5,12 55:13,19,24 56:23 87:14 98:16 105:10 126:18 151:25 152:5</p> <p><b>expectations</b> [5] 86:21 87:6 334:18 358:24 362:13</p> <p><b>expected</b> [11] 51:18 99:1 99:4,7,23 105:13 221:23 280:15 326:8 338:15 340:9</p> <p><b>expecting</b> [4] 109:25 110:2,3 215:9</p> <p><b>experience</b> [6] 4:25 113:9 114:7 181:10 333:11 370:9</p> <p><b>experiences</b> [3] 211:6 292:16 293:1</p> <p><b>expert</b> [4] 299:3,3,20 330:22</p> <p><b>expertise</b> [3] 255:4 280:4 394:3</p> <p><b>explain</b> [9] 75:13 100:13 103:21 188:5 268:17 271:13 274:3 330:1 338:25</p> <p><b>explained</b> [5] 66:23 115:1 158:10 167:22 226:5</p> <p><b>explaining</b> [1] 87:22</p> <p><b>explains</b> [1] 272:23</p> <p><b>explanation</b> [9] 26:1 98:18 112:5 186:12 271:15 283:19 303:7,12</p>	<p>358:14</p> <p><b>exploring</b> [1] 347:7</p> <p><b>express</b> [2] 262:24 316:24</p> <p><b>expressed</b> [19] 55:10 89:21 90:25 132:5 133:14 133:20,21 268:9 269:5 269:22 272:18 309:15 310:9 317:12 332:16 348:12 390:1,4 392:20</p> <p><b>expressing</b> [3] 153:24 378:3 379:11</p> <p><b>expression</b> [3] 156:23 369:25 382:21</p> <p><b>extensive</b> [1] 5:17</p> <p><b>extent</b> [6] 57:9 86:20 103:1 116:10 145:18 292:3</p> <p><b>external</b> [9] 17:22,24 278:20 365:10,23 367:11 370:10 373:22 374:21</p> <p><b>externally</b> [1] 361:16</p> <p><b>extra</b> [2] 236:4 391:16</p> <p><b>extrapolate</b> [1] 229:19</p>	<p><b>fall</b> [24] 141:22 162:4,7 195:8 226:11 240:22 257:11 278:21 302:9 313:6,9 351:15,16,18,18 356:9,10 364:20,20 365:2 379:24 392:1 393:19 395:1</p> <p><b>Falls</b> [2] 138:10 159:9</p> <p><b>false</b> [4] 335:19 374:9 389:19 395:25</p> <p><b>familiar</b> [6] 6:14 16:21 204:13 275:15 352:8 375:10</p> <p><b>families</b> [1] 207:7</p> <p><b>far</b> [4] 23:22 123:19 185:20 255:12</p> <p><b>fault</b> [1] 241:8</p> <p><b>faulty</b> [1] 374:1</p> <p><b>fax</b> [1] 96:16</p> <p><b>fear</b> [1] 232:3</p> <p><b>February</b> [1] 188:25</p> <p><b>federal</b> [1] 175:20</p> <p><b>feedback</b> [8] 91:2 139:11 139:19 142:20 189:14 211:8 299:20 301:13</p> <p><b>feeling</b> [4] 281:14,15 292:4 307:8</p> <p><b>felt</b> [18] 71:20 142:21 148:25 151:18 172:2,6 217:4 241:2 270:14 288:5 306:17 315:3 316:15 322:15 326:13 358:10 379:13 380:1</p> <p><b>few</b> [14] 29:21 49:12 102:6 119:13 127:2 141:20 144:16 149:6 159:3 188:25 228:22 306:15 308:17 318:2</p> <p><b>field</b> [2] 269:8 270:7</p> <p><b>figure</b> [7] 131:18 132:8 133:16,22,23 205:12 217:1</p> <p><b>file</b> [4] 40:19 78:18 340:13 399:10</p> <p><b>filed</b> [4] 112:25 238:10 243:19,23</p> <p><b>files</b> [6] 182:8 251:15 252:10 303:9,24 398:1</p> <p><b>fill</b> [1] 295:10</p> <p><b>filled</b> [1] 185:19</p> <p><b>filling</b> [1] 178:22</p> <p><b>Finance</b> [2] 163:10 169:4</p> <p><b>financial</b> [2] 270:12 335:9</p> <p><b>financially</b> [1] 396:15</p> <p><b>findings</b> [2] 365:10,13</p> <p><b>fine</b> [6] 21:1,6 156:16 165:16 201:11 241:8</p> <p><b>fingerpoint</b> [1] 351:16</p> <p><b>fingerpointing</b> [1] 359:1</p> <p><b>finish</b> [1] 163:19</p> <p><b>firm</b> [1] 304:14</p> <p><b>first</b> [65] 4:10,11 23:5 24:2 25:13 49:13 64:9</p>
--	--	--	---	---

-F-

**face** [3] 196:6,6 317:9

**facing** [1] 169:15

**fact** [55] 23:25 28:5,16 35:20 36:2 37:15 41:3 47:21 48:11 54:20 55:11 58:11 59:25 70:1 71:25 84:20 85:3 93:11 97:10 97:16 100:9,13 104:10 106:20,23 107:9,14 108:13 109:4,8 112:11 116:1 127:11 131:25 180:24 185:12 192:5 230:3 251:24 255:18 260:23 261:2,14 290:8 297:15 322:21 326:18 332:8 343:2,3 349:5 359:17 384:8 396:8 402:3

**factor** [1] 241:13

**factored** [1] 247:4

**factoring** [1] 241:20

**factors** [3] 132:21 133:7 273:11

**failed** [1] 374:9

**failure** [3] 374:1,4 375:7

**fair** [7] 169:13 233:3 267:1 288:20 303:17 308:12 398:8

**fairly** [39] 6:21 26:13 31:20,21,23 95:1 105:17 108:2 172:22 175:25 181:24 182:25 183:6 186:24,25 192:2 212:3 227:11,14 230:20 237:7 262:22 280:3,7 302:14 304:14 306:8,12,13 314:17 324:22 334:13 336:20 346:9 349:21 370:25 376:6 380:11 381:22

**fairness** [1] 155:7

<p>76:18 77:3 103:7 119:18 141:4,13 162:17 164:6 174:11 175:10,12 177:22 181:22 184:6,12,19 186:2 190:19 191:3,6 192:25 193:5 194:1 221:6,11 225:15 226:1 228:16 235:6 236:17 239:23 241:1 244:17 257:14 266:22 267:13 269:19 288:25 290:1 294:17 297:10 308:18 311:8 312:19 314:16 317:15 322:2 324:24 326:1 327:20 347:15 354:6,18 354:23,25 359:8,25 403:6</p> <p><b>first-hand</b> [1] 185:9</p> <p><b>fit</b> [1] 214:23</p> <p><b>five</b> [16] 180:8,9 250:13 250:14 252:22,24 257:17 258:6 266:15 268:2,3,3 269:15 335:25 339:25 374:23</p> <p><b>five-year</b> [1] 250:21</p> <p><b>fix</b> [1] 307:4</p> <p><b>fixation</b> [5] 273:9 373:16 374:12,15,16</p> <p><b>flaws</b> [1] 375:5</p> <p><b>floated</b> [1] 247:24</p> <p><b>flow</b> [10] 86:17 212:19 338:9 339:13,15 342:5,8 402:10,18,20</p> <p><b>flowed</b> [1] 16:15</p> <p><b>flows</b> [1] 276:15</p> <p><b>focus</b> [4] 79:19,20,21 387:4</p> <p><b>focused</b> [2] 76:3 268:22</p> <p><b>Fog</b> [6] 49:8 54:5 64:3 89:2 345:24 346:10</p> <p><b>folks</b> [2] 379:17 381:9</p> <p><b>follow</b> [26] 29:13 49:10 72:9 114:5 121:19,20,25 122:17 126:11 128:8 129:8 137:20 155:5,19 314:4 334:7,11 339:21 340:17,24 341:3 345:4,9 346:1,18 356:15</p> <p><b>follow-up</b> [3] 121:21 325:14 329:24</p> <p><b>followed</b> [10] 30:9 105:23 117:24 124:6,19 141:1 237:21 242:24 283:6 341:10</p> <p><b>following</b> [18] 6:13 36:7 82:24 121:4 124:10,23 128:6 153:22 154:11 245:1,3 246:9,17 248:20 264:12 343:1 345:3 373:15</p> <p><b>follows</b> [1] 341:13</p> <p><b>forcing</b> [1] 325:21</p> <p><b>foregoing</b> [1] 405:2</p> <p><b>forget</b> [2] 63:1 382:25</p> <p><b>forgot</b> [1] 124:21</p> <p><b>form</b> [5] 58:8 239:24 261:24 274:12 321:10</p>	<p><b>formal</b> [7] 7:10 124:20 125:3 126:5,8,11,14</p> <p><b>formality</b> [1] 136:25</p> <p><b>formalized</b> [1] 321:12</p> <p><b>formally</b> [4] 120:17 123:23 128:7 322:5</p> <p><b>formed</b> [1] 328:14</p> <p><b>former</b> [1] 10:22</p> <p><b>formulary</b> [1] 380:10</p> <p><b>forth</b> [6] 138:14 150:11 338:10 339:13 342:5 402:11</p> <p><b>forthcoming</b> [5] 59:19 218:21 347:12 350:11 371:18</p> <p><b>forward</b> [22] 149:2 150:14 157:15 173:1,2,5 174:1 182:3 187:19 193:20 195:16 200:10 218:19 264:16 273:18 297:23 298:2,7 309:10 310:23 321:24 389:23</p> <p><b>forwarded</b> [6] 153:4 158:25 159:12 293:9 321:13,19</p> <p><b>forwarding</b> [3] 214:17 218:10 335:17</p> <p><b>found</b> [5] 196:15,17 227:14 230:12,17</p> <p><b>four</b> [8] 11:10,14 12:3 74:24 95:6 149:20 164:14 164:25</p> <p><b>four-year</b> [1] 258:3</p> <p><b>fourth</b> [1] 31:10</p> <p><b>Fourthly</b> [1] 374:17</p> <p><b>frame</b> [1] 306:13</p> <p><b>frames</b> [2] 358:22 389:23</p> <p><b>frank</b> [2] 173:17 196:18</p> <p><b>free</b> [1] 185:21</p> <p><b>frequent</b> [2] 186:21 385:16</p> <p><b>frequently</b> [6] 37:14 39:19 146:1 210:9 325:18 331:6</p> <p><b>Friday</b> [1] 386:25</p> <p><b>Fridays</b> [1] 120:2</p> <p><b>friends</b> [2] 209:24 401:2</p> <p><b>front</b> [3] 78:13 100:3 334:4</p> <p><b>frustrated</b> [1] 395:19</p> <p><b>fulfil</b> [1] 137:19</p> <p><b>full</b> [7] 31:11 151:22 267:5 277:10 278:7 370:15 397:3</p> <p><b>fully</b> [1] 199:22</p> <p><b>function</b> [15] 6:17,18,20 13:24,25 15:12,14 16:10 17:9 18:15 19:17 20:2 20:19 211:3,16</p> <p><b>functioned</b> [2] 15:5 23:22</p> <p><b>fund</b> [1] 394:5</p> <p><b>fundraising</b> [2] 398:5 398:13</p>	<p><b>funnel</b> [1] 20:4</p> <p><b>future</b> [2] 162:3 339:7</p> <p><b>FYI</b> [4] 329:23 370:16 384:7 397:3</p> <hr/> <p style="text-align: center;"><b>-G-</b></p> <hr/> <p><b>Gander</b> [1] 159:7</p> <p><b>Ganguly</b> [1] 309:7</p> <p><b>Gary</b> [4] 203:9 204:5 218:6,14</p> <p><b>gather</b> [2] 20:5 22:5</p> <p><b>gathered</b> [1] 22:22</p> <p><b>gathering</b> [4] 19:3 20:2 22:16 144:24</p> <p><b>gathers</b> [1] 18:17</p> <p><b>general</b> [22] 6:22 10:3 10:17 57:22 58:2 86:16 93:11,13 94:12 117:16 117:17 141:23 148:9 155:23,25 157:4,6 197:25 210:20 269:11 338:5 374:8</p> <p><b>generalists</b> [1] 8:6</p> <p><b>generally</b> [9] 5:7 13:21 22:9 50:3,6 126:12 148:10 172:2 211:7</p> <p><b>genuine</b> [1] 81:20</p> <p><b>George</b> [15] 49:10 125:13 179:25 196:23 225:18 226:7 265:7 290:17 292:11 79:14 90:14 106:15 108:24 110:4 112:5 116:10,23 171:18 176:11 192:16 197:9 198:24 201:25 202:22 232:23 238:23 241:20 243:1,1,5 264:4 283:19 284:23 294:13 299:4 302:12 303:12 330:23 336:15 339:21 346:7 359:18 361:11 370:12 390:25 391:2 403:6</p> <p><b>giving</b> [7] 32:24 111:16 161:15 286:9 300:13 304:24 389:19</p> <p><b>glad</b> [1] 316:10</p> <p><b>glean</b> [1] 305:11</p> <p><b>goal</b> [1] 19:16</p> <p><b>goals</b> [1] 216:3</p> <p><b>goes</b> [10] 190:9 217:18 329:25 331:5,10 335:23 374:21 384:12 389:11 392:10</p> <p><b>gone</b> [17] 17:8 24:7 27:25 34:14 156:3 183:12 203:9 282:13 283:20 312:2 316:22 339:16 353:21 357:22 358:1 359:7 364:13</p>	<p><b>good</b> [48] 4:5 41:24 119:4 119:6 144:9,12 160:17 160:19 169:13 175:18,25 186:24,24 187:17 188:5 188:21 213:12 216:22 225:25 227:24 234:21,24 237:5 254:22 306:4 329:7 336:20 343:13 348:5,7 355:16 361:6 377:7 379:13 381:4,4 383:4 388:4,6 397:23 400:24 400:24 401:1,1 402:10 402:18,20 404:7</p> <p><b>government</b> [23] 4:17 7:16 113:11 114:7 116:19 126:5 141:18 189:3 206:19 210:7 213:20 263:10 265:11 271:3 285:4 318:9 337:15 363:18 380:8 394:4 396:16 398:15 401:16</p> <p><b>governmental</b> [2] 164:16 166:7</p> <p><b>Grand</b> [2] 138:9 159:9</p> <p><b>grapple</b> [1] 136:21</p> <p><b>great</b> [6] 36:17 129:13 274:4 290:14 336:9 362:18</p> <p><b>greater</b> [8] 40:24 87:6 87:13 88:20 336:10 338:13 342:3 387:7</p> <p><b>greatly</b> [1] 269:22</p> <p><b>Grenfell</b> [8] 238:9,11,19 239:4,13 240:11 241:12 242:16</p> <p><b>grips</b> [2] 228:3 237:10</p> <p><b>grossing</b> [1] 374:13</p> <p><b>group</b> [14] 138:1 226:18 228:5,10,16,18 229:2,12 232:25 233:25 256:21 259:17 260:13 340:12</p> <p><b>groups</b> [2] 135:5 370:24</p> <p><b>guess</b> [126] 33:3,9 99:11 107:12 120:20,25 128:5 128:25 136:2 146:21 164:22 166:4,5,10 167:3 167:14,25 169:10 170:21 172:22 173:6 175:7 176:13 178:21 180:8,9 181:16 182:11 184:25 186:15 189:10 190:19 195:16 196:21 200:8 204:17 207:5 209:8,10 209:17 212:15,19 215:1 215:24 216:3 217:5 218:6 220:19,20 236:12 238:21 239:1,20 240:1,21 244:8 245:4,19,22,23 248:4 249:10 250:5,16 253:8 254:11 255:3,17 256:17 257:12 262:13,16,22 263:25 266:8,22 267:3 269:12 270:24 272:23,23 272:24 278:10 279:6,8 287:13,15 297:7 303:18 305:20 306:4 307:1,13 310:22 316:15 318:25 326:12 330:20 331:22 332:8 333:16,20 339:5,7 339:17 340:4,6 342:11</p>	<p>351:7,9,11 353:18 367:4 376:21 381:8,10,19,22 382:1 383:14 385:16 386:19 387:7 393:5 395:10 401:2</p> <p><b>guidance</b> [1] 401:18</p> <p><b>gut</b> [2] 300:14 305:17</p> <hr/> <p style="text-align: center;"><b>-H-</b></p> <hr/> <p><b>H-Y-N-E-S</b> [1] 161:4</p> <p><b>half</b> [2] 168:10 170:24</p> <p><b>hand</b> [6] 64:19 77:25 83:5 114:11 292:14 348:3</p> <p><b>handed</b> [3] 74:1 149:10 225:4</p> <p><b>handle</b> [8] 12:13,14 169:14 180:3 219:10 220:25 227:24 378:13</p> <p><b>handled</b> [1] 166:17</p> <p><b>hands</b> [1] 168:24</p> <p><b>handwriting</b> [1] 307:19</p> <p><b>handwritten</b> [7] 122:24 123:3 235:19,20,24 248:19 338:21</p> <p><b>happening</b> [15] 20:10 20:17 50:7 60:1 134:20 151:22 310:18,19 313:15 320:19 321:4 322:12 344:4 358:14 364:21</p> <p><b>hard</b> [4] 350:20 391:19 392:4,21</p> <p><b>HCS</b> [2] 203:13 204:2</p> <p><b>he'd</b> [3] 170:24 187:14 399:11</p> <p><b>he/she</b> [1] 309:4</p> <p><b>head</b> [4] 63:2 193:9 294:21 400:4</p> <p><b>heading</b> [4] 83:13 134:5 137:3,20</p> <p><b>headings</b> [1] 137:1</p> <p><b>heads</b> [23] 54:23 64:4,11 110:4,13 153:17 154:5 175:8 202:1,2,22 203:14 286:8,10 315:1 331:22 346:8 347:25 348:17 384:18 390:18 398:23 399:17</p> <p><b>health</b> [257] 1:11,17 4:6 4:12 5:7 6:3,4,5,18 7:7 7:17,19 8:13,21 9:5,7,18 9:24,25 10:14 12:2,4,6 12:13,18,21,25 13:3,10 13:16,18 14:4,10,15,19 14:25 15:3,21 18:5,8,25 18:25 20:11,17 23:21 24:8 29:20 32:23 33:10 33:14 41:5 47:3 48:6,21 49:17 50:19 52:1,12,15 53:8 55:21 56:6,13,13 56:18 57:7,11,24 60:5 60:21 62:22 64:20 69:17 70:8 71:19 72:10,16 74:7 75:6,7 78:1 79:14,21 86:11,11,22 87:3,17 88:21,23 89:23 90:1,11 90:20,25 91:9,10,18 92:12,20 98:17 101:14</p>
---	--	--	--	---

