

<p style="text-align: center;">COMMISSION OF INQUIRY ON HORMONE RECEPTOR TESTING</p> <p style="text-align: center;">BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER</p> <p style="text-align: center;">APRIL 15, 2008</p> <p>Appearances:</p> <p>Bernard Coffey, Q.C. Commission Co-counsel Sandra Chaytor, Q.C. Commission Co-counsel Mandy Woodland Commission Co-counsel</p> <p>Rolf Pritchard/Jenny Chai Her Majesty in Right of NL</p> <p>Peter Browne/Jane Hennebury Doctors Kara Laing et al</p> <p>Daniel Simmons Eastern Regional Integrated Health Authority</p> <p>Pamela Taylor/Chesley Crosbie. . . Members of the Breast Cancer Testing Class Action</p> <p>Mark Pike NL Medical Association Jennifer Newbury Canadian Cancer Society (NL Division) David Eaton Central, Western and Labrador-Grenfell Regional Integrated Health Authorities</p>	<p style="text-align: center;">LIST OF EXHIBITS</p> <p>EXHIBITS P-0291 THROUGH P-0295 Pg. 84</p> <p>EXHIBITS P-0315 THROUGH P-0369 Pg. 191</p> <p>EXHIBITS P-0371 THROUGH P-0374 Pg. 192</p> <p>EXHIBITS P-0376 THROUGH P-0393 Pg. 192</p> <p>EXHIBITS P-0395 THROUGH P-0464 Pg. 192</p> <p>EXHIBITS P-0466 THROUGH P-0480 Pg. 192</p> <p>EXHIBITS P-0483 THROUGH P-0484 Pg. 192</p>
<p>THIS PAGE ONLY REVISED ON NOVEMBER 18, 2008</p> <p style="text-align: center;">TABLE OF CONTENTS</p> <p>MR. ROSS WISEMAN - RESUMES THE STAND</p> <p>Examination by Mr. Peter Browne Pgs. 4 - 19 Examination by Ms. Jennifer Newbury Pgs. 19 - 63 Examination by Ms. Pamela Taylor Pgs. 63 - 77 Examination by Mr. Mark Pike Pgs. 77 - 83 Examination by Mr. Rolf Pritchard Pgs. 83 - 143 Examination by Sandra Chaytor, Q.C. Pgs. 143 - 190</p> <p>MR. GEORGE TILLEY - SWORN</p> <p>Examination by Bernard Coffey, Q.C. PgS. 190 - 285</p>	<p style="text-align: right;">Page 4</p> <p>1 THE COMMISSIONER: 2 Q. Please be seated. Mr. Simmons, I think you're 3 up. 4 MR. SIMMONS: 5 Q. Thank you, Commissioner, I've finished my 6 questions. I don't have any other questions 7 for Mr. Wiseman. 8 MR. BROWNE: 9 Q. I was still (inaudible). 10 THE COMMISSIONER: 11 Q. That's it, Mr.--we just have to be like the 12 Boy Scouts, prepared. 13 MR. ROSS WISEMAN, EXAMINATION BY MR. PETER BROWNE 14 MR. BROWNE: 15 Q. Good morning, Mr. Wiseman. 16 MR. WISEMAN: 17 A. Good morning. 18 MR. BROWNE: 19 Q. I just have two areas of questioning I want to 20 pursue with you today. And I do appreciate 21 you have spent a lot of time here today and 22 I'll try to be as expedient as possible in 23 canvassing these areas. The first area--and 24 just so I introduce myself. My name is Peter 25 Browne, I'm representing a number of</p>

Page 5

1 physicians who may or will be called before
 2 the Inquiry. And in respect of that I want to
 3 go and deal with an area that you mentioned, I
 4 think, early in the first days of your
 5 evidence and that is a comment to Ms. Chaytor
 6 from a line of questioning of Ms. Chaytor that
 7 you disagreed with the approach, and I want,
 8 if you could, please, I'm giving you an
 9 opportunity to clarify this for me, it may be
 10 confusion on my part, but in the early days
 11 you disagreed with the approach of the
 12 previous minister, Minister Ottenheimer and
 13 you would have, if you were in that capacity,
 14 disclosed to the public earlier. Is that-did
 15 I understand you correctly in that regard or
 16 did I get that confused?
 17 MR. WISEMAN:
 18 A. What I had indicated I wasn't taking exception
 19 to Mr. Ottenheimer's decision, but I had
 20 indicated that in my view the information
 21 should have been disclosed. I have indicated,
 22 you know, Mr. Ottenheimer was there, had a
 23 discussion with officials from Eastern Health,
 24 I wasn't in the room, I don't know the flavour
 25 for the discussion, I don't know what may have

Page 6

1 influenced his decision at that time, I didn't
 2 hear the comments made by the people providing
 3 the advice and so I, in the absence of being
 4 there I wouldn't comment on, you know, his
 5 actions. But in terms of the notion that we
 6 would, you know, not provide an early
 7 disclosure is what I said I had a different
 8 opinion and believe that it should have been
 9 disclosed at that time.
 10 MR. BROWNE:
 11 Q. Have you formulated when that should have
 12 been, at what point in time, looking back, or
 13 have you sort of done that sort of
 14 retrospective analysis?
 15 MR. WISEMAN:
 16 A. In my view, when we became aware of the fact
 17 that there was a large number of people who
 18 were impacted, had their tests deemed to be
 19 redone. It wasn't a--it was a circumstance
 20 where we had a large number of people who were
 21 going to be, have their tests redone. Some of
 22 those tests were done between 1997 and 2005,
 23 so some of it would have been, you know, maybe
 24 two, three, four years prior to this point in
 25 time in 2005, and given the significance of

Page 7

1 that, what that delay may have meant on their
 2 health, then it would have been appropriate to
 3 let those people know at that time so they
 4 could be a part of that decision making about
 5 what course of treatment they would take.
 6 MR. BROWNE:
 7 Q. Okay. Let me just follow that logic a bit
 8 further now. You had mentioned in your answer
 9 just now and I think earlier on that part of
 10 the, I guess, decision making was influenced
 11 by advice received from clinicians, is that
 12 right?
 13 MR. WISEMAN:
 14 A. Yes.
 15 MR. BROWNE:
 16 Q. That's your understanding?
 17 MR. WISEMAN:
 18 A. What I understand, yes.
 19 MR. BROWNE:
 20 Q. Okay. And I want to pursue that. Well, let
 21 me ask you, have you had the opportunity of
 22 hearing Mr. Ottenheimer's evidence in that
 23 respect?
 24 MR. WISEMAN:
 25 A. I've had a clip of it that was being

Page 8

1 televised, but I haven't had a personal
 2 conversation with Mr. Ottenheimer to explore
 3 his reasoning or logic at that time.
 4 MR. BROWNE:
 5 Q. Okay. Well, let me just sort of go over some
 6 of the issues that were at play. I think the
 7 discussion that Mr. Ottenheimer had with
 8 clinicians occurred on August 15th, I believe,
 9 in 2005. And during his testimony, in fact,
 10 during cross-examination by me he was shown a
 11 document. Now, I'm going to show you the same
 12 document. It's now an exhibit, it's Exhibit
 13 0161. Registrar, if we could find that,
 14 please? It'll come up on the screen, Mr.
 15 Wiseman, in one second. Mr. Wiseman, this is
 16 a document that has been prepared and just
 17 recently sanctioned by a body known as the
 18 Canadian Patient Safety Institute. Are you
 19 familiar with this document?
 20 MR. WISEMAN:
 21 A. I've heard--there was--not the document itself
 22 but the commentary that may have been made in
 23 it. I read a, it was a summary of issues that
 24 are arising across the country that comes
 25 across my desk as a part of reading material

Page 9

1 and it would have come by very recently. And
 2 there was a reference to a recent decision or
 3 position taken by the Canadian Patient
 4 Institute around disclosure.
 5 MR. BROWNE:
 6 Q. Yes, and as I understand, I think as recently
 7 as February of this year this body adopted
 8 this document which is entitled, "Canadian
 9 Disclosure Guidelines." Now, I just want to
 10 just take you through some parts of this, if I
 11 could, please, and begin with page 2. You'll
 12 see that, in fact, this body is funded by your
 13 national counterpart, Health Canada. Now,
 14 there is a disclaimer there that it doesn't
 15 necessarily reflect the views of Health
 16 Canada. But if you turn to page 3, this is
 17 sort of a preamble to the document. And if
 18 you look at the first paragraph there, I just
 19 want to point out to you some comments and
 20 just see your views on them. The first
 21 paragraph, the first sentence, "The principles
 22 of openness and transparency are becoming
 23 increasingly important to the Canadian
 24 public." You agree with that?
 25 MR. WISEMAN:

Page 10

1 A. I would agree, yeah.
 2 MR. BROWNE:
 3 Q. And as a matter of fact we've heard evidence
 4 this week about the applicability of the
 5 transparency legislation to hospitals and so
 6 on, so I mean, that's consistent with the
 7 government's approach to this issue?
 8 MR. WISEMAN:
 9 A. It is.
 10 MR. BROWNE:
 11 Q. And it goes on to say, "This is especially
 12 evident in health care as it relates to
 13 information and enables us to make the right
 14 choices about our health care and treatment we
 15 receive." Again, you support those
 16 sentiments?
 17 MR. WISEMAN:
 18 A. It does, yes.
 19 MR. BROWNE:
 20 Q. Now, if you drop down, if you could, please,
 21 to the third paragraph, last sentence, "We
 22 acknowledge that respect, compassion, honesty
 23 and patience will be needed in this process as
 24 time will be required to gather all of the
 25 necessary facts and information." Do you

Page 11

1 agree with that?
 2 MR. WISEMAN:
 3 A. I'd need to read it in the context of the rest
 4 of that sentence. In and of, by itself
 5 obviously it follows something else. But, you
 6 know, as a stand-alone statement it doesn't
 7 appear to make any contradictory comments.
 8 MR. BROWNE:
 9 Q. But the concept of "Time is required to gather
 10 all the necessary facts and information."
 11 that's my focus here, Minister.
 12 MR. WISEMAN:
 13 A. Before disclosure?
 14 MR. BROWNE:
 15 Q. Yes.
 16 MR. WISEMAN:
 17 A. You would need to, yes, understand what it is
 18 you're disclosing, yes.
 19 MR. BROWNE:
 20 Q. Okay. Great, thank you. Now, if you turn to
 21 the next page, page 4, you'll see that these
 22 are a number of participants and these, I
 23 think, these participants are stakeholders, I
 24 would suggest, throughout the health care
 25 system. And I would suggest, as well, just to

Page 12

1 sort of put this in a bit more context, this
 2 document, I would suggest, reflects a
 3 consensus across the country and there have
 4 been participants, I think, from all provinces
 5 to bring this document together. And I just
 6 want to point out to you the name Pierre
 7 Deschamps. You'll see that one, two, three,
 8 four, five, six, seven names down. And I just
 9 want to point that out that it seems to me, at
 10 least the inference drawn here is that Mr.
 11 Deschamps may have some ethics background and
 12 that there's emphasis on this body. Now, I
 13 know there's been some discussion and there
 14 was some confusion, you may recall, about the
 15 ethics committee and so on. But I just want
 16 to point out to you that in this document
 17 there has been some ethical contributions, as
 18 well. The particular page, Mr. Wiseman, I
 19 want to ask you to comment on is at page 25.
 20 Now, I had your colleague, Mr. Ottenheimer,
 21 read that and I'd ask you to do the same,
 22 please. Take your time.
 23 MR. WISEMAN:
 24 A. Which heading the -
 25 THE COMMISSIONER:

Page 13

1 Q. The whole page or -
 2 MR. BROWNE:
 3 Q. Sorry, "Multi-Patient Disclosure." My
 4 apologies.
 5 MR. WISEMAN:
 6 A. "In some situations there may be a need to
 7 disclose to more than one patient about the
 8 same adverse events. Privacy and
 9 confidentiality remain important. Disclosure
 10 discussion should be with only one patient at
 11 a time, in person, if possible. If disclosure
 12 cannot be in person, it should be done by
 13 registered mail and/or telephone with
 14 opportunities for follow-up made available.
 15 In addition, disclosure should be timed, if
 16 possible, to occur with all patients involved
 17 at approximately the same time, and, if
 18 possible, prior to any informing process,
 19 especially media coverage being considered."
 20 MR. BROWNE:
 21 Q. Okay. Now, Mr. Ottenheimer was shown this
 22 passage, as well, and he was asked the
 23 question by me whether or not this was
 24 consistent with the advice he received from
 25 the clinicians back in August 15th, 2005. He

Page 14

1 said, yes. Do you disagree with any of the
 2 sentiments expressed in this paragraph?
 3 MR. WISEMAN:
 4 A. In and of itself and when you--the challenge I
 5 have is I don't disagree with the statements
 6 being made here. But if you take a document
 7 such as this one and if I was to pass judgment
 8 or comment on it, I'd want to make sure I
 9 understood the full document in the context of
 10 which this would have been balanced with
 11 something else. But in isolation I wouldn't
 12 challenge any of the statements -
 13 MR. BROWNE:
 14 Q. Okay. And I guess the best person to ask
 15 whether that advice was consistent with this
 16 would be Mr. Ottenheimer who heard that
 17 advice?
 18 MR. WISEMAN:
 19 A. Yes, exactly.
 20 MR. BROWNE:
 21 Q. Okay. Thank you. And last evening I was
 22 looking at some literature, and unfortunately
 23 I could not find the article that I'm just
 24 going to mention to you now, and it had to do
 25 with a series of questions Ms. Chaytor asked

Page 15

1 you yesterday in regard to lessons learned
 2 from this experience and with the view to
 3 providing the Commissioner with some
 4 recommendations for the future. And there was
 5 a reference I found by an author, Jeffrey
 6 Rubin which spoke--and the article is entitled
 7 "Recurring Pitfalls in Hospital Preparedness
 8 and Response." Now, unfortunately, Mr.
 9 Wiseman, I could not find the actual article.
 10 But, the sentiment that was expressed by this
 11 author was that most hospitals at all times
 12 are operating at near or full capacity and
 13 that there may be occasions where there is an
 14 incident which causes a surge on their
 15 preparedness, okay, and it's called the surge
 16 capacity, that hospitals, when big patients--
 17 where there's an issue involving multiple
 18 patients does not have the capacity to deal
 19 with that surge to its system. And the
 20 question I have there for you is is there--and
 21 there's some analogies, I would suggest, to
 22 what has occurred here. As you talked about a
 23 moment ago, the number of patients involved
 24 here and we saw e-mails back when Mr.
 25 Ottenheimer testified of the numbers being 12

Page 16

1 to 15 hundred. For a role in government to
 2 deal, to come in, to step in and help out a
 3 hospital or hospitals when they have this
 4 surge in their capacity, and I know this is
 5 sort of a, maybe a curve ball for you, but
 6 that concept generally, do you view that there
 7 is a role for government to come in and help
 8 out a hospital or hospitals when there is a
 9 surge on their capacity in an instance such as
 10 this?
 11 MR. WISEMAN:
 12 A. If any hospital or any health authority felt
 13 itself in dealing with a major issue that it
 14 was facing, whether it was a disaster they
 15 were trying to deal with or that they had a
 16 spike in activity level, then it wouldn't be
 17 unreasonable for the, you know, that
 18 particular authority to make contact with the
 19 department to see if we could help them
 20 facilitate providing some additional resources
 21 or to help with that volume. It may include
 22 the support from one of the other authorities,
 23 it may include support from the department
 24 itself to assist with a process. That
 25 wouldn't, I wouldn't be--you know, if that

Page 17

1 happened, I'd recognize that as being a, you
 2 know, prudent management response.
 3 MR. BROWNE:
 4 Q. Okay. But if I could just come back in terms
 5 of the questions. Whose responsibility, I
 6 guess, is it to identify the surge and then
 7 whose responsibility is it to deal with the
 8 surge?
 9 MR. WISEMAN:
 10 A. I mean, the issue of the identifying the
 11 surge, I would expect the organization itself,
 12 the CEO and the rest of the management team to
 13 identify when that surge would be. And my
 14 expectation would be that they would explore
 15 options to be able to respond to that surge.
 16 If they didn't have the capacity within their
 17 organization themselves through a realignment
 18 of some resources, if it's a temporary issue
 19 or to explore opportunities they may have with
 20 colleagues and sister authorities within the
 21 province, then they would engage discussion
 22 with the Department of Health as to how they
 23 may get the available resources and supports
 24 to be able to do that. But on a day-to-day
 25 operational level, most of our authorities, I

Page 18

1 suspect, would deal with--the magnitude may
 2 not be as large as what we're talking about
 3 here in terms of the numbers, but in any given
 4 day I suspect that each of our authorities are
 5 dealing with spikes in activity, whether it's
 6 an extremely busy emergency department or
 7 pressures on the beds that they have or in the
 8 community sector a large request for, you
 9 know, home support services and these are
 10 peaks and valleys that occur, it's the nature
 11 of the--of what it is they do within our
 12 authorities.
 13 MR. BROWNE:
 14 Q. Right. But I think this author was focusing
 15 on special sort of significant events such as
 16 this. I think other examples that may come to
 17 mind, like SARS or bio-terrorism where large
 18 numbers of patients are involved. And that
 19 volume has to be dealt with in just the
 20 capacity within the system itself needs to be
 21 recognized and all the players need to come
 22 together.
 23 MR. WISEMAN:
 24 A. I would, my expectation would be that the CEO
 25 of an organization, or the leadership of any

Page 19

1 organization, if they found themselves in that
 2 set of circumstance, that they would identify
 3 clearly what the issue is, clearly what the
 4 magnitude would be, and identify the resources
 5 they would need to be able to deal with it at
 6 that moment. If they didn't have that ability
 7 to realign their own operation to be able to
 8 accommodate that, it would be reasonable for
 9 them to have a discussion either with
 10 ourselves as the department or have a
 11 discussion with maybe one of the other
 12 regional health authorities to see if they
 13 could get some temporary support, but
 14 collectively, although we'd need to work
 15 through to be able to assist that authority.
 16 MR. BROWNE:
 17 Q. Thank you. Thank you, Commissioner.
 18 THE COMMISSIONER:
 19 Q. Thank you, Mr. Browne. I think Mr. Eaton
 20 indicated yesterday he had no questions for
 21 the witness. That's correct Ms. O'Dea?
 22 MR. ROSS WISEMAN, EXAMINATION BY MR. JENNIFER NEWBURY
 23 MS. NEWBURY:
 24 Q. Good morning, Mr. Wiseman.
 25 MR. WISEMAN:

Page 20

1 A. Good morning.
 2 MS. NEWBURY:
 3 Q. Jennifer Newbury for the Canadian Cancer
 4 Society, Newfoundland and Labrador Division.
 5 I have a few questions for you this morning.
 6 I just wanted to talk to you generally about
 7 briefing notes and records in the Department
 8 of Health, just some general questions on that
 9 topic. First of all, how would a Minister of
 10 Health ascertain what the position of his
 11 predecessors has been on a particular issue
 12 within the department?
 13 MR. WISEMAN:
 14 A. If it was--it might be direct communication
 15 with that person and it might flow from, you
 16 know, information from officials within the
 17 department, but it could come from either one
 18 of those sources.
 19 MS. NEWBURY:
 20 Q. Okay. Are there any official records kept of
 21 Ministers or the department's official
 22 position over a period of time?
 23 MR. WISEMAN:
 24 A. In terms of a policy position or -
 25 MS. NEWBURY:

Page 21

1 Q. Yes, generally any position, you know, the
 2 stance taken by a department or any
 3 conclusions reached by a department in the
 4 past. I think you've indicated, I guess from
 5 the totality of your evidence, that the
 6 briefing notes would not have represented in
 7 the past, certainly, a Minister's position,
 8 because a lot of times it's just some
 9 suggested answers but not necessarily what the
 10 Minister believes to be the department's
 11 position or his or her own position?
 12 MR. WISEMAN:
 13 A. I'm not certain if that's been recorded
 14 somewhere, if as the Minister today I make a
 15 position or take a position on something and
 16 make a statement to that effect, I'm not
 17 certain if that's recorded in some kind of a
 18 log, I'm not aware of that. It would be,
 19 there'd be a reliance on the officials in the
 20 department and that institutional knowledge
 21 that might exist within the organization to be
 22 able to share that at some future point. If
 23 it's been made in the House of Assembly, the
 24 comment would be recorded in Hansard. If it
 25 was a position taken by the department because

Page 22

1 there was a, you know, a Cabinet paper put
 2 forward on it as in looking for approval from
 3 the Cabinet, it might exist in that kind of
 4 form. But if it's an opinion expressed by the
 5 Minister of the day as being the department's
 6 view of that day, I'm not certain that it's
 7 documented in any kind of a log of some kind.
 8 If it forms a policy that would, you know,
 9 influence how our authorities would deliver
 10 programs and services or influence a, you
 11 know, a direction provided to the authorities,
 12 then that would be covered off in some kind of
 13 correspondence that would have gone out to the
 14 authorities that indicated that the, you know,
 15 the position of the department today or the
 16 position of the Minister today is this and
 17 therefore we'd like you to act accordingly,
 18 that might be covered off in correspondence.
 19 But in terms of any cataloguing, I'm not
 20 certain.
 21 MS. NEWBURY:
 22 Q. Okay. So basically you would have to rely
 23 upon, I guess, verbal information relayed from
 24 officials in the department or perhaps if it
 25 was mentioned in the House of Assembly, you'd

Page 23

1 look to Hansard or perhaps you'd look to
 2 letters, but no sort of comprehensive
 3 catalogue of information?
 4 MR. WISEMAN:
 5 A. No, not that I'm aware of. I've not see it.
 6 MS. NEWBURY:
 7 Q. And with regard to questions in the House of
 8 Assembly, now that we're on that topic, do you
 9 typically get feedback from officials in your
 10 department about information that you relay
 11 while you're in the House of Assembly
 12 answering questions or making statements?
 13 MR. WISEMAN:
 14 A. It can happen. In the instance here, for
 15 example, you know, I remember last year when I
 16 made a comment in the House about the fact
 17 that the ER/PR area of the lab had now opened
 18 and the, implying that the entire province was
 19 now using it, that got corrected by officials
 20 when I got back to the department. But if I,
 21 you know, if I make a statement in the House
 22 that, you know, that I'd expect, you know,
 23 officials if they would hear that, that they
 24 would bring it to my attention if I had in
 25 some way not provided totally accurate

Page 24

1 information or that I had shared something
 2 that, you know, may not, you know, provide the
 3 clarity that it was necessary or something
 4 like that. But I remember that instance in
 5 particular because I had said that the lab was
 6 open and everybody was using it.
 7 MS. NEWBURY:
 8 Q. And in the period of time when you first
 9 focused on this issue, from about May 15th and
 10 forward, you were speaking quite frequently in
 11 the House of Assembly on these issues, were
 12 there any other instances that you can recall
 13 when you were corrected by officials in your
 14 department?
 15 MR. WISEMAN:
 16 A. That's about the only time I can recall.
 17 MS. NEWBURY:
 18 Q. And is there any requirement that, you know, a
 19 designated person on a given day listen to
 20 what you are relaying in the House of Assembly
 21 or is it just--sorry.
 22 MR. WISEMAN:
 23 A. Generally--it's not a designation, well, it
 24 may be but I'm not aware that it is, but it
 25 just happens. Each day during the House of

Page 25

1 Assembly the director of communications for
 2 the department will generally be present in
 3 the House of Assembly itself, in the gallery,
 4 or somewhere in the precincts of the House of
 5 Assembly, you know, with a view of, you know,
 6 supporting the Minister in the event that some
 7 issues necessary, but as a part of that
 8 process would be listening to question period
 9 and listening to the comments that the
 10 Minister would have made or if sometimes I
 11 may, and as I've done recently, indicated that
 12 I didn't have the answer to a particular
 13 question, but I undertook to provide the
 14 information later when I gathered it and that
 15 person would, you know, initiate that kind of
 16 information gathering.

17 MS. NEWBURY:
 18 Q. Okay. And during that period of time, from
 19 May 15th and the week or so following that
 20 when you were being asked frequent questions
 21 about ER/PR, was anyone from your department
 22 in the House of Assembly at that time?

23 MR. WISEMAN:
 24 A. Would have been normal practice for the
 25 director of communications to have been there.

Page 26

1 MS. NEWBURY:
 2 Q. Okay. Now, there was a term that you were
 3 questioned about, "clinical team members," and
 4 I'm not sure if I understood clearly what you
 5 understand that term to mean. And I guess
 6 I'll ask the question this way, and you made
 7 reference to both clinicians and physicians.
 8 Do you consider physicians to be a sub-
 9 category of clinicians or vice versa?

10 MR. WISEMAN:
 11 A. When I make a reference to clinicians, I would
 12 have been referencing anybody who would have
 13 been involved in making a clinical decision
 14 around the care and treatment of a patient.

15 MS. NEWBURY:
 16 Q. Okay. So that could include physicians?

17 MR. WISEMAN:
 18 A. Could include physicians, might be -

19 MS. NEWBURY:
 20 Q. And nurse or therapists -

21 MR. WISEMAN:
 22 A. - psychologists, might be nurses, could be a
 23 variety of people.

24 MS. NEWBURY:
 25 Q. Okay. So physicians then would be a sub-

Page 27

1 category, obviously, of clinicians?

2 MR. WISEMAN:
 3 A. Exactly.

4 MS. NEWBURY:
 5 Q. You were also asked about the term, "Centre of
 6 Excellence" and what that meant to you. And
 7 just now thinking about those two terms that
 8 you've been questioned about, clinical team
 9 members and Centre of Excellence, I was
 10 wondering whether there's any requirement that
 11 in communications, you know, within the
 12 Department of Health or between the Department
 13 of Health and Eastern Health, as an example,
 14 is there any requirement that terms that may
 15 not have an obvious meaning be defined either
 16 by reference to an existing statute or that if
 17 there is no such ready definition that a
 18 definition be provided within the document or
 19 some other format?

20 MR. WISEMAN:
 21 A. Not that I'm aware of.

22 MS. NEWBURY:
 23 Q. Okay.

24 MR. WISEMAN:
 25 A. What you're--if you're asking whether or not

Page 28

1 I'm aware if there's some glossary of terms or
 2 some understanding that once we introduce new
 3 terms, that we in some way formally
 4 acknowledge the definition of that term, I'm
 5 not aware of the existence of that kind of a
 6 policy or that kind of glossary.

7 MS. NEWBURY:
 8 Q. Okay. And that hasn't been addressed, I know
 9 that there was a recent--the briefing notes,
 10 there's a new set of guidelines developed in
 11 January of 2008 and that hasn't been addressed
 12 in that new set of guidelines, has it?

13 MR. WISEMAN:
 14 A. I don't know the--I've seen the guidelines or
 15 a recent set of guidelines, whether it's the
 16 one you're referencing or not, and that's not
 17 something that would have been ordinarily
 18 addressed in that kind of document. I think
 19 that was a--if you're referring to the same
 20 one, I think that's a document used within
 21 government to provide some direction to all
 22 departments as to how they may structure
 23 briefing notes and their intended use. And so
 24 it's an education tool to assist people in
 25 drafting briefing notes, if it's the same

Page 29

1 document I'm thinking about.

2 MS. NEWBURY:

3 Q. Do you have any concerns about the use of

4 terms that may not have a clear meaning in

5 your own view or perhaps other people in your

6 department might not all be on the same page

7 as to what those terms mean?

8 MR. WISEMAN:

9 A. I think it's important in communication that

10 you not use ambiguous terms. And obviously if

11 you're using them, using them in the context

12 that people understand them becomes an

13 important point.

14 MS. NEWBURY:

15 Q. Okay. I'm going to ask you some questions now

16 about Peter Dawe and his advocacy on behalf of

17 the Canadian Cancer Society. And I believe it

18 was your evidence that you couldn't recall

19 specifically expressing concerns to Peter Dawe

20 about his comments to the media, but you

21 wouldn't be able to rule out such a

22 conversation taking place because it's

23 consistent with discussions you've had with

24 various advocacy groups. Have you understood

25 your evidence correctly?

Page 30

1 MR. WISEMAN:

2 A. No, the way you framed the question, I said I

3 couldn't recall having an conversation with

4 Peter Dawe about ER/PR.

5 MS. NEWBURY:

6 Q. Okay.

7 MR. WISEMAN:

8 A. Was my comment.

9 MS. NEWBURY:

10 Q. Okay.

11 MR. WISEMAN:

12 A. And but at the same time I had indicated in my

13 evidence that over the course of the--my

14 discussion around this issue in the last eight

15 or ten months and that I have had, you know,

16 numerous discussions around the issue of ER/PR

17 and, you know, those of us who make public

18 commentary about it, you know, wanting to

19 ensure that we create context for it. And

20 because I expressed the view, the concern that

21 in a continuous negative discussion around

22 what's happened here, it has the potential to,

23 you know, undermine or to bring concerns

24 around other aspects of our health care that

25 may not be necessary or question other very

Page 31

1 quality work that's being done. And so in a

2 very general way I indicated that I've had

3 that conversation with any--numerous people in

4 the last while and therefore, you know, if I

5 had the conversation with Peter, it would be

6 consistent with some of the conversations I've

7 had with many, many others.

8 MS. NEWBURY:

9 Q. Okay. And did you ever have a particular

10 example of anything that Peter Dawe has done

11 that has caused you concern?

12 MR. WISEMAN:

13 A. Not that I can recall.

14 MS. NEWBURY:

15 Q. Okay. And I take it you were not familiar

16 with the interview between Peter Dawe and Jeff

17 Gilhooly that you were shown yesterday?

18 MR. WISEMAN:

19 A. I saw the e-mail that was sent to me and

20 forwarded to me, but I have no recollection of

21 it.

22 MS. NEWBURY:

23 Q. Okay. So you didn't actually read that

24 document?

25 MR. WISEMAN:

Page 32

1 A. I have no recollection of it.

2 MS. NEWBURY:

3 Q. Okay. And do you have any recollection

4 whether anyone in your department highlighted

5 any concerns with anything that was said in

6 that particular -

7 MR. WISEMAN:

8 A. I have no--I mean, the issue, the subject

9 matter in the e-mail, in the e-mail itself, I

10 don't have a recollection of.

11 MS. NEWBURY:

12 Q. Your predecessor, Mr. Osborne, thought that

13 advocacy groups such as the Canadian Cancer

14 Society speaking to the media on health issues

15 such as ER/PR were playing a necessary role

16 and that this helped to contribute to healthy

17 public policy. Do you share these views?

18 MR. WISEMAN:

19 A. I would agree with that.

20 MS. NEWBURY:

21 Q. Okay. So your concerns that you've just

22 alluded to earlier about speaking to various

23 advocacy groups, that relates to the manner in

24 which there is a communication with the media?

25 MR. WISEMAN:

Page 33

1 A. No, my comment earlier in terms of advocacy
 2 groups, or any of us who speak on public
 3 issues, need to be very cognizant of the
 4 context we create around our comments. So if
 5 we're talking about ER/PR, or if we're talking
 6 about surgical program, or if we're talking
 7 about a very specific issue, then it's that
 8 very specific issue, and so if we're not
 9 careful sometimes, we can cast that net much
 10 wider and if we're being critical of an issue
 11 or being critical of a broader issue, we may
 12 want to focus our comments on.

13 MS. NEWBURY:
 14 Q. But in the course of your dealing with the
 15 ER/PR issue, there has been nothing that has
 16 been said by the Canadian Cancer Society that
 17 has caused you any concern?

18 MR. WISEMAN:
 19 A. Not that I'm aware of, no.

20 MS. NEWBURY:
 21 Q. I'd like to refer you to Exhibit 0219, please.
 22 That's a letter to the editor that you wrote
 23 in response to an article of Andre Picard.

24 MR. WISEMAN:
 25 A. Yes.

Page 34

1 MS. NEWBURY:
 2 Q. And paragraph five of the letter, I'm not sure
 3 which page that's on -- so right down at the
 4 bottom of the page, if you look at the second
 5 sentence there, "There was full disclosure
 6 with patients and their families once test
 7 results became available beginning in October,
 8 2005". I'm just wondering if that statement
 9 to you at the time that you wrote this letter
 10 or signed the letter, if that applied to both
 11 living and deceased patients?

12 MR. WISEMAN:
 13 A. There's no distinction made in this letter
 14 here, and I did become aware some time last
 15 year and I don't know if it predates this
 16 letter, but I did become aware that not all
 17 patients of the -- there had been a
 18 distinction made between family members of
 19 those that were deceased, and I don't remember
 20 what date I became aware of that distinction,
 21 but this letter here doesn't make that
 22 distinction.

23 MS. NEWBURY:
 24 Q. Okay, and you hadn't focused on the issue at
 25 all at this point in time?

Page 35

1 MR. WISEMAN:
 2 A. I didn't make the distinction in this letter.
 3 I can't reflect on my -- think about my
 4 thought process at the time, but this letter
 5 clearly doesn't make the distinction that's
 6 your point. The other one is I did become
 7 aware some time during last year that the
 8 issue around those that were deceased and that
 9 contact had not been made with all of the
 10 families.

11 MS. NEWBURY:
 12 Q. Okay. Were there any other groups of
 13 categories of patients for whom notification
 14 was deferred?

15 MR. WISEMAN:
 16 A. No. As I -- at this particular moment in time
 17 here as this letter was being written, not
 18 that I was aware of.

19 MS. NEWBURY:
 20 Q. Okay.

21 MR. WISEMAN:
 22 A. The information I was getting at the time was
 23 that all patients had been contacted.

24 MS. NEWBURY:
 25 Q. But subsequently did you learn of any other

Page 36

1 groups of patients or categories?

2 MR. WISEMAN:
 3 A. I now understand as of today, and I shared
 4 this yesterday in terms of updated information
 5 that's been done by the task force on adverse
 6 health events is they've looked at
 7 reconstructing the database. I now understand
 8 that there are other individuals who weren't
 9 contacted up until very recently.

10 MS. NEWBURY:
 11 Q. Some of those, it would appear, might have
 12 been through oversight and others might have
 13 been an actual decision to postpone?

14 MR. WISEMAN:
 15 A. I'm not aware of that.

16 MS. NEWBURY:
 17 Q. Okay. I'm going to ask you some questions now
 18 about retesting of deceased patient's samples.
 19 First of all, when you first learned of an
 20 issue involving retesting of samples of the
 21 deceased patients, did you understand at that
 22 moment in time that there was actually no
 23 existing plan to retest the remaining, I think
 24 at that time, 73 samples of deceased patients
 25 except if there was a specific request from a

Page 37

1 family member?
 2 MR. WISEMAN:
 3 A. If I remember, there was something to that --
 4 whether the numbers are -- I don't recall any
 5 numbers, but I remember at the time wanting to
 6 ensure that everyone was redone, including the
 7 deceased. I don't recall definitively whether
 8 there was a definite decision made to not do,
 9 or there was an expression that we may not do,
 10 I'm not sure which.
 11 MS. NEWBURY:
 12 Q. Okay.
 13 MR. WISEMAN:
 14 A. But there was -- you know, clearly my desire
 15 at that time when I became aware of it, to
 16 ensure that they all got done.
 17 MS. NEWBURY:
 18 Q. Okay. So whether the issue was that it was
 19 just deferred to a later date or if it was
 20 suspended entirely, did you understand that
 21 whichever of those situations applied, it was
 22 due to some concern about available resources?
 23 MR. WISEMAN:
 24 A. I'm not -- I can't recall the reason and I
 25 probably wouldn't have been preoccupied with

Page 38

1 the reason. If it was my desire to have it
 2 done, then I would have expressed that view.
 3 MS. NEWBURY:
 4 Q. Okay. Did you have expressed to you by anyone
 5 in your Department or anyone at Eastern Health
 6 that there were any issues regarding lack of
 7 resources?
 8 MR. WISEMAN:
 9 A. To do the retesting?
 10 MS. NEWBURY:
 11 Q. Yes.
 12 MR. WISEMAN:
 13 A. I don't recall that. The issue of resource
 14 here was -- they were being done in Mount
 15 Sinai, so there was some work in preparation
 16 to get them sent out, but the retesting
 17 process was being handled at another hospital.
 18 MS. NEWBURY:
 19 Q. And I think it was your evidence the other day
 20 that you had understood that the reason for
 21 suspending the retesting of the deceased
 22 patients was a desire to focus on existing
 23 living patients, particularly those who may
 24 require a change of treatment?
 25 MR. WISEMAN:

Page 39

1 A. That's what I understood, yes.
 2 MS. NEWBURY:
 3 Q. Okay, and I guess from my own perspective,
 4 looking at what might be involved in terms of
 5 focusing on the living patients as opposed to
 6 those who are deceased and obviously couldn't
 7 be helped by a change of treatment, I guess --
 8 to me there's three types of categories of
 9 resources that might be required, and I'm just
 10 going to ask you a little bit about those.
 11 You may agree or disagree, and one you've just
 12 highlighted is the retesting of the samples
 13 themselves, and you've indicated that the
 14 retesting -- the bulk of the retesting was
 15 done at Mount Sinai.
 16 MR. WISEMAN:
 17 A. Uh-hm.
 18 MS. NEWBURY:
 19 Q. And were you aware that there were any
 20 concerns expressed by Mount Sinai that they
 21 didn't have the capacity to do any further
 22 retesting or that they were -- or that there
 23 were no funds available to do retesting at
 24 Mount Sinai?
 25 MR. WISEMAN:

Page 40

1 A. There was a point I understood that at some --
 2 when the exercise started, there was a belief
 3 that they'd be able to do them in a certain
 4 period of time.
 5 MS. NEWBURY:
 6 Q. Uh-hm.
 7 MR. WISEMAN:
 8 A. And I think that volume of work being sent
 9 from St. John's to Mount Sinai, together with
 10 their own activity at that hospital, there was
 11 some recognition at some point that it was
 12 coming slower than they had thought because of
 13 the volume. I remember hearing that in a
 14 conversation. I don't recall having much of
 15 any discussion around challenges with
 16 resources and that was a problem here in
 17 getting these redone.
 18 MS. NEWBURY:
 19 Q. It was my understanding that most of the
 20 retesting of those that were retested had been
 21 completed in early 2006, and the decision was
 22 not made until later in 2006 to either suspend
 23 or postpone the retesting of deceased samples,
 24 so obviously that period of time that Mount
 25 Sinai was having some capacity issues, in my

Page 41

1 view would not have affected retesting of the
 2 deceased samples later on, that particular
 3 incident, and you're not aware of any other
 4 incidents?
 5 MR. WISEMAN:
 6 A. Not that I'm aware of.
 7 MS. NEWBURY:
 8 Q. Okay, and you're not aware that Eastern Health
 9 ran out of money to pay Mount Sinai for this
 10 retesting?
 11 MR. WISEMAN:
 12 A. That would have been the first time I would
 13 have heard any reference to money in this
 14 discussion.
 15 MS. NEWBURY:
 16 Q. And I guess the other possible involvement of
 17 resources, either human or financial
 18 resources, would be reviewing the information
 19 from Mount Sinai. Would you agree that that's
 20 another area where some resources might have
 21 to be spent?
 22 MR. WISEMAN:
 23 A. Yes.
 24 MS. NEWBURY:
 25 Q. And it was your -- your predecessor, Mr.