<p>106:19 107:15 108:14 110:4,17,20 111:1,21 112:22 114:23 115:7 116:7,18,20,22,22 117:1 118:1 128:7 129:20 130:16 132:22 133:15,22 134:18 139:7 141:1 142:15 149:11 150:12,15 151:20 152:15 153:7,14 153:23 162:22 163:4 167:5 168:14 169:14,21 170:4,9 175:3,7,21 187:3 190:10,14 191:23 192:3 193:14 194:12 203:11,15 203:17,23 206:2 207:24 212:22 218:17 219:8 222:7 225:2 229:8 231:7 236:21 238:11,19 239:6 240:13 243:2,14 244:24 245:6 246:4 252:12 253:2 253:5,15 255:2 263:12 265:2,8 268:14 269:24 270:14 274:8 279:16 280:2,10 281:20,23 282:17 283:7,14 290:8 290:23 296:8 297:23 300:13 301:22 302:5,25 303:24 305:24 310:2,24 311:7 323:23 325:13 327:16 331:25 332:9 334:1 335:5,24 336:21 336:22 338:6,7,12 339:4 339:4,12 341:17 345:4 345:10,11 346:8,23 347:5 347:13,16,21 348:15,17 351:8 354:13 355:23 365:22 368:15 370:10 373:6 376:16 377:1 379:9 383:15 386:21 392:15 393:8 394:25 395:12 396:1</p> <p><b>Health's</b> [9] 36:23 71:9 103:14 241:17 269:12 277:6 311:16 340:11 392:13</p> <p><b>health-related</b> [1] 5:1</p> <p><b>hear</b> [14] 174:11 191:10 192:25 215:13 259:1 272:17 288:18 297:10 334:7 348:1 350:9,17 372:13 400:7</p> <p><b>heard</b> [26] 6:1 14:23 25:13 65:13 129:20 149:13 157:10 175:10,12 177:21 186:2,16 193:5 210:4 250:25 290:17 300:16 348:13 353:3 355:21 365:8 377:22 386:14 387:25 390:20 405:5</p> <p><b>hearing</b> [9] 115:19 177:22 191:7 257:15 260:10 267:14 296:6 348:3 382:16</p> <p><b>hearings</b> [1] 157:11</p> <p><b>Hearn</b> [1] 162:14</p> <p><b>held</b> [1] 114:8</p> <p><b>help</b> [6] 135:19 156:21 168:7,11 171:3 401:17</p> <p><b>helped</b> [2] 381:25 382:8</p>	<p><b>helpful</b> [2] 54:1 189:13</p> <p><b>helping</b> [1] 166:6</p> <p><b>henceforth</b> [1] 359:5</p> <p><b>Hennebury</b> [3] 1:9 118:18,19</p> <p><b>Hennessey</b> [20] 36:19 45:5,19 46:7,14 47:13 49:2 186:3,21 283:12 293:10 337:6 345:19 357:1 365:9,13 391:12 391:12 392:3 393:7</p> <p><b>Hennessey's</b> [1] 366:24</p> <p><b>Herceptin</b> [5] 379:23 380:9 381:1,13 383:9</p> <p><b>hereby</b> [1] 405:2</p> <p><b>hesitate</b> [2] 172:8 187:18</p> <p><b>hiding</b> [2] 106:23 107:9</p> <p><b>high</b> [12] 25:9 26:13 124:1 136:15,15 156:23 156:24,24 157:1 171:18 332:24 333:14</p> <p><b>high-level</b> [5] 5:13 6:12 26:1 124:13 269:11</p> <p><b>highlighted</b> [1] 138:3</p> <p><b>himself</b> [4] 171:16 187:17 310:9 398:10</p> <p><b>hindsight</b> [2] 98:24 105:9</p> <p><b>HIROC</b> [1] 242:6</p> <p><b>hold</b> [12] 264:5 281:23 296:15 297:17 298:10 299:22 310:1 330:21 384:14 387:22 389:6,17</p> <p><b>holding</b> [10] 33:14 299:7 299:9,13 385:25 387:9 387:22 388:14,21,21</p> <p><b>holidays</b> [1] 368:12</p> <p><b>home</b> [1] 187:4</p> <p><b>honest</b> [4] 213:20 354:21 367:17 399:7</p> <p><b>honestly</b> [1] 314:24</p> <p><b>honour</b> [1] 305:9</p> <p><b>Honourable</b> [6] 1:3 162:13 163:5,10,14 405:6</p> <p><b>hope</b> [5] 162:2 215:25 282:7 285:1 329:2</p> <p><b>hoped</b> [1] 262:18</p> <p><b>hormone</b> [3] 1:2 116:24 405:4</p> <p><b>horse</b> [1] 330:9</p> <p><b>hospital</b> [4] 187:4 386:23 387:2 396:2</p> <p><b>hospitals</b> [1] 9:1</p> <p><b>host</b> [1] 398:2</p> <p><b>hosting</b> [1] 398:5</p> <p><b>hours</b> [2] 325:11 402:15</p> <p><b>house</b> [29] 20:8 22:18 62:23 144:19 146:15 148:25 154:12 164:16 166:8,9,20 321:20 327:23 333:6 352:19,20 355:18 358:22 384:16 386:1,23 387:5,21,24 388:10 391:25 392:11 393:14 401:15</p>	<p><b>huge</b> [1] 194:11</p> <p><b>human</b> [5] 270:13 272:12 273:1,4 335:9</p> <p><b>hundreds</b> [4] 182:13 229:20 306:24 396:3</p> <p><b>Hunt</b> [4] 36:19 49:2 345:20 356:25</p> <p><b>Hynes</b> [573] 2:7 36:20 49:2 157:16 159:1 160:16 160:17,18,23 161:3,4,7 161:14,18 163:18,20 164:2,11 165:5,13,20,25 166:22 167:6,12,24 168:16,21 169:2,9,18 170:5,14 171:24 172:14 172:20 173:11,18 174:6 174:11,13 175:17 176:12 176:24 177:13,24 178:4 178:10,17 179:1,6,11,20 180:10,14,20 181:5,13 182:5,15,23 183:10,18 183:22 184:3,9,21 185:6 185:17 186:5,11,23 187:13 188:4,23 189:9 189:21,25 190:2,22 191:2 191:14,20 192:10,21 193:2,10 194:8,21 195:5 196:2,9,14 197:2,16 198:6,17 199:6,16 200:5 200:18,24 201:4,8,13,20 202:6,11,16 203:2,8 204:9,20 205:5,22 206:10 206:16,21,24 207:14,25 208:6,11,18 209:2,7,21 210:8,14,19 211:17,23 211:25 212:7,14 213:4 213:17 214:5,9,25 215:15 215:23 216:9,23 217:3 217:21 218:5 219:1,4,14 219:21 220:3,10,15 221:2 221:10,25 222:5,15,19 222:25 223:6,14,24 224:9 224:15,22 225:5,14 226:4 227:3,10 228:6,13,17 229:5,17 230:4 231:1,6 231:14,22 232:14,20 233:2,21 234:4,22,23 235:5,11,17 236:7,11,15 237:2,6 238:6 239:5,16 240:6,12,20 241:16 242:8 242:20 243:8,12 244:6 244:23 245:18 246:3,18 247:12,18 248:8,13,25 249:16,21 250:1,15 251:3 251:10 252:2,17 253:3 253:12,17,22 254:10,21 255:1,14,21 256:1,4,23 257:6 258:1,13,24 259:10 259:13,19 260:14 261:4 261:16,20 262:12 263:1 263:23 264:10,19 265:5 266:7,12,16,25 267:10 267:17,23 268:6,15 269:2 269:10 270:9,22 271:11 272:6,13,19 273:12,20 274:24 275:7,14,19 276:4 276:12,23 277:4,23 278:16 279:5,15,17,24 280:18,25 281:5,16 282:2 282:15 283:3,9,21 284:3 284:12,15,17,25 285:6 285:10,14,19 286:2,7,15</p>	<p>286:22 287:2,9,20,25 288:9,14,23 289:23 290:3 290:10 291:4,9,17,22 293:17,23 294:7,25 295:6 295:13,19,24 296:24 297:6,20 298:3,13,18 299:2,10,15 300:2,9 301:6,11 302:7,19 303:3 303:21 304:10,18,25 305:7,16,19 306:3,15,21 307:11,20,24 308:12,13 309:22 310:10,21 311:5 311:11,22 312:5,12,18 312:25 313:4,10,17 314:6 314:15,23 315:8,11,16 315:21 316:4,9,14,25 317:17,22 318:5,11,20 318:24 319:7,20 320:10 320:20,25 321:7 322:7 322:14 323:1 324:3,21 325:4 326:3,10,21,25 327:12 328:4,9,13,20 329:1,17 330:19 331:2 331:20 332:7,15,20,25 333:15,24 334:22 335:2 336:8,17 337:3,9,21 339:2 340:3,19 341:5,19 342:2,20,25 343:8,19 344:2,16,25 345:6,13 346:5,21 347:14 348:21 349:2,11,16,25 350:12 350:19 351:6,23 352:4 352:18 353:6,11,15,22 354:1,5,10 355:2,7,14 356:6,24 357:4,5,13,17 358:15 359:12,19 360:8 360:14,25 361:5,15,22 362:1,9 363:2,7,12,24 364:16 365:4,14,18,25 366:4,9,14,20 367:2,14 368:1,9,20,24 369:8,19 370:4,13 371:11,21 372:11,25 373:7 375:9 375:23 376:5,8,12 377:3 377:14,18,25 378:9,19 379:3,15 380:3,7 381:15 382:4,9,14,19 383:11,12 383:20,24 384:22 385:3 385:11,15 386:16 387:17 388:3,7,11,17,23 389:15 390:6 391:4 392:12 393:3 393:16 394:18,23 396:13 397:12,21 399:4,25 400:9 400:15,23 401:6,24 402:13,19 403:4,17</p> <hr/> <p style="text-align: center;"><b>-I-</b></p> <hr/> <p><b>i.e</b> [2] 248:22 276:1</p> <p><b>idea</b> [36] 41:24 73:10 75:18 112:23 204:24 205:1 207:21 212:12 213:12,13 215:9,12 216:22 222:3 227:12 252:21 259:13 272:17 277:18 282:22 285:15 287:8 302:2 310:5 330:12 332:3 348:14 371:23 385:23,25 386:2,7,11,14 388:14 390:2</p> <p><b>ideally</b> [1] 16:8</p> <p><b>ideas</b> [1] 211:7</p>	<p><b>identified</b> [8] 64:10 95:21 135:16 260:3 262:14 304:3,15 341:8</p> <p><b>identifies</b> [1] 392:3</p> <p><b>identify</b> [7] 135:23 212:17 222:8 252:13 279:7 300:24 303:16</p> <p><b>identifying</b> [6] 135:8,11 301:10 302:2,5 303:1</p> <p><b>IHC</b> [1] 375:4</p> <p><b>immediate</b> [1] 50:12</p> <p><b>immediately</b> [7] 47:4 179:23 213:21 216:20 289:20 290:7 317:18</p> <p><b>imminent</b> [2] 205:2 212:8</p> <p><b>imminently</b> [1] 212:5</p> <p><b>immunohistochemistry</b> [2] 306:20 375:2</p> <p><b>immunoperoxidase</b> [1] 309:6</p> <p><b>impact</b> [2] 268:11,12</p> <p><b>impacted</b> [10] 181:24 220:2,4 238:17,21 247:3 257:8 262:15 270:3 327:18</p> <p><b>implemented</b> [1] 188:14</p> <p><b>import</b> [2] 82:15 117:17</p> <p><b>importance</b> [4] 34:8 124:11 151:11 375:3</p> <p><b>important</b> [22] 34:4 97:16,21 98:1,2,21 99:2 99:7,10,15,19 101:3 149:1 172:6 185:16,23 207:18 258:25 315:4 322:16 326:14 398:17</p> <p><b>impractical</b> [1] 394:17</p> <p><b>impression</b> [32] 17:3,6 17:9 57:22 58:2,7,8 59:20 63:8,18 91:15,23 92:2,6 93:1,23 94:8,11 94:12 97:4 103:25 152:5 227:21 278:2,3 300:6 304:19 306:6,11 311:13 328:15,24</p> <p><b>impressions</b> [1] 17:4</p> <p><b>improve</b> [1] 395:22</p> <p><b>improving</b> [1] 383:6</p> <p><b>inadequate</b> [2] 374:13 374:17</p> <p><b>Inappropriate</b> [1] 374:23</p> <p><b>Inaudible</b> [1] 301:5</p> <p><b>incident</b> [1] 349:7</p> <p><b>incidental</b> [1] 146:4</p> <p><b>incidents</b> [1] 353:14</p> <p><b>include</b> [7] 12:19 53:17 69:2 92:12 139:4 140:3 217:12</p> <p><b>included</b> [14] 8:25 49:1 59:16,17 67:8,19 79:11 136:5 236:18 292:19 355:12 362:25 401:21,22</p> <p><b>including</b> [7] 100:14 291:25 329:19 335:15</p>
--	---	---	---	---

<p>374:5 391:11 392:19  <b>inclusion</b> [1] 138:14  <b>incoming</b> [1] 218:15  <b>inconsistency</b> [1] 33:19  <b>incorrect</b> [2] 58:13      294:13  <b>indeed</b> [2] 37:23 191:18  <b>independent</b> [10] 23:13      26:8 29:14 36:7 38:2      39:3 314:14,19 323:17      344:6  <b>indicate</b> [7] 42:2 47:17      192:11 197:21 202:4      207:23 235:22  <b>indicated</b> [18] 25:20      66:11 69:17 79:18 87:13      90:4 120:25 140:9 177:2      200:1 213:11 279:21      305:17 306:16 330:7,16      347:17 382:10  <b>indicates</b> [3] 292:11      309:5 337:17  <b>indicating</b> [1] 297:17  <b>indication</b> [7] 198:14      232:23,25 266:2 302:4      302:25 327:22  <b>indirect</b> [1] 217:23  <b>indirectly</b> [1] 209:16  <b>individual</b> [20] 14:19      165:7 181:17,20 239:25      240:25 242:23 244:17      245:7,10 257:8,14 259:2      289:12 298:20,22 299:17      300:4 303:16 313:19  <b>individual's</b> [1] 386:17  <b>individually</b> [3] 240:2      241:2 297:10  <b>individuals</b> [9] 93:12      177:9 182:10 190:10      226:2 281:12 351:14      376:24 381:24  <b>inevitable</b> [1] 282:6  <b>influence</b> [1] 168:5  <b>influencing</b> [1] 242:19  <b>inform</b> [1] 199:22  <b>informal</b> [2] 127:1      228:25  <b>informally</b> [3] 120:17      312:15,17  <b>information</b> [202] 14:21      15:22 16:2,14 17:10,11      17:15,17 18:7,15,17,22      19:2,9,17,19 20:1,2      21:14 22:5,17,21 27:2      32:24 33:5,10 34:17      35:12,17 39:5,23 43:12      43:16 44:18 45:24 47:22      58:14 59:15,19 65:16      66:3 67:8,19 70:10 76:6      76:8 78:25 79:15 87:7      87:14 91:17 92:8,20 93:2      93:19 98:7 100:9,10      103:1,15 106:21 107:7      109:8 110:18,21 111:3,4      111:5,16,22 112:6,13,19      112:23 114:21 139:3      140:2 145:13 146:6</p>	<p>150:11,14 151:19 152:1      171:12 174:12 175:2      178:22 180:22 181:23      185:4 192:22 193:14      197:9,11,13,23 198:24      199:1,9 201:24 204:6      218:15 219:8 220:14      221:8,17 223:5,9,17      224:8 252:14 256:10      258:14 259:4,11,24 260:5      260:16,20 262:5,18 264:3      264:15,22 265:4,13 266:1      267:3 278:3 281:11      287:14 288:3 292:5,10      292:14,15,22 293:21      294:2,3,12 295:15 297:13      297:16 301:22 305:10,22      306:6 308:22 309:1,9,17      316:18 320:2,14 321:8      321:12,20,22 324:5 325:3      325:5,6,24 326:8,13      328:15 331:8,22 338:9,9      339:13,15 340:4 342:5,8      342:15 346:23 347:12,24      350:10 352:13 354:12,16      354:20 355:20 357:22,25      366:25 367:20 369:12      376:2,23 385:6 386:20      389:19 393:10 395:7      398:19 402:11 403:16,24  <b>informed</b> [12] 20:6 21:13      21:14,18 50:12,18 56:24      89:1 155:16 179:5 184:7      287:7  <b>informing</b> [2] 49:18      88:5  <b>initial</b> [8] 46:25 176:25      180:22,22 186:1 219:15      250:17 267:4  <b>initiative</b> [1] 149:1  <b>input</b> [7] 137:25 139:2      139:14,17 140:21 142:2      355:23  <b>inquire</b> [2] 34:5 393:7  <b>inquiries</b> [4] 230:2      325:21,22 392:9  <b>inquiry</b> [5] 1:1 16:22      389:3 405:4,7  <b>inside</b> [1] 183:5  <b>insight</b> [1] 172:22  <b>insinuate</b> [2] 387:14,16  <b>instance</b> [3] 249:3      386:21,22  <b>instances</b> [4] 147:3      148:5,7 362:7  <b>instead</b> [4] 127:3 250:24      277:17 364:20  <b>instinct</b> [2] 300:15      305:17  <b>instructed</b> [1] 356:15  <b>instruction</b> [2] 200:3      358:2  <b>insurance</b> [3] 240:14      241:24 243:3  <b>Integrated</b> [3] 1:10,17      238:11  <b>intended</b> [4] 91:3 115:5      125:17 127:1</p>	<p><b>intent</b> [1] 232:5  <b>intentionally</b> [1] 110:18  <b>intentions</b> [1] 38:18  <b>interact</b> [3] 170:12 338:8      339:10  <b>interacted</b> [1] 10:13  <b>interaction</b> [7] 14:8      143:1 171:18 186:20,22      187:11 401:4  <b>interactions</b> [5] 13:12      13:25 15:18 165:12 187:1  <b>interchangeable</b> [2]      131:4,8  <b>interest</b> [6] 108:24      116:10 330:1 331:25      385:18 386:12  <b>interested</b> [5] 136:4      138:1 151:17 186:16      330:10  <b>interesting</b> [1] 55:18  <b>Intergovernmental</b> [1]      163:1  <b>internal</b> [13] 205:11      212:23 251:17 255:3      296:7 307:5 310:2 351:11      373:16,19,23 374:8,19  <b>internally</b> [12] 194:1      212:17 220:20 222:8      227:24 228:2 246:5,21      265:15 283:11 288:3      352:22  <b>interpret</b> [2] 273:7      341:25  <b>interpretation</b> [4] 27:19      248:21 293:7 375:4  <b>interrupted</b> [1] 275:22  <b>interview</b> [25] 21:19      38:7,21 39:4,16 49:7      51:5,7,19 54:4,6,12,15      54:16,21 55:11 64:2 89:2      325:14,20 329:25 335:23      345:24 346:9 384:12  <b>interviewed</b> [1] 183:1  <b>interviews</b> [11] 29:22      37:16 39:15 40:3 44:15      44:19 49:12,19 50:25      51:17 57:16  <b>introduced</b> [1] 6:8  <b>invested</b> [1] 230:10  <b>investment</b> [1] 231:18  <b>investments</b> [3] 372:14      372:18,19  <b>invite</b> [2] 228:22 229:10  <b>invited</b> [5] 189:1,6      226:15 229:4 398:14  <b>involve</b> [2] 204:17      214:11  <b>involved</b> [29] 16:22      59:12 75:21 76:24 77:10      145:19,20 159:20 169:20      182:7 190:15 205:13,13      219:17 222:9 227:25      243:2 247:1,2,7,9 291:25      300:25 301:17 303:2      367:7 380:18 393:4      397:17</p>	<p><b>involvement</b> [5] 9:17      23:6 26:11 146:3 166:15  <b>involves</b> [4] 164:16,18      164:20 197:12  <b>involving</b> [4] 116:21      117:15 182:13,13  <b>irregardless</b> [2] 262:6      389:24  <b>island</b> [2] 158:16 254:14  <b>isolated</b> [11] 38:21,21      44:9,20,22 45:17 137:9      237:13 247:23 325:20      349:7  <b>issue</b> [302] 14:15 20:13      21:13 24:3,9 25:3 26:1      28:9 30:22 34:10 35:2      35:13 38:22,23 39:1      40:17 41:3,4,6,12 42:16      42:19 43:22 44:10,23      45:17 46:2,3,13 47:5,21      48:4,11 49:9 50:21,22      52:1 53:9,25 54:16,20      54:21 55:12,24,25 56:4      56:6,21 57:9,16 63:9      71:9 81:25 93:7 97:9      102:7 105:19 113:23      116:11 117:24 122:3      130:16 137:6,7,9 138:23      151:17 154:12,22 155:20      158:5,6,9,11 171:7 172:5      172:24 173:3,21 174:5      174:10,12 175:3,4 177:21      178:16 179:5,19 180:18      181:8,11 182:3 184:7,8      184:11,18,23 185:16      187:4,4,5 189:20 193:5      194:12,18 195:15 196:22      197:10 198:4,15 200:6,9      205:3,17 206:15,19 207:5      207:19,19,24 210:13,23      211:12,16 212:4,5 214:4      214:24 215:4 216:22      222:21 224:14,20 227:1      229:1 232:4 237:22 238:4      238:8,13,18,19,22 239:3      239:12 240:10 242:15      243:23 244:1,2,10 246:10      247:22 255:20 256:3      257:2 268:4 273:15      278:15 281:20 282:24      284:21 286:1 287:23      288:17,21 291:1 294:24      296:17 300:8 305:21      307:1 308:11 312:4,15      313:9,15 316:10 318:9      319:5,8,15,18 320:9,24      321:5,6,8 322:8,11,13      322:22 323:17,19,20,23      324:2 325:13,17,19 326:7      327:7 331:11,14 332:4      332:17,18,19 333:16,17      333:19 334:9,20,24 336:6      336:16 337:10,11,18,20      338:12,23 339:25 340:7      340:20,24 341:25 342:16      342:21,24 343:4,6 344:7      344:8,11,12,14 345:4,5      345:9 346:1,16,20,22,25      347:3,20,21 348:2,11,16      348:23 349:5,9 350:2,3      350:7,11,24 351:1,2,15</p>	<p>352:24 353:4 355:19      358:9 360:19 362:11,12      364:22 365:2 367:12      368:17 370:19 371:8      375:14 377:22 378:8,16      379:23 381:14 382:13      383:17 384:15 386:1,5,9      387:23 390:3 391:9      396:10,11,12 397:16      398:22 399:3,15,23,24      400:14 403:3,16  <b>issued</b> [8] 36:22 37:5,22      51:25 52:7,14 53:18,21  <b>issues</b> [58] 7:11 11:13      12:14 13:1 16:3,14 18:5      19:3 20:7 28:22 49:7      51:13 55:9,15,20 56:11      56:25 136:2,19 138:2      139:5 141:17,24 145:20      155:12,13,18 168:5      169:14 171:21 172:18      173:16 174:1 181:15      187:1,8,19 188:3 194:7      210:17,21 242:18 284:24      304:3 309:5 310:8 345:23      347:11 352:22 363:19      370:22 376:14 392:2,7      392:22 401:11,22 403:9  <b>issuing</b> [5] 37:10 38:1,4      44:17 332:10  <b>item</b> [14] 49:4 123:14      124:19 127:12,21 129:2      138:16 155:11 337:7      343:11 347:18 348:14      358:4 364:12  <b>items</b> [10] 93:18 124:5,6      124:10,20 126:12,15      128:6,8 138:7  <b>itself</b> [7] 24:3 103:20      120:22 142:19 272:23      280:24 296:13</p> <hr/> <p style="text-align: center;"><b>-J-</b></p> <p><b>JA</b> [1] 235:25  <b>January</b> [2] 163:7,8  <b>Jeff</b> [1] 397:4  <b>Jennifer</b> [4] 1:15 2:4      119:2,8  <b>jeopardized</b> [1] 395:9  <b>job</b> [4] 165:2 170:3      211:16 343:13  <b>jog</b> [2] 248:17 391:7  <b>John</b> [17] 49:9,10 161:19      162:16 163:2 179:22      225:20 235:23 290:21      325:15 330:2 345:25      346:1 350:2 368:12      369:22 403:23  <b>John's</b> [29] 9:19,25 10:1      10:15 13:4 38:23,25 44:9      44:16,23 45:17 158:11      162:6,10,12,14 163:12      163:16 227:17 230:11      252:25 253:1 254:12,15      256:6 304:9 395:25 405:8      405:11  <b>join</b> [1] 189:1  <b>joined</b> [4] 226:16,18</p>
--	---	---	--	--

<p>229:1 289:15 <b>Josephine</b> [1] 155:10 <b>judgment</b> [1] 40:23 <b>Judy</b> [2] 405:2,13 <b>July</b> [48] 24:7 27:24 34:14 47:3,15 134:4 174:14,19 178:3,9,25 179:18 183:3,17 186:3 190:8,23 191:4 192:6,25 203:10 213:11 216:10 218:12 225:2 226:10,20 230:8 235:2 236:16 246:1 246:14 252:16 265:19,23 282:22 285:3 289:20 291:23 294:17 301:12 322:3 327:20,21 330:4 330:13 375:14 396:9 <b>July/August</b> [1] 302:24 <b>June</b> [4] 1:4 162:4 405:5 405:12 <b>Justice</b> [2] 1:3 405:6</p>	<p>28:5,7 34:13,15 44:10 77:24 78:2 95:25 96:1,7 96:12 103:14 105:13 118:3 175:23 322:16 <b>knows</b> [1] 384:19</p>	<p><b>least</b> [24] 33:6 38:25 89:25 107:25 153:18 194:1 217:20 233:22 247:13 250:18 270:10 274:13 293:2 300:5 304:15 305:22 306:11 309:10 327:25 353:2 357:19 369:9,21 378:21 <b>leave</b> [8] 62:25 94:11 143:17 211:20 288:24 325:20 356:17 362:4 <b>leaving</b> [2] 93:1 94:2 <b>led</b> [4] 72:5 97:7 184:24 280:19 <b>left</b> [18] 83:11 92:7 94:13 96:23 97:5 103:24 167:4 168:13 182:2 227:22 311:13,25 312:2 320:7 325:16 330:9 341:3 366:24 <b>legal</b> [19] 204:1 207:21 207:24 208:5 212:5 237:25 238:4 239:12,14 239:17 241:19,23 242:18 243:17,23 244:2,3,12 299:3 <b>leisure</b> [1] 209:11 <b>lengths</b> [1] 268:17 <b>lengthy</b> [2] 159:11 346:9 <b>lens</b> [7] 32:13 78:21 100:8 104:9,11 188:2,6 <b>less</b> [14] 40:16 45:25 166:10 197:3 207:17 210:9 251:19 252:3 266:21 272:24 281:18 391:17,17 398:24 <b>lessen</b> [1] 386:12 <b>lesser</b> [1] 220:8 <b>lessons</b> [5] 126:2,24 337:14 339:18 340:1 <b>letter</b> [47] 190:15,18,25 191:4,7,12 192:5,13,25 193:23 239:23,24 241:10 241:15 244:16 256:15 259:13,21,23 260:2 261:9 261:12,21,24 262:6,8,10 262:25 274:13 282:22 284:2,11,21 298:17 299:17,25,25 308:24 309:14,16,18 310:3 311:3 311:8,13 317:4,6 <b>letters</b> [17] 240:19 245:9 245:10 257:10 269:17 282:9,16 283:8,16,20 296:18 297:2 316:22 340:14 351:3,15 378:11 <b>level</b> [19] 23:20 25:9 26:14 60:1 70:16 108:24 124:2 136:15 156:24,24 156:24 157:1 192:1 199:12 281:25 306:2,5 310:18 311:4 <b>liability</b> [2] 244:2,3 <b>liaisoning</b> [1] 164:20 <b>life</b> [1] 169:20 <b>light</b> [3] 293:7 298:20 367:12 <b>liked</b> [1] 90:5</p>	<p><b>likely</b> [8] 21:18 24:23 45:25 77:20 203:16 205:1 374:4 391:18 <b>line</b> [9] 21:1,6,7 183:5 256:14 270:6 272:4 274:2 334:4 <b>lines</b> [2] 145:14 318:2 <b>linkage</b> [1] 205:23 <b>list</b> [11] 3:1 53:17 134:13 136:21 138:18 181:19 308:7 352:17 362:25 373:24 378:21 <b>listed</b> [2] 138:16,18 <b>listing</b> [2] 134:10 136:25 <b>lists</b> [1] 101:15 <b>litigation</b> [7] 112:25 113:10 114:13,17,18 115:2,17 <b>live</b> [1] 240:1 <b>lived</b> [1] 136:13 <b>lives</b> [1] 168:6 <b>load</b> [1] 269:16 <b>local</b> [12] 42:17 43:16,22 43:23 46:2,2 158:7 166:12,15 293:8 331:12 376:16 <b>locating</b> [1] 156:19 <b>log</b> [2] 183:9 289:7 <b>logs</b> [2] 174:16 183:2 <b>long-term</b> [2] 9:5 187:5 <b>longer</b> [3] 265:8 335:7 384:9 <b>look</b> [47] 31:1 59:14 74:1 75:4 78:8 81:23 82:16 83:11 94:22 127:9 139:20 148:7 158:1 189:24 203:7 204:15 219:22 229:21 230:14 248:11 254:24 255:4 260:2 264:24 266:9 267:2,2 273:23 275:15 276:7,9 291:20 307:18 315:6 323:5 325:9 335:13 342:11 345:16 352:8 356:22 372:24 383:3 390:9 395:14 396:23 399:13 <b>looked</b> [20] 48:18 77:15 78:2 79:8 94:20 100:17 101:20 102:7 109:17 146:12,14 156:12 157:17 204:13 304:7 317:4 364:22 382:20,22,23 <b>looking</b> [37] 32:7,13,22 33:7 44:4 77:25 78:14 78:21 96:14 100:8 102:12 102:16 104:8,11 108:25 118:7 127:7 152:12 177:6 178:8 180:21 206:17 246:8 250:20 251:14 257:10 258:5 299:16 300:1 314:1 317:24 323:24 368:8 369:17 371:15 376:1,2 <b>looks</b> [2] 324:9 375:10 <b>loop</b> [8] 49:6 63:11 87:8 284:23 326:6 345:22 365:1 384:13</p>	<p><b>loose</b> [1] 229:11 <b>loosely</b> [1] 197:18 <b>lost</b> [1] 268:19 <b>low</b> [1] 390:25 <b>lower</b> [4] 207:11 276:9 386:13 390:3 <b>lunch</b> [18] 194:16,23 195:4,17,18,20,22,23 198:9,10,11,23 199:13 199:18,19 234:8,17 380:23 <b>luncheon</b> [1] 195:25 <b>Lung</b> [1] 399:14 <b>Lyola</b> [1] 162:13</p>
<p><b>-L-</b></p>		<p><b>-M-</b></p>		
<p><b>lab</b> [27] 227:17 229:22 230:11 231:13,15 237:17 248:3 254:17,25 255:5 268:13 273:6,8,9 278:8 278:21 280:5 292:7 296:10 306:17,20,25 335:19 372:15 393:22 394:3,16 <b>label</b> [1] 19:10 <b>laboratories</b> [1] 374:2 <b>laboratory</b> [7] 159:2,21 225:19 236:22 365:11,12 373:4 <b>Labrador</b> [14] 116:19 119:9 238:8,11,19 239:3 239:13 240:10,11 241:12 242:15 290:15 405:8,11 <b>Labrador-Grenfell</b> [1] 1:16 <b>lack</b> [5] 26:10,11 28:13 128:5 374:4 <b>Laing</b> [11] 1:9 295:25 296:4 308:17,17 309:7 309:14 318:15 379:25 380:18 383:9 <b>language</b> [2] 328:17 386:18 <b>large</b> [12] 12:7 21:25 31:23 170:21 181:23 203:25 243:1 245:22 251:12 269:13 319:6,16 <b>larger</b> [8] 79:10,15 226:18 229:1,12 232:24 233:25 241:1 <b>largest</b> [1] 12:3 <b>last</b> [7] 4:8 75:4 146:21 238:4 263:19 273:25 327:4 <b>late</b> [7] 36:23 162:7 174:18,23 245:1 289:14 403:20 <b>latest</b> [4] 223:17 224:4 283:16 352:10 <b>latter</b> [2] 218:18 302:8 <b>lawsuit</b> [2] 238:10,23 <b>lawyer</b> [2] 190:18 244:9 <b>lawyers</b> [2] 240:14 241:24 <b>lay</b> [1] 268:18 <b>lead</b> [3] 207:1 233:14 397:25 <b>leading</b> [2] 151:16 280:5 <b>learn</b> [5] 8:7 13:11,18 46:18 202:15 <b>learned</b> [7] 126:2,24 292:16 337:14 339:18 340:2 402:2 <b>learning</b> [3] 16:23 23:23 317:15</p>	<p><b>ma'am</b> [4] 165:7 219:15 227:4 402:20 <b>machine</b> [2] 272:3 273:16 <b>Madam</b> [4] 63:13 122:3 183:23 301:12 <b>magnitude</b> [5] 181:11 182:3,10 198:4,16 <b>mail</b> [3] 38:17 48:2 395:18 <b>mails</b> [1] 36:4 <b>maintain</b> [1] 11:4 <b>Majesty</b> [1] 1:8 <b>major</b> [9] 134:17 161:21 181:8 203:11,14 204:24 214:18 339:4 348:2 <b>makes</b> [10] 56:13 80:22 81:11,15,24 83:1 102:23 103:8 226:21,22 <b>malicious</b> [2] 232:4 347:23 <b>mammogram</b> [2] 343:4 343:20 <b>mammograms</b> [1] 343:21 <b>mammography</b> [1] 336:2 <b>manage</b> [6] 270:2 333:7 333:9,16,17 386:8 <b>manageable</b> [1] 371:4 <b>managed</b> [1] 384:14 <b>management</b> [1] 20:18 <b>managing</b> [4] 40:17 78:18 334:17 340:13 <b>mandate</b> [1] 13:5 <b>manipulating</b> [1] 387:10 <b>manipulation</b> [4] 150:21 233:6 271:17 272:5 <b>manner</b> [4] 37:6,22 38:1 317:16 <b>manual</b> [3] 233:6 271:16 272:5 <b>manufacturer</b> [2] 292:13,25 <b>March</b> [4] 162:21,24,24 167:3</p>			