Page 42

1 Osborne, indicated that there was a concern
 2 that if oncologists and physicians had to
 3 devote the same kind of time and effort to
 4 review the cases of the patients who are now
 5 deceased as they had to do for the living,
 6 that it risked making it difficult for them to
 7 carry out their regular workload, and he'd
 8 also indicated that the people who would be
 9 involved in the exercise of identifying and
 10 processing the deceased patient's tests was
 11 those who sat on the tumor panel which
 12 consisted of oncologists, pathologists, and
 13 surgeons. Was it your understanding as well
 14 that the tumor panel would be involved in the
 15 review of the samples of deceased patients?
 16 MR. WISEMAN:
 17 A. I don't recall that conversation, and, you
 18 know, the issue -- just so that you understand
 19 the length of the discussion or the nature of
 20 the discussion I would have had, you know, the
 21 time when I would have had that discussion
 22 there wouldn't have been a -- I don't recall
 23 any lengthy discussion around the issue. It
 24 was more a matter of it came to my attention
 25 that they weren't done and it was my desire to

Page 43

1 get it done, I would have said so, and that
 2 would have been the end of the discussion. So
 3 I never did have any --
 4 MS. NEWBURY:
 5 Q. There was no big debate with you?
 6 MR. WISEMAN:
 7 A. There was no big debate with me about this
 8 issue.
 9 MS. NEWBURY:
 10 Q. You just said this has to get done.
 11 MR. WISEMAN:
 12 A. It had to be done and move on and get it done.
 13 MS. NEWBURY:
 14 Q. And I think within a week a decision had been
 15 clearly made that they were going to proceed
 16 with retesting?
 17 MR. WISEMAN:
 18 A. Yes, so I wouldn't have had a great debate or
 19 discussion. No one decided to have that
 20 debate with me.
 21 MS. NEWBURY:
 22 Q. So you can't either confirm or deny what Mr.
 23 Osborne understood to be the case?
 24 MR. WISEMAN:
 25 A. No.

Page 44

1 MS. NEWBURY:
 2 Q. And nothing was ever expressed to you directly
 3 about that issue, and a third area, I think,
 4 from my perspective that resources, either
 5 financial or human might be required regarding
 6 the test of the deceased, would be
 7 communicating with family members,
 8 communicating the results with family members.
 9 Had anyone at the Department of Health or
 10 Eastern Health ever expressed any concern to
 11 you that they lacked the capacity or resources
 12 to do that?
 13 MR. WISEMAN:
 14 A. Not to me. Whether they had with officials in
 15 the Department, I don't know.
 16 MS. NEWBURY:
 17 Q. And after you made the decision, or directed,
 18 or strongly suggested that they proceed with
 19 the retesting of the deceased, were you
 20 approached to request any sort of special
 21 funds or anything else to assist them in terms
 22 of a resource?
 23 MR. WISEMAN:
 24 A. No.
 25 MS. NEWBURY:

Page 45

1 Q. And did you hear any problems encountered by
 2 Eastern Health, anyone at Eastern Health was
 3 involved in this process about accomplishing
 4 this task?
 5 MR. WISEMAN:
 6 A. Not to my knowledge, no. In conversations,
 7 there were many comments about how taxing this
 8 was and how this was consuming a lot of the
 9 energy, time, and human resources within the
 10 organization focusing on it, but it was said
 11 as a comment in terms of the intensity of the
 12 work. No one ever came to me and said we
 13 can't do this because we don't have enough or
 14 we need more money to do this. I never did
 15 get those kinds of comments.
 16 MS. NEWBURY:
 17 Q. And you never ever learned one way or the
 18 other whether the tumor panel was involved in
 19 reviewing --
 20 MR. WISEMAN:
 21 A. I wouldn't have had that discussion, or didn't
 22 have the discussion.
 23 MS. NEWBURY:
 24 Q. I'd like to ask you a few questions now
 25 regarding contacting patients, and I believe

Page 46

1 you indicated that when you first focused on
 2 the ER/PR issue in May, 2007, that there were
 3 conflicting stories between what you were
 4 hearing from individuals who said that they
 5 had not been contacted by Eastern Health, and
 6 that included some calls, I believe, to the
 7 Department of Health, as well as what you
 8 would have heard in the media?
 9 MR. WISEMAN:
 10 A. Yes.
 11 MS. NEWBURY:
 12 Q. And that contrasted with repeated adamant
 13 assurances from Eastern Health that all
 14 patients had been contacted. I'm just
 15 wondering at that point in time, did you
 16 explore with Eastern Health, anyone at Eastern
 17 Health or anyone within your Department who
 18 might have the information, the method of
 19 contact used in communicating information to
 20 the individuals?
 21 MR. WISEMAN:
 22 A. At some point in time, I learned there was two
 23 methods. One, direct contact by the Health
 24 Authority itself, and the second was using
 25 physicians.

Page 47

1 MS. NEWBURY:
 2 Q. And to go a little bit further, would that
 3 direct contact be a telephone call or face to
 4 face meeting?
 5 MR. WISEMAN:
 6 A. I don't recall how that broke down, the
 7 reference to direct contact by the Authority.
 8 MS. NEWBURY:
 9 Q. Okay. So there was no sort of delving into --
 10 I'm just wondering if you delved into this;
 11 okay, we've got one position from Eastern
 12 Health, and we've got, you know, apparently
 13 more than one patient saying that they hadn't
 14 been contacted, did you look further into --
 15 MR. WISEMAN:
 16 A. Some of those inquiries, for example, when we
 17 heard those statements, we made contact with
 18 Eastern Health, you know, we've heard this
 19 story about this particular lady, or that we
 20 had a call from this particular lady. There
 21 was a couple of instances where we had calls
 22 and we were able to identify the individual,
 23 and upon exploring it, if I recall, there were
 24 a couple of examples where there had been some
 25 initial contact, but there hadn't been the

Page 48

1 follow up contact done, so that was taken care
 2 of.
 3 MS. NEWBURY:
 4 Q. Okay.
 5 MR. WISEMAN:
 6 A. But beyond that, I mean, there was always -
 7 they were pretty clear that they made contact
 8 with everybody.
 9 MS. NEWBURY:
 10 Q. So at that time you were able to resolve the
 11 calls that had been made to the Department of
 12 Health?
 13 MR. WISEMAN:
 14 A. There was a couple that I recall that got
 15 resolved, they had been dealt with.
 16 MS. NEWBURY:
 17 Q. Were there any that weren't resolved?
 18 MR. WISEMAN:
 19 A. Not to my knowledge. The ones that got
 20 resolved, the ones that contact had been made,
 21 and I don't know if there was a communication
 22 -- I wouldn't use that phrase "communication",
 23 but there was an issue that clearly Eastern
 24 Health confirmed that they had, in fact, made
 25 contact.

Page 49

1 MS. NEWBURY:
 2 Q. Okay.
 3 MR. WISEMAN:
 4 A. But the issue around the method of contact, I
 5 didn't -- I don't recall trying to clarify
 6 that in terms of the methodology used.
 7 MS. NEWBURY:
 8 Q. Okay. Now in terms of those two couple of
 9 cases that you managed to resolve, you had
 10 indicated that they had been initially
 11 contacted, but had not -- does that mean that
 12 they were told about the retesting, but they
 13 did not receive the results?
 14 MR. WISEMAN:
 15 A. And there was no change in the results, so
 16 they --
 17 MS. NEWBURY:
 18 Q. Okay, but would you agree that that contact
 19 was not complete with the patients, that
 20 really that sort of supports the opposite of
 21 what Eastern Health was stating that they'd
 22 all been contacted? Would you agree that
 23 that's the case?
 24 MR. WISEMAN:
 25 A. That would seem to be, yes.

Page 50

1 MS. NEWBURY:
 2 Q. And did that cause you any concerns about, you
 3 know, the broad adamant statement of Eastern
 4 Health?
 5 MR. WISEMAN:
 6 A. I mean, as I've given already in evidence, as
 7 time progressed and particularly as we got
 8 into the first part of June when Eastern
 9 Health had a meeting with Robert Thompson, in
 10 particular, started to put some qualifiers on
 11 their statements, and that's when we started
 12 to drill down a little further, that's when we
 13 started to do the audit and verification
 14 process.
 15 MS. NEWBURY:
 16 Q. So this is actually -- I guess, the resolution
 17 of those issues from those couple of patients,
 18 that's what helped you come to the conclusion
 19 that you had to delve into this further?
 20 MR. WISEMAN:
 21 A. We needed to move further and start to --
 22 MS. NEWBURY:
 23 Q. Can you recall approximately when you verified
 24 what had happened with those couple of
 25 patients?

Page 51

1 MR. WISEMAN:
 2 A. No, I can't. It would have been -- you know,
 3 I suspect well into May month because there
 4 was a lot of public discussion around it for
 5 the weeks that followed the middle of May.
 6 MS. NEWBURY:
 7 Q. Were you ever advised of any incidents,
 8 whether or not there were any incident that
 9 Eastern Health experienced in problems in
 10 their efforts to contact patients with the
 11 results of retesting, and in particular
 12 whether there were any patients who had the
 13 results back and they were -- there wasn't an
 14 effort to contact the patient, but for some
 15 reason it did not happen as it should have?
 16 Were you aware of any of those incidents?
 17 MR. WISEMAN:
 18 A. I've since become aware of it because of the
 19 work that's been done by the Centre for Health
 20 Information, and I think yesterday we
 21 disclosed that there was 19 like that who,
 22 because of contact information being different
 23 than -- they just haven't been able to contact
 24 them for a variety of reasons in terms of
 25 either phone numbers or a change of address or

Page 52

1 some other reason.
 2 MS. NEWBURY:
 3 Q. Now this information is probably new to
 4 Eastern Health, this is something that
 5 actually was learned as a result of the NLCHI
 6 project, is that --
 7 MR. WISEMAN:
 8 A. I couldn't say. I don't know.
 9 MS. NEWBURY:
 10 Q. So before you got into doing the NLCHI
 11 database, so any time prior to June, 2007, as
 12 an example, were you told whether or not
 13 Eastern Health knew at that time that there
 14 had been previous experiences, that they
 15 actually knew -- had confirmed incidents that
 16 some patients had not been contacted in a
 17 timely fashion with their results?
 18 MR. WISEMAN:
 19 A. Not contact at all or contact timely? I mean
 20 -- because the information I had at that
 21 particular point is -- your question as I
 22 understand it, correct me, is that you want to
 23 know if they were expressing a concern about
 24 contacting them in a timely way or contacting
 25 them at all?

Page 53

1 MS. NEWBURY:
 2 Q. The question is focusing on whether there were
 3 any known incidents where someone really ought
 4 to have had a decision rather quickly, but
 5 didn't have it in a timely fashion?
 6 MR. WISEMAN:
 7 A. The timeliness of the -- I didn't get into a
 8 discussion around the timeliness of any of the
 9 calls that were made or any of the contacts
 10 that were made. My focus was around have all
 11 the calls been made or not. The timeliness of
 12 the calls that they would have gotten, or
 13 whether or not they had it early, late, or
 14 whether or not it was too late for treatment,
 15 I didn't get into that kind of discussion.
 16 MS. NEWBURY:
 17 Q. Okay. Did you have any discussion or did
 18 anyone alert you to any problems where a
 19 method had been embarked upon to contact a
 20 particular patient, but that method had
 21 failed, and it was only through, I guess, a
 22 follow up visit by the patient that it was
 23 discovered that there had been a retesting?
 24 MR. WISEMAN:
 25 A. There was an incident this past week similar

Page 54

1 to that, or last week or so that came to my
 2 attention, but back in May of last year, no.
 3 MS. NEWBURY:
 4 Q. Okay. Now in terms of the NLCHI database, is
 5 it your understanding that this database is
 6 primarily a compilation of raw or basic data
 7 regarding patient contact?
 8 MR. WISEMAN:
 9 A. What we intended to do is make sure the people
 10 had been -- that's what the exercise started
 11 out to do is to make sure that communication
 12 had occurred.
 13 MS. NEWBURY:
 14 Q. Okay.
 15 MR. WISEMAN:
 16 A. To help inform that, obviously you needed to
 17 identify who the patients were in question, so
 18 you build a database from identifying the
 19 patients in question, and then from that track
 20 the activity around that patient in terms of
 21 their test, their retest, and when the reports
 22 came back, what communication has occurred.
 23 So it started as an exercise to determine
 24 whether everybody has been contacted and to
 25 help inform that, you needed to identify who

Page 55

1 the patients were. So that was the scope of
 2 the work being done as part of the database.
 3 MS. NEWBURY:
 4 Q. Do you know if the project included an
 5 analysis of the quality of the contact with
 6 the patient, and in particular, the adequacy
 7 of the message and the adequacy of the method
 8 of communication?
 9 MR. WISEMAN:
 10 A. What I understand is that there's a -- they
 11 looked at the method of contact, and that's
 12 what -- but the message itself, and the nature
 13 of the dialogue that would have occurred, I
 14 don't think it looked at that piece, and I'm
 15 using that phrase, "I don't think" because
 16 it's just come to our attention or the group
 17 doing that this recent week that there were
 18 some incidents where the method of
 19 communication used was through a physician,
 20 and we became aware this week or the latter
 21 part of last week, I believe, that there was
 22 an incident where a -- that was the method
 23 recorded, but as a result of contact with a
 24 patient, there was a confirmation that that
 25 actually hadn't happened. So Eastern Health

Page 56

1 is in the process now, as I understand it, of
 2 actually going back through each of those that
 3 were categorized like that to verify directly
 4 to ensure that contact was made with the
 5 patient.
 6 MS. NEWBURY:
 7 Q. Okay. Are they only going back and looking at
 8 that category of patients who are to be
 9 contacted through their family physician?
 10 MR. WISEMAN:
 11 A. As I understand it, yes.
 12 MS. NEWBURY:
 13 Q. I'd like to refer to an exhibit that I don't
 14 think has been entered yet, P-0439. I wonder
 15 if I could have that entered. We've had that
 16 distributed to us, but not yet entered.
 17 THE COMMISSIONER:
 18 Q. P-0439, which has not yet been entered? Can
 19 you tell me what it is?
 20 MS. NEWBURY:
 21 Q. It's an e-mail from Heather Predham to Pam
 22 Elliott, Pat Pilgrim, Oscar Howell, Susan
 23 Bonnell, and George Tilley.
 24 THE COMMISSIONER:
 25 Q. We can enter it now, P-0439 entered.

Page 57

1 DOCUMENT P-0439 MARKED AND ENTERED
 2 MS. NEWBURY:
 3 Q. So this is an e-mail, as I've just indicated.
 4 It's dated May 16th, 2007, and you're not
 5 either the author of this or a recipient of
 6 the e-mail, and I'm not going to ask you
 7 anything about that in detail. I wanted to
 8 bring your attention to item number four in
 9 the e-mail that says that, "A lady called and
 10 said that she had been called and told she was
 11 going to be retested, but she had heard
 12 nothing else. She was confirmed negative and
 13 she was noted to have been contacted".
 14 Heather Predham is writing this letter. She
 15 says, "This highlights the fact that all this
 16 was done verbally and maybe we should have
 17 written follow-up letters to all the confirmed
 18 negative". I would suggest that this
 19 indicates that there might still be confusion
 20 even among those patients that Eastern Health
 21 had believed had been contacted, and Heather's
 22 concern, I guess, is maybe that the verbal
 23 communication was not enough and perhaps
 24 follow up letters would have been a good idea.
 25 I'm wondering if you have or will give any

Page 58

1 thought when you do the audit, for example, of
 2 verifying the contact via family physicians,
 3 whether there's any thought given to directly
 4 communicating with the patients to make sure
 5 that they have received and clearly understood
 6 -- you would agree that these are complex
 7 issues.
 8 MR. WISEMAN:
 9 A. Actually, the interesting -- you're raising a
 10 question here with me today, and I do
 11 appreciate your doing that. As I understand
 12 from conversation I've had with Robert
 13 Thompson, the Cancer Society, I think, has
 14 already made the suggestion to Robert,
 15 actually, and him and I had a chat about it
 16 yesterday because it's a good suggestion and
 17 one that has a lot of merit.
 18 MS. NEWBURY:
 19 Q. Okay, thank you. Mr. Wiseman, are you aware
 20 whether or not the Cancer Registry was used at
 21 any time during the ER/PR review process as a
 22 source of information for identifying patients
 23 and their status?
 24 MR. WISEMAN:
 25 A. I wouldn't know.