Inquiry on Hormone Receptor Testing

<p><b>Margaret</b> [1] 405:6  <b>margin</b> [14] 66:13 67:14  70:20 72:6,23 97:7  129:24 130:1,4,6,13,25  131:19 149:25  <b>mark</b> [4] 1:14 122:25  190:21 384:7  <b>marked</b> [2] 83:13 161:12  <b>Marshall</b> [1] 163:10  <b>Marshall's</b> [1] 169:3  <b>mass</b> [1] 336:10  <b>massive</b> [1] 370:25  <b>material</b> [4] 121:21  140:1,3 304:6  <b>materialize</b> [1] 282:19  <b>materials</b> [24] 52:7,14  65:2 72:9,15 84:19,23  85:6,25 89:22 91:2,10  92:17 94:18,22 104:2,6  105:3,17 110:6,7,9  139:16 218:20  <b>math</b> [1] 31:19  <b>matter</b> [19] 23:6 56:18  57:7,11 139:7 203:12,19  204:5 217:16 256:2,8  257:1 272:17 279:22  282:13 349:21 359:15  389:5 405:3  <b>matters</b> [2] 5:1 166:16  <b>Matthews</b> [8] 200:17  201:19 285:25 286:21  287:1,12,17 288:4  <b>may</b> [96] 10:3 25:5 28:12  35:5,9 38:20 50:6 57:25  73:4 77:20 80:20 82:10  84:18 85:15 86:16 97:9  102:8,16 109:17 115:13  115:21,23,23 116:16  117:18,20 121:7 126:20  127:7 147:14,15 154:17  162:11 163:22 170:22  173:3,3 177:1 186:13  188:13 189:16,16 192:15  197:22 198:11,11 199:11  201:21 202:18 203:4  213:5 220:2 223:18  226:22 230:18 233:1  246:4 247:7,23 249:14  261:6 266:3 269:13,18  276:9 277:2,8 289:8,14  294:16 296:12,12 308:20  315:6 324:12 325:20,23  325:25 326:19 328:3  333:2,5,9,12,20 343:1  354:2 355:9 359:25 364:2  364:3 366:23 370:15  375:15 388:1 395:21  <b>Mayo</b> [3] 276:8,11,13  <b>McCarthy</b> [1] 309:7  <b>mean</b> [195] 41:13 56:20  58:22 102:1 128:18  156:25 164:23 167:15  170:20,23 171:13 172:2  172:23 173:6,19 176:3  176:15,25 177:15 180:25  181:14 182:7 183:13  184:22 186:13,15 188:9  191:21 193:21 194:14,24</p>	<p>196:15,17,18,22 197:18  197:20,24 199:17 203:3  204:11 205:8,25 207:4  207:17,18 209:22,25  212:15,20,21 213:5 215:1  216:10 217:22 219:6  221:15 222:16,21 224:23  229:21 231:11,23 233:17  241:2,18 243:17,22 244:7  244:9,11,15 245:10 246:4  246:5,10 249:25 250:7  252:3 254:14 256:7,24  257:11,18 260:15,19  261:23 262:1 263:2,25  266:20,22 267:1,6 269:14  269:14,24 271:1 272:20  273:4,21 274:7 277:24  278:9 279:25 281:19  282:21 283:10,14 284:4  287:11 288:1,15 291:11  297:21 299:16,19 300:15  300:19 301:1,18 303:13  305:9,20 306:22 310:25  311:12 312:6 316:7 317:3  317:5 320:13 328:5  331:21 332:9,11 333:4  333:16,19,20,21 334:5,9  334:12,23 335:3,3,6,8  337:25 339:3,16 340:20  342:11 352:5,7,8 355:20  355:24 361:9 362:3,10  366:5,10 367:16 368:2,5  370:14 371:2 373:18  378:1 381:16,21 384:21  386:17,18,20 387:2,6,7  387:11 388:18,24,24,25  389:7 392:13 393:4,19  394:1,10 396:14 400:1,5  400:24  <b>meaning</b> [1] 339:1  <b>meanings</b> [1] 27:10  <b>means</b> [6] 17:20 219:24  256:16 344:6 357:3  405:10  <b>meant</b> [7] 15:11,14 33:25  158:10 276:8 344:22  366:13  <b>meantime</b> [2] 309:14,17  <b>measure</b> [2] 125:4 216:1  <b>media</b> [89] 19:20 20:8  21:19 22:18 29:14,15  30:1 32:24 33:6,11,21  38:10,12,25 44:16,20  50:18,21 53:9,13 57:10  58:23 91:8,18 92:13,22  101:16 104:24 105:7,15  105:23 106:13,20 107:16  107:19 108:14,25 110:1  110:3 111:2,6,15,17  113:12,16 114:20 116:9  116:11 117:4,17,25  134:20 136:1 148:24  153:24 155:16 256:13  282:25 314:10 315:3  319:5,8 330:1,9 331:24  332:24 333:2,5 334:3  336:23 337:10,18 342:20  342:22,24 343:2,11,14  346:11 347:24 348:4  385:18 386:12 387:10  389:22 390:3 395:15</p>	<p>396:7 399:24  <b>medical</b> [7] 1:14 238:13  259:3 299:4,20 300:12  330:22  <b>medically</b> [1] 296:15  <b>Medicine</b> [2] 225:19  236:23  <b>meet</b> [18] 210:9 228:19  244:25 245:2 246:16  263:19 264:6,11,13  280:13 309:12 314:1  334:1,6 346:15 349:19  350:3 404:10  <b>meeting</b> [179] 55:1,2,7,9  62:21 64:18,20 65:3,14  66:24 69:25 70:8,19 73:5  74:8 78:11 80:5 83:5  84:2,5,14 85:1,6,19  86:10,12 87:18 88:1,3  88:18 90:10 92:7,13 93:1  93:8 94:2,13 96:23  103:24 119:24,25 120:21  121:5,20 122:5,10,15,24  124:10,24 125:5 126:23  127:19,25 128:10,20  129:15,17,22 131:9,11  131:14 133:14 149:17  150:18 151:10,16 152:1  155:1 175:20 185:7,22  197:5 199:20 202:19  206:9 224:21 225:3,4,7  225:12,15 226:11,11,24  227:2 229:9 230:9 231:21  232:24 234:2,12 235:2,4  235:23 236:10 237:8,15  237:21 239:4 241:25  242:12 244:12,20 246:1  248:7 268:9,18 270:11  271:7 274:18 275:6  279:11 280:9,22,23 281:3  281:7,15 285:3 289:2,5  289:8,10,12,14,15 290:7  291:24 295:3,10,12,17  295:22 296:3,5,6 297:14  298:6,9,12 308:6,10,12  314:3,5 318:15 327:20  337:4,19 338:1,21 341:7  342:23 344:2,19,20 347:2  347:5 356:12,23,25  358:13 359:2,22,22  362:21 363:6 364:24,25  368:23,25 369:18 377:13  379:1,22,24 380:6 404:1  <b>meetings</b> [25] 28:1  115:15 120:2,6,12,18  121:9 125:5 175:20  187:15 189:2,6,19 210:5  210:6,12,18 265:7 280:1  284:20 288:2 290:13  313:19 367:15 398:5  <b>member</b> [1] 77:21  <b>member's</b> [1] 162:5  <b>Members</b> [1] 1:12  <b>memo</b> [1] 81:6  <b>Memorial</b> [3] 161:20,23  161:25  <b>memory</b> [4] 177:15  248:17 308:9 391:7  <b>Mental</b> [1] 9:7</p>	<p><b>mentioned</b> [13] 26:19  72:21 82:21 85:13 144:16  151:9 152:12 178:2  190:25 242:11 329:23  342:4 361:3  <b>merits</b> [4] 36:8 38:19  41:25 330:3  <b>message</b> [8] 135:19  142:12 147:15 251:16  260:8 261:23 277:19  325:16  <b>messages</b> [15] 19:18 76:4  76:23,24 77:5,11,14 79:8  94:21 100:16,25 101:6  142:21 147:10 378:15  <b>met</b> [12] 184:16 191:5  193:12 196:7 197:18  199:10 205:7 247:10  283:13 295:25 296:3  380:1  <b>method</b> [2] 126:14 374:6  <b>MHA</b> [1] 399:5  <b>mid</b> [2] 306:1 380:24  <b>midday</b> [2] 192:14 196:8  <b>middle</b> [2] 190:9 298:25  <b>might</b> [33] 50:11 80:18  127:20 133:8 136:19  138:1 140:12,17 154:5  172:25 177:16 194:24,25  207:15 247:19,20 248:14  249:5,6 261:6 268:11  274:7 275:20 317:4  327:10 352:5 359:20,21  378:20 398:12,15 399:13  400:3  <b>Mills</b> [1] 1:8  <b>mind</b> [24] 26:20 133:8  143:24 185:2 216:12  231:21 234:3 243:4  256:18 268:5,5 271:24  284:7 307:13 310:5 347:4  348:15 364:4 371:5,23  383:1,22 387:23 400:16  <b>minds</b> [4] 180:3 216:14  242:25 307:10  <b>mindset</b> [1] 378:2  <b>mine</b> [3] 174:20 209:9  397:22  <b>minimize</b> [4] 332:17,17  332:18,18  <b>minimized</b> [2] 218:23  219:24  <b>minister</b> [307] 7:4,13  13:14,14,15 15:1,2 18:18  19:20 20:5,6,7,12,21  21:12,21 36:20 40:10  41:22,23 42:2,7 55:14  55:19 56:5,6,11,15,16  56:21,24 57:5,8,15,16  62:21 75:7 83:6 84:2  85:7 87:5,21 90:16  115:15 116:17 127:16  150:10 151:10,15,16  154:10 162:23 163:10,14  164:9,13,19,25 165:18  166:1,6,25 167:1,15,16  167:20 168:1,8,19,25  169:3,8,24,25 170:1,3</p>	<p>170:10,12,17,22 171:11  171:14,16,20,22 172:13  172:17 173:4,23 175:22  176:8,14 177:1,4,12  178:2,7,9,14,15,19 179:5  183:3,14,21,23 184:1,20  185:5 186:18 188:8,12  188:15,17 191:11,25,25  194:4 195:9 196:19,23  197:3,7,9,15 198:3,14  198:20,23,25 199:24  200:2,8,25 201:3,5,5,11  205:19 206:4,13 208:25  209:12 210:25 211:4  213:6 218:7 221:11 223:4  223:4,12,22 224:3 225:16  225:20 226:7,14 228:10  228:19,22,24 229:9  230:15 236:18 242:21  244:1 257:4,19 259:1  260:15 262:2 263:11  264:13 265:10,20,22  270:11 271:5,8 278:1  281:6,14 283:15,25  289:10,13 290:9,12,15  291:3 293:13,21,25  294:14 296:9 297:1  298:16 300:1 306:16  307:8 308:11,16 309:1,2  309:9 310:5,9 311:21  313:25 316:1 320:12  321:16 326:9 329:19  330:20 331:24 334:2  335:16 338:14 340:10  342:7 347:2,4 348:1,10  348:25 349:19 350:23  352:12,25 353:21 354:6  355:6 356:1,16 357:9,21  358:10 359:17 360:5,16  360:17 361:9,14 362:4,8  362:17,19,24 363:10,22  364:10 367:24 368:3  369:10,11,22 370:5,16  370:20 371:1,10,15,25  376:9 377:1,8 378:6,12  378:15,22 379:4 380:22  382:21,21 384:19 385:1  385:4,17 386:25 391:1,2  391:18 392:3,10,21  393:14,19,22 394:2,22  396:11,14 397:18 398:1  398:6,7,9,18 399:11,16  400:20 401:7,11,15 402:7  403:1  <b>minister's</b> [31] 144:19  145:7 151:25 152:4 163:6  171:9 175:8 177:19  185:18 187:2 189:15  225:21 226:9,16 240:24  243:25 294:5 315:22  324:19 335:4 339:11  342:8 355:13 356:11  358:3 359:3 360:23  376:15,19 377:21 380:21  <b>ministerial</b> [1] 177:18  <b>ministers</b> [6] 7:3,13 15:4  22:4 87:24 170:16  <b>minor</b> [2] 161:22 349:21  <b>Minster</b> [1] 368:14  <b>minute</b> [1] 344:21  <b>minutes</b> [25] 48:19</p>
--	--	--	---	---

<p>119:24,25 120:6,16,21 121:8 122:5,10,15 123:4 123:8,20,25,25 124:2,13 143:24 154:25 156:24 228:23 306:15 342:19 343:10 345:17</p> <p><b>mis-speaking</b> [1] 201:9</p> <p><b>mislead</b> [6] 110:18,20 111:21,24 115:7 118:1</p> <p><b>misleading</b> [7] 112:9,11 112:20 114:22,24 115:1 115:6</p> <p><b>misled</b> [1] 62:10</p> <p><b>missed</b> [3] 126:13,17 275:5</p> <p><b>mistake</b> [1] 236:5</p> <p><b>mistakes</b> [1] 266:17</p> <p><b>misunderstood</b> [2] 82:15 141:14</p> <p><b>Moira</b> [5] 36:19 186:14 293:10 323:17 325:15</p> <p><b>moment</b> [1] 30:9</p> <p><b>Monday</b> [9] 117:13 190:8 203:16 205:1 263:20 279:12 314:17 323:15 387:1</p> <p><b>money</b> [3] 231:2,12 270:12</p> <p><b>monitor</b> [1] 42:11</p> <p><b>month</b> [3] 29:22 40:16 399:22</p> <p><b>monthly</b> [2] 210:5,6</p> <p><b>months</b> [7] 137:11,13 159:4 188:25 284:2 301:15 369:6</p> <p><b>morning</b> [51] 4:5 5:18 119:4,6,14 143:16 144:9 144:12 153:15 157:17,22 159:1,1 160:17,19 178:20 178:25 179:13,18 182:19 183:3,7,15 184:2 189:18 194:5 197:8,15,25 203:11 213:11 218:15 221:8 225:16 236:17 270:21 272:2 286:19 289:5,11 291:24 314:17,18 323:15 324:18,23 325:10,15 348:13 358:20 404:11</p> <p><b>Moss</b> [2] 405:2,13</p> <p><b>most</b> [13] 120:14 187:1 189:5 215:5 240:21 245:23 254:14 271:14 325:6 352:13 374:4 398:18 401:22</p> <p><b>Motel</b> [1] 290:20</p> <p><b>motion</b> [3] 214:19 216:21 217:14</p> <p><b>Mount</b> [18] 279:18 280:4 302:11,14 351:10 391:15 391:21 392:6,14 393:11 393:23,24 394:8,13,15 395:4 396:2,19</p> <p><b>mouse</b> [1] 274:22</p> <p><b>move</b> [6] 62:20 167:15 167:17 173:5 313:14 400:18</p> <p><b>moved</b> [3] 163:9 195:7</p>	<p>354:13</p> <p><b>movement</b> [3] 219:7,13 223:10</p> <p><b>moving</b> [4] 265:18,18 275:25 363:17</p> <p><b>MP</b> [3] 162:6,10,14</p> <p><b>Ms</b> [769] 2:2 4:3,5,14,21 5:2,12,19,23 6:10,23 7:9 7:21 8:2,9,16,22 9:2,6 9:10,14,20 10:2,7,16,18 10:21 11:6,16,21 12:8 12:16 13:6,20 14:1,7,13 15:6,13,24 16:7,16,25 17:12,21,25 18:10,19 19:1,7,13,22 20:9,24 21:5,11,17 22:1,8,12,20 23:1,10,16,24 24:11,17 24:21 25:4,8,14,19,21 25:25 26:6,15,23 27:5 27:13,17,23 28:3,15,25 29:5,16,23 30:2,11,16 30:23 31:6,16,25 32:8 32:12,17 33:2,8,18,24 34:1,7,12,21 35:4,14,25 36:10,22 37:3,12,20 38:6 38:11,15,18 39:8,12,18 39:24 40:5,13,15,25 41:7 41:11,16,20,25 42:13,20 42:21 43:1,5,10,17,18 44:1,6,10,14,24 45:3,5,8 45:9,13,16,18,20,25 46:5 46:7,8,12,14,15,19 47:1 47:8,12,13,16,23 48:8 48:14,23 49:2,14,20 50:1 50:8,14,20 51:3,12,21 52:4,16,20,24 53:4,5,7 53:10,14,23 54:7,11,18 55:5,22 56:3,19 57:1,13 58:4,9,17,21 59:4,8,13 59:23 60:7,11,16,25 61:8 61:9,12,20,23,25 62:5 62:12,17 63:7,12,22 64:1 64:6,12,23 65:4,10,18 65:25 66:5,10,25 67:4 67:10,16,20 68:3,7,11 68:17,23 69:4,8,14,20 70:4,13,23 71:2,5,14,23 72:4,12,17,25 73:6,13 73:17,22 74:3,10,16,21 75:1,15,20 76:1,7,13,20 76:25 77:7,12,19 78:4 78:10,17 79:1,5,17 80:2 80:7 81:14 82:25 83:8 83:17,22 84:7,13,15,24 85:10,14,20 86:1,7,14 86:24 87:4,12,19 88:8 88:13,19 89:3,7,12,18 90:3,12,17,22 91:5,12 91:20,24 92:3,15,23 93:9 93:20 94:1,6,14,23 95:3 95:8,12,17,22 96:6,13 96:20 97:1,12,18,24 98:8 98:13,23 99:3,9,14,20 99:25 100:7,18,23 101:5 101:17,22 102:2,9,13,18 103:3,9,17 104:7,15 105:8,20,25 106:4,7,9 106:16,25 107:5,11,18 107:23 108:4,9,17,21 109:3,12,24 110:8,23 111:7,12,18,23 112:4,10 112:18 113:3,13,20 114:1</p>	<p>114:9,25 115:9,22 116:2 116:12 117:5,9,19 118:4 118:10 113,15,18,19,22 118:23 119:1,2,2,3,4,5,7 119:10,12,15,17,21,23 120:3,5,8,10,13,15,19 120:23 121:6,10,12,16 121:18,22 122:1,13,16 122:18,20,22 123:2,5,7 123:11,16,18,24 124:3,8 124:14,16,18 125:2,6,8 125:10,16,21,24 126:1,7 126:9,16 127:5,10,13,18 127:22,24 128:1,3,9,11 128:13,15,17,24 129:5,7 129:10,12,18,23,25 130:3 130:5,7,9,14,18,20 131:1 131:5,7,13,17,21,23 132:4,6,10,12,18,20,24 133:6,10,12,17,19,24 134:1,7,9,12,22,24 135:1 135:7,10,13,18,22 136:6 136:10,14,16,23 137:22 138:4,20 139:10,18,22 139:24 140:4,6,11,15,18 140:20,22,24 141:5,8,10 141:12,15,25 142:7,9,16 142:23 143:2,4,8,10 144:7,9,11,14,21 145:2 145:9,15,22 146:8,17 147:4,11,18 148:4,15,20 149:3,6,21 150:2,6,13 150:23 151:5,8,14 152:7 152:12,19 153:2,10,19 154:2,7,13,16,17,19 155:2,7,22 156:8,19,19 157:3,7,19,23 158:12,17 158:21 159:10,12,16,24 160:9,9,11 169:10 173:19 174:19 175:13,16 176:19 178:14 179:9 184:15 186:3,21 188:5 190:7,22 192:16,17 195:6 197:8 197:10,17,19 200:3,12 200:17 201:9,19 204:7 204:10 205:3 207:22 208:9 209:8 212:1 213:2 213:14 214:4 218:12 219:6 220:24 221:17 223:7,25 225:17 226:5 230:6 234:7,19,24 235:18 238:7 256:5 265:6 269:3 274:17,19 278:2 281:1 283:12 285:24,25 286:9 286:21 287:1,12,17,17 288:4 289:3 291:7 300:10 310:11 311:23,25 318:6 318:12 319:2,9 323:8,12 323:24,25 325:11 326:1 326:18 327:1 328:15 329:14,18,22 331:8,15 331:16 333:1 335:14 337:6 339:20 341:21 344:17 345:19,19 346:6 346:13,14 347:7,15,16 348:7 349:6,7,17 350:17 356:25 357:1,18 358:2 361:6 364:25 365:5,9,12 366:15,24 378:10 379:5 379:6 384:2,4,4,5,6,17 384:25 386:4 388:19 390:12,12,17,17,23,24 391:9,11,12,23 392:2</p>	<p>393:7,19 402:22 403:18</p> <p><b>multi-step</b> [2] 233:5 271:15</p> <p><b>multiple</b> [2] 68:10 69:7</p> <p><b>multiply</b> [1] 32:4</p> <p><b>Mundon</b> [539] 2:2 4:3,5 4:14,21 5:2,12,19,23 6:10,23 7:9,21 8:2,9,16 8:22 9:2,6,10,14,20 10:2 10:7,16,21 11:6,16,21 12:8,16 13:6,20 14:1,7 14:13 15:6,13,24 16:7 16:16,25 17:12,21,25 18:10,19 19:1,7,13,22 20:9,24 21:5,11,17 22:1 22:8,12,20 23:1,10,16 23:24 24:11,17,21 25:4 25:8,14,19,25 26:6,15 26:23 27:5,13,17 28:3 28:15,25 29:5,16,23 30:2 30:11,16,23 31:6,16,25 32:8,12,17 33:2,8,18 34:1,7,21 35:4,14,25 36:10 37:3,12,20 38:6 38:11,15 39:8,12,18,24 40:5,13,25 41:7,11,16 41:20 42:13,21 43:1,5 43:10,18 44:1,6,14,24 45:3,9,13,20 46:5,15,19 47:8,16,23 48:8,14,23 49:5,8,14,20 50:1,8,14 50:20 51:3,12,21 52:4 52:16,20,24 53:4,10,14 53:23 54:7,11,18 55:5 55:22 56:3,19 57:1,13 58:4,9,17,21 59:4,8,13 59:23 60:7,11,16,25 61:8 61:12,20,25 62:5,12,17 63:12,22 64:6,12,23 65:4 65:10,18,25 66:5,10,25 67:4,10,16,20 68:3,7,11 68:17,23 69:4,8,14,20 70:4,13,23 71:5,14,23 72:4,12,17,25 73:6,13 73:17,22 74:3,10,16,21 75:1,15,20 76:1,7,13,20 76:25 77:7,12,19 78:4 78:10,17 79:1,5,17 80:2 80:7 81:14 82:25 83:8 83:17,22 84:7,24 85:10 85:14,20 86:1,7,14,24 87:4,12,19 88:8,13,19 89:3,7,12,18 90:3,12,17 90:22 91:5,12,20,24 92:3 92:15,23 93:9,20 94:1,6 94:14,23 95:3,8,12,17 95:22 96:6,13,20 97:1 97:12,18,24 98:8,13,23 99:3,9,14,20,25 100:7 100:18,23 101:5,17,22 102:2,9,13,18 103:3,9 103:17 104:7,15 105:8 105:20,25 106:4,9,16,25 107:5,11,18,23 108:4,9 108:17,21 109:3,12,24 110:8,23 111:7,12,18,23 112:4,10,18 113:3,13,20 114:1,9,25 115:9,22 116:2,12 117:5,9,19 118:4,10,13,15 119:2,4 119:5,10,15,21 120:3,8 120:13,19 121:6,12,18</p>	<p>122:1,16,20 123:2,7,16 123:24 124:8,16 125:2,8 125:16,24 126:7,16 127:10,13,22 128:1,9,13 128:17 129:5,10,23 130:3 130:7,14,20 131:5,13,21 132:4,10,18,24 133:10 133:17,24 134:7,12,24 135:7,13,22 136:10,14 136:23 138:4 139:10,22 140:4,11,18,22 141:5,10 141:15 142:7,16 143:2 144:7,10,11,14,21 145:2 145:9,15,22 146:8,17 147:4,11,18 148:4,15,20 149:3,6,21 150:2,6,13 150:23 151:5,8,14 152:7 152:12,19 153:2,10,19 154:2,7,13,16,19 155:2 155:8,22 157:3,7,19,23 158:12,17,21 159:10,16 159:24 160:9,11 319:9 323:12,24,25 325:11 326:1,18 327:2 329:18 329:22 331:8,15,16 335:14 337:6,13 339:20 345:19,21,25 346:6,13 347:8 349:6,8 350:17 357:1 364:25 379:6 384:4 384:5,17,25 386:4 390:13 390:17,24 391:10,23</p> <p><b>must</b> [13] 55:19 141:14 278:2 324:4,6 328:14 357:8 367:16,17 391:5 397:23 400:24 402:4</p> <p><b>mute</b> [1] 317:5</p> <hr/> <p style="text-align: center;"><b>-N-</b></p> <hr/> <p><b>name</b> [4] 4:5 161:2 242:11 308:6</p> <p><b>names</b> [1] 241:25</p> <p><b>narrow</b> [1] 138:23</p> <p><b>narrower</b> [1] 13:5</p> <p><b>national</b> [15] 72:23 73:4 227:16,20 229:15,23 233:11,15,18 237:20,22 249:7 275:25 280:5 370:24</p> <p><b>nature</b> [4] 6:20 148:9 152:24 335:25</p> <p><b>near</b> [3] 162:3 205:9 234:7</p> <p><b>necessarily</b> [14] 15:8 18:5 29:1 46:6 51:4 98:14 100:12 101:6 124:11 126:22 127:21 140:12 355:15 367:7</p> <p><b>necessary</b> [2] 167:23 287:18</p> <p><b>necessitate</b> [1] 347:4</p> <p><b>need</b> [27] 34:5 165:1 169:7 180:1 188:13,18 193:22 203:22 213:15 216:7 273:19 288:18 297:8 300:20,21,22 318:25 338:1,23 339:7 340:25 358:20 369:23,25 377:7 403:23,24</p> <p><b>needed</b> [24] 61:7 146:6</p>
---	---	---	--	--