Page 59

1 MS. NEWBURY:
 2 Q. And have you ever been alerted to any issues
 3 or by anyone in your Department or anyone at
 4 Eastern Health regarding the Cancer Registry?
 5 MR. WISEMAN:
 6 A. No, I haven't, no.
 7 MS. NEWBURY:
 8 Q. I'd like to refer to Exhibit P-0126 please,
 9 page 19 of the exhibit. Page 19 is a briefing
 10 note, one of two for May 16th, 2007 and if you
 11 look at the second page of that, the first
 12 bullet on that page says, "An expert panel
 13 comprised on oncologists, pathologists and
 14 surgeons in St. John's recommended that the
 15 focus of retesting should be on patients who
 16 are living." And there's a similar reference
 17 in the other briefing note for that date to an
 18 expert panel. Do you understand what made
 19 this panel an expert panel?
 20 MR. WISEMAN:
 21 A. The disciplines that you're--the specialty
 22 areas of oncology and pathology and the
 23 surgeons involved would have been those,
 24 obviously been involved in the treatment of
 25 cancer, involved in the surgical procedure in

Page 60

1 the first place and then the pathologist and
 2 the diagnosis and examination of the tissue.
 3 And so, you know, the expertise that they
 4 would bring to evaluating test results would
 5 be obviously very varied and so it's because
 6 of their expertise that they would bring.
 7 MS. NEWBURY:
 8 Q. Okay, so because the panel contained members
 9 who were specialists, that's, in your view,
 10 what made it an expert panel.
 11 MR. WISEMAN:
 12 A. Yes.
 13 MS. NEWBURY:
 14 Q. So it wasn't a situation that you had expert
 15 oncologists?
 16 MR. WISEMAN:
 17 A. No, I haven't heard as individuals by name
 18 referred to as experts. I think my
 19 understanding was the expert panel was because
 20 of the composition of the panel and the
 21 various specialty areas represented on that
 22 panel.
 23 MS. NEWBURY:
 24 Q. Were you ever made aware of the individuals
 25 who sat on this particular panel?

1 MR. WISEMAN:
 2 A. The only reference that I've ever heard made
 3 to a name was Dr. Laing, I think, was a
 4 reference that I had heard in the context of
 5 this panel. I can't recall other names of -
 6 MS. NEWBURY:
 7 Q. And do you know if any of the other
 8 individuals, even if you didn't know them by
 9 name, did you know if any of those other
 10 individuals have been involved in the initial
 11 treatment or initial testing of the patients
 12 between 1997 and 2005?
 13 MR. WISEMAN:
 14 A. I don't know.
 15 MS. NEWBURY:
 16 Q. There was some discussion yesterday regarding
 17 rules of engagement and I believe it was your
 18 evidence yesterday morning that both the Board
 19 and the department were more actively involved
 20 in the ER/PR matter than they would have been
 21 historically, did I understand your evidence
 22 correctly in that regard?
 23 MR. WISEMAN:
 24 A. I think the--after we started having
 25 discussions around this issue in May of 2007,

1 board, you know, verses, you know, the Board
 2 of Trustees meaning the trustees themselves,
 3 and so my reference to the Board, I may have
 4 used it interchangeably to refer the Regional
 5 Health Authority and I apologize for that.
 6 MS. NEWBURY:
 7 Q. Okay, so it wasn't your evidence then that the
 8 Board of Trustees had been more involved?
 9 MR. WISEMAN:
 10 A. No, no, and I apologize for that.
 11 MS. NEWBURY:
 12 Q. Thank you, those are all the questions I have,
 13 thank you, Mr. Wiseman.
 14 THE COMMISSIONER:
 15 Q. Thank you. Ms. Taylor?
 16 MR. ROSS WISEMAN, EXAMINATION BY MS. PAMELA TAYLOR
 17 MS. TAYLOR:
 18 Q. Good morning, Minister Wiseman.
 19 MR. WISEMAN:
 20 A. Good morning.
 21 MS. TAYLOR:
 22 Q. My name is Pam Taylor. I'm here on behalf of
 23 the breast cancer testing class action group.
 24 I just have a couple of questions for you.
 25 Now I want to go back to information that you

1 I can speak to that period of time, you know,
 2 there was a, the period that followed in the
 3 preceding week or following weeks and then
 4 since the involvement with the Centre for
 5 Health Information, you know, that continuous
 6 dialogue that would have occurred as to how
 7 things were unfolding and discussing what, you
 8 know, normally the operations of the health
 9 authority is left to the authorities and we
 10 wouldn't have people in the department, you
 11 know, engaged in a file on a day-to-day basis
 12 working through it ordinarily and--but that's
 13 happened in this particular case here.
 14 MS. NEWBURY:
 15 Q. Okay, and was the Board also more actively
 16 involved in these matters than they would
 17 historically have been?
 18 MR. WISEMAN:
 19 A. The Board meaning the Board of Trustees?
 20 MS. NEWBURY:
 21 Q. Yes, that's what I understood you to mean
 22 yesterday.
 23 MR. WISEMAN:
 24 A. And I apologize for any confusion that I may
 25 have created as a result of my reference to a

1 provided yesterday and Ms. Newbury was just
 2 asking you some questions on it. The audit
 3 that's being done, the contact that was made
 4 to patients through physicians and now an
 5 audit is being done to determine whether or
 6 not patients actually received contact from
 7 physicians, so whether they actually received
 8 information on their test results. Who
 9 initiated this audit process?
 10 MR. WISEMAN:
 11 A. It came about as a result of a--the work that
 12 the Centre for Health Information was doing
 13 and when they start, they identified the
 14 method of contact which was my comment a
 15 moment ago, and then a lot of it, a number of
 16 them, I think the number was around 400, had
 17 been contacted by providing information to the
 18 family physician or treating physician and
 19 they, in turn, would pass on the results to
 20 the patient. It was either the first part of
 21 this week or the last part of last week, a
 22 circumstance arose where we became aware that
 23 a patient, upon visiting their physician,
 24 became aware that the results hadn't been
 25 earlier communicated and that came to our

Page 65

1 attention. So that prompted then a further
 2 discussion around that method of communicating
 3 in the beginning. And that conversation
 4 included, you know, a comfort level, exploring
 5 a comfort level that would exist if it
 6 happened to one, you know, could there have
 7 been others? And the fact that it happened
 8 once and it's now become, we become aware of
 9 it, came to our attention, there was a quick
 10 recognition that we now need to confirm with
 11 the other, whatever the number is, that this
 12 in fact did occur and communication did
 13 actually happen. Because prior to that, there
 14 was a reliance on that method.
 15 MS. TAYLOR:
 16 Q. So is that something that came from your
 17 department or Robert Thompson or is that
 18 something that Eastern Health initiated? I'm
 19 just trying to understand?
 20 MR. WISEMAN:
 21 A. It came, you know, I think it came about as a
 22 result of--it was found and came about as a
 23 result of the work done by the centre and the
 24 decision to move forward with the
 25 reverification came about as a result of a

Page 66

1 discussion between Robert Thompson and Eastern
 2 Health.
 3 MS. TAYLOR:
 4 Q. So there isn't a comfort level that in fact
 5 everyone received contact through their
 6 physicians at that time, in terms of their
 7 test results?
 8 MR. WISEMAN:
 9 A. Well now we understand that there was one and
 10 the concern is there may be another and we
 11 need to better understand that. So we now
 12 need to reverify more directly with the
 13 patients involved to ensure that that did
 14 happen.
 15 MS. TAYLOR:
 16 Q. Now I've heard reported in the media that that
 17 number is approximately 420. Does that sound
 18 right to you or do you have any information on
 19 that?
 20 MR. WISEMAN:
 21 A. Yeah, I said four something, if I'm not
 22 mistaken it was around that number.
 23 MS. TAYLOR:
 24 Q. Okay, if I can ask the Registrar to pull up
 25 0231, Exhibit 0231. Now this has already been

Page 67

1 reviewed with you by Ms. Chaytor. This is an
 2 e-mail, it's a series of e-mails actually at
 3 the top. It's an e-mail from Tansy Mundon to
 4 Robert Thompson and yourself, June 6th, 2007
 5 and at that time it seems that what
 6 precipitated it was a question, a question
 7 period where an MHA was asking you about
 8 whether or not Eastern Health was misleading
 9 the public with respect to a full page ad
 10 that, at that time, said that they had
 11 informed all patients and their doctors of
 12 their individual test results. Now, it looks
 13 like Tansy Mundon, who we know was the
 14 Communications Director in your department.
 15 MR. WISEMAN:
 16 A. That's true.
 17 MS. TAYLOR:
 18 Q. Had contacted Susan Bonnell, the
 19 Communications Director in Eastern Health and
 20 according to the response, it was confirmed at
 21 that time that once a letter was sent to
 22 physicians regarding patients, that they
 23 follow it up with individual physicians to
 24 ensure that patients were contacted. So
 25 obviously that's now being questioned.

Page 68

1 MR. WISEMAN:
 2 A. Yes.
 3 MS. TAYLOR:
 4 Q. So what data is available to show that
 5 patients, that that follow up actually
 6 occurred at that time? Is there any data?
 7 MR. WISEMAN:
 8 A. In June of '06?
 9 MS. TAYLOR:
 10 Q. June of '07.
 11 MR. WISEMAN:
 12 A. I'm sorry, June of '07. I couldn't answer
 13 that question, the people who have been
 14 working on the database may be able to confirm
 15 for you the documentation that they may have
 16 used, but you know, from where I sit today,
 17 you know, you're pointing out something that
 18 happened here in 2006 that says that Eastern
 19 Health or a representative of Eastern Health
 20 was confirming that they, in fact, had
 21 followed through to confirm that the physician
 22 did make contact and I guess, which I'm saying
 23 here today that we now know that there was at
 24 least one that that didn't happen to. And I'm
 25 expressing the view that if it happened to

Page 69

1 one, it may have happened to others and as a
 2 result of that and because of that, that now
 3 that verification is taking place and will
 4 start now.
 5 MS. TAYLOR:
 6 Q. And you had said a moment ago 2006, but we
 7 know it's 2007, just a correction.
 8 MR. WISEMAN:
 9 A. I'm sorry, yes.
 10 MS. TAYLOR:
 11 Q. We've also heard from patients, the Commission
 12 has heard from patients and I believe at least
 13 one has testified that she wasn't aware that
 14 there was a letter in her file. Are you aware
 15 of that? That's Ms. Beverly Green?
 16 MR. WISEMAN:
 17 A. I'm not aware of that testimony.
 18 MS. TAYLOR:
 19 Q. So that would be another person. She has
 20 testified to that effect that she didn't find
 21 out until later that that information was
 22 there. So that's at least another person.
 23 MR. WISEMAN:
 24 A. Yes.
 25 MS. TAYLOR:

Page 70

1 Q. So at that point, obviously that information
 2 wasn't correct?
 3 MR. WISEMAN:
 4 A. The point in time of this e-mail?
 5 MS. TAYLOR:
 6 Q. In June of '07.
 7 MR. WISEMAN:
 8 A. Yes, it would appear now that that was not
 9 correct.
 10 MS. TAYLOR:
 11 Q. It was inaccurate.
 12 MR. WISEMAN:
 13 A. Inaccurate, yes.
 14 MS. TAYLOR:
 15 Q. Now something else that you had given evidence
 16 on was back in the first part of June, '07,
 17 that's at the point I think Ms. Chaytor was
 18 asking you at what point did you start to lose
 19 confidence in the information that you had
 20 been provided and you had a conversation with
 21 Robert Thompson. Around that time, people
 22 from the department had been sent in to do an
 23 overview of the data and I think that you've
 24 elaborated on that this morning, but
 25 everything wasn't in one database, there was

Page 71

1 no way to do a reconciliation. So my question
 2 is, looking at that, how and I'm wondering if
 3 you've asked yourself this question, how could
 4 Eastern Health have had confidence previously
 5 if when your own people go in and look at that
 6 data, and they can't reconcile it, they can't
 7 figure out what's happened, how could Eastern
 8 Health have been confident that in fact
 9 everybody had been informed when they were
 10 giving those assertions to the public and to
 11 your department?
 12 MR. WISEMAN:
 13 A. That's a good question, I've asked myself that
 14 many times.
 15 MS. TAYLOR:
 16 Q. Have you come up with any answers?
 17 MR. WISEMAN:
 18 A. No, because there is no answer.
 19 MS. TAYLOR:
 20 Q. Well, I'll just go back to a question on
 21 Exhibit P-0231. Now the question that was
 22 being asked at that time that precipitated
 23 that series of e-mails was an MHA asking
 24 whether or not Eastern Health had mislead the
 25 public in its ad at that time and we have gone

Page 72

1 through that ad and I believe that you've
 2 answered to that ad, at that time there was a
 3 reference to all patients having been
 4 contacted. It was an ad in June and you had
 5 said that that was inaccurate, you now know
 6 that information to be inaccurate. So was
 7 Eastern Health misleading the public at that
 8 period of time with the information that they
 9 had in their full page ad? And I can pull it
 10 up if you need to see it again. Were they
 11 misleading the public?
 12 MR. WISEMAN:
 13 A. I've indicated that the information, as of
 14 today I now know that the information is
 15 incorrect. I know it because we've had a team
 16 of people who have actually completed a review
 17 and have been able to confirm for us that--and
 18 they have identified the individuals in
 19 question who have not been notified and
 20 they're in that pool. So the information that
 21 was supplied in that ad and the information
 22 that was communicated to me, during the course
 23 of the period of last year, particularly from
 24 the middle of May up to the first part of
 25 June, was clearly that they all had been. I

Page 73

1 now know that they weren't and so the
 2 information supplied to me last year was
 3 inaccurate.
 4 MS. TAYLOR:
 5 Q. So wouldn't you say then that that information
 6 was misleading?
 7 MR. WISEMAN:
 8 A. I can say the information was inaccurate.
 9 Misleading implies that they intentionally did
 10 something and I wouldn't want to--I'm
 11 speculating what their motivation might have
 12 been.
 13 MS. TAYLOR:
 14 Q. Okay. Now you've said that as Minister of the
 15 Department of Health and Community Services,
 16 you are the spokesperson within the
 17 government, but you're also the spokesperson
 18 for government to the people of Newfoundland
 19 and Labrador, is that correct?
 20 MR. WISEMAN:
 21 A. On health related issues, yes.
 22 MS. TAYLOR:
 23 Q. On health related issues. So you've, on a
 24 number of occasions in press conferences,
 25 media scrums, questions in the House, a letter

Page 74

1 that was written to the Global Mail, in
 2 various instances you have reiterated the
 3 statements that all patients were contacted.
 4 MR. WISEMAN:
 5 A. Yes.
 6 MS. TAYLOR:
 7 Q. And you now know that to be incorrect?
 8 MR. WISEMAN:
 9 A. Uh-hm.
 10 MS. TAYLOR:
 11 Q. Have you given any thoughts, have you gotten
 12 angry, have you wondered, you know, you're
 13 providing that information, you now know it to
 14 be incorrect, have you questioned people about
 15 why were you given that information and how
 16 could they give it to you at the time?
 17 MR. WISEMAN:
 18 A. If you're inquiring about the range of my
 19 emotions on this issue since I've been seized
 20 with it last year, they've gone from anger to
 21 disbelief to shock and a variety of others.
 22 And each and every time that I have questioned
 23 why or how come, you know, it's a source of
 24 great frustration that, you know, the people
 25 who have been impacted here, the people of the

Page 75

1 province find themselves in this very
 2 difficult circumstance and there's been many
 3 people impacted here, many families have been
 4 impacted and so, you know, because there was
 5 some errors made. Compounding those errors,
 6 then you have the piece around the
 7 communication and that's been a tremendous
 8 source of frustration for me. The anger is
 9 because I've, you know, was being provided
 10 information that I was repeating continuously
 11 for a period of time and I've since found it's
 12 inaccurate and I now wonder, as I now--with
 13 the insight I now have and the manner in which
 14 the information was gathered, I now recognize
 15 that there was no way that they could have
 16 told me that. The e-mail you showed me a
 17 minute ago that I hadn't seen before, the one
 18 that you entered into the evidence and I
 19 forget the number of the exhibit, with the
 20 comment by Heather Predham, that's information
 21 I wasn't privy to last year. And when I read
 22 that here this morning, knowing that that was
 23 a view shared at that time, and hadn't been
 24 clearly shared with me, it further adds to
 25 that frustration and anger that I have.

Page 76

1 MS. TAYLOR:
 2 Q. You said a moment ago that you now know that
 3 they couldn't have shared that information
 4 with you, what do you mean by that?
 5 MR. WISEMAN:
 6 A. Now that I know the manner in which the
 7 records were kept, now that I know the
 8 challenges that existed in trying to reconcile
 9 the information that the Centre for Health
 10 Information had, as the officials who went
 11 into the department last year in June, came
 12 out and said, you know, we can't reconcile
 13 this. This information is all over the place.
 14 You know, I now recognize it when someone said
 15 to me last year definitively that they've all
 16 been contacted, I now wonder how any of them
 17 could ever tell me that because they,
 18 themselves, didn't have it all in front of
 19 them.
 20 MS. TAYLOR:
 21 Q. Right.
 22 MR. WISEMAN:
 23 A. And so that's what I meant by that comment.
 24 MS. TAYLOR:
 25 Q. They didn't have the information available to

Page 77

1 be able to make those statements to your or
 2 your department?
 3 MR. WISEMAN:
 4 A. It appears now that they didn't.
 5 MS. TAYLOR:
 6 Q. Okay, thank you, Minister Wiseman, that's all
 7 the questions I have.
 8 THE COMMISSIONER:
 9 Q. Thank you. Mr. Pike?
 10 MR. ROSS WISEMAN, EXAMINATION BY MR. MARK PIKE
 11 MR. PIKE:
 12 Q. Good morning, Mr. Wiseman, my name is Mark
 13 Pike and I represent the Newfoundland and
 14 Labrador Medical Association, which, as you
 15 know, is a group of over one thousand
 16 physicians and students across this province.
 17 The subject has come up before and was raised
 18 by my learned friend, counsel for the
 19 Commission, as well as counsel for the
 20 Canadian Cancer Society about your views as to
 21 the proper role of advocacy groups, such as
 22 the NLMA in this province and the health care
 23 system. What are your views on that?
 24 MR. WISEMAN:
 25 A. They play a very important function as they

Page 78

1 represent, as you said, the interests of the
 2 membership, but they also too provide a major
 3 input into the health system itself, they have
 4 expert opinion, they had advice, you know,
 5 they have a body of knowledge that only helps
 6 us as a system, helps us as a government,
 7 helps the authorities to make improvements in
 8 our health system, so I always welcome their
 9 comment and their input. And so it's a very
 10 valuable role they play.
 11 MR. PIKE:
 12 Q. So do you agree then that the NLMA and other
 13 groups that I've mentioned and you've referred
 14 to in your answer play an important role in
 15 pointing out shortcomings in the health care
 16 system?
 17 MR. WISEMAN:
 18 A. Absolutely, I mean the issue of any
 19 organization, whether it's the Medical
 20 Association or the Cancer Society or many
 21 others out there who do similar type of
 22 activity and, you know, I value as a Minister,
 23 as a government we value the comment, both
 24 with the counsel they provide in conversation
 25 in private meetings we may have, and in

Page 79

1 comments that they may make to the public.
 2 The fact that they engage in a very public way
 3 to discuss issues relative to our health
 4 system or relative to the interest that they
 5 represent, I think it's important to inform
 6 that kind of public dialogue that we always
 7 need to have in our health system. You know,
 8 I made some comments yesterday around, you
 9 know, I think I may have expressed it or it
 10 may have been interpreted as some caution I
 11 may make about how we express things sometimes
 12 and I said I would have had a conversation
 13 with Mr. Ritter of your association, as I have
 14 had with others, and so when we engage in that
 15 kind of comment, my comment wasn't to suggest
 16 at all that I didn't value that advice or that
 17 comment or didn't welcome or suggest that
 18 public criticism should not occur. My comment
 19 would have been that, you know, there will be
 20 times when the Medical Association or other
 21 organizations may make public comment about an
 22 issue that, you know, I may have a different
 23 view on and I may share that. If there's a
 24 view that, it's like any discussion or debate
 25 that might happen, you know, we have varying