Inquiry on Hormone Receptor Testing

<p>171:8 172:6 185:3 188:14 200:2 206:14 231:12 257:19 259:17 263:13,15 270:14,24 271:3,4 281:21 292:6 300:4 321:18 335:8 337:13 399:10</p> <p><b>needs</b> [2] 176:23 193:6</p> <p><b>negative</b> [10] 77:4 159:4 249:14,15 278:24 333:13 373:13,16,19 374:9</p> <p><b>negatives</b> [6] 249:19 250:3 257:24 258:4 279:4 305:4</p> <p><b>never</b> [16] 57:4 102:7 122:6 172:1 195:18 222:6 244:13 282:18 283:17 284:9 355:5,25 369:13 373:5 378:22 382:24</p> <p><b>new</b> [34] 8:14 24:1 28:20 35:1 87:5,21 138:9 161:6 166:4 167:17,20 199:7 223:5,23 224:8 258:15 259:11 273:25 274:4,10 277:11,12,16,20 278:9 292:13,25 322:11 331:17 375:15,18 380:11 400:12 400:18</p> <p><b>Newbury</b> [76] 1:15 2:4 119:1,2,3,7,8,12,17,23 120:5,10,15,23 121:10 121:16,22 122:13,18,22 123:5,11,18 124:3,14,18 125:6,10,21 126:1,9 127:5,18,24 128:3,11,15 128:24 129:7,12,25 130:5 130:9,18 131:1,7,17,23 132:6,12,20 133:6,12,19 134:1,9,22 135:1,10,18 136:6,16 137:22 138:20 139:18,24 140:6,15,20 140:24 141:8,12,25 142:9 142:23 143:4</p> <p><b>newer</b> [2] 275:24 277:1</p> <p><b>Newfoundland</b> [7] 116:18 119:9 227:18 335:19 343:22 405:8,11</p> <p><b>news</b> [44] 36:9,21 37:5 37:21 38:4,19 40:9,12 42:3,16 44:17 53:17 96:9 96:15 98:16 100:1,12 109:16 116:6,16 117:13 138:7,14 148:24 158:6 203:24 260:10 318:4 325:17,23 330:3,6,15 331:10,11 332:10 383:5 383:7,10 384:8 386:22 388:2,4,6</p> <p><b>newspaper</b> [8] 46:2,3 108:8 315:3 317:14 319:11,22 324:20</p> <p><b>newspapers</b> [10] 42:18 42:23 43:16,22,24 44:19 158:8,15,15 331:13</p> <p><b>next</b> [35] 82:4 121:20 122:5,10 160:16 178:25 186:16 190:20 203:16 205:1 212:9 224:18,20 225:10 247:5 250:12 257:23 263:9 279:12 288:17,21 294:21 309:12</p>	<p>313:20 314:9 318:1,14 359:23 368:25 369:3 384:16 387:21 390:10 397:22 399:2</p> <p><b>night</b> [2] 197:23 402:15</p> <p><b>nil</b> [1] 28:10</p> <p><b>nine</b> [6] 102:22 103:8 104:18 109:13 236:17 248:21</p> <p><b>NL</b> [3] 1:8,14,15</p> <p><b>nobody</b> [1] 362:22</p> <p><b>non-communication</b> [1] 13:13</p> <p><b>None</b> [1] 304:3</p> <p><b>normal</b> [7] 214:11 367:4 367:5 373:17,20 374:24 393:25</p> <p><b>normally</b> [16] 137:4 185:18 218:1,6 288:10 294:1 319:10,23 323:2 347:3 349:18 352:20 356:7 358:4 372:12 378:11</p> <p><b>Norman</b> [1] 162:5</p> <p><b>Northern</b> [1] 290:14</p> <p><b>notation</b> [1] 64:1</p> <p><b>note</b> [101] 24:6,10,16 27:24 28:14 29:2,7,8,9 29:10 34:14 49:3 74:14 74:15 75:22,24 76:11,19 79:13 80:17 81:10 82:16 82:22,23 83:12 122:25 127:20 145:25 146:3 147:8 148:3,19 149:2,10 149:14,18 156:10 157:16 160:3 180:2 183:13 184:10 193:15 204:3 206:3 213:9,12,16,20 225:1 235:6 236:25 242:10 248:19 250:18 253:5 255:22 258:3 260:24 263:9,21 274:16 276:3,13 277:15 278:22 278:22 279:11 321:10,13 322:5,18 323:16,22 324:8 324:14 337:25 338:19,21 352:6 353:20 354:22 355:21 356:5,20 357:2 358:19,20,24 359:9 360:19 362:23 363:1,14 363:15 364:11,12 370:19 371:4 391:23 404:1</p> <p><b>noted</b> [7] 30:19 84:2 124:12 309:10 337:9 342:20 345:21</p> <p><b>notes</b> [59] 28:23 59:15 59:16,17 72:11 76:2 80:14 83:7 123:3 128:21 130:24 144:15,18,24 145:6,12,19,20 146:23 148:16 149:16 174:16 183:12 235:8,19,21 236:8 247:25 248:12 252:5 274:18,20 308:3,5 342:6 344:18,20 345:1 352:17 355:11,12,17,19,19 356:13,17 357:8,20 359:7 359:9,13 360:5,13 361:4 362:11 364:5 375:5 403:7</p>	<p>403:11</p> <p><b>noteworthy</b> [1] 342:22</p> <p><b>nothing</b> [13] 93:3,5 181:16 182:10 222:23 232:9 289:6 294:23 312:11 313:5,6 341:20 344:17</p> <p><b>notice</b> [10] 38:16 53:21 53:24 81:24 235:24 244:14 263:21,22,24 314:12</p> <p><b>noticed</b> [3] 49:5 235:12 235:18</p> <p><b>notification</b> [34] 58:11 61:2 111:25 191:6 192:16 193:7,8,24 244:5,10,16 244:21 257:9,20 261:1 277:1 278:25 281:10,22 282:9,23 283:1 297:2,18 299:1,9,13,14,22 310:19 310:20 330:21 351:5 352:3</p> <p><b>notifications</b> [5] 242:23 258:11 260:25 298:22 340:13</p> <p><b>notified</b> [13] 61:19 190:14 206:14 217:10 238:20,21 255:12,18 256:25 287:12 306:9 316:23 351:21</p> <p><b>notify</b> [12] 47:6 51:11 207:12 214:24 247:9 262:10,13 308:23 330:5 330:14 351:3 376:17</p> <p><b>notifying</b> [7] 200:6 245:7 269:6 282:5 340:15 351:14 381:20</p> <p><b>noting</b> [2] 337:18 342:24</p> <p><b>November</b> [43] 62:20 64:18 74:20 75:8,19 77:24 80:14,16 81:5,6 81:10,12 82:23 84:6,11 91:11 93:8 97:22 103:24 129:14 131:9 149:7 162:12,14 163:12 296:1 313:21 318:16 356:10 357:10 362:21 363:23 365:9 369:1 376:8,9 377:12 378:25 379:22 380:25 383:5,22 391:3</p> <p><b>now</b> [126] 6:17 7:24 11:15 13:9 16:19 23:4 26:18 27:1 29:13 30:19,20 32:9 33:24 34:12 36:6 37:10 37:25 38:4 41:3 42:6 44:13,22 46:20,23,24 47:12 49:11,23 54:3 57:19 58:7,16 59:15 60:10 61:5,13 63:3 66:16 67:7,23 69:11 72:8 73:7 74:1 82:12 86:10 88:1 89:19 101:25 110:16 111:1,6,11 112:2 114:22 117:1 129:16 143:17,25 146:11,11,13 149:6,12 150:19 151:18,19,20 152:4 158:4 160:14 165:16 178:8 189:18 190:15 195:16 197:17 208:21 214:6 234:12</p>	<p>241:14 242:9 244:7 249:6 249:7,13 253:6 273:25 274:19 291:12 299:17 300:20 307:16 308:24 309:11,15 311:17,25 312:21 316:18 317:3,10 317:24 318:15 319:5 322:21,23 323:12 325:17 330:8 335:16 339:17 348:23 351:1 352:21 357:10,19,23 359:20 369:9 375:12 376:8 378:20 391:7 392:18 399:16</p> <p><b>NTV</b> [1] 325:14</p> <p><b>number</b> [129] 4:18 10:25 10:25 11:14 13:1 17:4 26:3,22 27:8,8,10,14,18 27:19,20,21 30:22 31:9 31:9,22,23 32:19,25 33:21,25 34:6,8 35:10 35:17,20,21 36:2,3,18 37:16 49:3 68:15,16,21 68:22 74:2,7,9 75:11,18 76:11 78:8 79:9,10,15 79:20 80:1 81:16 84:1,3 96:1 97:10,17,22 98:1,2 99:18,19 102:25 104:17 106:8,15,23 114:19 122:8 143:20 146:12 150:5,19 150:20 156:22 164:3 169:13 180:23,25 181:23 182:7,8 183:4 189:25 195:8 204:13 220:8 222:6 225:8 238:16 243:1 249:10,10 250:24 251:8 253:21,24 258:6 264:24 264:25 266:19,24 267:13 267:16,21 274:1 277:10 280:16 304:7,14,14,16 319:6,16 325:25 326:19 327:8 328:2,25 340:21 342:12 344:8 347:18 364:5 373:11 374:23 375:11 398:3</p> <p><b>numbers</b> [90] 58:25 64:21 65:20,23 66:7,12 66:17 67:24 68:1 70:2 71:18 75:5 76:15 78:11 78:14 79:22 83:12 93:18 95:15 96:9,17 97:4 98:10 98:15,18,21 99:2,5,7,10 99:15 100:4,11,14,21 101:1,3,15 103:19,21,25 104:5,10,20,21 105:2,6 105:12 107:16 108:16 113:7,15 114:2,12 115:3 132:2,9,14 133:5 150:17 150:22 206:17,21,23 207:11,17 219:16,25 220:2 221:13,22,23 222:9 227:25 229:19 231:24 250:16 252:25 253:1 266:4,5 267:6 275:15 279:1 281:18 303:6 305:4 390:24,25 391:1</p> <p><b>nursing</b> [1] 187:4</p> <hr/> <p style="text-align: center;"><b>-O-</b></p> <hr/> <p><b>O'Dea</b> [3] 1:16 118:22 118:23</p>	<p><b>objective</b> [2] 19:16 20:5</p> <p><b>observed</b> [1] 375:5</p> <p><b>obtained</b> [2] 75:10 151:20</p> <p><b>obviously</b> [24] 18:11 21:8,13 28:9 55:2 171:13 171:25 194:9,23 224:1 236:4 249:9 250:2 278:2 278:9 281:17 324:4 328:14 334:23 335:3 343:23 368:25 379:4 392:7</p> <p><b>occasion</b> [4] 37:1 61:15 64:9 152:13</p> <p><b>occasionally</b> [2] 210:10 312:21</p> <p><b>occasions</b> [3] 77:13 142:18 156:22</p> <p><b>occur</b> [7] 16:8 105:12 121:13 128:19 317:21 348:23 369:13</p> <p><b>occurred</b> [5] 11:18,22 37:17 195:16 217:16</p> <p><b>October</b> [33] 29:22 30:6 40:4 45:6 48:21 49:12 119:25 127:25 154:25 155:11 157:22 158:5 162:20 282:13,25 313:23 318:10,19 323:14 327:11 329:20 335:17 337:4 338:21 344:12 345:18 346:3 350:17 351:2 364:23,23 373:2,2</p> <p><b>off</b> [30] 117:20 136:20 148:16 177:16 209:9 264:5 281:23 296:15 297:17 298:10 299:7,9 299:13,22 310:1 330:21 346:24 351:16,18 356:2 357:9 359:24 384:14 385:25 387:9,22 388:14 388:21,22 389:18</p> <p><b>offer</b> [8] 48:12 186:12 222:3 229:11 258:19 322:17 335:4 358:13</p> <p><b>offered</b> [4] 250:17 258:11 335:8 396:15</p> <p><b>offering</b> [2] 271:5 381:2</p> <p><b>office</b> [80] 117:20 148:19 162:8,13 163:6,12,15 166:4 167:19 169:4 170:24,25 171:9 172:25 174:20,23 175:8 176:2 177:6,17,19 179:15 183:4 183:5 184:14,25 187:2 187:15 200:7,15,23 201:22 206:14 207:13 208:15,21 209:1,10,14 209:15 215:5,6 224:7,13 226:9,16 281:8 285:24 286:10 287:6,12 288:2 289:21 315:20,22,23 319:4,9,11,23 320:3,5,8 320:15 321:9,18 323:18 324:6,13,17,19 339:11 342:9 354:7,22 357:21 357:24 380:21 397:22 399:2</p> <p><b>officer</b> [1] 270:7</p>
---	--	--	--	---