Page 80

1 perspectives on that and frequently in some of
 2 the meetings I have had with the Medical
 3 Association, for example, you know, we've
 4 talked about issues where there's, that there
 5 is a particular perspective that the
 6 association might have, government may have a
 7 different perspective and we'll have an
 8 exchange of ideas and thoughts. If they
 9 happen in a public meeting or happen in a
 10 public forum, I think it's still healthy, a
 11 public debate, and I would never say anything
 12 or try to discourage that kind of public
 13 criticism of government or public commentary
 14 and input into the public debate around health
 15 services, so I welcome it. My comment
 16 yesterday was in the context of any reference
 17 I would have made to ER/PR and when we talk
 18 about ER/PR, you know, it's one piece of a
 19 health system and as we talk about it, it's
 20 let's not cast the net to be highly critical
 21 of an entire health system. So my reference
 22 the other day or yesterday would have been in
 23 that context, rather than in the broader
 24 context of suggesting that any association or
 25 any group or any individual, for that matter,

Page 81

1 shouldn't be more than welcome to express in a
 2 very public way their comments, concerns,
 3 criticisms, compliments, any other comments
 4 they may have about the future of our health
 5 system.
 6 MR. PIKE:
 7 Q. So you'd have no problem in the NLMA pointing
 8 out or commenting publicly on issues such as
 9 gaps in service or the needs of a particular
 10 community or particular area or discipline or
 11 problems or inadequacies with the system,
 12 including strengths sometimes?
 13 MR. WISEMAN:
 14 A. Not at all, in fact just the opposite of that
 15 actually, I welcome it. I think it's healthy,
 16 it's healthy for us as a government and it's
 17 healthy for public information.
 18 MR. PIKE:
 19 Q. So any kind of a discouragement or
 20 admonishment directed towards any of these
 21 groups would not be something that you would
 22 find desirable?
 23 MR. WISEMAN:
 24 A. No, not at all. I mean, there may be on
 25 occasion where there is a particular comment,

Page 82

1 as I said a moment ago, that might get made
 2 sometimes in making public comment that I, as
 3 a Minister may have a, or as a government, we
 4 may have a different view on and I may want to
 5 have a discussion with that association about
 6 that particular view, but I think that's
 7 healthy.
 8 MR. PIKE:
 9 Q. Even if it's critical of you or critical of
 10 the government or embarrassing to you or your
 11 department?
 12 MR. WISEMAN:
 13 A. They shouldn't be restricted by the fact that
 14 it might embarrass me, personally, or
 15 embarrass government, you know, they have a
 16 critical role to play and a contribution to
 17 make to informing the public and helping
 18 inform government, helping inform me, as a
 19 Minister. So I don't discourage that at all
 20 and I value the input that they provide.
 21 MR. PIKE:
 22 Q. So a healthy system would benefit from this
 23 type of encouragement and criticism, no
 24 matter--as long as it's done in a constructive
 25 way, that's the point that you're making.

Page 83

1 MR. WISEMAN:
 2 A. Yes, and in doing it in a public way, I mean,
 3 I think it's important if we work collectively
 4 together because I think all of us have the
 5 same objective here. At the end of the day we
 6 want to make improvements in our health
 7 system. We want to make sure that we provide
 8 quality service, quality health care, quality
 9 programs are being provided to the people of
 10 Newfoundland and Labrador; I think we all
 11 collectively share that view and I welcome any
 12 and all contribution to that end.
 13 MR. PIKE:
 14 Q. Thank you very much. Commissioner, those are
 15 my questions.
 16 THE COMMISSIONER:
 17 Q. Thank you, Mr. Pike. Mr. Pritchard?
 18 MR. ROSS WISEMAN, EXAMINATION BY MR. ROLF PRITCHARD
 19 MR. PRITCHARD:
 20 Q. Commissioner, just before I commence my
 21 questions, I'd like to seek your leave to
 22 enter documents P-0291 through P-0295.
 23 THE COMMISSIONER:
 24 Q. P-0291 to P-0295, those are the correct
 25 numbers?

Page 84

1 MR. PRITCHARD:
 2 Q. Yes.
 3 THE COMMISSIONER:
 4 Q. Entered.
 5 EXHIBITS P-0291 THROUGH TO P-0295 ARE ENTERED
 6 MR. PRITCHARD:
 7 Q. Thank you. Minister, I'd like to start by
 8 taking you through a few statutory materials
 9 that have just been entered and the first one
 10 I'd like to ask to be put up, please, is P-
 11 0294 which I understand are the Department of
 12 Health and Community Service Regulations under
 13 the Executive Council Act. You have that in
 14 front of you there. And, Minister, I think
 15 you were asked some questions about this the
 16 other day, so I'd like to take you back to
 17 that briefly and I believe the section that
 18 was highlighted for you the other day was
 19 Section 4, which talks about the duties and
 20 powers of the minister. And what your
 21 attention was drawn to, the first part of
 22 Section 4, "The powers, duties and functions
 23 of the minister include the supervision,
 24 control and direction of all matters related
 25 to" and then there's a list and what I'd like

Page 85

1 to take you to is the end of that section
 2 which states, I'll read it in its entirety.
 3 It says, "The powers, duties and functions of
 4 the minister include the supervision, control
 5 and direction of all matters related to"--then
 6 it goes through the list and then it says--
 7 "which are not or in so far as they are not
 8 the responsibility of another minister,
 9 agency, body, corporation, board, organization
 10 or person." I'd like to ask what your
 11 understanding of that section collectively is?
 12 MR. WISEMAN:
 13 A. As you read it altogether, then obviously it
 14 would appear to lay out my responsibilities as
 15 a minister, the caveat that's included here in
 16 this last section that you just read now,
 17 would deal with and would have envisaged the
 18 creation of such things as our Regional Health
 19 Authorities and then the Regional Health
 20 Authorities have been created as another body
 21 or corporation and would have its own, in this
 22 case, would have its own regulatory structure
 23 and legislation that would then define then
 24 more clearly how that actually--how the
 25 minister's role is divested to that body for

Page 86

1 delivery of certain services.
 2 MR. PRITCHARD:
 3 Q. Okay, so that contemplates a delegation of
 4 some of the minister's power to some other
 5 body, a corporation or -
 6 MR. WISEMAN:
 7 A. It would appear, yes.
 8 MR. PRITCHARD:
 9 Q. Okay. Minister, I'd like now to take you to
 10 the Regional Health Authorities Act, which I
 11 believe is document P-0295. Minister, I think
 12 you said in your evidence that this has
 13 recently come into force on April 1st and I
 14 think there was some commentary that it was
 15 your understanding that the Regional Health
 16 Authorities have acted very much as though
 17 this has been in power prior to April 1st,
 18 2007. And what I'd like to do is to take you
 19 to a few sections within this Act and then to
 20 invite your comment. I think the part that
 21 you were previously shown in here was Section
 22 5 which talks about ministerial directions,
 23 "The minister may give directions to an
 24 authority, including direction for the
 25 purposes that are enumerated" and then it says

Page 87

1 "an authority to which the minister gives
 2 direction under Section 1 shall comply with
 3 the directions." That's the part you were
 4 taken to previously. I want to take you now
 5 beyond that and to invite your comment on a
 6 few sections. I'm going to take you now to
 7 Section 7 which says, "An authority is a
 8 corporation without share capital for the
 9 purposes of the Corporation's Act" and
 10 Minister, what's your understanding, what are
 11 the authorities' corporations?
 12 MR. WISEMAN:
 13 A. That would be a separate autonomous body,
 14 separate legal entity.
 15 MR. PRITCHARD:
 16 Q. And just moving down now to Section 8, "The
 17 Board of Directors: The management and
 18 affairs and authority shall be directed by a
 19 Board of Trustees appointed by the minister in
 20 accordance with the regulations." So
 21 obviously we can glean from that that you
 22 appoint the Board, but could you speak
 23 generally to that section please?
 24 MR. WISEMAN:
 25 A. The minister appoints that Board and the Board

Page 88

1 then has, you know, obviously becomes the
 2 directors of that corporation and they then
 3 would then be responsible to bring around them
 4 their management team to run the day-to-day
 5 affairs of the health authority itself, and
 6 the Board would take a role with respect to
 7 policy governance verses an operational role.
 8 MR. PRITCHARD:
 9 Q. All right and now let me just take you now to
 10 Section 16, "The Responsibility of the
 11 Authority: The authority is responsible for
 12 the delivery and administration of health and
 13 community services in its health region in
 14 accordance with this Act and the regulations."
 15 Minister, what's your understanding of that
 16 section?
 17 MR. WISEMAN:
 18 A. Well they, basically the authorities then
 19 have, because of the legislative power that
 20 they've been given and as a government we
 21 provide them with the budgetary resources to
 22 be able to provide a range of services that
 23 are approved and acknowledged by the
 24 department, so by way of illustration, if an
 25 authority has a responsibility to provide a

Page 89

1 range of tertiary level services and they are
 2 identified, then the authority is provided the
 3 resources in which to do that. How they go
 4 about delivering those services and programs,
 5 in terms of, you know, the human resources
 6 they would need, the capital resources they
 7 would need, the equipment and you know, the
 8 day-to-day activities of delivering that
 9 program or associated with delivering that
 10 program, and providing that service to the
 11 people of the province, that would rest with
 12 the authority.
 13 MR. PRITCHARD:
 14 Q. Okay, and just on that point about you
 15 mentioned the budgetary tools, I'm going to
 16 take you now to Section 21 -
 17 THE COMMISSIONER:
 18 Q. Before you leave that point, I understood from
 19 the comments made, I believe by Ms. Dawe and
 20 maybe by others, that--but the question of
 21 whether or not a new service gets to be
 22 provided is yours, is it not?
 23 MR. WISEMAN:
 24 A. In a--depending on the--there's some
 25 enhancements that could be made to existing

Page 90

1 programs. We define broadly that there will
 2 be a surgical program and internal medicine
 3 will be provided, obstetrical program will be
 4 provided, but if the authority wanted to
 5 enhance some of those programs in some
 6 fashion, then they have that authority to do
 7 that, so it's a--it would be, in broad terms,
 8 the range of services to be provided by each
 9 authority would be defined by the department.
 10 THE COMMISSIONER:
 11 Q. Okay, so for example, you could say to an
 12 authority that in hospital "X" you could have
 13 a surgery department and if there is a surgery
 14 department which provides general surgery and
 15 things like that, can they, for example,
 16 decide we're going to add neurosurgery or
 17 would the department say, no, neurosurgery for
 18 this province will be done in a particular
 19 institution?
 20 MR. WISEMAN:
 21 A. The latter, we would define that neurosurgery
 22 would be done somewhere else, so they would
 23 provide it in those facilities, as defined by
 24 government.
 25 THE COMMISSIONER:

Page 91

1 Q. Okay, but could they decide, for example,
 2 we're going to add an extra theatre or
 3 whatever they now currently call operating
 4 rooms?
 5 MR. WISEMAN:
 6 A. They could make that--that would be an
 7 operational decision.
 8 THE COMMISSIONER:
 9 Q. All right, thank you.
 10 MR. PRITCHARD:
 11 Q. Minister, I'm going to follow up on that
 12 question and just seek some clarification
 13 because Mr. Ottenheimer was testifying, I
 14 asked him, you know, I think it was clear that
 15 there was a budgeting process and I think both
 16 you and your predecessors have spoken to the
 17 fact that at the end of the day, it's the
 18 department that approves the budget and may
 19 specify that there should be an operating
 20 theatre, somewhere along those lines, but what
 21 I asked him was this, I said once that money
 22 is decided upon and it gets voted on and is
 23 part of the budget and then if the money is
 24 turned over to the Health Authority, that's
 25 probably a good way to put it, what happens

Page 92

1 then? Do they do what they like with the
 2 money or do they have to follow certain
 3 constraints? How rigid is that process?
 4 MR. WISEMAN:
 5 A. The budgetary process is a--two terminologies
 6 in terms of one is a line-by-line budget
 7 process; the other is a global budget process.
 8 We don't define, for example, that the
 9 Regional Health Authority will have a surgical
 10 program and that you will have five nurses and
 11 four surgeons and you will have other supports
 12 that will be there and here's a salary for
 13 each of them, and if they retire or leave,
 14 then that salary is gone. What we provide
 15 them with is a block of money that they say we
 16 want a surgical program and the cost of that
 17 surgical program will be this much to operate,
 18 so that would be, I use the word "notionally"
 19 so we'll add that to the list and they'll
 20 identify a range of other programs that they
 21 will want and will add that to the list. At
 22 the end of the day, we will give them, you
 23 know "X" number hundreds of millions of
 24 dollars and they will then, you know, provide
 25 that range of service. But in the normal

Page 93

1 operations they might say, well, today we can
 2 use, you know, we need four nurses in the OR,
 3 so we had initially allocated a budget for
 4 having six, we're going to take that money for
 5 the other two nurses and going to use that in
 6 some other program area. The support services
 7 that they provide, you know, they'll decide
 8 whether we need, you know, "X" number--five
 9 people in the dietary service and six people
 10 in materials management and they will make
 11 those decisions themselves in how they flow
 12 that money back and forth. You know, they
 13 have a range of institutional programs,
 14 together with community programs, so if they,
 15 to provide the acute care services, they need
 16 the flexibility of being able to discharge
 17 patients out of an acute-care hospital back
 18 into the community, so therefore, they might
 19 decide that they're going to add some money to
 20 their community service budget to provide
 21 supports for people upon discharge that will
 22 allow them to actually free up some of the
 23 beds that they have in the institution to give
 24 better, you know, utilization of that bed. So
 25 they may make operational decisions of flowing

Page 94

1 money back and forth like that. But
 2 fundamentally the mandate is to provide a
 3 surgical program and to provide community
 4 services. And how they actually do that
 5 effectively, that's the management decisions
 6 and role that they play as to how they move
 7 that money around. And so there is a
 8 flexibility within the organization to deal
 9 with resources and so they have a challenge in
 10 one area today, they have the flexibility to
 11 be able to move some money from one area to
 12 another. They don't have the right, though,
 13 or the authority to say in order to do that,
 14 we have to actually cut a program. If they
 15 make a decision to cut a program in order to
 16 free up the money to move to another program,
 17 that would require departmental approval. But
 18 if they maintain the program, they have the
 19 flexibility to move the money around within
 20 their organization to respond to operational
 21 demands and changes in programs and services.
 22 MR. PRITCHARD:
 23 Q. Minister, I want to take you now to the
 24 Transparency and Accountability Act, which is
 25 document P-0292. You were asked some

Page 95

1 questions about this the other day, in
 2 particular I believe Section 4. And Section 4
 3 states that "The lieutenant governor in
 4 council shall establish criteria for the
 5 categorization of government entities as
 6 either category one, two, or three government
 7 entities." And if you move on into the Act,
 8 it talks about the categories in Section 5, 6
 9 and 7 and it appears that Section 5 requires a
 10 strategic plan every three years and then
 11 Section 2 and 3 require a less onerous plan.
 12 Minister, you were asked the other day what
 13 your understanding was of what level of
 14 accountability the Regional Health Authorities
 15 had and I believe you had an opportunity to
 16 look at that issue?
 17 MR. WISEMAN:
 18 A. Yes, they report at that highest level.
 19 THE COMMISSIONER:
 20 Q. Mr. Pritchard, I'll ask this question to you
 21 rather than the witness, really, but if you
 22 scroll back up there, if you wouldn't mind,
 23 where it says I think the lieutenant governor
 24 in council maybe, the lieutenant governor in
 25 council shall establish criteria for the

Page 96

1 categorization of government entities as
 2 either category one, two or three. I'm
 3 assuming that would be done by regulation?
 4 MR. PRITCHARD:
 5 Q. I think that's a reasonable assumption.
 6 THE COMMISSIONER:
 7 Q. Do we know if there are any regulations?
 8 MR. PRITCHARD:
 9 Q. Minister, do you know if there are any
 10 regulations?
 11 MR. WISEMAN:
 12 A. I couldn't answer that, no, I don't.
 13 MR. PRITCHARD:
 14 Q. We'll have to -
 15 THE COMMISSIONER:
 16 Q. Well could you perhaps just advise us at some
 17 point, because I think we've kind of looked
 18 and couldn't find them.
 19 MR. PRITCHARD:
 20 Q. I will check on that, Commissioner.
 21 THE COMMISSIONER:
 22 Q. Either we're not looking in the right place or
 23 perhaps they haven't been published.
 24 MR. PRITCHARD:
 25 Q. I've made note, thank you.

Page 97

1 THE COMMISSIONER:
 2 Q. Thank you.
 3 MR. PRITCHARD:
 4 Q. Minister, I want to take you now, the other
 5 day you were asked some questions about annual
 6 performance reports and I'd like to show you
 7 now, document P-0293? And, Minister, can you
 8 tell us what this document is?
 9 MR. WISEMAN:
 10 A. This would appear to be the annual report,
 11 page from an annual report of Eastern Health.
 12 MR. PRITCHARD:
 13 Q. And, Minister, you were asked the other day if
 14 this report and I believe there's actually two
 15 pages excerpted from this report that are
 16 here, made any reference to the ER/PR issue
 17 and I take it that you shared this document
 18 with us because there is a reference to the
 19 ER/PR issue?
 20 MR. WISEMAN:
 21 A. There is, in the second last paragraph there
 22 is a reference here in '06, '07 "that the
 23 estrogen progesterone testing was at the
 24 forefront of media attention and caused great
 25 concern for the public."