<p><b>official</b> [5] 171:7 188:11 287:13 334:2 396:19  <b>officially</b> [1] 312:11  <b>officials</b> [13] 19:4 103:20 104:23 164:21 166:13 170:21 187:8 189:13 271:8 292:7 321:14 362:17 394:25  <b>often</b> [11] 172:23 173:12 173:19 176:3 209:23 229:9 281:7 315:1 334:5 334:10,14  <b>oftentimes</b> [6] 171:10 172:23 175:19 182:9 228:18 370:14  <b>old</b> [3] 252:10 303:8 304:20  <b>on-line</b> [1] 335:18  <b>once</b> [16] 18:9 115:13 120:7 135:2 139:8 170:22 188:13 214:18 216:20 217:13 243:16 256:25 258:14 280:3 282:4 369:9  <b>oncologist</b> [3] 244:25 245:3 291:25  <b>oncologists</b> [28] 245:12 245:16,20 246:1,16 247:7 247:8,10 249:20 250:5 263:8,20 264:1,6,11,20 269:7,15,23 279:11,14 280:11 289:1,1 296:14 297:16 298:9 309:25  <b>oncologists'</b> [2] 280:12 297:4  <b>oncology</b> [1] 246:10  <b>one</b> [100] 6:17 19:23 26:18,20 30:5,8 36:13 38:7,21 39:4,11 46:23 49:18 54:19 57:19 58:10 61:15 63:1 64:19,19 65:7 65:8 77:3 80:15,22 81:1 81:9,18,19,19,20,23,23 82:4,5,17,23 83:13 84:16 88:25 89:8,10,10 96:16 102:21 103:4 108:12,20 114:10 117:25 120:24 122:23 125:5 132:15 136:19 137:5,7 138:1,6 141:4 149:11,14 152:11 156:5 157:10 162:19 165:7 167:25 188:21 211:9 213:13 229:22 237:13,18 243:13 245:20 246:9 247:23 249:6 254:22 266:3 272:20 290:19 314:25 347:18 348:9 353:2,10 355:16 363:15 373:1,14,15 376:13 380:19 391:24 393:21 395:1 398:20 402:25  <b>one-page</b> [1] 76:14  <b>onerous</b> [1] 362:15  <b>ones</b> [4] 101:16 104:6 109:17 310:1  <b>ongoing</b> [10] 14:20 141:16 230:13 296:8 306:25 336:18 344:11 391:15 393:20 394:10</p>	<p><b>onward</b> [1] 21:19  <b>open</b> [10] 148:25 166:9 173:17 241:22 256:14 333:6 334:4 386:24 388:10 399:8  <b>opening</b> [2] 138:9 358:23  <b>openly</b> [4] 111:1,5,15 271:21  <b>opens</b> [4] 384:16 386:2 387:21,24  <b>operation</b> [1] 88:21  <b>operational</b> [12] 15:23 16:3,14 21:23 41:4,6,12 55:21 56:12 269:21 338:12 339:15  <b>operationally</b> [2] 342:14 352:9  <b>opinion</b> [5] 172:18 173:1 173:2,6,10  <b>opinions</b> [1] 173:20  <b>opportunity</b> [6] 37:6,21 42:9 89:22 120:16 184:19  <b>opposed</b> [7] 16:9 41:13 130:24 131:20 137:20 277:21 305:3  <b>opposition</b> [1] 333:5  <b>optimization</b> [1] 374:5  <b>option</b> [7] 39:15,19 258:11,17,22 277:16,20  <b>options</b> [4] 39:11 240:4 259:6 277:3  <b>order</b> [6] 188:10 243:19 262:22 306:8 358:25 362:14  <b>ordinary</b> [1] 100:25  <b>organization</b> [9] 8:14 10:1 12:15 13:4 14:4 55:4 125:20 265:15 304:16  <b>organizations</b> [4] 6:3 13:17 15:23 16:5  <b>orientation</b> [6] 5:7,14 6:12 7:2,10 156:25  <b>original</b> [1] 286:8  <b>originally</b> [5] 68:15 252:3 266:6 292:20 294:12  <b>originates</b> [2] 384:3 390:16  <b>Osborne</b> [25] 83:6 84:2 149:16 163:6 165:18 166:1 167:20 168:1,20 169:25 170:4 183:14 200:25 348:11 350:23 354:6 368:3 369:10,22 371:15 400:21,22 401:11 401:22 403:1  <b>Osborne's</b> [1] 348:25  <b>otherwise</b> [8] 48:11 62:18 117:3 324:13 351:21 387:10 396:16 397:15  <b>Ottenheimer</b> [27] 162:23 163:2 165:10 167:1,2 168:9 170:10,17 171:20,22 172:17 183:23</p>	<p>184:1 194:4 198:25 201:3 201:5 225:17 228:11 236:18 281:14 290:12 362:8 385:4 398:1 401:7 402:8  <b>Ottenheimer's</b> [3] 162:16 350:23 382:21  <b>outcome</b> [4] 88:2,3 365:24 367:12  <b>outcomes</b> [1] 101:15  <b>outlet</b> [1] 346:12  <b>outlets</b> [1] 336:23  <b>outlined</b> [3] 38:17 96:9 339:9  <b>outlining</b> [1] 190:16  <b>outside</b> [12] 17:11,15,18 20:3 62:22 253:1,1 255:4 312:7,17 356:19 360:5  <b>outstanding</b> [1] 85:23  <b>overall</b> [4] 20:18 31:13 188:8 268:14  <b>overlap</b> [1] 188:1  <b>overrule</b> [1] 300:14  <b>overstate</b> [1] 252:5  <b>owed</b> [1] 298:19  <b>own</b> [17] 94:8 105:14 149:1 177:15 242:25 250:13 252:23 253:8 257:12 265:15 271:23 302:16 304:16 305:11 344:18 370:18 395:8</p> <hr/> <p style="text-align: center;"><b>-P-</b></p> <p><b>P</b> [4] 156:6 203:7 323:5 396:23  <b>P-0046</b> [1] 372:24  <b>P-0100</b> [1] 390:9  <b>P-0125</b> [1] 65:7  <b>P-0128</b> [1] 383:3  <b>P-0136</b> [1] 235:14  <b>P-0142</b> [4] 36:14 156:13 158:1 329:17  <b>P-0143</b> [1] 335:13  <b>P-0159</b> [1] 274:18  <b>P-0163</b> [3] 156:14 157:13 158:24  <b>P-0195</b> [1] 84:10  <b>P-0279</b> [1] 146:13  <b>P-0300</b> [1] 189:24  <b>P-0307</b> [1] 155:9  <b>P-0310</b> [1] 383:19  <b>P-0314</b> [1] 83:3  <b>P-0345</b> [1] 30:7  <b>P-0395</b> [1] 395:14  <b>P-0433</b> [1] 116:5  <b>P-0570</b> [1] 307:18  <b>P-0801</b> [1] 291:20  <b>P-104</b> [1] 91:9  <b>P-1363</b> [1] 156:6  <b>P-1439</b> [1] 48:18  <b>P-1450</b> [1] 356:23  <b>P-1477</b> [1] 338:19</p>	<p><b>P-1478</b> [1] 154:24  <b>P-1626</b> [3] 3:2 161:7,12  <b>P-1627</b> [1] 161:7  <b>P-1628</b> [3] 3:2 161:8,12  <b>p.m</b> [5] 156:8 190:8 218:13 329:21 335:17  <b>package</b> [4] 103:13 153:14,15 371:4  <b>packaged</b> [1] 253:8  <b>page</b> [36] 30:19 65:7 74:13 75:5 76:18 82:12 83:3 95:6 96:16 100:16 101:9,12,13,13 102:21 116:5 120:24 129:16 134:5 149:12 152:11 156:11,15,16 157:14 158:25 211:21 214:16 218:11 248:20 274:19 308:4 315:6 338:20 383:3 390:16  <b>paid</b> [7] 108:24 116:11 176:13,15 373:23 374:13 374:18  <b>Pamela</b> [1] 1:12  <b>pan-provincial</b> [1] 338:13  <b>paper</b> [6] 64:19 303:9 315:24 317:3 377:6 397:18  <b>papers</b> [2] 376:17 377:10  <b>paragraph</b> [2] 31:11 146:22  <b>paramount</b> [1] 302:12  <b>Pardon</b> [2] 301:7 345:7  <b>parliamentary</b> [3] 169:12 397:13,25  <b>part</b> [33] 35:6 47:18 101:10 120:14 135:3 137:1 138:5,21,23 186:14 214:12 218:18 230:5 243:21 251:11,12 259:16 260:12 273:5 274:21 275:3 277:8,14 279:6 285:22 301:18 302:8 319:22 327:4 332:12 336:18 367:4,22  <b>participants</b> [1] 88:4  <b>participating</b> [1] 397:8  <b>particular</b> [41] 13:17 35:9 47:25 54:3,16,19 63:9 65:23 67:13 82:16 82:17 83:5 93:18,18 109:7 115:3 118:8 123:14 129:2 137:6 141:18,19 142:17 145:18 148:2 149:9,14 152:16 181:21 211:3,15 228:18 259:7 306:25 327:3 342:21 348:10 351:17 360:19 370:19 378:3  <b>particularly</b> [1] 135:23  <b>parties</b> [1] 185:9  <b>partisan</b> [1] 164:22  <b>parts</b> [1] 66:3  <b>party</b> [11] 164:21,21,21 164:22 166:13 170:23 226:13 242:4 346:22</p>	<p>381:3 401:10  <b>pass</b> [3] 176:3 214:23 326:8  <b>passed</b> [7] 37:6,23 42:10 202:2 287:24 293:20 368:19  <b>passes</b> [1] 384:17  <b>passing</b> [1] 201:24  <b>past</b> [6] 31:14 139:12 159:3 177:17 347:21 349:10  <b>paste</b> [1] 324:10  <b>pathologist</b> [2] 373:3 374:19  <b>pathologists</b> [4] 273:6 293:8 374:14 375:1  <b>pathology</b> [1] 372:16  <b>patient</b> [30] 58:11 61:2 111:25 155:13 191:5 193:7 240:25 242:23 244:4,21 257:9 270:7 277:1 281:10 297:1,8,9 297:9,17 298:22,25 299:9 299:14,22 304:20 310:19 310:20 330:21 351:5 352:2  <b>patient's</b> [1] 391:16  <b>patients</b> [62] 30:22 33:1 47:6 61:19,21,23 62:9 75:9,12,13 77:4 95:20 96:5 116:23 117:15 132:14 155:15 159:20 181:17 191:1,13 197:12 238:20 240:19 241:10 244:17 245:7,15,22 247:2 247:9 255:15 256:1 257:21 258:12 259:14,15 269:6,9 280:13 282:24 298:20 300:4 301:15 302:3 303:1 309:3 310:7 316:17,22,23 317:13 318:3 330:5,14 351:3,21 380:14 383:7 395:19,20 396:8  <b>Patty</b> [1] 163:14  <b>pay</b> [2] 109:18 394:5  <b>paying</b> [1] 327:3  <b>pen</b> [3] 230:10,23 270:20  <b>pending</b> [4] 107:2 112:7 113:6 297:18  <b>Peninsula</b> [1] 290:14  <b>people</b> [135] 7:2,25 8:5 10:9 13:15 16:6,9 18:3,3 18:7,12 26:3 31:24 32:5 32:20 33:16 36:18 49:1 49:3 62:21 79:12 86:11 108:7 109:6 127:3 135:14 148:5 174:25 175:6 180:25 181:23 182:7,14 205:12 207:6 210:20 212:18 219:17 220:2,7,8 221:23 222:13,18,20 229:4,6,21 231:25 239:24 240:22 241:2,23 243:1 243:20 244:10,15 245:21 246:24 247:1 250:19,21 251:2,15,25 252:13 254:16 257:14,20 259:17</p>
---	--	--	---	---

<p>260:2,10,17 261:10,12 261:13 262:3,11,13 267:16 269:16,18 275:4 277:7 279:7 281:22 282:5 282:8 292:22 296:2 297:24 299:17 300:11,17 300:18,19,24 301:14 303:11,16 304:16 305:18 305:20,21 306:8,13 309:2 310:6,12 319:6,16 325:20 325:25 326:19 327:9,10 327:18 328:2,25 329:5 331:7 334:15 336:19 340:15 363:6,21,23 376:18,23 377:22 381:20 382:7,8 392:19 398:20</p> <p><b>people's</b> [3] 168:6 211:6 334:14</p> <p><b>peoples'</b> [1] 307:9</p> <p><b>per</b> [2] 32:4 73:11</p> <p><b>percent</b> [24] 31:13,22 32:3 66:13 70:20 72:5,8 72:22,22 97:7 116:25 117:3,14 129:21 131:19 132:8 133:23 149:20 154:22 249:6,8 266:20 276:7 391:13</p> <p><b>percentage</b> [2] 151:3 276:1</p> <p><b>percentages</b> [2] 67:7 68:1</p> <p><b>perception</b> [2] 40:14 86:19</p> <p><b>performed</b> [2] 31:14 238:16</p> <p><b>perhaps</b> [45] 59:18 120:22 136:18 148:3 165:6,9 168:3,7 169:11 169:13 172:25 173:21 182:6,21 188:5 233:10 234:12 235:3 248:11 256:13 259:24 268:10 269:22 270:7 277:5 289:9 294:12,16 307:10 311:23 317:13 320:1 324:25 329:2 339:18 343:9,12 347:1 348:4 359:23 385:6 398:13 401:9 403:8 404:7</p> <p><b>period</b> [36] 36:7 46:25 51:17 134:16 141:19 159:5 168:11,15 175:6 185:13 195:25 197:14 204:14 221:14 237:16 238:9 247:16 248:3 250:3 250:22 251:7 252:22 256:11 258:3 259:23 275:17,21 289:11 294:18 302:4 303:17 313:20 363:18 369:6 398:11 399:21</p> <p><b>periodically</b> [2] 283:14 352:11</p> <p><b>perpetuating</b> [1] 296:13</p> <p><b>person</b> [14] 35:1 108:20 140:17 147:8 173:3 215:6 239:25,25 240:1 256:12 268:18 274:2 301:23 381:5</p> <p><b>person's</b> [2] 334:11</p>	<p>351:13</p> <p><b>persona</b> [1] 197:4</p> <p><b>personal</b> [1] 259:3</p> <p><b>personally</b> [2] 140:9 294:8</p> <p><b>perspective</b> [21] 10:24 11:4 12:2 19:8 37:4 40:18 51:14 52:8 61:2 78:20 99:10 126:3 134:18 239:9 244:8 277:6 311:16 337:14 391:17 392:14,15</p> <p><b>perspectives</b> [1] 174:4</p> <p><b>pertinent</b> [1] 136:19</p> <p><b>Peter</b> [3] 1:9 384:10 397:5</p> <p><b>Pg</b> [1] 3:2</p> <p><b>Pgs</b> [5] 2:3,4,5,6,8</p> <p><b>phenomenon</b> [3] 227:16 229:15 233:11</p> <p><b>phone</b> [21] 153:16 170:25 174:16 177:16 183:2,9 195:17 208:15 245:10 285:24 286:5 290:22 314:22 319:11 322:10,11 323:3 348:18 351:22 378:12 389:3</p> <p><b>phoned</b> [1] 208:15</p> <p><b>phrase</b> [3] 36:3 110:16 110:19</p> <p><b>phraseology</b> [1] 71:9</p> <p><b>physically</b> [2] 176:1 398:10</p> <p><b>physician</b> [1] 258:23</p> <p><b>physicians</b> [2] 269:7 292:4</p> <p><b>pick</b> [6] 107:14 109:18 319:10 322:10 323:2 385:5</p> <p><b>picked</b> [5] 42:17 114:2 158:7 208:14 331:12</p> <p><b>picking</b> [3] 113:14 375:16,18</p> <p><b>picture</b> [2] 151:22 203:1</p> <p><b>piece</b> [7] 20:16 58:14 64:19 115:1 116:15 247:8 306:23</p> <p><b>pieced</b> [1] 369:4</p> <p><b>Pike</b> [2] 1:14 143:12</p> <p><b>pitfalls</b> [1] 375:2</p> <p><b>place</b> [31] 15:20 16:4,5 28:2 49:19 54:22 55:11 56:17 59:24 91:9 115:20 126:11 128:23 146:5 185:13 195:18 205:19 210:20 236:14 251:6 279:16 286:6 289:6 295:3 295:11 311:8 313:16 314:4,7 329:7 404:7</p> <p><b>placed</b> [1] 373:22</p> <p><b>plan</b> [20] 134:3,15 135:4 135:15 137:2,5,10,23 138:3,6,22 141:13,18 142:6 215:18 217:12 249:24 250:7 255:17 264:16</p> <p><b>planned</b> [1] 155:25</p>	<p><b>plans</b> [4] 141:2,7,16,23</p> <p><b>platforms</b> [1] 373:14</p> <p><b>play</b> [1] 263:25</p> <p><b>played</b> [1] 277:8</p> <p><b>players</b> [2] 193:18 342:12</p> <p><b>plays</b> [1] 233:10</p> <p><b>pleasantries</b> [2] 229:10 296:2</p> <p><b>Plum</b> [1] 290:20</p> <p><b>plus</b> [3] 253:11,15 266:24</p> <p><b>point</b> [110] 20:13 23:19 23:23 28:10 29:1 30:21 34:12 35:15 36:15 37:10 37:13,23 40:12 42:17,20 55:18 57:17 58:10 84:21 85:4 86:2 88:25 93:21 94:21 101:12,20,23 104:24 107:6 112:12 130:22 138:13 156:5 158:7 169:1 177:14 180:5 180:8 186:1 193:20 199:1 211:16 215:20 216:13 227:13 230:20 233:7 237:9,15 242:19 245:25 249:6 254:1 255:15 261:21 265:23 268:1 270:11 271:18 279:14,19 289:9 290:19,20 292:1 293:25 296:5,11 300:23 304:6 306:5 307:7 311:4 311:14 313:13,25 317:1 317:2,4,5 323:13 331:12 331:16 332:10,11 333:10 339:23 347:1,9 349:6 351:5 354:14 356:9,10 356:13 362:23 366:19 367:15 368:5 380:2 391:2 392:9 393:21 394:16 395:3 396:7,17 397:13 397:16,20</p> <p><b>pointed</b> [3] 71:18 107:19 146:20</p> <p><b>points</b> [4] 122:8 154:21 292:11 308:8</p> <p><b>policy</b> [12] 21:22 163:5,9 163:13 165:17,19,23 168:19 207:19 372:2 400:20 401:12</p> <p><b>political</b> [18] 161:21 163:25 164:20,23 166:11 166:16 171:5 176:15,22 180:7 181:3 188:2,6 207:19 209:9 333:10 386:15 401:9</p> <p><b>politicians</b> [1] 164:4</p> <p><b>politics</b> [2] 164:1 169:20</p> <p><b>poor</b> [1] 373:15</p> <p><b>pop</b> [2] 176:3,4</p> <p><b>popping</b> [2] 63:2 174:23</p> <p><b>population</b> [1] 254:5</p> <p><b>portfolio</b> [1] 168:24</p> <p><b>portfolios</b> [2] 167:2,16</p> <p><b>portion</b> [4] 27:9 35:24 36:1 71:2</p> <p><b>portions</b> [2] 83:12 119:24</p>	<p><b>portrayed</b> [1] 117:25</p> <p><b>position</b> [31] 28:20 36:23 56:10 70:7 88:11,14 103:14 162:15 163:4,9 166:4 169:5 191:22 205:9 218:19 220:18 243:25 244:13,14 254:7 273:17 278:14 280:12 297:7,22 298:2 309:11 310:14 362:8 400:19 402:2</p> <p><b>positioning</b> [2] 277:16 277:19</p> <p><b>positions</b> [2] 8:1,5</p> <p><b>positive</b> [12] 73:11 248:22 249:3,14 276:2 276:14 292:19,20 294:8 373:13 374:7,21</p> <p><b>positive'</b> [1] 276:10</p> <p><b>positivity</b> [1] 73:9</p> <p><b>possession</b> [2] 34:18,19</p> <p><b>possibilities</b> [1] 174:2</p> <p><b>possibility</b> [1] 218:22</p> <p><b>possible</b> [8] 105:1 259:6 273:17 289:14 309:3 310:6 375:14 389:8</p> <p><b>possibly</b> [1] 395:22</p> <p><b>Post-Secondary</b> [1] 162:18</p> <p><b>posted</b> [4] 37:15 39:23 292:10 331:6</p> <p><b>potential</b> [6] 21:19 244:3 261:3 266:17 268:21 269:13</p> <p><b>potentially</b> [12] 12:25 182:16,18 219:17 220:4 247:3 253:18 254:11 260:18 262:14 301:17 392:4</p> <p><b>Pottle</b> [1] 163:14</p> <p><b>Power</b> [1] 162:9</p> <p><b>PR</b> [1] 159:4</p> <p><b>practical</b> [1] 389:9</p> <p><b>practice</b> [6] 22:4 49:17 114:6 123:21 128:5,5</p> <p><b>pre-meeting</b> [4] 227:6 227:7 230:7 232:24</p> <p><b>pre-prepared</b> [1] 67:19</p> <p><b>prearranged</b> [1] 195:22</p> <p><b>preceding</b> [1] 238:9</p> <p><b>Predham</b> [2] 190:7 192:18</p> <p><b>preference</b> [3] 240:22 242:22 245:8</p> <p><b>preliminary</b> [1] 261:22</p> <p><b>Premier</b> [1] 358:21</p> <p><b>Premier's</b> [31] 148:19 167:19 200:7,14,23 206:14 207:13 208:15,21 209:1,10,14,15 215:5,6 224:7,13 286:10 287:6 287:11 319:4,9,10,23 320:3,5,8,15 321:9,18 357:24</p> <p><b>premised</b> [1] 97:15</p> <p><b>prepare</b> [2] 310:3 370:18</p>	<p><b>prepared</b> [20] 22:17 72:16 74:24 86:6 120:7 134:4 204:4 213:10,21 225:1 311:13,18 320:13 321:23 334:16 352:21 355:18,22 370:11 381:8</p> <p><b>preparing</b> [4] 84:20 137:23 213:13 235:18</p> <p><b>prescheduled</b> [1] 194:16</p> <p><b>presence</b> [1] 369:9</p> <p><b>present</b> [10] 93:12 163:13 179:10 226:2 308:20 345:20 356:25 373:18,20 379:25</p> <p><b>presentation</b> [5] 65:15 67:13 77:25 101:13,21</p> <p><b>presented</b> [2] 127:3 242:10</p> <p><b>presenting</b> [2] 70:12 71:20</p> <p><b>President</b> [1] 163:11</p> <p><b>presidents</b> [1] 15:3</p> <p><b>press</b> [32] 17:19 37:10 38:1 39:11 41:3 43:23 46:12 51:24 52:1,13,14 53:8 89:22 91:3 94:20 95:7 97:23 98:5,7,22 99:2,8,24 113:1 135:5 139:4,5 143:17 347:24 380:24 381:1 398:6</p> <p><b>pressed</b> [1] 371:25</p> <p><b>pressing</b> [2] 185:23 392:2</p> <p><b>pressingly</b> [1] 322:16</p> <p><b>pressure</b> [1] 362:15</p> <p><b>pressures</b> [1] 358:22</p> <p><b>presumably</b> [4] 199:17 206:11 216:6 390:19</p> <p><b>presume</b> [6] 28:12 30:9 42:12 108:7 116:8 275:20</p> <p><b>pretty</b> [5] 87:20 102:24 225:25 226:21 267:14</p> <p><b>previous</b> [5] 29:8 38:16 121:9 169:20 237:21</p> <p><b>previously</b> [3] 249:15 329:24 346:25</p> <p><b>primarily</b> [8] 16:4,5,8 16:19 19:3 29:20 44:16 336:1</p> <p><b>primary</b> [1] 244:15</p> <p><b>priority</b> [1] 77:3</p> <p><b>Pritchard</b> [44] 2:5 80:12 80:21,25 81:8,21 82:3,9 82:14,19 143:15,22 144:6 144:7,8,13,23 145:4,11 145:17,24 146:10,19 147:6,13 148:14,22 149:5 149:23 150:4,8,16,25 151:7 152:3,9,21 153:5 153:12,21 154:4,9,15,23</p> <p><b>Pritchard/Stephen</b> [1] 1:8</p> <p><b>private</b> [7] 226:8 230:8 231:20 234:2 237:21 259:3 270:10</p> <p><b>privy</b> [2] 216:11 284:18</p>
---	---	--	---	---