Page 98

1 MR. PRITCHARD:
 2 Q. All right, and I'll just show you the second
 3 page. I think in the second column, forth
 4 paragraph, there's also a reference?
 5 MR. WISEMAN:
 6 A. There is, yes. This page is headed
 7 "Opportunities and Challenges" and it says
 8 here "Eastern Health has been under increasing
 9 public scrutiny due to the internal report,
 10 the ER/PR judicial inquiry and class action
 11 lawsuit and the Burin Peninsula radiology
 12 review. These issues have undoubtedly shaken
 13 the confidence of the general public in our
 14 health care system."
 15 MR. PRITCHARD:
 16 Q. Thank you, Minister. Minister, I want to take
 17 you back now to the start of your ministry
 18 which was in January of 2007 and you were
 19 asked some questions about your briefing book
 20 and whether or not you had read it and so my
 21 question to you, just for clarification now,
 22 did you have occasion in those first months
 23 when you were Minister of Health and Community
 24 Services to read your book or look at it or
 25 what, if anything, did you do with your

Page 99

1 briefing book?
 2 MR. WISEMAN:
 3 A. The briefing book, as I indicated, is a
 4 document prepared by officials in the
 5 department to provide information to the
 6 minister. They reflect a long list of topics
 7 and issues that the department has either been
 8 dealing with today or has dealt with or
 9 anticipates that will be issues to be dealt
 10 with in the immediate future. That document
 11 is used, obviously to provide information to a
 12 minister and to assist him and establishing
 13 priorities and direction and getting a general
 14 understanding what are the issues in the
 15 department. I did have an opportunity to go
 16 through that book, but I had indicated that I
 17 hadn't read it from cover to cover, I had gone
 18 through it with a view of highlighting those
 19 things that needed some immediate attention
 20 and those that needed immediate attention, I
 21 dealt with accordingly and gave it my
 22 immediate attention. Those that didn't need
 23 any immediate action and then I would not have
 24 delved into those as much. One of the issues,
 25 as a minister, obviously you're dealing with

Page 100

1 multiple issues coming across your desk and
 2 prioritization becomes an important issue and
 3 being able to identify those things that you
 4 need to deal with today, verses tomorrow and
 5 what requires your attention right now because
 6 there's immediate action required. And so
 7 that's how I used that briefing book at that
 8 point is to inform that process. But I did
 9 review it, but I only dealt with those things
 10 that needed some immediate action.
 11 MR. PRITCHARD:
 12 Q. And, Minister, in terms of those items that
 13 required immediate action or from time to time
 14 thereafter items that would require immediate
 15 action, how would you become aware of that?
 16 MR. WISEMAN:
 17 A. Officials in the department, particularly the
 18 deputy minister or the assistant deputy
 19 minister, in, you know, the assistant deputy
 20 minister for Board Services which creates a
 21 lot of the activity, but we also have an
 22 assistant deputy minister for, you know, three
 23 other areas that if something was happening in
 24 their area of responsibility, you know, they
 25 would bring that to my attention and we would

Page 101

1 have--and deal with it appropriately at that
 2 time. But the process of bringing to the
 3 minister's attention of something, you know, a
 4 briefing note becomes one method and as I've
 5 already given evidence, you know, back at that
 6 time, briefing notes could enter a briefing
 7 book without coming to the attention of the
 8 minister, so issues that required immediate
 9 attention tend to come to the minister's
 10 attention via the deputy or one of the ADMS,
 11 rather by way of a briefing note that comes
 12 across their desks as here is something that
 13 you need to turn your attention to day. It
 14 tends to come more informally by one of the
 15 ADMS or a DM.

16 MR. PRITCHARD:
 17 Q. One of those issues, I take it, that arose or
 18 had been around for sometime was the issue of
 19 the pathologists' compensation and we have
 20 seen in evidence a letter that came about on
 21 May 16th, 2007, which is Exhibit P-0199
 22 please? Now I'm looking at a document in my
 23 book that has P-0199 on it, but it's a
 24 different document.

25 THE COMMISSIONER:

Page 102

1 Q. Well, maybe we can resolve that, this is one
 2 of ten pages, could this be -

3 MR. PRITCHARD:
 4 Q. I'm sorry, you're quite right, Commissioner,
 5 I'm looking at page 7, thank you.

6 THE COMMISSIONER:
 7 Q. Page 7.

8 MR. PRITCHARD:
 9 Q. Yes, there we go, we live in an age or
 10 miracles. Thank you. Minister, you've
 11 already spoken about this particular issue and
 12 how it was ongoing through that time, so I
 13 don't want to take you back through all of
 14 that. We've seen Mr. Abbott's name on a lot
 15 of the documentation around this particular
 16 issue, Minister, what, if any, involvement,
 17 direct involvement did you have in this
 18 particular matter?

19 MR. WISEMAN:
 20 A. When there was a report that was commissioned,
 21 associated with this issue, there was a report
 22 that had been commissioned by government to
 23 help them form the amount of the stipend or
 24 what kind of compensation would be paid to
 25 pathologists and that came into our office

Page 103

1 sometime around the end of January. You know,
 2 this was an issue that I had had some
 3 discussion with, with the deputy on because it
 4 was an issue that was being discussed between
 5 ourselves and the Department of Health and
 6 Community Services and Treasury Board, who are
 7 the arm of government that would deal with
 8 compensation related issues and any changes
 9 that would have been needed to be made, if
 10 any, to the agreement between government and
 11 the Medical Association on physician
 12 compensation. So there had been some
 13 discussion between myself and the deputy on
 14 this particular issue with respect to the
 15 compensation for pathologists.

16 MR. PRITCHARD:
 17 Q. Okay, and what was your understanding of how
 18 that issue was moving along through, you know,
 19 January, February, March, April?

20 MR. WISEMAN:
 21 A. The report itself was, the position, as I
 22 understood the process, the department had
 23 made representation or put together a position
 24 and moved forward to engage Treasury Board in
 25 discussion earlier prior to the January report

Page 104

1 coming out, and through that discussion, there
 2 was a decision that, you know, this needed to
 3 be examined a little further, some expert
 4 opinion needed to be brought into bear and
 5 that resulted in the request for that review.
 6 And that review was now to help inform what
 7 might be an appropriate stipend to be paid or
 8 what might be an appropriate compensation, so
 9 there was dialogue that occurred between the
 10 Department of Health and Community Services
 11 and Treasury Board on that issue from the
 12 period the report came in, until we actually
 13 got action.

14 MR. PRITCHARD:
 15 Q. Okay. Now this particular letter is dated May
 16 16th, 2007. This is the notification to Mr.
 17 Abbott from the Treasury Board that this
 18 proposal has been approved.

19 MR. WISEMAN:
 20 A. Yes.

21 MR. PRITCHARD:
 22 Q. I think we've seen in evidence earlier a
 23 letter of May 18th, which is the notification
 24 from the department to Dr. O'Grady approving
 25 this.

Page 105

1 MR. WISEMAN:
 2 A. Yes.
 3 MR. PRITCHARD:
 4 Q. Now, just to add one more element to that
 5 picture, we also know that the news reporting
 6 about the disclosure issues around December
 7 11th, came out on May 15th, which is the day
 8 before this letter, May 16th.
 9 MR. WISEMAN:
 10 A. Yes.
 11 MR. PRITCHARD:
 12 Q. Now, was there any impetus to this matter
 13 being resolved or at least the notification to
 14 the department from Treasury Board on May
 15 16th, as the results of the events of May
 16 15th? Is there any connection with that at
 17 all?
 18 MR. WISEMAN:
 19 A. It's coincidental, I mean the letter happens
 20 to be on the 16th. As I just laid out, there
 21 was a process that had started back well
 22 before the, I don't know the exact date, I
 23 wasn't around, but the report that came into
 24 my office from the outside consultant was
 25 sometime the end of January and so you can

Page 106

1 appreciate that there had been a discussion
 2 that preceded that date, obviously, and then
 3 the report came in and there was a dialogue
 4 taken place between the end of January and the
 5 middle of May between Treasury Board and the
 6 Department of Health as to what that should be
 7 and what might be a reasonable conclusion to
 8 the issue, so dialogue just didn't prop up
 9 between May 15th and then overnight, you know,
 10 come to a conclusion and resolve the issue.
 11 Given the fact that it had been on the go for
 12 a long time, it was just timely to have it
 13 resolved in any event.
 14 MR. PRITCHARD:
 15 Q. Okay, Minister you were asked some questions
 16 about, we've used the term the reopening of
 17 the lab, although I suppose that's not
 18 technically correct, in February and what your
 19 level of awareness was around that, and you
 20 know, whether or not you had put to your Dr.
 21 Banerjee's report and the table of what had
 22 been done in the lab and what hadn't. But
 23 just in the context of that, first of all,
 24 your understanding now, it's not the lab that
 25 opened or closed, what specifically are they

Page 107

1 talking about?
 2 MR. WISEMAN:
 3 A. Well the lab itself, the laboratory services
 4 at Eastern Health didn't close down, what
 5 happened was, as I understand it, there is an
 6 area of testing that was discontinued and the
 7 testing for ER/PR was what was discontinued.
 8 The laboratory itself, there was still a lab
 9 service within Eastern Health.
 10 MR. PRITCHARD:
 11 Q. Okay, and we've heard in evidence that that
 12 service, particular service I believe was shut
 13 down in August of 2005. And Minister, what's
 14 your understanding of who shut that service
 15 down in August of 2005?
 16 MR. WISEMAN:
 17 A. That would have been Eastern Health's
 18 decision, as I understand it. They would have
 19 been in a position, you know, they had the
 20 expertise to make that judgment call that it
 21 wasn't safe and they shut it down.
 22 MR. PRITCHARD:
 23 Q. And whose decision was it to reopen that
 24 service?
 25 MR. WISEMAN:

Page 108

1 A. It would have been Eastern Health.
 2 MR. PRITCHARD:
 3 Q. And issues such as quality control in
 4 particular labs, quality assurance, are those
 5 matters of which the department would normally
 6 be concerned?
 7 MR. WISEMAN:
 8 A. These are matters that, the word "concerned"
 9 obviously we would want to make sure that
 10 there's quality programs out there and there's
 11 a quality assurance program, so there is a
 12 concern, but in terms of having a
 13 responsibility to maintain quality control
 14 programs and to do the monitoring and to make
 15 the corrective action when trends are
 16 identified as being problematic, then that
 17 would be an operational issue that the
 18 authorities would deal with.
 19 MR. PRITCHARD:
 20 Q. Now, Minister, just on that issue of the ER/PR
 21 service in the lab, I think you indicated in
 22 your evidence that you had a meeting on May
 23 15th. You had a meeting on May 15th, but
 24 before you went to the House, you had another
 25 meeting and some of your officials and Mr.

Page 109

1 Tilley were present and you sort of were
 2 briefed on this issue as it was unfolding at
 3 that time, is that correct?
 4 MR. WISEMAN:
 5 A. I was, that's true.
 6 MR. PRITCHARD:
 7 Q. And I think it was your evidence that you had
 8 spoken about a number of things and one of
 9 them was that you were given to understand by
 10 Mr. Tilley at that time that all of the
 11 recommendations in respect of the lab had been
 12 implemented.
 13 MR. WISEMAN:
 14 A. That was the impression I had.
 15 MR. PRITCHARD:
 16 Q. Okay, now when you were taken through the
 17 chart the other day, Dr. Banerjee's chart and
 18 we saw some of the things had been
 19 implemented, some of them were in the process,
 20 some of them weren't agreed with. Did you
 21 have that kind of a discussion about it with
 22 Mr. Tilley? Did he indicate, you know, there
 23 were some shades to this, that some things had
 24 been done, some things had not been done, some
 25 things were in the works or was it more of

Page 110

1 just a blanket statement, do you recall?
 2 MR. WISEMAN:
 3 A. Blanket statement. The grid that I was shown
 4 the other day wasn't something that I had in
 5 my office until sometime around the end of May
 6 that that profile had been submitted, at least
 7 to me.
 8 MR. PRITCHARD:
 9 Q. Now, in terms of your officials, for example,
 10 your deputy minister was Mr. John Abbott, did
 11 you ever ask or have occasion to ask Mr.
 12 Abbott when he became aware of the fact that
 13 there was a discrepancy between what the
 14 department had been told on November 23rd,
 15 2006 would be disclosed and what was actually
 16 disclosed on December 11th, 2006? Did you ask
 17 him when he became aware of that discrepancy?
 18 MR. WISEMAN:
 19 A. I don't recall ever asking that question
 20 directly like that.
 21 MR. PRITCHARD:
 22 Q. Did you make that inquiry of any other
 23 officials in your department?
 24 MR. WISEMAN:
 25 A. No, I did not.

Page 111

1 MR. PRITCHARD:
 2 Q. Okay and one of the things you said, you
 3 didn't spend a lot of time at that meeting on
 4 the 15th taking about what had happened back
 5 in 2005 because, you know, that had happened
 6 and there was nothing you could do about it at
 7 that point. You've been asked some questions
 8 by my colleagues, however, about the decision
 9 that was made by Mr. Ottenheimer and I want to
 10 ask you, Mr. Ottenheimer made a statement when
 11 he was here and he said that one of the things
 12 that he had been told in that period of time,
 13 July and August of 2005, one of the factors
 14 that had come up at the meetings, was on the
 15 one hand there was his agitation to disclose,
 16 but on the other hand, people were saying,
 17 well, you know, we don't have all the
 18 information, we don't have all the facts at
 19 this point in time; therefore, we need to
 20 wait. And he made this statement when he was
 21 sitting there, that in his view, it would have
 22 been preferable to disclose earlier, even if
 23 all the information were not available. Is
 24 that your view, Minister?
 25 MR. WISEMAN:

Page 112

1 A. I think I've been pretty clear on my view of
 2 the events of the fall of 2005 or the summer
 3 of 2005, that there should have been a full
 4 disclosure at that time.
 5 MR. PRITCHARD:
 6 Q. I wonder if the Minister could be shown
 7 document P-0291?
 8 THE COMMISSIONER:
 9 Q. Mr. Pritchard, we've kind of gone past the
 10 time for normal break.
 11 MR. PRITCHARD:
 12 Q. Yes, we have.
 13 THE COMMISSIONER:
 14 Q. Would you prefer to have the break now or do
 15 you want to finish your questioning before we
 16 do that? I'll leave that to your judgment.
 17 MR. PRITCHARD:
 18 Q. I have a few more questions, so perhaps this
 19 is a suitable time to take a break.
 20 THE COMMISSIONER:
 21 Q. All right, we'll take fifteen minutes.
 22 (RECESS)
 23 THE COMMISSIONER:
 24 Q. Please be seated. Mr. Pritchard.
 25 MR. PRITCHARD:

Page 113

1 Q. Thank you, Commissioner. Minister, just
 2 before I asked you about the documents on the
 3 screen, just going back now, one last question
 4 about the meeting that you had with your
 5 officials and Mr. Tilley on the 15th, you
 6 indicated in your evidence that at some point
 7 you had come to understand from Mr. Abbott
 8 that the external reviews that had been done
 9 were reviews that were protected under the
 10 Evidence Act and I wasn't clear, was it your
 11 evidence that that was an issue that was
 12 discussed at the May 15th meeting or was that
 13 another occasion that Mr. Abbott had told you
 14 that?
 15 MR. WISEMAN:
 16 A. That would have come up at some other
 17 occasion. I don't recall that being the topic
 18 of conversation at--on the 15th.
 19 MR. PRITCHARD:
 20 Q. Would that have been before the 15th or after?
 21 MR. WISEMAN:
 22 A. Oh, after the 15th, yes.
 23 MR. PRITCHARD:
 24 Q. Okay, and Minister on the screen now is a
 25 document P-0291. It's an attachment, actually

Page 114

1 that I want to take you through but this e-
 2 mail, in any event, is from Robert Thompson to
 3 a series of individuals. You are not one of
 4 them, so I don't expect that you have seen
 5 this e-mail. It's really the subject matter
 6 of the e-mail I want to ask you about and this
 7 is a discussion about the different types of
 8 inquiries or investigations that could be
 9 conducted and this is a draft document, it
 10 says "Options to Conduct a Review". I'd just
 11 ask you to have a look at that for a moment.
 12 And you can, I can scroll that down for you,
 13 it goes on for a couple of pages about
 14 different options.
 15 THE COMMISSIONER:
 16 Q. Minister, you have your own mouse there if you
 17 wish to control it.
 18 MR. PRITCHARD:
 19 Q. Or I can -
 20 MR. WISEMAN:
 21 A. You can bring my attention to it.
 22 MR. PRITCHARD:
 23 Q. All right, so it talks about there are four
 24 options for consideration, two legislated, two
 25 non-legislated. It talks about legislated and

Page 115

1 it gives the Commission of Inquiry or a part-
 2 two inquiry and then further down it talks
 3 about non-legislative reviews and independent
 4 review and a consultant review. Now again,
 5 you were not a party to this particular e-
 6 mail, but Minister, was that a discussion of
 7 those sort of options? Were you aware of that
 8 type of discussion taking place?
 9 MR. WISEMAN:
 10 A. There was that discussion, yes, I don't recall
 11 seeing the document you're showing me, but
 12 that discussion, because I had indicated
 13 earlier that we had contemplated a review and
 14 we were exploring options, I think I made that
 15 reference that that surfaced probably as early
 16 as the 17th or so of May of last year, that
 17 that kind of a discussion evolved.
 18 MR. PRITCHARD:
 19 Q. All right and Minister, at the end of the day,
 20 obviously the decision was made to go with one
 21 of those particular options, a Commission of
 22 Inquiry.
 23 MR. WISEMAN:
 24 A. Yes.
 25 MR. PRITCHARD:

Page 116

1 Q. What is your understanding about why that
 2 particular option was picked in
 3 contradistinction to these other options?
 4 MR. WISEMAN:
 5 A. It was decided that this kind of an inquiry
 6 that we're having here today would provide a
 7 greater insight, it would provide a greater
 8 power to the Commissioner to be able to, you
 9 know, subpoena the evidence, subpoena
 10 individuals to provide evidence, to provide
 11 documentation, to do a much more a thorough
 12 review on a broader range of issues and that's
 13 why we chose what we did.
 14 MR. PRITCHARD:
 15 Q. Okay, and that was Cabinet that made that
 16 decision, is that correct?
 17 MR. WISEMAN:
 18 A. Yes.
 19 MR. PRITCHARD:
 20 Q. And, Minister, you've been asked on several
 21 occasions now and at some length about the
 22 statements that you made about your
 23 understanding that all patients had been
 24 contacted, you were shown several briefing
 25 notes which indicate that all patients had

Page 117

1 been contacted and you were shown public
 2 statements that you had made that all patients
 3 had been contacted and you spoke about that.
 4 And, Minister, your belief that all patients
 5 had been contacted emanates from where?
 6 MR. WISEMAN:
 7 A. From Eastern Health, they were, you know, very
 8 clear through that period that they had made
 9 contact with all patients and I was--my public
 10 comments were base on that reassurance from
 11 Eastern Health. As I said before, you know,
 12 that was very--I was emphatic each time it
 13 was, in fact we had an exhibit shown this
 14 morning where in fact the communications'
 15 director was even suggesting that the--the
 16 physicians who were supposed to have made
 17 contact, that was even confirmed, so that
 18 level of reassurance kept coming to suggest
 19 that that contact had already been--always
 20 been made. So with that in mind, I made my
 21 comments.
 22 MR. PRITCHARD:
 23 Q. And, Minister, yesterday you were asked
 24 questions by one of my colleagues, Mr.
 25 Simmons, about your understanding about some

Page 118

1 of the difficulties that Eastern Health had in
 2 terms of the records coming from different
 3 hospitals and collected on different systems
 4 over different times and how far back some of
 5 those records dated. When you were told, and
 6 the word you used was "emphatic" that all
 7 patients had been contacted, were you made
 8 aware of those qualifications?
 9 MR. WISEMAN:
 10 A. There were no qualifications at all to those
 11 kinds of statements. The qualifications
 12 started to surface, and I just forget the date
 13 now, but it was shown to me yesterday, an e-
 14 mail that was around the first week or so of
 15 June where there was, Robert Thompson was, you
 16 know, indicating that they're now starting to
 17 qualify or provide some qualifiers to the
 18 document, the information that they were
 19 supplying, but prior to that there was no
 20 qualifier to the statements at all, they were
 21 pretty emphatic that everybody had been
 22 contacted.
 23 MR. PRITCHARD:
 24 Q. Now, earlier this morning, Minister, I think
 25 you said that you didn't like the use of the