<p><b>proactive</b> [4] 37:5,21,22 38:1</p> <p><b>problem</b> [44] 121:1 154:6 156:15 181:20 190:16 204:21,22 227:20 229:23 233:8,10,15,19 237:13 260:3 262:13 263:6 265:24 269:14,18 271:24 292:3 294:10,11 296:12 301:18,25 302:12 302:14,21 303:15,22 307:3 308:20 309:6 337:8 346:24 349:22 368:16 369:2 371:20 372:20 374:11 375:15</p> <p><b>problems</b> [8] 171:5 181:18 207:3 230:13 268:21 272:25 303:4 369:3</p> <p><b>procedure</b> [1] 372:7</p> <p><b>proceeding</b> [1] 115:18</p> <p><b>proceedings</b> [1] 146:2</p> <p><b>process</b> [47] 126:11 140:25 159:6,8 204:1 205:11 207:22 212:23 214:13 221:4 226:22 228:3 230:17 232:7 233:5 233:7 238:1,5 239:20 242:1 243:18 245:11 249:4 251:18 252:12 255:3 267:7 268:17,25 269:1 270:15 271:14,16 271:18,23 273:10 299:18 300:21 306:24 310:3 322:6,8 325:24 343:23 381:10 393:5 396:17</p> <p><b>processed</b> [1] 342:15</p> <p><b>processes</b> [3] 255:6 296:8 307:5</p> <p><b>produced</b> [2] 64:19 395:25</p> <p><b>Produces</b> [1] 335:19</p> <p><b>producing</b> [1] 255:10</p> <p><b>product</b> [1] 273:7</p> <p><b>profession</b> [1] 300:12</p> <p><b>professional</b> [4] 196:18 299:5,21 330:22</p> <p><b>profile</b> [4] 332:24 333:14 386:13 390:4</p> <p><b>program</b> [6] 121:2 203:18 337:9 346:11 380:17,19</p> <p><b>programs</b> [2] 5:9 137:15</p> <p><b>progress</b> [1] 289:15</p> <p><b>project</b> [1] 395:9</p> <p><b>proof</b> [1] 62:18</p> <p><b>proper</b> [1] 320:11</p> <p><b>properly</b> [2] 217:17 300:20</p> <p><b>protocol</b> [6] 125:14 155:15 337:13,17 357:3 374:16</p> <p><b>protocols</b> [9] 239:22 319:24 337:23 338:2,23 339:14 340:25 341:4,16</p> <p><b>provide</b> [13] 6:6 55:8 57:15 113:23 114:2,11</p>	<p>151:21 189:14 203:13 277:2 322:12 362:16 401:18</p> <p><b>provided</b> [16] 75:6 98:18 99:5 103:19 104:23 105:3 149:15 220:14 235:8 292:6 293:12 323:16,22 348:17 371:9 383:14</p> <p><b>provides</b> [3] 6:7 323:21 325:24</p> <p><b>providing</b> [3] 8:21 112:6 190:11</p> <p><b>province</b> [17] 5:8 31:5 136:13 158:16 159:3,21 194:13 253:16 254:6,9 265:3 292:25 293:5 317:2 376:17 387:5 395:11</p> <p><b>provincial</b> [4] 116:20 175:20 265:11 380:10</p> <p><b>proximity</b> [1] 81:22</p> <p><b>prudent</b> [2] 207:12 215:22</p> <p><b>public</b> [81] 18:9 19:18 19:20 20:8,14 21:25 22:19 33:15 47:5 55:13 56:5 97:9 98:19 99:5 106:20 110:19,20 111:3 111:17,21,24 112:6,13 112:14 113:22 114:3,22 115:7 116:10 134:21 137:15,17 151:19,21,21 161:23 190:21 193:8 203:25 205:3,17 206:19 207:18 212:5 218:20 220:19 239:23 241:1 242:24 243:16 244:4,18 256:3,19 257:1 263:20 263:22,24 264:2 281:20 282:14 296:16 297:5,11 299:13 301:19 313:23 319:21 321:6 322:18,21 322:23 325:19 330:5,14 333:18 339:17,25 344:14 386:10,13</p> <p><b>publicity</b> [2] 332:17,19</p> <p><b>publicly</b> [5] 113:11,14 243:16 316:11,17</p> <p><b>published</b> [1] 314:14</p> <p><b>pulled</b> [1] 304:8</p> <p><b>purpose</b> [11] 19:16 22:6 22:16 56:2 84:25 85:18 134:10 151:23 190:10 228:9 261:9</p> <p><b>purposes</b> [2] 123:1 326:13</p> <p><b>purview</b> [2] 55:21 187:6</p> <p><b>push</b> [1] 284:4</p> <p><b>pushing</b> [2] 297:1 298:16</p> <p><b>put</b> [22] 47:10 100:12 102:5,6 121:14 122:9 136:3 145:7 150:11,14 150:20 189:10 212:24 273:18 274:4,10 309:10 321:23 332:11 333:3 358:7 362:15</p> <p><b>putting</b> [1] 144:25</p>	<p style="text-align: center;"><b>-Q-</b></p> <p><b>Q.C</b> [548] 1:6,7 2:6,8 154:19,20 155:4 156:4 157:12,21,25 158:14,19 158:23 159:18 160:5,15 160:20,24 161:5,13 163:17,23 164:5 165:3,8 165:15,22 166:18,24 167:8,21 168:12,18,23 169:6,16,23 170:7 171:17 172:9,16 173:8,14 174:3 174:8 175:11 176:6,17 177:10,20 178:1,6,12,24 179:3,8,16 180:4,12,16 181:2,9,25 182:12,17 183:8,16,25 184:5,17 185:1,11,25 186:7,19 187:9,24 188:19 189:7 189:17,23 190:4 191:8 191:16 192:4,19,24 193:4 194:3,19 195:2,21 196:4 196:11,25 197:6 198:2,8 198:21 199:14,23 200:16 200:21 201:2,6,10,15 202:3,8,14,23 203:6 204:18,23 205:15 206:6 206:12,20 207:10,20 208:3,8,13,23 209:4,18 210:3,11,16 211:11,19 212:2,11,25 213:8,22 214:7,14 215:8,17 216:4 216:16,25 217:8,25 218:9 219:11,19 220:1,5,12,22 221:5,19 222:2,11,17,22 223:2,8,20 224:5,11,17 224:25 225:9,24 226:25 227:5 228:4,8,15 229:3 229:13,25 230:22 231:4 231:10,19 232:11,16,22 233:16,24 234:10,20,25 235:9,13 236:6,13,24 237:4 238:2 239:2,10 240:3,8,17 241:7 242:5 242:13 243:6,10,24 244:19 245:14,24 246:13 247:6,14 248:5,10,15 249:12,18,23 250:11,23 251:5,22 252:15,20 253:10,14,19 254:4,19 254:23 255:11,19,24 256:20 257:3,22 258:9 258:20 259:8,12 260:7 260:22 261:8,18 262:7 262:23 263:18 264:8,17 264:21 265:25 266:10,14 266:23 267:8,12,20,25 268:8,23 269:4 270:4,17 271:6,25 272:8,15 273:3 273:14 274:15 275:1,9 275:16,23 276:6,17,25 277:13 278:12,18 279:9 279:20 280:8,21 281:2 281:13,24 282:11,20 283:5,18,23 284:8,14,22 285:2,8,12,16,21 286:4 286:12,17,24 287:4,16 287:22 288:6,12,19 289:19,25 290:5,25 291:6 291:15,19 293:19 294:4 294:19 295:2,8,16,21 296:20 297:3,12 298:1</p>	<p>298:11,15,23 299:8,12 299:23 300:7 301:2 302:1 302:17,22 303:19 304:2 305:15,25 306:14 307:6 307:17,22 308:1,15 310:4 310:16 311:1,9,19,24 312:10,14,23 313:2,7,12 313:24 314:8,21 315:13 315:18 316:2,6,12,20 317:11,20,25 318:7,17 318:22 319:1,13 320:6 320:17,22 321:2,25 322:9 322:20 323:4,10 324:16 325:1,8 326:5,17 323 327:5,19 328:7,11,18,22 329:6,15 330:25 331:4 332:2,14,22 333:8,22 334:19,25 335:12 336:13 337:1 338:18 339:22 340:16,23 341:11,22 342:17 343:5,17,24 344:23 345:2,8,15 346:17 347:6 348:19,24 349:4 349:14,23 350:5,15,25 351:19,25 352:15 353:1 353:8,13,17,24 354:3,8 354:24 355:4,10 356:3 356:21 357:7,15 358:11 359:6,14 360:3,10,20 361:2,13,19,24 362:6,20 363:5,9,20 364:1,7,14 364:18 365:7,16,20 366:2 366:7,11,16,22 367:8,21 368:7,18,22 369:5,15 370:2,8 371:6,13 372:4 372:23 373:9 375:20,25 376:7,25 377:11,16,20 378:5,17,24 379:10,20 380:5 381:12 382:2,6,11 382:17 383:2,18 384:1 384:24 385:9,13,22 387:15,19 388:5,9,13,20 389:10,25 390:8 391:8 392:16 393:12 394:12,20 395:13 396:22 398:25 399:19 400:6,11,17 401:3 401:20 402:9,17,24 403:14 404:6</p> <p><b>qualified</b> [1] 114:17</p> <p><b>quality</b> [7] 230:11,25 231:13,16 235:20 374:15 375:3</p> <p><b>quantified</b> [1] 246:22</p> <p><b>quantify</b> [1] 303:15</p> <p><b>quarter</b> [2] 156:11 390:22</p> <p><b>query</b> [2] 366:25 367:25</p> <p><b>question/answer</b> [1] 76:4</p> <p><b>questioned</b> [1] 361:8</p> <p><b>questioning</b> [3] 64:1 391:19 392:4</p> <p><b>questions</b> [47] 4:11 23:4 37:15 39:19 63:7 72:21 93:13 118:14,20,24 119:13 129:14,17 143:5 143:9,11,13,20,23 144:15 146:23 147:1,9,22,24 148:2,6,8,10 149:7 154:17,18 160:6 230:1</p>	<p>268:24 283:25 306:16 325:18 331:6 381:11,13 381:14 382:16 392:22 393:2,8 403:12</p> <p><b>quick</b> [4] 51:6 306:12 333:20 384:11</p> <p><b>quickly</b> [15] 6:14 101:10 185:8 206:2,3,4 242:23 257:21 268:19 280:3,7 302:14,20 306:8,13</p> <p><b>Quinn</b> [3] 384:7,21 388:25</p> <p><b>Quinn's</b> [1] 390:19</p> <p><b>quite</b> [14] 24:14 29:21 49:11 106:12 187:16 196:19 199:3 220:25 223:18 241:22 242:21 257:19 361:18 377:7</p> <p><b>quote</b> [2] 57:21 138:15</p> <p><b>quoted</b> [1] 383:9</p> <p style="text-align: center;"><b>-R-</b></p> <p><b>radar</b> [3] 187:21 251:24 351:16</p> <p><b>radio</b> [5] 257:16 348:14 384:20 385:19,20</p> <p><b>raise</b> [7] 55:1 105:19 172:4 187:22 207:8 283:15 367:25</p> <p><b>raised</b> [13] 161:19 187:21 194:18,25 239:3,9 268:24 346:25 347:20 356:11 364:11 398:19,21</p> <p><b>ran</b> [8] 65:15 289:14 377:4,23 379:12 395:15 395:17 396:5</p> <p><b>range</b> [8] 8:20 12:7,13 13:1 221:24 276:19,22 286:11</p> <p><b>ranging</b> [1] 237:7</p> <p><b>rate</b> [32] 67:14,14 69:13 69:18,24 70:3,10,17 71:13,21,25 102:23 116:25 117:2 118:2 129:21 130:1,11,17,21 131:10,12,16,20 132:3 132:17,23 133:2,4 149:20 152:25 266:18</p> <p><b>rates</b> [6] 67:7,25 73:10 79:23 276:18,21</p> <p><b>rather</b> [5] 200:10,11 260:9 262:4 324:7</p> <p><b>ratio</b> [1] 151:3</p> <p><b>rationale</b> [4] 107:1 112:14 113:5 114:13</p> <p><b>re</b> [4] 155:11 190:20 276:18 390:13</p> <p><b>Re-examination</b> [2] 2:6 154:19</p> <p><b>re-indication</b> [1] 302:13</p> <p><b>reach</b> [3] 197:21 291:16 376:22</p> <p><b>reached</b> [1] 291:13</p> <p><b>reacted</b> [1] 338:3</p> <p><b>reaction</b> [6] 42:11 176:25 267:4 294:5 338:3</p>
---	--	---	--	--

<p>338:25 <b>reactive</b> [1] 325:22 <b>reacts</b> [1] 338:24 <b>read</b> [25] 57:20 71:2 94:19 95:11 97:23 98:5 100:1 101:11,11 104:3 104:16 107:16,20 108:7 159:14,17 274:21 275:2 332:8 354:23 371:2 381:7 383:13 393:17 403:11 <b>readily</b> [1] 252:13 <b>reading</b> [9] 32:14 103:13 105:3 135:14 317:2,14 324:19 331:18 381:10 <b>reads</b> [1] 49:4 <b>ready</b> [2] 202:19 368:11 <b>realistically</b> [1] 389:21 <b>reality</b> [9] 15:8 21:1 57:7 57:12 257:11 282:4 333:1 367:19 388:24 <b>realized</b> [4] 104:4 202:25 302:10 362:24 <b>really</b> [18] 11:17,23 69:23 136:20 143:19 144:18 146:3 164:15 211:9 227:12,23 228:2 251:19 256:19 267:14 302:11 304:23 308:21 <b>reason</b> [8] 47:19 62:3,15 228:18 273:18 275:6 374:3 379:7 <b>reasonable</b> [6] 28:19 34:25 35:5,8 276:19,21 <b>reasonably</b> [2] 103:8,10 <b>reasons</b> [5] 132:16 167:25 217:15 373:25 375:6 <b>receive</b> [8] 52:3,5,13 153:23 225:2 262:5 324:11 342:14 <b>received</b> [10] 104:1 142:19 153:13 159:10 239:12,15 315:9 325:2 342:9 363:11 <b>receiving</b> [2] 87:7 378:6 <b>recent</b> [1] 292:5 <b>recently</b> [2] 203:17 292:17 <b>receptor</b> [4] 1:2 116:24 268:22 405:4 <b>RECESS</b> [2] 144:4 329:12 <b>recognition</b> [2] 256:18 329:3 <b>recognize</b> [1] 97:21 <b>recognized</b> [7] 97:25 98:6 194:11 200:8 252:18 337:12 338:11 <b>recognizing</b> [1] 20:11 <b>recollect</b> [2] 150:12 151:12 <b>recollection</b> [28] 24:2 82:7 84:4 85:18 117:16 195:12 196:10 203:3 219:15 221:20 226:6 232:1 240:7 246:25 253:4</p>	<p>260:6 278:4,6,13 283:10 295:22 313:21 314:16 318:15 337:19 344:6 378:23 383:23 <b>recollections</b> [2] 289:17 313:18 <b>recommendation</b> [3] 193:17 257:12 386:25 <b>recommendations</b> [1] 305:23 <b>recommended</b> [2] 264:20 351:13 <b>reconvene</b> [1] 234:15 <b>record</b> [7] 123:1,15 124:6 126:5,8 129:3,11 <b>recorded</b> [4] 123:23 127:9 183:5 343:10 <b>recording</b> [2] 124:20 128:7 <b>records</b> [2] 252:9 304:20 <b>recurring</b> [2] 350:1,21 <b>redo</b> [1] 377:8 <b>redone</b> [1] 304:17 <b>reduced</b> [2] 11:10,15 <b>refer</b> [8] 30:8 92:24 129:20 134:2 146:11 149:8,11 152:10 <b>reference</b> [18] 34:8 36:15 80:22 81:11,24 109:8 122:11 152:25 155:5 237:16 243:13 247:19 255:13 275:21 279:3 339:20 344:19,22 <b>referenced</b> [2] 130:23 291:21 <b>references</b> [1] 130:10 <b>referencing</b> [4] 257:25 258:12 340:2 356:24 <b>referred</b> [9] 30:7 59:7 101:9 102:22 131:10 146:1 302:6 343:6 395:18 <b>referring</b> [2] 65:9 293:16 <b>refers</b> [1] 326:18 <b>reflect</b> [2] 128:22 386:2 <b>reflected</b> [4] 195:13 221:16 237:24 247:25 <b>reflection</b> [1] 122:14 <b>reflective</b> [1] 126:22 <b>reflects</b> [1] 78:24 <b>refresh</b> [1] 308:9 <b>refused</b> [1] 60:6 <b>regard</b> [2] 268:24 311:10 <b>regarding</b> [14] 47:4 49:9 63:4 64:2 121:1 125:14 154:12 197:10 224:13 335:18 337:16 345:25 353:4 379:22 <b>region</b> [4] 49:5 253:2 265:2 345:22 <b>regional</b> [6] 1:10,17 6:4 12:3 13:16 238:11 <b>registered</b> [2] 239:22 245:9</p>	<p><b>REGISTRAR</b> [1] 160:25 <b>regular</b> [3] 13:2 209:19 209:22 <b>related</b> [9] 7:6 10:13 112:7 134:19 155:13 222:7 233:19 241:3 397:24 <b>relation</b> [2] 129:2 357:12 <b>relations</b> [1] 270:7 <b>relationship</b> [25] 13:24 57:23 58:3 86:13,20,22 155:17 170:16 171:2,19 174:21 175:15,18 176:1 176:5 186:25 187:18,23 188:22 198:25 297:9 348:7 397:23 400:21 401:1 <b>relationships</b> [1] 13:11 <b>relatively</b> [4] 8:14 185:13 331:17 381:18 <b>relay</b> [2] 188:15 294:2 <b>relayed</b> [7] 196:24 197:11,24 198:23 204:7 205:3 297:13 <b>relaying</b> [1] 43:12 <b>release</b> [55] 36:9,21 37:5 37:10,22 38:1,4,19 39:11 40:9,12 41:4 42:3,16 43:23 44:17 46:13 52:2 53:18 91:3 92:21 94:20 95:7 96:10,15 97:23 98:5 98:7,16,22 99:2,8,24 100:1,12 108:15 117:2 138:14 139:4 158:6 325:17,23 330:3,6,15 331:10,11 332:10 380:24 381:1 383:5,8,10,10 388:2 <b>released</b> [18] 89:23,24 90:2 93:19 97:11 101:16 102:25 103:2,15 104:1,5 104:10,12,21,22 105:2,6 109:9 <b>releases</b> [7] 17:20 51:24 52:14 53:8 91:4 135:5 347:24 <b>releasing</b> [4] 106:22 107:15 111:4 118:2 <b>relevant</b> [5] 18:12 135:25 136:2 137:8 218:19 <b>reliance</b> [2] 373:22 374:20 <b>relied</b> [1] 402:6 <b>relief</b> [1] 317:9 <b>relieved</b> [3] 316:1,3 317:8 <b>rely</b> [3] 22:4,15 33:9 <b>relying</b> [1] 310:22 <b>remained</b> [1] 163:7 <b>remarkable</b> [1] 213:18 <b>remember</b> [143] 25:17 25:20 27:3 43:21 89:17 126:14 174:18 175:1,4 177:5 178:19 179:4,12 191:4,7 193:21,25 194:14</p>	<p>198:18,19 204:10,12 205:6,20,23 212:8,15 213:18 216:10 219:6 223:16 225:15,16 226:12 227:8,11,14,23 230:5,8 230:20 233:3 237:7,11 237:14,19,23 239:18 241:25 242:11 243:13 246:19 247:19 248:1 249:5 253:24 254:2 263:2 265:18,22 267:14 268:16 268:20 273:1,21 274:5,7 274:11 276:10,24 277:5 278:1 282:3 284:4,5,19 284:19 285:22 290:19 294:3 295:14 296:1,3,6 296:9 297:14 300:25 301:12 303:6,11,23 309:20 312:8 315:22,23 317:6,18 331:21 341:6 346:3,6,22 348:5,8,9,12 348:22 350:20,24 351:24 355:8,24 357:21 358:5 360:1 364:9 365:3 367:20 368:2,10,12 369:13,21 369:24 371:22 372:12,20 375:12,19 376:13,18 378:2,14 379:2 380:8,20 381:18,23 382:20 385:21 393:21 394:2 395:6 <b>remembered</b> [2] 25:10 362:22 <b>remembrance</b> [1] 350:14 <b>reminder</b> [1] 136:3 <b>remove</b> [1] 152:25 <b>reorganization</b> [1] 11:22 <b>rep</b> [1] 14:18 <b>repeat</b> [3] 57:2 265:6 377:1 <b>repeated</b> [2] 77:5 376:20 <b>replies</b> [1] 391:13 <b>reply</b> [1] 48:9 <b>report</b> [12] 18:24 115:13 127:15,16 200:14 208:24 208:25 279:13 294:6 370:11,15 371:9 <b>reported</b> [7] 30:1 111:17 171:15 208:19 217:6 292:18,20 <b>reporter</b> [6] 385:25 387:22 388:14,21,25 389:1 <b>reporting</b> [6] 36:18 108:14 117:12 209:19 293:6 374:18 <b>reports</b> [12] 29:14,15 30:5,10 105:23 108:25 159:5 219:16 365:23 366:18 370:24 373:1 <b>represent</b> [1] 398:15 <b>representative</b> [1] 374:24 <b>representatives</b> [1] 152:14 <b>representing</b> [1] 398:18 <b>request</b> [7] 55:8 57:10</p>	<p>84:13,18 191:18 231:9 356:11 <b>requested</b> [2] 192:6 331:5 <b>requests</b> [2] 39:16 85:24 <b>require</b> [2] 83:14 146:22 <b>required</b> [4] 53:22 218:16 272:5 374:25 <b>requires</b> [1] 83:21 <b>requiring</b> [1] 95:21 <b>reran</b> [1] 378:4 <b>reservation</b> [1] 262:25 <b>reservations</b> [2] 133:14 133:21 <b>resolve</b> [2] 80:24 171:5 <b>resources</b> [5] 270:13 280:6 335:5,9,10 <b>respect</b> [10] 144:18 148:17 149:8 244:14 322:22 325:12 337:24 339:9 351:2 371:8 <b>respected</b> [1] 402:2 <b>respecting</b> [1] 152:17 <b>respective</b> [1] 336:23 <b>respects</b> [1] 55:17 <b>respond</b> [5] 22:18 90:1 334:13 338:7 389:2 <b>responding</b> [1] 39:16 <b>response</b> [6] 40:2 48:1 242:15 325:22 382:3 384:19 <b>responses</b> [2] 147:1,9 <b>responsibilities</b> [7] 21:24 87:11 168:4 337:24 339:9 340:8 367:6 <b>responsibility</b> [6] 12:6 17:16 20:22 56:14 144:17 340:12 <b>responsible</b> [6] 8:21 186:9 188:8 218:2 360:12 363:21 <b>rest</b> [4] 100:14 109:19 253:16 254:9 <b>restore</b> [1] 116:19 <b>result</b> [4] 63:25 64:21 127:12 325:21 <b>resulted</b> [1] 75:10 <b>results</b> [34] 31:12,15 47:6 66:19,20 68:22 69:2 77:4 83:14,20 117:14 255:10 255:16 262:15 292:23 293:4,7 297:18,19 299:24 300:21 335:20 375:4 381:19 391:14,21 392:6 392:25 393:9 395:21 396:1,4,25 397:10 <b>RESUMES</b> [1] 2:2 <b>retest</b> [8] 64:21 249:19 249:19 261:2 273:19 279:13 297:19 299:24 <b>retested</b> [19] 75:9 96:3 203:22 216:8 221:24 250:4 251:2,9 258:5 259:16,18,25 261:10,13 267:16,21 292:18 308:19</p>
---	--	--	---	---

<p>308:23 <b>retesting</b> [18] 26:21 49:4 61:19 132:2 159:6 250:22 259:22 260:4 261:6 273:19 277:16,20 279:15 308:18 335:11 344:9 345:21 396:3 <b>retests</b> [7] 66:18,19,20 66:21 95:20 97:11 250:2 <b>retreat</b> [6] 155:12,24,24 156:2,3 341:14 <b>retrieval</b> [1] 374:5 <b>retrospective</b> [1] 373:11 <b>return</b> [2] 293:4 378:15 <b>returned</b> [3] 255:16 295:9 402:4 <b>revealed</b> [1] 117:14 <b>revelation</b> [1] 382:25 <b>review</b> [10] 52:7 76:2 145:6 262:17 278:21 327:16 365:23 373:4,10 399:16 <b>reviewed</b> [9] 75:9,10,24 109:20 125:9 250:8 258:16 373:10 380:15 <b>reviewing</b> [5] 53:15 252:9 304:20 351:11 359:8 <b>reviews</b> [3] 365:10,24 367:11 <b>revised</b> [2] 219:18 267:6 <b>right</b> [92] 1:8 4:17 7:1 8:10 10:11 12:23 15:17 16:2 17:7 20:1 22:25 24:5 26:10 33:1 37:8,19 38:5,10 39:17 40:22 42:6 46:11 47:7,12 63:21 64:15 65:8 67:21 68:16 72:3 76:24 79:4 81:9,22 86:8 89:6,19 93:25 94:5 94:10 95:2,25 96:25 97:21 98:21 100:16 106:19 107:4 117:12 124:15 125:22 130:19 131:2 143:15 144:2 146:4 147:19 148:11 153:6 157:11 165:16 166:23 179:25 205:25 207:21 211:12 214:6 225:25 227:6 231:3 234:15 249:17 261:5 266:13 267:1,14 282:16 324:25 329:10 343:9 349:22 357:19 361:1,16 364:8 384:20 388:4,8 389:16 391:7 397:22 404:10 <b>RIHA</b> [1] 337:8 <b>RIHA's</b> [1] 155:18 <b>RIHAs</b> [1] 341:18 <b>rise</b> [1] 238:23 <b>road</b> [3] 293:25 302:18 312:24 <b>Robert</b> [2] 203:10,12 <b>Robinson</b> [1] 377:10 <b>role</b> [34] 6:4 16:19 21:22 21:23 22:7 135:8,11 137:24 138:25 142:25</p>	<p>164:12,16,17,20 165:10 166:6,8,14,19 167:20 171:4 186:15 188:11 217:24 285:1 331:23 340:10,11 345:14 352:9 352:10 393:13 399:9 401:14 <b>roles</b> [10] 164:15 176:10 188:1,21 337:24 339:8 340:8 341:1 401:8,12 <b>Rolf</b> [3] 1:8 2:5 144:7 <b>room</b> [6] 173:4,7 225:21 240:5 262:24 363:23 <b>root</b> [5] 368:4,16 371:16 371:24 404:4 <b>Ross</b> [1] 397:2 <b>rough</b> [1] 221:13 <b>route</b> [1] 287:7 <b>routine</b> [1] 51:13 <b>routinely</b> [1] 334:13 <b>rules</b> [1] 211:2 <b>Rumboldt</b> [2] 391:22 393:6 <b>run</b> [5] 277:11 278:8 327:2 377:8 397:8 <b>running</b> [6] 20:22 164:18 166:7,21 193:9 401:14 <b>rural</b> [1] 399:5 <b>rushed</b> [1] 359:20 <b>rushing</b> [1] 359:16</p> <hr/> <p style="text-align: center;"><b>-S-</b></p> <hr/> <p><b>s</b> [1] 161:19 <b>safe</b> [3] 198:7 211:18 256:5 <b>safety</b> [1] 155:13 <b>sake</b> [1] 20:18 <b>sample</b> [1] 292:19 <b>samples</b> [13] 132:2 159:5 159:7,23 273:10 277:11 278:7 308:18 340:14 351:9,10 390:22 396:2 <b>sand</b> [1] 21:7 <b>Sandra</b> [5] 1:7 2:6,8 154:19 160:23 <b>sat</b> [2] 16:12 400:3 <b>satisfactory</b> [1] 88:2 <b>satisfied</b> [2] 85:25 376:21 <b>satisfy</b> [2] 57:9 333:17 <b>Saturday</b> [1] 377:6 <b>Saturday's</b> [1] 379:12 <b>savings</b> [1] 380:16 <b>saw</b> [3] 109:17 148:17 359:8 <b>says</b> [32] 31:3,11 42:9 75:13 116:17,18 149:20 159:2,21 184:10 190:12 214:18 250:12 254:24 257:23 265:1 279:12 289:7 292:9,21 308:17 308:17 325:12 329:23 331:8 332:9 337:9 338:22 342:19 345:20 390:25</p>	<p>396:25 <b>scheduled</b> [4] 195:6,10 199:20 210:6 <b>scheduling</b> [2] 195:9 369:2 <b>Science</b> [2] 161:21 163:25 <b>scope</b> [4] 12:19 168:4 182:6 367:5 <b>scrambling</b> [1] 116:19 <b>scratched</b> [1] 149:19 <b>screen</b> [3] 190:1 248:18 251:24 <b>screening</b> [3] 121:2 337:8 343:7 <b>scroll</b> [2] 274:20,23 <b>seated</b> [4] 4:2 144:6 234:19 329:14 <b>second</b> [10] 31:1,2,11 77:3 81:5,6 146:21 274:19 348:3 390:16 <b>Secretariat</b> [22] 202:10 202:21,25 213:25 214:2 214:12 217:22 219:3,5 312:3 320:14 321:14,17 321:19 355:11,22 357:24 358:18 360:13,18 362:14 363:17 <b>secretary</b> [4] 169:12 358:3 397:14,25 <b>section</b> [1] 76:4 <b>see</b> [41] 31:20 32:6,9,23 53:7 54:5 75:25 76:10 77:21 82:17 89:22 105:9 164:14 170:22 177:6 179:25 210:1 217:18 236:8 248:16 255:9 271:23 275:3 279:1 290:21,22 292:13 298:4 308:16 312:16,20 317:9 318:25 334:10 337:5 351:12 356:5 385:7 395:5 396:20 397:17 <b>seeing</b> [9] 214:23 218:2 276:21 352:25 353:21 355:9 359:25 367:20 375:12 <b>seek</b> [4] 137:25 172:17 172:21 211:13 <b>seeking</b> [5] 139:2 142:2 207:24 210:22 376:4 <b>seem</b> [11] 45:23 178:18 178:20 179:19,21 182:20 182:24 216:19 231:17 260:1 398:10 <b>send</b> [16] 109:6 149:1 159:22 241:10,14 260:1 269:17 278:7 284:10 309:8 311:7 324:14 347:24 356:16 397:7 402:15 <b>sending</b> [16] 190:25 240:19 262:25 265:20 292:24 307:2 324:8 326:2 327:14 328:10 340:14,14 351:8 362:18 384:25 397:19</p>	<p><b>senior</b> [8] 215:6 229:4,6 287:13 334:2 372:2 392:19 396:19 <b>seniors</b> [2] 398:2 399:9 <b>sense</b> [15] 8:6 81:15 83:1 84:22 205:6 245:19 252:11 263:4 280:2 304:4 304:14 327:18 332:10 350:8 360:11 <b>sensitive</b> [5] 262:3 274:1 374:10 375:12,16 <b>sent</b> [20] 47:24 190:15 253:8 255:16 262:16 296:22,23,25 300:1 311:3 327:25 329:22 357:10 358:8 359:21 370:15,17 394:7,15 396:1 <b>sentence</b> [2] 327:4 375:13 <b>sentiment</b> [6] 310:8 332:5,15,23 386:6 390:5 <b>separate</b> [2] 306:23,23 <b>September</b> [14] 4:13 5:5 8:13 13:10 23:8 156:8 157:15 282:18 283:8 311:2 313:14 314:3 321:6 323:23 <b>sequence</b> [1] 82:5 <b>series</b> [3] 34:16 51:17 66:17 <b>serious</b> [3] 181:7 182:9 229:20 <b>seriousness</b> [1] 298:21 <b>serve</b> [1] 209:11 <b>services</b> [18] 6:5,6 8:20 9:9 12:7,20 48:21 72:11 75:7 137:16 162:18,22 170:10 186:10 254:15 365:12 373:4 393:6 <b>set</b> [15] 115:19 185:7 194:17 214:19 216:12,21 217:13 334:4 368:14 369:12,17 370:5 373:12 403:24 404:3 <b>setting</b> [1] 270:6 <b>settlement</b> [1] 238:24 <b>seven</b> [7] 31:14,20 32:4 164:3 204:14 259:22 374:25 <b>several</b> [4] 4:20 149:9 353:7,9 <b>shagging</b> [1] 230:14 <b>shape</b> [1] 135:19 <b>share</b> [5] 126:3 224:8 265:21 338:8 340:4 <b>shared</b> [7] 199:11 288:4 320:15 321:22 338:4 341:20 375:7 <b>sharing</b> [6] 14:20 172:12 173:9 265:22 295:15 296:9 <b>shed</b> [1] 367:11 <b>sheet</b> [10] 64:21 65:16 66:3 67:8 74:1 76:14 78:13 92:5 96:16 100:3</p>	<p><b>shifting</b> [1] 221:9 <b>shocking</b> [1] 262:4 <b>short</b> [8] 128:21 185:13 243:19 262:22 306:8 358:21,25 362:14 <b>shorter</b> [1] 397:1 <b>shortly</b> [6] 167:9 184:15 312:1 329:21 399:21 400:18 <b>show</b> [8] 31:14 72:8,9,15 122:4 333:25 334:4 397:15 <b>showed</b> [5] 106:7 204:12 352:7 374:7 386:3 <b>showing</b> [1] 190:11 <b>shown</b> [3] 84:11 119:19 355:25 <b>shows</b> [1] 127:19 <b>shut</b> [5] 237:17 248:3 296:11 306:18,20 <b>shy</b> [2] 173:9,12 <b>sic</b> [1] 225:23 <b>sick</b> [1] 117:21 <b>side</b> [4] 16:4 20:20 86:12 272:10 <b>sides</b> [1] 17:10 <b>signed</b> [6] 204:5 209:9 209:14 356:1 357:9 359:24 <b>significance</b> [7] 34:10 35:10 110:14 172:11 218:22 219:23 251:25 <b>significant</b> [30] 31:22 175:3,4 180:18,24 181:1 181:1,24 192:2 194:12 200:9 206:18,23 207:18 222:14,18 229:24 230:12 230:18 231:12,18 237:24 265:16 268:4 281:20 309:23 319:15 348:15 363:14 380:11 <b>significantly</b> [5] 199:8 219:17 266:21 300:11 302:15 <b>signing</b> [1] 356:14 <b>similar</b> [8] 12:20 88:22 169:5 210:7 276:2 278:22 350:18 362:7 <b>similarly</b> [1] 12:18 <b>Simmons</b> [374] 1:10 2:3 4:2,3,4,6,16,23 5:4,16 5:21,25 6:16,25 7:14,23 8:4,11,18,24 9:4,8,12,16 9:22 10:5,10,19 11:2,8 11:19 12:1,10,22 13:8 13:22 14:5,11,22 15:10 15:16 16:1,11,18 17:2 17:14,23 18:2,14,21 19:5 19:11,15,25 20:15 21:3 21:9,15,20 22:3,10,14 22:24 23:3,12,18 24:4 24:13,19,24 25:6,11,16 25:23 26:4,9,17,25 27:7 27:15,22 28:11,18 29:3 29:12,18,25 30:4,13,18 30:25 31:8,18 32:2,10 32:15,21 33:4,12,23 34:3</p>
---	--	---	--	--

<p>34:11,23 35:7,22 36:5 36:12 37:7,18,24 38:8 38:13 39:2,10,14,21 40:1 40:7,21 41:2,9,14,18 42:5,15,24 43:3,8,14,20 44:3,12,21 45:1,7,11,15 45:22 46:10,17,22 47:11 47:20 48:3,10,17,25 49:16,22 50:5,10,16 51:1 51:9,15,23 52:9,18,22 53:2,6,12,19 54:2,9,14 54:24 55:16 56:1,8,22 57:3,18 58:6,15,19 59:2 59:6,10,21 60:3,9,13,18 61:4,10,17,22 62:2,7,14 62:19,25 64:15,16,25 65:6,12,21 66:2,8,15 67:2,6,12,18,22 68:5,9 68:13,19,25 69:6,10,16 69:22 70:6,21,25 71:7 71:16 72:2,7,14,19 73:2 73:8,15,19,25 74:5,12 74:18,23 75:3,17,23 76:5 76:9,17,22 77:2,9,17,23 78:6,15,22 79:3,7,24 80:4,10,19 82:13,20 83:2 83:10,19,24 84:9 85:2 85:12,16,22 86:4,9,18 87:1,9,15,25 88:10,16 88:24 89:5,9,16,20 90:8 90:15,19,24 91:7,14,22 92:1,10,18 93:4,15,24 94:4,9,16,25 95:5,10,14 95:19,24 96:11,18,22 97:8,14,20 98:4,11,20 98:25 99:6,12,17,22 100:5,15,20 101:2,7,19 101:24 102:4,11,15,20 103:6,12,23 104:13,25 105:16,22 106:2,6,11,18 107:3,8,13,21 108:1,6 108:11,19,23 109:10,22 110:5,15,25 111:9,14,20 112:1,8,16,21 113:8,18 113:24 114:4,15 115:4 115:11,24 116:4,14 117:7 117:11,22 118:6,12 129:18 <b>Simmons'</b> [1] 63:3 <b>simply</b> [3] 139:6 334:6 385:19 <b>Sinai</b> [18] 279:18 280:4 302:11,15 351:10 391:16 391:21 392:6,14 393:11 393:23,24 394:8,13,16 395:5 396:2,19 <b>single</b> [1] 70:11 <b>sinister</b> [1] 232:9 <b>sit</b> [2] 172:24 371:2 <b>sitting</b> [1] 372:1 <b>situation</b> [14] 193:16 223:23 239:14 240:11 241:13,15 257:15 260:19 264:14 269:13 290:23 306:10 338:2,24 <b>six</b> [9] 100:16 164:3 180:9 204:14 257:17 259:22 269:15 275:17 335:24 <b>skim</b> [1] 397:11 <b>skipped</b> [1] 278:19</p>	<p><b>slices</b> [1] 374:15 <b>slide</b> [2] 101:21 102:12 <b>slides</b> [1] 249:10 <b>small</b> [29] 26:2,22 27:8,9 27:18,20,21 32:19 33:21 33:25 34:5,8 35:10,16 35:20,20,24 36:1,2 137:9 156:20 166:15 229:22 256:6 325:25 326:19 327:8 328:2,25 <b>smaller</b> [6] 164:23 228:5 228:10,16 266:19 401:25 <b>snippets</b> [1] 321:12 <b>socialize</b> [1] 209:25 <b>Society</b> [4] 1:15 119:9 396:25 398:12 <b>solution</b> [3] 214:18 216:20 217:13 <b>solutions</b> [2] 372:19,20 <b>someone</b> [18] 28:20 35:19 92:4 124:21 125:23 127:9 140:13 146:5,6 210:22 211:2 232:5 239:7 248:1 283:12 333:25 366:5 387:9 <b>sometime</b> [4] 192:6 194:17 195:24 282:12 <b>sometimes</b> [12] 10:23 57:14 181:18 187:14 209:25 225:7 288:15 347:21,23 358:17 362:12 386:18 <b>somewhat</b> [5] 189:3 275:25 306:4 324:5 333:13 <b>somewhere</b> [2] 251:1 324:23 <b>son</b> [1] 256:9 <b>soon</b> [5] 260:5 292:10 309:3 310:6,13 <b>sorry</b> [26] 14:18 57:2 62:25 64:15 101:12 121:25 156:6,15,15 157:13 183:23 245:6 249:14 256:11 264:11 265:19 268:2 313:5,22 323:15 340:24 366:10 380:8 384:6 390:15 397:6 <b>sort</b> [7] 5:10 6:19 17:8 138:15,22 151:3 388:15 <b>sorts</b> [2] 7:7 51:10 <b>sought</b> [2] 239:17 240:13 <b>sound</b> [3] 192:14 330:23 405:10 <b>sounds</b> [1] 277:24 <b>source</b> [2] 45:23 58:7 <b>sources</b> [2] 18:22 348:4 <b>southern</b> [1] 290:15 <b>speak</b> [24] 11:17 20:7 55:20,23 57:8 136:17 152:14 184:19 185:3 186:3 201:17 223:21 235:2 244:1 245:13 254:22 280:11 312:8 344:7 350:6 355:16 398:14 399:1,3</p>	<p><b>speaking</b> [8] 190:13 293:13 335:21 383:11 398:4 399:13,14 400:2 <b>special</b> [1] 395:9 <b>specialists</b> [1] 278:25 <b>specialized</b> [1] 254:13 <b>specific</b> [20] 23:4 27:14 57:25 58:1,10 60:19,22 65:19 92:24 93:22 94:15 129:3 138:16 205:23 217:15 222:6 242:11 339:20 372:18 389:22 <b>specifically</b> [22] 24:22 48:15 50:11 60:2 61:13 70:24 73:7 84:17 92:4 93:21 128:10 130:12 137:21 274:6 326:11 337:22 350:6 355:22 365:5 369:16 376:18 402:3 <b>specifics</b> [4] 84:8 89:19 91:6 197:1 <b>specimens</b> [4] 159:9 292:17,24 293:5 <b>sped</b> [2] 394:6 396:21 <b>speed</b> [4] 335:10 393:21 395:6 396:17 <b>spell</b> [2] 43:19 161:1 <b>spend</b> [3] 175:22 230:25 231:8 <b>spending</b> [1] 230:15 <b>spent</b> [3] 231:13 271:1 399:5 <b>spoke</b> [13] 61:5,9 179:17 183:14 184:12,20 194:4 197:7 199:24 213:2 221:6 362:23 399:22 <b>spoken</b> [9] 73:4 142:18 177:12 184:6 186:14 197:20 201:18 254:3 392:23 <b>spokesperson</b> [1] 29:20 <b>spot</b> [2] 234:9 323:8 <b>spread</b> [3] 315:24 317:8 317:14 <b>spring</b> [7] 58:18,20 141:21 152:14 162:7 360:24 403:20 <b>St</b> [30] 9:19,25 10:1,15 13:3 38:23,25 44:9,16 44:22 45:17 158:11 161:19 162:6,10,12,14 163:12,15 227:17 230:11 252:24 253:1 254:11,15 256:6 304:9 395:25 405:7 405:11 <b>Stacey</b> [1] 1:16 <b>staff</b> [22] 10:12,14 11:1 11:12 12:24 13:3,12,13 15:17,19 19:14 20:21 22:5,16 77:15,21 126:4 126:25 208:22 337:15 372:17 391:16 <b>stage</b> [10] 63:8 69:24 115:16,18 250:17 260:17 261:23 263:2 274:6 344:15</p>	<p><b>stages</b> [6] 216:13 250:9 259:20 262:19 301:9 302:24 <b>staining</b> [1] 374:8 <b>stakeholder</b> [4] 136:19 139:2,8,14 <b>stakeholders</b> [28] 134:6 134:11,13,17,23 135:2 135:12,17,24,25 136:4 136:18,22 137:8,12,21 137:25 138:12,18 139:1 139:15,17 140:10,21 142:2,11,19 143:1 <b>stand</b> [3] 2:2 32:5 235:25 <b>standard</b> [2] 147:23 249:8 <b>standardization</b> [1] 355:17 <b>standardized</b> [1] 374:16 <b>standards</b> [3] 72:24 73:4 275:25 <b>standing</b> [1] 227:8 <b>stands</b> [4] 211:22 222:23 231:21 234:2 <b>start</b> [3] 23:5 81:23 144:14 <b>started</b> [4] 180:11 193:6 225:23 282:4 <b>starting</b> [1] 195:15 <b>startling</b> [1] 382:25 <b>state</b> [2] 161:1 309:10 <b>statement</b> [13] 31:3 198:7,20 211:18 233:23 243:18 244:18 246:20 248:2 270:23 305:8 330:18,24 <b>stating</b> [2] 92:5 118:9 <b>status</b> [10] 151:17 283:7 285:5 293:14 294:6 298:24 344:10 345:10 352:2 374:19 <b>stay</b> [2] 11:13 169:1 <b>stayed</b> [2] 167:1 168:19 <b>steps</b> [5] 186:17 190:17 233:6 272:3 372:8 <b>sterilization</b> [2] 238:14 238:18 <b>Steve</b> [1] 208:20 <b>stick</b> [1] 284:7 <b>sticks</b> [3] 376:18 383:22 400:16 <b>still</b> [76] 31:23 51:18 103:18 104:21 166:5,19 177:7 194:15,22 195:11 205:10 206:23 207:12 212:16,22,22 213:3 219:9 220:20 221:12 222:8,13 233:12 237:8 246:24,25 251:14,14,15,16,17,19 252:8,9 253:11,20 258:16 263:24 265:17 268:4 278:8 279:7 281:9,17,19 289:21 290:16 291:1,2 294:14 295:4 296:7,18 297:1 298:16 299:16 300:1,3,3,23 302:10</p>	<p>304:20 306:4,5,11 310:2 311:3,18 319:18 327:13 327:13,16 351:8 390:10 396:3,8 <b>Stokes</b> [1] 329:25 <b>stood</b> [2] 33:16 382:18 <b>stop</b> [4] 307:15 330:11 344:7,7 <b>stopped</b> [1] 307:1 <b>stories</b> [4] 33:7 107:17 333:12,13 <b>storing</b> [1] 321:20 <b>story</b> [52] 23:14 25:22 26:7 32:7,22 36:7 38:3,4 38:9,10,12 39:4 49:13 51:7 117:21 118:8,9 203:14 204:24 205:1 318:14 319:12 330:2,10 331:25 333:3 335:18,20 335:21,23 369:23 384:8 386:13 388:22 389:1,4 389:11,12,13,14 390:19 390:20 395:15,16,16 396:5,24 397:4,7,9,19 399:18 <b>strange</b> [1] 295:25 <b>strategic</b> [4] 386:19 387:3,7 388:1 <b>strategies</b> [1] 141:21 <b>strategy</b> [7] 137:13 203:24 204:3 212:12,21 330:4,13 <b>streamlined</b> [1] 340:6 <b>stressing</b> [1] 151:11 <b>strikes</b> [1] 324:5 <b>stroke</b> [3] 230:10,23 270:20 <b>strong</b> [1] 251:16 <b>strongly</b> [2] 296:14 358:10 <b>structural</b> [1] 181:18 <b>structure</b> [7] 5:8,10 6:2 6:15 10:22 15:20 253:7 <b>structured</b> [2] 9:24 340:6 <b>struggling</b> [2] 228:2 252:19 <b>stuck</b> [1] 26:20 <b>stuff</b> [9] 193:24 211:10 334:12 342:5,14 352:24 362:3,13 367:4 <b>styles</b> [1] 87:23 <b>subheading</b> [1] 83:15 <b>subject</b> [10] 147:17 148:16 203:12,19 271:16 272:24 291:1 391:19 395:17 397:9 <b>submit</b> [1] 159:4 <b>submitted</b> [1] 159:9 <b>subsequent</b> [11] 29:15 120:11,17 122:14 127:19 142:11 289:2 346:15 358:25 376:20 403:12 <b>subsequently</b> [2] 124:7 359:10</p>
---	--	--	--	---

<p><b>subset</b> [2] 282:7 302:6  <b>substance</b> [1] 348:22  <b>substantial</b> [1] 280:16  <b>succeeding</b> [1] 269:24  <b>successfully</b> [1] 374:3  <b>succinctly</b> [1] 230:21  <b>such</b> [13] 64:11 136:25  173:22 184:18 185:19  256:6 286:5 321:8 341:4  341:16 385:6 398:1  403:18  <b>sudden</b> [1] 269:17  <b>sued</b> [2] 243:3,4  <b>sufficient</b> [1] 379:14  <b>suggest</b> [11] 67:24 102:24  110:7,12 113:4,17 183:6  184:22 211:1 270:5 385:1  <b>suggested</b> [8] 147:1,9  179:24 182:21 200:22  213:15 233:18 270:8  <b>suggesting</b> [4] 34:24  81:12 216:19 325:16  <b>suggestion</b> [3] 156:1  191:18 222:4  <b>suggestions</b> [1] 233:9  <b>suite</b> [1] 177:18  <b>sullen</b> [5] 195:14 196:1  196:20 198:13 223:13  <b>summary</b> [5] 161:16  370:12,16 371:9 396:5  <b>summer</b> [13] 28:1 34:17  48:7 134:16 137:11,13  138:3,6 141:21 142:5  391:15 403:21,21  <b>Sunday</b> [2] 26:8 291:24  <b>superior</b> [1] 209:17  <b>supplement</b> [1] 166:3  <b>support</b> [7] 164:25 330:7  330:16 393:13 401:8,14  401:17  <b>supporting</b> [2] 166:8,20  <b>supports</b> [1] 271:4  <b>supposed</b> [2] 125:1  335:7  <b>surgeon</b> [6] 258:10,18  259:5 260:24,25 292:1  <b>surgery</b> [1] 181:20  <b>surprise</b> [7] 123:12  192:7 214:22 312:19  349:12,15,17  <b>surprised</b> [2] 246:7  391:13  <b>surprising</b> [2] 109:2,4  <b>surrounding</b> [3] 332:19  336:5 367:23  <b>survivor</b> [1] 384:10  <b>Susan</b> [13] 23:7 25:12  40:9 42:9 49:25 152:15  225:18 236:21 325:16  330:2 331:9 335:21  379:17  <b>suspect</b> [5] 184:12  206:17 223:25 314:24  352:5</p>	<p><b>suspended</b> [1] 307:1  <b>swamped</b> [1] 270:1  <b>swayed</b> [1] 305:23  <b>switching</b> [1] 373:14  <b>sworn</b> [3] 2:7 160:22,23  <b>system</b> [26] 20:11,18,19  116:21 169:22 181:19  233:4 255:8,9 268:14  270:1 272:21,21 273:25  274:5,11 277:12 278:9  292:13 308:19 374:1,3,6  374:10 375:5,11  <b>systematic</b> [1] 245:5  <b>systemic</b> [2] 217:15  349:22  <b>systems</b> [3] 303:9,25  305:12</p> <hr/> <p style="text-align: center;"><b>-T-</b></p> <hr/> <p><b>table</b> [13] 2:1 189:14  193:18 239:8 245:12  246:12 263:11,14,15  339:6 340:22 398:20  400:4  <b>tables</b> [1] 342:13  <b>taker</b> [1] 344:21  <b>takes</b> [3] 56:14 167:16  205:19  <b>taking</b> [13] 79:22 82:22  143:24 190:17 279:16  294:15 313:16 384:9  391:20 392:5,24 395:10  395:20  <b>Tamoxifen</b> [1] 381:25  <b>tanks</b> [1] 370:25  <b>Tansy</b> [10] 2:2 4:3 49:5  49:8 119:2 144:7 154:19  337:13 345:21,25  <b>tape</b> [2] 54:12,15  <b>target</b> [8] 134:6,11 135:3  135:8,16 138:17 265:18  276:1  <b>targets</b> [1] 216:2  <b>Taylor</b> [3] 1:12 143:8,10  <b>technical</b> [3] 18:6 92:21  278:20  <b>technological</b> [1] 272:10  <b>technologists</b> [2] 273:5  375:1  <b>technology</b> [14] 232:6  233:12 255:6 273:15  274:3 275:24 277:2,11  277:17,20 280:6 303:8  375:15,17  <b>Telegram</b> [4] 30:6,10  335:21 377:9  <b>telephone</b> [5] 23:7 270:6  285:23 286:13 384:12  <b>television</b> [1] 109:15  <b>telling</b> [7] 71:17 113:12  196:23 208:9 219:6  265:12 300:16  <b>tells</b> [1] 289:17  <b>ten</b> [7] 31:22 32:3 117:2  143:23 149:12 180:7</p>	<p>234:15  <b>tend</b> [2] 40:8 188:6  <b>tended</b> [3] 42:8 187:2  402:14  <b>tends</b> [1] 331:9  <b>tent</b> [1] 334:4  <b>term</b> [7] 131:12,19  132:16,23 149:25 217:17  350:23  <b>terminology</b> [5] 69:18  70:17 71:11 130:16  131:15  <b>terms</b> [43] 10:18 59:14  59:25 126:2,17 127:6  128:7 130:22 139:1,16  150:17 165:11 169:25  170:8 176:22 186:20  215:18 216:17 220:13  224:18 241:9 242:14  244:4,20 247:8,15 251:23  266:4 268:13 273:8  296:21 298:25 310:18  312:24 345:3,9 347:8,11  350:6 360:22 388:1  392:17 393:13  <b>terrible</b> [1] 274:2  <b>tertiary</b> [2] 254:12,14  <b>test</b> [26] 47:6 68:22 73:12  106:15 117:14 238:15  248:22 256:11 257:16  258:15 260:11 268:10,22  269:1 276:14 292:23  301:24 343:16 373:25  374:4,5 375:7 391:14  394:14 395:19,21  <b>tested</b> [5] 220:9 275:11  278:23 302:3 390:23  <b>testimony</b> [4] 14:3 25:21  66:11 156:23  <b>testing</b> [18] 1:2,13 155:14  203:18,20 220:6 254:13  262:17 275:18,22 277:21  307:2 309:6 336:2,6  373:11 384:8 405:4  <b>testing'</b> [1] 277:18  <b>tests</b> [30] 31:4,9,13,20  35:24 68:15,16 73:10  78:2 79:10,15 80:1 95:20  96:3,25 116:24 216:7  249:11 254:16 268:11,21  276:2 280:16 282:5  304:17 306:7,22,25  327:14 395:24  <b>text</b> [3] 86:25 146:21  324:10  <b>thank</b> [32] 54:3 64:15,17  82:19 118:13,16 129:13  143:5,6,8,13 144:9  148:13,15 154:16 157:14  160:7,9,12,19 161:14  163:18 184:1 234:16,21  236:7 305:14 323:11  329:7,16 366:17  <b>thanking</b> [1] 390:18  <b>Thanks</b> [3] 217:11,19  293:14  <b>that'll</b> [1] 248:17  <b>themselves</b> [2] 222:9</p>	<p>297:16  <b>therapies</b> [1] 383:6  <b>there'd</b> [6] 34:13,15  87:13 181:18 349:24  350:1  <b>thereafter</b> [3] 167:9  184:15 399:22  <b>Therefore</b> [1] 308:19  <b>they've</b> [5] 124:1 229:23  254:1 256:15 379:12  <b>thickness</b> [1] 374:14  <b>thinking</b> [9] 35:11  153:18 193:6 199:3  216:17 319:3 335:4 364:3  371:17  <b>third</b> [5] 75:4 236:2  242:3 348:3 381:3  <b>third-level</b> [1] 254:15  <b>Thomas</b> [3] 190:13  192:17 379:8  <b>Thomas-Pennell</b> [5]  384:4,6 390:12,17,23  <b>Thompson</b> [8] 203:10  214:16,23 215:1 216:18  217:4 218:3,11  <b>Thompson's</b> [1] 217:9  <b>thought</b> [22] 11:24 20:16  62:4,8 158:11 167:23  187:20 194:15 208:19  223:19 252:4 266:6  279:21,21 296:4 298:19  307:9 308:21 361:12  384:9 391:15 398:16  <b>thoughts</b> [2] 193:8 194:6  <b>thousands</b> [2] 229:21  343:21  <b>three</b> [17] 23:15 28:17  66:13 88:23 127:8 129:21  131:18 132:7 133:23  149:19 154:22 161:6  260:11 308:4 315:6  325:11 373:19  <b>three-week</b> [1] 168:14  <b>threshold</b> [2] 276:7,9  <b>thresholds</b> [1] 276:11  <b>through</b> [67] 3:2 4:8,25  6:1 7:10 17:5,19 29:20  33:6,10 34:13 36:17  44:15,19 63:2 65:15,19  79:22 82:8 94:19 95:11  100:1 101:21 103:4 104:3  104:17 105:4,15 106:12  145:12 159:13 161:7,12  167:2 171:10,13 174:16  193:9 205:11 212:16,23  214:15 236:9 247:1  251:14,17 252:10 255:3  267:7 268:16 270:15  271:22 274:10 275:2  278:24,25 287:7 303:9  307:4 322:5,24 327:14  351:22 369:17 381:21  388:16 397:11  <b>throughout</b> [9] 6:13  40:4 141:17 265:3 283:8  313:9 321:5 350:7 392:1  <b>throw</b> [1] 211:7</p>	<p><b>Thursday</b> [4] 203:16  204:25 206:8,9  <b>tied</b> [1] 131:19  <b>Tilley</b> [55] 49:10 65:15  84:15 125:13,18 179:25  182:22 185:3 194:16,23  194:25 195:4,10,13,14  195:25 196:6,7,8,13,17  196:20 198:13,15 199:19  223:12 225:18 226:8,15  227:11 228:11 230:1,9  230:13 231:23 236:21  239:7 246:19 263:13  264:4 265:7,19,23 270:19  290:18 291:22 293:12  299:6 337:16 346:2,14  350:3 379:6 395:4 396:18  <b>Tilley's</b> [3] 196:16  198:13 229:14  <b>timeliness</b> [1] 91:1  <b>times</b> [16] 170:24 171:1  176:16 195:8 334:5,14  340:21 342:13 350:21  356:8,19 362:16 370:23  377:5 395:19 403:22  <b>timing</b> [1] 262:10  <b>tissue</b> [5] 273:10 373:18  374:12,14,24  <b>titration</b> [1] 374:7  <b>today</b> [6] 190:13 235:19  323:18 335:25 372:6  384:14  <b>today's</b> [1] 335:20  <b>together</b> [8] 150:21  175:23 176:16 185:9  210:1 312:7 340:5 369:4  <b>Tom</b> [3] 149:15 163:5,10  <b>tomorrow</b> [1] 190:20  <b>tone</b> [1] 117:17  <b>tonight</b> [1] 51:7  <b>too</b> [9] 36:23 174:25  251:12 306:15 352:23  373:21 374:10 375:11  395:20  <b>took</b> [20] 49:19 91:9  94:21 168:25 195:18  233:17 236:14 251:6  271:1 286:6 289:6 294:8  294:13 295:3 296:10  314:7 316:19 335:7  401:12 403:10  <b>top</b> [4] 11:13 157:8 274:2  385:8  <b>topic</b> [1] 394:10  <b>torn</b> [1] 282:3  <b>Toronto</b> [1] 396:2  <b>total</b> [12] 27:9 31:9 35:24  68:15,16,21 75:8,9 95:20  97:10 99:18 109:14  <b>touch</b> [3] 260:4 312:3  336:20  <b>tough</b> [2] 300:13 301:19  <b>towards</b> [3] 149:18 151:9  346:2  <b>town</b> [2] 256:6 399:6  <b>track</b> [4] 17:7,7 124:24</p>
---	---	---	---	---