Page 119

1 word "mislead" because of the motive that that
 2 imputed. Can you explain what you mean by
 3 that, please?
 4 MR. WISEMAN:
 5 A. Well, I mean, obviously I can--I'd make--I can
 6 acknowledge statements of fact if I knew
 7 something or didn't know something or
 8 information that was shared with me as being--
 9 and I repeated what was shared with me. The
 10 basis for why they shared that information
 11 with me or the--why they didn't share
 12 something else or why they didn't qualify the
 13 information they gave me, just I would have to
 14 speculate as to why that would be. And if
 15 that, one of the speculations is to speculate
 16 about whether or not someone mislead me or
 17 not, I'm not in a position to--that's caused
 18 me to speculate and I--but I can only speak to
 19 the facts as I understand them.
 20 MR. PRITCHARD:
 21 Q. Okay. So fair enough then, you don't--you're
 22 not suggesting you were mislead by Eastern
 23 Health. But whether it was inadvertence or
 24 whatever the reason, do you have an
 25 understanding now of why the information that

Page 120

1 you were given was not factually correct?
 2 MR. WISEMAN:
 3 A. I mean, I now have an understanding of the
 4 challenges that the Centre for Health
 5 Information is having on trying to reconcile
 6 the numbers and so I can understand now the
 7 challenges that they would have had in pulling
 8 together the information. But I can't
 9 understand why someone would tell me
 10 emphatically that something was, in fact, the
 11 case, without providing me with some qualifier
 12 if they, in fact, understood that there was
 13 some qualifiers needed to be provided to put
 14 the information in some kind of context.
 15 MR. PRITCHARD:
 16 Q. Okay. So once--I think you mentioned earlier
 17 there's an e-mail exchange and some discussion
 18 with Robert Thompson and there's an expression
 19 of uncertainty about the numbers that you're
 20 getting and the response to that uncertainty
 21 is to do what?
 22 MR. WISEMAN:
 23 A. Well, what we did was we, just so we could get
 24 a sense of, you know, how--where this
 25 information was coming from and how they were

Page 121

1 recording it, we had two officials from the
 2 Department of Health and Community Services
 3 visit Eastern Health to start looking at some
 4 of the documentation that was actually being
 5 used to supply information to the department.
 6 And as a result of those two officials going
 7 in and spending a little bit of time there
 8 looking at what was in place and what
 9 information had been documented and how it had
 10 been documented, they came out and said, you
 11 know, we don't have the ability to start to
 12 reconcile this and the information that we saw
 13 is too incomplete and the information that we
 14 saw would not give us the ability to be able
 15 to reconcile these numbers in any fashion, so
 16 it requires a much different, a much larger
 17 task. These individuals weren't people who
 18 were--you know, they have some, you know,
 19 sense of background in the department and in
 20 managing files and bring a certain expertise
 21 to play, but they're not experts in data
 22 management and they would have just reviewed
 23 documentation to see if it would have gleaned
 24 any--would have provided them with any kind of
 25 insight and gleaned some information from it.

Page 122

1 MR. PRITCHARD:
 2 Q. Minister, we know that we've heard in evidence
 3 that, you know, these events are the genesis
 4 of the Newfoundland Centre for Health
 5 Information being tasked to produce this
 6 database and we heard from Mr. Simmons about
 7 Eastern Health's interest in that project, as
 8 well and we have now had the opportunity to
 9 view the fruits of some of that work. But as
 10 time has evolved and you have become aware of
 11 the difficulties that have lead to the
 12 necessity for this database what have you
 13 done, what, if anything, have you done or the
 14 department done to try and address those
 15 problems to see that this situation doesn't
 16 arise again?
 17 MR. WISEMAN:
 18 A. Well, one of the--the couple of things we've,
 19 back in February we made some announcements
 20 about some investments we want to make in
 21 information management, Eastern Health \$2.1
 22 million. We've also, from a policy
 23 perspective, insured that in future events
 24 such as this there's a very different process
 25 put in place, and I think I read in the record

Page 123

1 yesterday, you know, what was in that release
 2 that went out in February 22nd which talked
 3 about the, you know, designating a person to
 4 be--the point person to be responsible for it,
 5 putting data management people in place to
 6 insure that we had good data collection and an
 7 ability to be able to verify and audit the
 8 information that would come out of this kind
 9 of a process. I also went on to elaborate
 10 some of the other pieces that we've added to
 11 that since then in terms of the feedback loop
 12 back into the Department of Health and
 13 Community Services and issues around
 14 coordination if there's more than one
 15 authority involved. So in terms of an
 16 approach to managing an event like this,
 17 should it arise, we've started to address some
 18 of those issues through that process. On the
 19 broader issue and some of the issues around
 20 ER/PR, you know, the mandatory accreditation
 21 of laboratory services I think will help
 22 strengthen the, some of the quality control
 23 pieces that we've planned in our labs. And
 24 there's some other issues that we talked about
 25 with respect to, you know, looking at across

Page 124

1 our four authorities some of the things we're
 2 doing with respect to quality assurance and
 3 quality programs through a quality network
 4 that we'll put in place now to start doing a
 5 profile of what a current--is best practice
 6 from a quality perspective in our authorities.
 7 MR. PRITCHARD:
 8 Q. Okay. And could we have a look now at
 9 document P-0128, page 60, please, page 61,
 10 please? Minister, this is the announcement, I
 11 think, that you're referring to. And -
 12 MR. WISEMAN:
 13 A. Yes.
 14 MR. PRITCHARD:
 15 Q. At the bottom of the page, this page 2--sorry,
 16 just go back a page there. Here we go, this
 17 is the announcement here. And then we have
 18 the backgrounder?
 19 MR. WISEMAN:
 20 A. Um-hm.
 21 MR. PRITCHARD:
 22 Q. There's a couple of items in the backgrounder,
 23 so the first item is the 1.3 million. Can you--
 24 -well, it says, "The Provincial Government is
 25 investing 2.7 million." Can you just explain

Page 125

1 what that is all about?

2 MR. WISEMAN:

3 A. That's the total investment that we've made in
 4 response to the issue to what we've learned
 5 from the ER/PR issue that we've been dealing
 6 with in the last, well, since May of last
 7 year. And it itemizes a variety of
 8 initiatives which is 1.3 for Eastern Health to
 9 consolidate clinical information systems.
 10 There's \$500,000 to the other regional health
 11 authorities to conduct an information
 12 management capacity assessment. There's a
 13 \$270,000 allocation for new data management
 14 personnel. It goes on to talk about the
 15 policy that I just talked about with respect
 16 to the, you know, how we handle adverse events
 17 such as this in the future. It goes on to
 18 talk about \$175,000 investment for Eastern
 19 Health to implement a training and quality
 20 assurance--training and education in quality
 21 assurance activities in the IHC area of the
 22 lab. And this funding will be allowed to--or
 23 provided, rather, for pathologists and
 24 technologists to participate in relevant
 25 training programs each year. And it'll also

Page 126

1 allow for external reviewers to visit Eastern
 2 Health to review this laboratory, this area of
 3 the laboratory. And it also talks about a
 4 \$100,000 investment that will be used to help
 5 start a process to get the mandatory
 6 accreditation started for the diagnostic
 7 services.

8 MR. PRITCHARD:

9 Q. Okay.

10 MR. WISEMAN:

11 A. So that's the kind of, the details surrounding
 12 that dollar figure that you just pointed out.

13 MR. PRITCHARD:

14 Q. Okay. Minister, I'd like now to show you an
 15 e-mail that is document P-0226. Minister,
 16 this is an e-mail that we saw the other day.
 17 I'll just go to the bottom to sort of take you
 18 up through it to give you some context here.
 19 First of all, the department's communications
 20 person, Tansy, she's forwarding on a note it
 21 says, "Please see attached ad developed by
 22 Eastern Health which they plan to put in
 23 Saturday's Telegram along with community
 24 newspapers next week. Their purpose is to
 25 advise the public that patients were informed

Page 127

1 of ER/PR testing throughout this process."
 2 And then one of the recipients of that e-mail,
 3 I believe, is Elizabeth Matthews. And she
 4 makes some editorial comments about the middle
 5 of the page, she says, "My only comment would
 6 be in the second paragraph," she has some
 7 editorial suggestions. And then that's
 8 forwarded on and someone else apparently
 9 agrees with Elizabeth Matthews' comments.
 10 Minister, is this normal for the Premier's
 11 office and Department of Health and Community
 12 Services to be so involved in editing an
 13 Eastern Health advertisement or news release?

14 MR. WISEMAN:

15 A. No, this would be, in fact, the department
 16 itself wouldn't normally be involved in
 17 editing any of that kind of stuff that would
 18 have come out of Eastern Health, so definitely
 19 the Premier's office would not normally be
 20 involved in this kind of editing process.

21 MR. PRITCHARD:

22 Q. Okay. So what reason would there be for this
 23 level of involvement in this particular
 24 instance?

25 MR. WISEMAN:

Page 128

1 A. I think the, you know, this speaks to the
 2 concern that government has around the, you
 3 know, what information was being communicated
 4 to the public at this time and making sure
 5 that, you know, whatever, you know, we've--
 6 what we're saying reflects what was known at
 7 that particular time. And so this, the ad
 8 that we've got here that's been in question is
 9 a reflection of what government understood to
 10 be the position of both Eastern Health at that
 11 particular point.

12 MR. PRITCHARD:

13 Q. Okay. Now, I want to ask a few questions
 14 about conversations that you may or may not
 15 have had with some people. Let me start by
 16 asking, since this matter, I guess, became
 17 emerged in the news for yourself on May 15th,
 18 have you had occasion to discuss it with the
 19 Premier and what would be the nature of those
 20 discussions?

21 MR. WISEMAN:

22 A. I mean, since last year, I mean, there's been,
 23 this has been an issue that's been very much
 24 in the public domain, an issue that we've
 25 talked about intensely within our Cabinet.

Page 129

1 And it's a conversation that I've with the
 2 Premier on any number of occasions in terms
 3 of, you know, the detail that we went through
 4 last year in May, since that time in terms of
 5 commentary about, you know, the progress we're
 6 making with the database that Robert is doing
 7 or some issues around communication that might
 8 be occurring and comments that I may be making
 9 with respect to the process. You know,
 10 there's been, we've had some conversations
 11 around some public comments that have been
 12 made around government's involvement with
 13 this. For example, very recently there was a,
 14 couple of weeks ago, week or so ago I had
 15 occasion where I was, you know, I had called a
 16 press conference to correct some statements
 17 that had been made with respect to, you know,
 18 the Premier's own knowledge and actions, you
 19 know, so him and I would have had a
 20 conversation about that very recently where we
 21 had to, you know, the leader of the opposition
 22 party was making statements that, you know,
 23 accused the Premier of withholding information
 24 that he personally had, those sort of
 25 statements. So him and I would have had a

Page 130

1 conversation around that, and therefore, you
 2 know, that followed, was followed by my, you
 3 know, making that kind of corrective statement
 4 in public. So we would have had, you know, a
 5 range of kind of conversations both from an
 6 information, you know, providing information
 7 as was the case last year in May to since that
 8 time periodic comments that we would have as a
 9 part of other discussions to give him some
 10 comment around, you know, what was happening
 11 with the work being done or any kind of public
 12 comments that were being made about the issue
 13 and what government might be doing or not
 14 doing about it.

15 MR. PRITCHARD:
 16 Q. Okay. Minister, you were also questioned at
 17 some length yesterday about conversations that
 18 you might have had with Mr. Dawe in connection
 19 with the Canadian Cancer Society. And I just
 20 want to be clear on that point. You don't
 21 have any distinction recollection of having
 22 had a particular conversation or indeed not
 23 having had any particular conversation, you
 24 just don't remember?

25 MR. WISEMAN:

Page 131

1 A. No, my point is I just don't recall.
 2 MR. PRITCHARD:
 3 Q. You just don't recall, okay. And I think that
 4 you were shown a particular e-mail that you
 5 were sent by Darrell Hynes during the time
 6 that you were the parliamentary secretary for
 7 the Minister of Health and Community Services.
 8 And what I really wanted to ask you about was
 9 your experience as parliamentary secretary.
 10 Are you in a position to off any comment to
 11 how your experience a parliamentary secretary
 12 would compare with others, were you treated as
 13 the parliamentary secretary different than
 14 other parliamentary secretaries or was it
 15 typical?

16 MR. WISEMAN:
 17 A. As I've said at the very beginning, the role
 18 of parliamentary secretary is not one that's
 19 necessary well defined in a position
 20 description where every single person who
 21 becomes a parliamentary secretary hears
 22 exactly what you do. You know, the role that
 23 you have is in support to the Minister and in
 24 support in his role as the Minister of the
 25 department, and so upon, you know, being

Page 132

1 appointed to that kind of position or working
 2 with the Minister one of the things you will
 3 do is, you know, develop a working
 4 relationship with that Minister, you come to
 5 an understanding of what support you might be
 6 able to provide, what your role might be.
 7 Sometimes as it was in my case was to take a
 8 lead role on behalf of government, pardon me,
 9 on a particular file and that would, you know,
 10 be your primary focus and then additional
 11 supports you might provide would be, you know,
 12 as a result of that relationship you would
 13 have with that Minister. So it's, you might
 14 find that some other parliamentary secretary
 15 might describe a different role and that will
 16 vary and as my role with each of the
 17 Ministers, there were slight variations in the
 18 three Ministers that I worked with during that
 19 period, as well, so that that would vary.

20 MR. PRITCHARD:
 21 Q. And I think you mentioned yesterday, just
 22 moving along a bit now, that Robert Thompson
 23 in his capacity, he reports to Executive
 24 Council?

25 MR. WISEMAN:

Page 133

1 A. Yes, he's secretary to Cabinet.
 2 MR. PRITCHARD:
 3 Q. He doesn't report to the Department of Health
 4 and Community Services. And there was a
 5 question yesterday about if you had ever asked
 6 for copies of the external reviews and if Mr.
 7 Thompson had asked for external reviews. He
 8 never share that with you, did he, that he -
 9 MR. WISEMAN:
 10 A. He may very well have.
 11 MR. PRITCHARD:
 12 Q. Minister, one of the things you were asked
 13 about yesterday was the breadth of the
 14 Department of Health and Community Services.
 15 And I didn't get a clear understanding. Has
 16 the ambit of that department, its
 17 responsibilities and the areas that it covers,
 18 has that changed greatly over the years, can
 19 you offer comment on sort of how that has
 20 evolved, if indeed it has evolved?
 21 MR. WISEMAN:
 22 A. It's probably not been a whole lot of change.
 23 I mean, I speak to my own experience in the
 24 health system going back to 1985. Back at
 25 that point the Department of Health and

Page 134

1 Community Services was still responsible for
 2 the acute care sector of the province and
 3 acute care boards. It had a responsibility
 4 for the long-term care homes. There would
 5 have been the community support services would
 6 have been still the responsibility of the
 7 department, but they were, those services and
 8 programs were delivered directly by the
 9 department, they weren't delegated out to a
 10 regional health authority. So fundamentally,
 11 you know, within the regional health
 12 authorities their structures have change
 13 significantly and there's been consolidations,
 14 two or three versions of that. But
 15 fundamentally acute care services, long-term
 16 care services and community-based programmings
 17 have been a part of the Department of Health
 18 and Community Services, although it may be
 19 operationalized by different board structures,
 20 but fundamentally it's been the role of the
 21 department since my memory, going back to '85.
 22 Back 10 or 12 years ago there was some
 23 additional things that came a part of the
 24 department, which is Child Youth and Family
 25 Services and Early Learning and Child Care,

Page 135

1 that would have become a part of the
 2 department's responsibility 10 or 12 years
 3 ago. But fundamentally the level of activity
 4 may have increased, but the scope of the
 5 service and scope of the department hasn't
 6 changed for many, many years.
 7 MR. PRITCHARD:
 8 Q. Okay. I'm getting down to my last few
 9 questions, Minister. Just sort of looking
 10 back now over the last year since May 15th of
 11 '07, it's not a year yet, since that period of
 12 time and over the course of the year you have
 13 had occasion, I guess there have been three
 14 occasions, four including yesterday, where you
 15 have reported to the public on developments.
 16 And my question is why have you chosen to
 17 disclose in that manner as opposed to waiting
 18 and, you know, maybe giving a big report. In
 19 April--you've come out several times, made
 20 disclosures, you sometimes haven't had a
 21 complete picture but you've presented what you
 22 had. Why have you chosen that method of
 23 disclosure?
 24 MR. WISEMAN:
 25 A. Well, if we go back to comments I would have

Page 136

1 made last year in May and onward in terms of
 2 the need for, you know, full disclosure, and
 3 this is an issue that impacted a lot of people
 4 themselves, it's an issue of major interest
 5 and concern to the people of Newfoundland and
 6 Labrador and I believed it was important as we
 7 were doing some work--I'd indicated we'd
 8 launched the task force last year and as we
 9 moved forward with some of the work of that
 10 task force in trying to gain an understanding
 11 of, you know, who's been impacted here and
 12 trying to find out who had the information
 13 communicated to them. As I became aware of
 14 information, I believed it was important and
 15 the people of the province, the message I
 16 received loud and clear was that there was a
 17 desire to have that kind of information when I
 18 was aware of it. So what I've tried to do
 19 throughout that process, both in November,
 20 February and again in March and the other day
 21 to, as we became aware of information, to
 22 share it. There's a balance sometimes here
 23 because one of the things that each time we've
 24 come out with information, there's been
 25 subsequent questions that have followed and,

Page 137

1 you know, what other information might we get
 2 or there's some questions that are still
 3 unanswered, but it's an evolving process. So
 4 it was a judgment call to provide it in that
 5 fashion versus wait until at the end of it,
 6 maybe we could be here today summarizing
 7 everything we've gleaned since last year in
 8 July. But there was a judgment call to share
 9 that as we knew it and advise it as a piece of
 10 work in progress and if new information became
 11 available, we'd share it at that time. So it
 12 may look like it came out in bits and pieces,
 13 but by virtue of how the work was progressing
 14 and that's how we provided the updates.

15 MR. PRITCHARD:
 16 Q. Minister, you've been good enough to answer my
 17 questions and many other questions over the
 18 last few days. Now I'd like to ask if there's
 19 anything that you would like to say?