<p>148:11 <b>tracking</b> [1] 126:15 <b>trained</b> [1] 18:5 <b>training</b> [1] 372:18 <b>transcend</b> [1] 227:18 <b>transcribed</b> [2] 308:4 405:9 <b>transcript</b> [8] 54:10 57:21 235:8,22,23 236:3 397:3 405:3 <b>transcripts</b> [3] 109:6,7 109:15 <b>transition</b> [3] 168:7 169:8 170:1 <b>transitional</b> [1] 168:11 <b>translate</b> [1] 18:8 <b>translators</b> [1] 18:6 <b>travel</b> [2] 175:19 211:2 <b>travelling</b> [2] 290:8 324:7 <b>travels</b> [1] 293:22 <b>Treasury</b> [2] 163:11 359:23 <b>treating</b> [1] 258:22 <b>treatment</b> [20] 66:21,22 68:21 83:14,21 95:21 96:5 99:18 114:19 249:24 250:7 255:17 258:19,21 261:3,15 277:2 351:13 383:6 395:22 <b>trees</b> [1] 157:8 <b>tried</b> [3] 177:3,8 291:16 <b>trip</b> [1] 290:11 <b>troubled</b> [5] 194:10 195:14 196:19,21 197:4 <b>troubling</b> [4] 196:16 227:15 229:16 291:2 <b>true</b> [9] 62:4,16 69:24 70:2 84:1 132:3 136:11 262:21 405:3 <b>truly</b> [1] 71:12 <b>trusting</b> [1] 104:9 <b>try</b> [23] 74:19 136:7,17 156:6 164:24 180:2 185:9 193:17 255:5 291:7 314:4 332:16,23 333:13 334:13 335:10 339:7 364:19 376:22 387:10 389:6 394:5 396:16 <b>trying</b> [29] 136:21 137:16 171:4 193:13 197:21 201:23 205:12 210:25 211:5 212:17 216:14 219:9 222:8 237:9 248:9 249:5 279:7 292:22 298:5 300:24 303:15 305:11 333:12 386:8,12 387:9 387:14,16 390:2 <b>tune</b> [1] 396:12 <b>tuned</b> [1] 78:12 <b>turn</b> [4] 129:4 280:7 302:13,21 <b>turned</b> [4] 183:11 262:21 358:24 362:13 <b>TV</b> [1] 385:20</p>	<p><b>twice</b> [3] 357:19 369:10 369:21 <b>two</b> [37] 17:10 21:7 59:3 80:14 83:12 87:23 109:15 127:8 134:5 152:11 188:1 199:21 202:24 205:8,18 234:16 235:7 238:5 250:25 260:11 263:8,20 264:13 279:10 296:2 309:12 314:1 335:16 344:13 357:20 360:1 361:3 373:16 375:11 380:12 392:2 402:11 <b>two-day</b> [1] 251:7 <b>two-hour</b> [1] 289:5 <b>two-way</b> [3] 86:17 137:24 138:25 <b>tying</b> [1] 127:21 <b>type</b> [8] 86:17,20 166:15 207:9 233:20 262:25 376:1,3 <b>typed</b> [9] 123:4 235:7,21 235:22 236:2,3 248:18 308:5 338:22 <b>types</b> [2] 6:5,6 <b>typographical</b> [1] 235:7</p> <hr/> <p style="text-align: center;">-U-</p> <hr/> <p><b>Uh-hm</b> [6] 48:4 50:6 58:5 60:4 157:20,24 <b>ultimately</b> [13] 171:15 173:4 178:13 188:7 209:11 238:25 245:21 267:13,15,21 297:22 330:20 391:9 <b>um-hm</b> [52] 5:17,22 10:6 11:20 14:12 16:12 19:6 21:4,10,16 24:25 25:24 26:5 29:4 30:24 31:7,17 69:21 70:5 71:6,15 73:1 75:16 76:21 77:8,18 78:5 83:9,18,23 86:19 89:4 91:13 94:24 98:12 101:18 101:25 104:14 106:1 107:22 109:11 111:8,19 113:25 117:23 118:11 119:11,16,22 121:11 134:8 149:22 <b>unaware</b> [4] 49:7 54:4 341:9 345:23 <b>uncertainty</b> [1] 120:25 <b>unclear</b> [3] 226:19 230:7 403:13 <b>uncomfortable</b> [2] 71:25 133:2 <b>uncomfortableness</b> [1] 70:16 <b>uncommon</b> [4] 7:25 113:10 229:7 386:6 <b>undefined</b> [1] 308:20 <b>under</b> [11] 10:22 56:12 81:25 83:13,20 122:11 187:5,8 215:3 398:1 399:16 <b>underlying</b> [3] 207:3 238:12 368:16 <b>understand</b> [47] 6:19</p>	<p>13:7,23,24 14:2 18:7 25:1 64:18 131:24 132:15 141:3 148:23 186:9 189:12 203:21 216:1,14 219:12 239:11 244:22 249:25 254:25 259:14 267:22 279:15 286:18 287:5 306:18,19 311:25 316:7 322:1 323:21 327:6 331:16 339:23 340:1 341:14 351:4 370:1 371:19 373:17 383:8 386:7,10 390:20 403:5 <b>understandable</b> [1] 394:1 <b>understands</b> [1] 18:9 <b>understood</b> [27] 50:3,7 53:15 63:25 72:24 106:13 127:10 129:19,20 146:25 158:20 188:21 198:3,4 199:8 212:22 215:3 220:23 221:14,15 231:11 252:16 261:6 304:8 306:23 322:3 336:24 <b>undertake</b> [6] 214:20 215:10,19,24 216:5 217:1 <b>undertaken</b> [1] 393:1 <b>underway</b> [1] 159:6 <b>unfeathered</b> [1] 170:19 <b>unfold</b> [1] 238:1 <b>unfolded</b> [2] 152:17 153:25 <b>unfortunately</b> [7] 226:9 226:19 268:18 282:9 289:3,16 358:17 <b>unique</b> [1] 6:20 <b>university</b> [5] 161:21,25 175:24 209:24 312:6 <b>unknown</b> [2] 278:24 279:6 <b>unless</b> [9] 57:24 110:9 171:25 215:25 324:22,23 334:15 349:21 389:18 <b>unlikely</b> [3] 122:4 148:9 374:2 <b>unnecessarily</b> [4] 42:19 158:9 331:14 332:4 <b>unsatisfactory</b> [1] 88:7 <b>unspecified</b> [2] 204:22 369:3 <b>unsure</b> [5] 231:24,24,25 289:3,8 <b>untethered</b> [1] 170:20 <b>unusual</b> [9] 126:10 189:3 231:7 324:6,11 355:25 356:4 358:5,6 <b>up</b> [152] 20:4 27:19 31:21 36:15 42:17 49:10 54:23 55:3,6 59:22,24 63:6 64:4,11 72:8,10,15 84:21 88:25 92:22 97:5 102:8 107:14 109:18 110:4,13 121:19,20 122:3,4,17 124:20 127:19 128:8 129:8 137:21 144:24 147:21,23 153:17 154:5 155:6,19 156:2 158:2,7</p>	<p>172:5,24 175:8 177:5,17 177:18 181:4 182:1 184:14 185:7,19,21 190:1 194:17 200:7 202:1,2,22 203:14 208:1,14 230:24 240:11 242:24 245:25 247:15,22 253:8,20 267:11,15 270:6,19 273:2 273:22 274:6,8 282:12 283:6 286:8,10 290:13 302:8 304:8 305:6 312:16 314:2,4 315:1 319:8,10 321:13 322:10 323:2 329:4 331:12,22 333:25 334:4,7,11 335:10 339:21 340:17,24 341:2,4,10,13 343:1 345:3,4,9 346:1,8 346:18 347:25 348:17 350:21 356:15 362:24 368:14 369:12,18 370:5 375:16,18 382:1 383:20 384:18 385:5,10 390:18 391:24 393:5,21 394:6,7 395:6 396:17,21 397:16 398:24 399:17 403:24 404:3 <b>up-to-date</b> [3] 325:6 352:13 398:19 <b>update</b> [13] 55:8 113:23 190:12 264:14 290:18,22 291:8 293:11 322:12 326:4 329:20 352:12 391:22 <b>updated</b> [1] 342:7 <b>updates</b> [3] 322:4 352:6 352:6 <b>upfront</b> [1] 151:12 <b>upset</b> [5] 354:11,15 357:22,25 360:2 <b>upshot</b> [2] 36:25 71:19 <b>urgency</b> [1] 205:6 <b>urgent</b> [3] 185:16,22 205:24 <b>urging</b> [3] 310:1 376:15 376:19 <b>used</b> [25] 36:3 65:2 66:12 74:7 81:16 91:18 92:5 110:16,19 123:3 130:2 130:21 131:18 149:25 156:23 233:12,20 238:15 242:7 269:1 273:24 276:1 380:13 386:4 398:8 <b>using</b> [22] 68:20 70:17 71:9 107:1 112:14 115:2 130:16 131:12,15 132:8 132:16,22 133:2,15,22 252:7 255:8 279:25 369:24 374:2 391:16 394:16 <b>usual</b> [2] 114:6 186:20 <b>usually</b> [5] 22:22 172:17 228:23 334:9 370:18</p> <hr/> <p style="text-align: center;">-V-</p> <hr/> <p><b>vacation</b> [4] 290:1 294:22 295:5,9 <b>vague</b> [3] 103:10 104:18 278:4</p>	<p><b>vaguely</b> [5] 174:17 179:12 246:19 277:5 331:21 <b>value</b> [2] 274:4 308:22 <b>valued</b> [1] 173:6 <b>variables</b> [1] 275:24 <b>various</b> [11] 30:1 67:25 101:15 134:10 135:5 140:10 174:16 175:21 342:13 363:19 401:13 <b>vehicles</b> [1] 137:17 <b>Ventana</b> [6] 272:21,22 273:16 308:19 374:10 375:11 <b>verbal</b> [1] 251:13 <b>verbally</b> [1] 247:24 <b>verify</b> [1] 145:13 <b>verses</b> [1] 272:21 <b>version</b> [7] 29:10 149:9 149:14 235:25 248:19 308:5 338:22 <b>versions</b> [1] 149:10 <b>versus</b> [9] 257:15 266:22 297:11 338:3,7,24 340:11 341:1 346:11 <b>vice</b> [1] 15:2 <b>view</b> [20] 34:12 55:18 142:24 180:5 211:16 215:21 237:25 243:16 257:12 263:12 266:19 297:2 313:13 320:16 330:12 333:10 339:17 350:3 377:4 402:5 <b>viewed</b> [8] 168:6,10 171:5 185:23 187:19 189:10,11 287:14 <b>viewpoint</b> [1] 298:6 <b>virtue</b> [1] 176:9 <b>vis-a-vis</b> [1] 339:12 <b>visited</b> [1] 354:7 <b>voice</b> [2] 189:14 350:18 <b>volume</b> [1] 12:11</p> <hr/> <p style="text-align: center;">-W-</p> <hr/> <p><b>wait</b> [9] 181:19 292:23 297:25 308:25 309:16 387:1 395:19 396:25 397:10 <b>waiting</b> [3] 226:13 309:8 396:8 <b>walked</b> [3] 201:22 225:7 271:22 <b>walking</b> [1] 177:17 <b>wanting</b> [1] 47:5 <b>wants</b> [3] 17:18 368:14 389:1 <b>warranted</b> [1] 42:3 <b>waste</b> [1] 288:11 <b>wavered</b> [1] 310:14 <b>ways</b> [8] 67:25 68:10 69:7 172:10 225:8 333:7 389:8 402:1 <b>wayside</b> [1] 351:18 <b>weak</b> [2] 292:20 374:7</p>
--	--	--	---	---

<p><b>website</b> [3] 39:23 116:16 331:7</p> <p><b>week</b> [23] 5:18 218:18,21 245:1,2,3 246:17 264:12 275:17 279:12 288:25 289:20,21 290:1,6,6,9 293:2,3 344:3 384:16 387:22 391:25</p> <p><b>weekend</b> [2] 314:14 399:14</p> <p><b>weekends</b> [3] 377:5 393:25 394:14</p> <p><b>weekly</b> [4] 120:2 189:2,6 352:9</p> <p><b>weeks</b> [17] 23:15 28:17 115:20 262:20 264:7,9 264:13 279:23 280:14,17 283:2 288:22 302:9 309:13 314:1 344:13 376:20</p> <p><b>weighed</b> [1] 316:15</p> <p><b>weight</b> [2] 265:16 332:12</p> <p><b>welcome</b> [2] 139:14,17</p> <p><b>welcomed</b> [1] 139:12</p> <p><b>west</b> [4] 162:10,12,14 290:13</p> <p><b>Western</b> [1] 1:16</p> <p><b>whatsoever</b> [2] 48:13 53:21</p> <p><b>wherever</b> [2] 234:8 402:22</p> <p><b>whichever</b> [2] 63:20 227:2</p> <p><b>whole</b> [13] 15:20 56:10 84:25 97:15 103:13 193:11 195:15 232:25 247:22 266:5 275:6 296:17 362:11</p> <p><b>wide</b> [2] 237:7 317:2</p> <p><b>widely</b> [3] 95:1 105:18 108:3</p> <p><b>wider</b> [1] 342:1</p> <p><b>Williams</b> [26] 29:21 31:12 49:8,11 54:5 63:9 64:2 190:12 225:18 226:7 226:15 228:12 231:23 236:20 247:20 249:1 258:2 264:5 265:9 299:5 308:2 329:24 345:24 346:9 384:11 390:14</p> <p><b>Williams'</b> [1] 89:2</p> <p><b>wings</b> [1] 160:14</p> <p><b>winter</b> [1] 141:22</p> <p><b>Wiseman</b> [9] 168:25 169:8 397:2,7,13,20,24 399:2,21</p> <p><b>Wiseman's</b> [1] 397:22</p> <p><b>wish</b> [3] 240:24 274:20 275:2</p> <p><b>wishes</b> [4] 189:15 309:4 309:12 310:7</p> <p><b>withheld</b> [2] 110:18 354:17</p> <p><b>withhold</b> [1] 111:5</p> <p><b>withholding</b> [1] 110:21</p>	<p><b>within</b> [50] 6:18 7:2 12:14 14:15 18:23 19:4 20:11 22:22 45:24 55:20 66:13 95:2 98:15 101:25 105:18 108:3 115:20 134:20 137:2,4 140:13 149:20 157:2 170:8 171:21 185:13,14 190:10 205:17 211:13 218:1 239:4 276:18,21 279:16 281:4 285:4 304:15 309:12 314:1 318:9 327:15 337:4 367:5 371:17 374:20 390:1 392:8 399:22 400:7</p> <p><b>without</b> [9] 78:13 231:8 333:18 352:24 353:21 356:14 359:8 362:4 389:11</p> <p><b>witness</b> [5] 82:7 160:14 160:16,21 312:20</p> <p><b>witnesses</b> [2] 6:1 65:13</p> <p><b>woman</b> [1] 190:16</p> <p><b>women</b> [7] 26:3,22 238:17,21 278:23 336:11 396:3</p> <p><b>won</b> [1] 238:25</p> <p><b>wonder</b> [5] 35:19 80:13 311:7,17 367:12</p> <p><b>wondered</b> [2] 367:16,18</p> <p><b>wondering</b> [11] 80:17 126:12 241:9 260:12 262:9 313:3 344:12 390:21 392:8,15 397:19</p> <p><b>word</b> [5] 21:22 133:2 242:7 273:1 324:9</p> <p><b>worded</b> [1] 387:20</p> <p><b>wording</b> [1] 386:4</p> <p><b>words</b> [5] 27:3 121:13 196:1 252:7 270:21</p> <p><b>wore</b> [1] 365:2</p> <p><b>workbooks</b> [1] 183:11</p> <p><b>worked</b> [16] 4:17 13:19 23:21 162:5,8,12 169:19 169:21 171:14 172:10 189:12 212:13 271:23 320:16 343:16 385:21</p> <p><b>workload</b> [1] 395:8</p> <p><b>world</b> [2] 17:18 300:18</p> <p><b>worried</b> [1] 290:16</p> <p><b>write</b> [6] 145:1 146:23 148:6 308:24 309:16 397:3</p> <p><b>writer</b> [1] 147:7</p> <p><b>writes</b> [1] 291:24</p> <p><b>writing</b> [5] 121:14 122:5 122:9 384:5,6</p> <p><b>written</b> [9] 77:20 83:25 123:4 129:11 149:16 260:23 264:25 277:15 344:11</p> <p><b>wrong</b> [16] 17:7,8 63:11 63:21 75:11 117:15 118:3 129:19 146:5 156:15 271:9 343:2,11 391:20 392:5,24</p>	<p><b>wrote</b> [3] 77:16 146:25 192:17</p> <hr/> <p style="text-align: center;"><b>-X-</b></p> <hr/> <p><b>X</b> [2] 188:18 301:23</p> <hr/> <p style="text-align: center;"><b>-Y-</b></p> <hr/> <p><b>Y</b> [2] 188:18 301:24</p> <p><b>year</b> [26] 8:15 24:20 32:4 73:11 168:9 170:22 237:14 247:23 250:12,14 252:21,24 259:22 266:3 266:11 268:3 296:1 301:24 305:5,5,5,5 380:14 400:12,13,18</p> <p><b>years</b> [42] 4:18 31:14,21 127:8 141:20 169:13 180:8,8,9 197:14 204:14 205:13 227:25 237:18 247:2 248:23 249:4 250:13,14 252:22,24 256:15 257:17 258:6,7 260:11 265:9 266:15 268:2,3,3 273:23 274:1 276:15 277:9,10 279:8 279:10 301:16 303:10,14 346:24</p> <p><b>Yep</b> [1] 316:5</p> <p><b>yesterday</b> [11] 46:24 63:5,17,19 82:8 119:20 156:12 157:18 335:25 347:8 390:18</p> <p><b>yet</b> [5] 227:24 247:10 265:13 292:2 312:22</p> <p><b>yourself</b> [22] 49:2 84:15 155:21 156:9 179:9 199:24 208:15 223:21 224:12 228:11 293:11 323:14 327:6 329:18 335:15 337:5 345:19 357:1 364:15 391:11 392:20 397:1</p> <p><b>Youth</b> [1] 162:17</p> <hr/> <p style="text-align: center;"><b>-Z-</b></p> <hr/> <p><b>Z</b> [1] 188:18</p> <p><b>zero</b> [1] 236:4</p>
--	--	--