20 MR. WISEMAN:
 21 A. The last, I mean, hopefully over the last two
 22 and a half days or so, you know, some of my
 23 comments have been able to, you know, shed
 24 some light on at least what I've been involved
 25 with with this file since last year, May, and

Page 138

1 some of the involvement that, on behalf of
 2 government, and government has done in trying
 3 to, you know, respond to the issues in and
 4 around ER/PR. And but as we--and the
 5 Commission will go on for some time yet and
 6 there'll be lots of discussions around
 7 briefing notes, lots of discussions around
 8 numbers and phone calls and those sorts of
 9 things. I'll repeat something that I said
 10 some time ago in, it was probably back in
 11 February month, you know, behind all of these
 12 statistics and all of these numbers and all of
 13 this discussion around the flow of
 14 information, the people who gave testimony
 15 here in the first few days of this Inquiry are
 16 the important people here and their lives and
 17 their families and unfortunately those that
 18 are not with us because of their untimely
 19 death. And one of the things that as we've
 20 gone through this process, as I've gone
 21 through this process in the last eight or ten
 22 months, that's never been lost on me in as
 23 much as this is a, in some respects, a
 24 clinical review of a process, but one of the
 25 things that I've never lost sight of, this is

Page 139

1 about people. And we know that there's 1013
 2 in particular, but there's many more than that
 3 because there are many families who have been
 4 impacted by this issue. And for the entire
 5 province today it's important that they
 6 understand what happened here and the lessons
 7 we learn from this exercise and that's why
 8 this Inquiry is a very important process. And
 9 it's critical that we have, you know, as we
 10 talk about this issue, glean from it as much
 11 as we possibly can so that we can improve on
 12 what we now do today. Because we have the,
 13 you know, the--I made some comments about
 14 confidence in our health system, but at the
 15 same time more importantly we've got, you
 16 know, the quality of life, the quality of
 17 health services that are provided to the
 18 residents of this province, you know, is
 19 something that's uppermost in our minds here.
 20 And anything that we can glean from this
 21 process to help inform us as a government,
 22 help inform our authorities to make that
 23 improvement, I think it's important and
 24 critical. And hopefully any comments I may
 25 have made might have in some small way

Page 140

1 contributed to that.

2 The issue of--the other point I want to--
 3 and you asked me a question about it a moment
 4 ago and I want to repeat it again, because a
 5 question was posed of me and, in fact, Ms.
 6 Chaytor posed a question a couple of days ago
 7 and I answered it here but she gave me reason
 8 to reflect for quite some time after and I
 9 hadn't forgotten the question, when she talked
 10 about my public comments last year and what I
 11 might have said around the fact that everybody
 12 had been tested and whether or not that would
 13 have had an impact on someone inquiring about
 14 their current status. Anything that I shared
 15 in the public domain last year or I share in
 16 the public domain today or ever in my role as
 17 a Minister is based on the information that's
 18 made available to me. And there's a heavy
 19 reliance, as I've said in the past, for the
 20 information that comes to me. But at the same
 21 time the information that I shared last year
 22 and as much I said here the other day and I'm
 23 acknowledging again today, that the
 24 information that I did share last year that
 25 everybody else, everybody had been contacted,

Page 141

1 I now know today and knew recently, confirmed
 2 recently that that was not, in fact, the case.
 3 As I shared it last year, I shared it based on
 4 the best information that I had, based on
 5 information that had been provided to me in a
 6 very reassuring way. And I would never, ever,
 7 ever in my role as a Minister, in my role as a
 8 parliamentarian ever share information in the
 9 public domain that would have--would be
 10 misleading or inaccurate and to do it
 11 intentionally. And if, you know, the--in
 12 areas where it has a profound impact on the
 13 health of an individual or the health of a
 14 population or an impact on a large number of
 15 people, obviously this, you know, it's
 16 something that I would take quite seriously,
 17 my role as a Minister, and I would never, ever
 18 make comment or provide advice or information
 19 that would be misleading, that would have a
 20 detrimental impact on anybody in this
 21 province. So it was an important question she
 22 posed. It's prompted me to reflect since
 23 there. It was a powerful question. But I can
 24 say with honesty and sincerity that anything
 25 that I shared in the public domain last year,

Page 142

1 comments I made on behalf of government, based
 2 on information that was shared with me has
 3 been factual and I shared it as it was shared
 4 with me and I took on its face as being
 5 factual information because I had a trust and
 6 faith in its source. That's been shaken. I
 7 now know it was inaccurate.
 8 And hopefully this process we're going
 9 through here now will make sure that what's
 10 been experiences by these 1013 people will
 11 never, ever have to be experienced by anyone
 12 else in this province ever again. This
 13 process can only lead to strengthen what it is
 14 we now do. I think all of us can take some
 15 valuable lessons from what we'll learn from
 16 this process. And as a government we've made
 17 some announcements thus far. In fact, I've
 18 added some things to my comments to Ms.
 19 Chaytor yesterday that I've learned, what I've
 20 learned from this process here as we've been
 21 talking, what I learned from her questions to
 22 me back in March. And if over the course of
 23 the follow coming weeks that new information
 24 surfaces that we can learn from and requires
 25 some action by government, then my commitment

Page 143

1 is to take that immediate action and to
 2 implement the changes that will be necessary
 3 to improve. And that's what this is, a
 4 learning process. If we can walk away from--
 5 and participate in this process and walk away
 6 from it as an exercise to open our eyes, to
 7 enlighten us, to give us some new insights
 8 that'll improve the health system, then I
 9 think the people of Newfoundland and Labrador
 10 will be better for that, and that's the intent
 11 of the Inquiry.
 12 MR. PRITCHARD:
 13 Q. Thank you, Minister. I don't have any further
 14 questions for you.
 15 THE COMMISSIONER:
 16 Q. Thank you, Mr. Pritchard. Ms. Chaytor, do you
 17 have anything arising?
 18 CHAYTOR, Q.C.:
 19 Q. I do have a few questions.
 20 THE COMMISSIONER:
 21 Q. Okay.
 22 MR. ROSS WISEMAN, EXAMINATION BY SANDRA CHAYTOR, Q.C.:
 23 CHAYTOR, Q.C.:
 24 Q. Minister, we'll try and get you out of here as
 25 quickly as possible.

Page 144

1 MR. WISEMAN:
 2 A. That's quite okay.
 3 CHAYTOR, Q.C.:
 4 Q. I'll start at the back and work forward. So
 5 the most recently question that I'd like to
 6 clarify with you concerns P-0128, page 62.
 7 This was the news release that Mr. Pritchard
 8 brought to your attention concerning the new
 9 investment in the information management.
 10 MR. WISEMAN:
 11 A. Uh-hm.
 12 CHAYTOR, Q.C.:
 13 Q. And my first question on this is the
 14 \$270,000.00 will be allocated for new data
 15 management personnel.
 16 MR. WISEMAN:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. Who are they, what data management personnel
 20 or what new personnel have been identified
 21 that weren't in place originally?
 22 MR. WISEMAN:
 23 A. I wouldn't be able to answer that question for
 24 you specifically because it's about a very
 25 specific question. I wouldn't be able to

Page 145

1 answer that.
 2 CHAYTOR, Q.C.:
 3 Q. So this is --
 4 MR. WISEMAN:
 5 A. We would allocate the funding and the
 6 authority would then pull together the
 7 skillsets that they would need to enhance what
 8 they already have in place. I wouldn't be
 9 able to tell you exactly what that would be.
 10 CHAYTOR, Q.C.:
 11 Q. So this would be Eastern Health would have
 12 indicated to government personnel that were
 13 required?
 14 MR. WISEMAN:
 15 A. Yeah.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. If you come down under quality
 18 assurance and monitoring, "The provincial
 19 government has approved \$175,000.00 per year
 20 for Eastern Health to implement education,
 21 training, quality assurance activities in IHC.
 22 In particular, this funding will allow for
 23 pathologists and technologists to participate
 24 in relevant training programs". I'm sorry, I
 25 think I missed the bullet. It's the one with

Page 146

1 the external reviewers. I'm sorry, yes,
 2 participate in relevant training programs each
 3 year and allow for external reviewers to visit
 4 the Eastern Health IHC laboratory to assess
 5 current practise against best practises
 6 elsewhere.
 7 MR. WISEMAN:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. So this is an additional \$175,000.00 per
 11 annum.
 12 MR. WISEMAN:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. For Eastern Health to do this, and it involves
 16 education and quality assurance activities in
 17 IHC, and also to allow for external reviewers
 18 to visit.
 19 MR. WISEMAN:
 20 A. Uh-hm.
 21 CHAYTOR, Q.C.:
 22 Q. To assess current practise against best
 23 practise elsewhere. Is there idea of external
 24 reviewers coming to visit the IHC laboratory,
 25 is that intended that that would go on each

Page 147

1 year or is that intended to be a one time
 2 allotment?
 3 MR. WISEMAN:
 4 A. This would -- this \$175,000.00 is not a one
 5 time investment. This will be an annual
 6 investment that will be added to Eastern
 7 Health's current existing budget, and it would
 8 be intended that this would be an ongoing
 9 process.
 10 CHAYTOR, Q.C.:
 11 Q. So the external reviewers would come in each
 12 year?
 13 MR. WISEMAN:
 14 A. Well, the issue of the mechanics of how this
 15 would work -- because obviously you have a --
 16 tied to this, there's the other piece around
 17 the accreditation process, which is the
 18 process that's currently being worked through
 19 in terms of identifying how that might be
 20 structured. So it was envisaged, though, that
 21 this would provide some resources to allow
 22 people to come in from outside to periodically
 23 look at the operation of Eastern Health, that
 24 area of the lab. I don't know if we zeroed on
 25 it close enough to say this will happen on an

Page 148

1 annual basis, or if it would be every six
 2 months. You know, that level of detail, I'm
 3 not sure we worked through that piece.
 4 CHAYTOR, Q.C.:
 5 Q. But it was certainly intended that it be more
 6 than just --
 7 MR. WISEMAN:
 8 A. One time thing.
 9 CHAYTOR, Q.C.:
 10 Q. 2007/2008.
 11 MR. WISEMAN:
 12 A. You're absolutely right, yes.
 13 CHAYTOR, Q.C.:
 14 Q. So it would be an ongoing periodic review?
 15 MR. WISEMAN:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. And the external reviewers, who will determine
 19 who they will be? Will the government have
 20 any input into that?
 21 MR. WISEMAN:
 22 A. That would be part of the quality control
 23 piece that Eastern Health would do as part of
 24 their operations. I mean, right now as I
 25 understand it, they take some of their test

Page 149

1 results and send them out to different
 2 laboratories outside as part of their quality
 3 measure. That's a piece of their own quality
 4 initiative. This would be something that they
 5 would identify, someone who's able to come in
 6 to do a review for them. It's not something
 7 that we had envisaged having an approval
 8 mechanism by government to sign off on who
 9 might do that.

10 CHAYTOR, Q.C.:

11 Q. And currently does the government have
 12 anything in mind in terms of who might come in
 13 to do any kind of review of the laboratory?
 14 For example, has the government turned its
 15 mind to whether or not to have either or both
 16 of the external reviewers who were here
 17 originally to come back? Has that been
 18 considered?

19 MR. WISEMAN:

20 A. I think you might have heard yesterday in my
 21 testimony that I had had a recent discussion
 22 with my Deputy with respect to the notion of
 23 having -- I think the way I phrased it
 24 yesterday was I expressed an interest to my
 25 Deputy in having a discussion with Eastern

Page 150

1 Health around having someone come back and
 2 have a look at the success of the
 3 implementation of the recommendations made in
 4 the two external reviews previous, while at
 5 the same time looking at the progress made
 6 towards the implementation of the
 7 recommendations made in the quality review
 8 that was done, and I referenced a December,
 9 2007, evaluation.

10 CHAYTOR, Q.C.:

11 Q. Yes, QMP-LS.

12 MR. WISEMAN:

13 A. And I expressed that interest just in recent
 14 days to my Deputy, and I think I answered that
 15 in evidence yesterday.

16 CHAYTOR, Q.C.:

17 Q. Yes.

18 MR. WISEMAN:

19 A. We have envisaged -- at least, I have
 20 envisaged that, and my Deputy and I have had
 21 that discussion. In all fairness, I don't
 22 think he's had time to have that discussion
 23 with Eastern Health.

24 CHAYTOR, Q.C.:

25 Q. Fair enough, but it is something that has been

Page 151

1 a subject of discussion?

2 MR. WISEMAN:

3 A. Yes.

4 CHAYTOR, Q.C.:

5 Q. And I'd just like to clarify something in Mr.
 6 Simmons questioning yesterday that came up
 7 regarding the recommendations and my line of
 8 questioning to you regarding the
 9 implementation of the recommendations.

10 MR. WISEMAN:

11 A. Uh-hm.

12 CHAYTOR, Q.C.:

13 Q. And if we could have, please, P-0277 at page
 14 six. Of course, this is the spreadsheet which
 15 is dated April 26th, 2007, and the one that
 16 was actually faxed to your Department the end
 17 of May, 2007, was almost a year earlier.

18 MR. WISEMAN:

19 A. Yeah, '06, yeah.

20 CHAYTOR, Q.C.:

21 Q. I think it was a June '06 document, yes. In
 22 asking questions of you yesterday, Mr. Simmons
 23 indicated that I had gone through with you and
 24 identified each recommendation that was
 25 indicated as being something other than

Page 152

1 completed, and then he said he would take you
 2 -- he wouldn't take you through them all, but
 3 he would point out a couple.

4 MR. WISEMAN:

5 A. Uh-hm.

6 CHAYTOR, Q.C.:

7 Q. I just want to be clear. What I did in my
 8 line of questioning, and I was careful to do
 9 this, I did not take you to all the ones that
 10 were indicated to be ongoing because clearly
 11 some of them should be ongoing, including the
 12 two that Mr. Simmons pointed out to you;
 13 number five and number six, involving ongoing
 14 educational efforts. I did not, in fact,
 15 direct your attention to those. The
 16 recommendations that I brought your attention
 17 to were, in fact, recommendations that were
 18 not complete or were in some stage of
 19 progressing, but not yet complete, and they
 20 weren't ones that commonsense would dictate
 21 should be ongoing, so I just wanted to make
 22 sure in terms of your answering on that line
 23 of questioning that the ones that were, in
 24 fact, directed to your attention were not the
 25 ones of a nature you would expect to be

1 ongoing, and in any event, I understood you to
 2 answer, for example, in number six,
 3 "Pathologist assistants hired to standardize
 4 grossing procedures", training that started,
 5 that you indicated some concern that the
 6 amount of time that would be taking to have it
 7 completed if, in fact, the person was hired
 8 two years before. Is that a fair --
 9 MR. WISEMAN:
 10 A. Well, I think the -- I forget the exact
 11 question, but something to the effect that
 12 training would be something that was ongoing,
 13 and I had indicated that if someone was hired
 14 a couple of years ago and they're still trying
 15 to be trained into the position, I'd be a
 16 little bit concerned if it's still ongoing.
 17 CHAYTOR, Q.C.:
 18 Q. Yes, okay. In fairness, when the document of
 19 '06 was brought to your attention at the end
 20 of May, 2007, seeing in a document dated '06
 21 that there were still items not completed, I
 22 take it that wasn't -- didn't raise any alarm
 23 bells to you. Even though you've been told
 24 all the recommendations were implemented,
 25 you're looking at a document that was almost a

1 knowledge level of the information that was
 2 released in December, 2006, by Eastern Health.
 3 I understood in my questioning that you said
 4 that you learned at some point in time that
 5 Mr. Abbott was aware that all the information
 6 had not been disclosed, and did I understand
 7 you today to say that, however, when Mr.
 8 Abbott became aware of that, you're uncertain
 9 because you didn't ask the question?
 10 MR. WISEMAN:
 11 A. I think what I -- I've said that I didn't ask
 12 Mr. Abbott the question. I think what I said
 13 to you -- I understood what I said to you was
 14 that your question was when I spoke to Mr.
 15 Abbott about it, he appeared to have some
 16 knowledge of it.
 17 CHAYTOR, Q.C.:
 18 Q. Yes, he didn't seem surprised.
 19 MR. WISEMAN:
 20 A. But at the same time, having knowledge of it
 21 was my answer to you. So when he got it, how
 22 he got it, I didn't ask him when he became
 23 aware of it, which was a separate question.
 24 CHAYTOR, Q.C.:
 25 Q. Yes, so why -- why didn't you ask Mr. Abbott

1 year old.
 2 MR. WISEMAN:
 3 A. That's right, and the focus -- I think I might
 4 have said this to you as well, the focus of
 5 discussion when I got that document was the
 6 nature of the recommendations because --
 7 you're right, this was a year old, so any
 8 status report that would have been included as
 9 part of that would have been a year old.
 10 CHAYTOR, Q.C.:
 11 Q. Mr. Wiseman, if this document, in fact, had
 12 been provided to you, would this have caused
 13 you any concern in terms of the status of the
 14 implementation of the recommendations?
 15 MR. WISEMAN:
 16 A. I mean, obviously anything that wasn't
 17 incomplete, I would have had a -- you know,
 18 this is dated April 26th, and I would have
 19 having this discussion in May, a month later,
 20 so if something was incomplete, then obviously
 21 it would have prompted a different kind of
 22 discussion.
 23 CHAYTOR, Q.C.:
 24 Q. I would like to clarify what exactly you
 25 understood from Mr. Abbott regarding his

1 how long have we realized this?
 2 MR. WISEMAN:
 3 A. I don't recall. I mean, I don't know why I
 4 didn't ask him. I just don't recall asking
 5 him.
 6 CHAYTOR, Q.C.:
 7 Q. Because when we think about the context in
 8 which you would have been having that
 9 discussion with Mr. Abbott, the whole point
 10 being that you're none too pleased that you've
 11 learned this information didn't come out, but
 12 you didn't think to say, well, were you aware
 13 of that, when did we become aware of that?
 14 MR. WISEMAN:
 15 A. I didn't ask the question.
 16 CHAYTOR, Q.C.:
 17 Q. You didn't ask him that, and you can't tell us
 18 why?
 19 MR. WISEMAN:
 20 A. No.
 21 CHAYTOR, Q.C.:
 22 Q. And when you spoke publicly of Eastern
 23 Health's failure or your perceived failure for
 24 them to have disclosed the information, and
 25 you were somewhat critical of Eastern Health

Page 157

1 on that, you did not know the state of your
 2 own department's knowledge on that issue, or
 3 when your own department may have had the
 4 information and could have also released it?
 5 MR. WISEMAN:
 6 A. Yeah, my -- I suppose, the -- it's a fair
 7 question you're posing. My comment publicly
 8 was -- whether the department knew or didn't
 9 know, my observation at that particular point
 10 and my comment about what should have been
 11 released in December wouldn't have changed
 12 because the information should have been
 13 released in December.
 14 CHAYTOR, Q.C.:
 15 Q. Okay. If I can ask then about the issue of
 16 quality assurance. In answering Mr.
 17 Pritchard's questions this morning, you
 18 differentiated between what you saw to be the
 19 department's responsibility, quality assurance
 20 within the Regional Health Authorities, and
 21 that of the authorities themselves. Could you
 22 just explain what, what is it that you
 23 understand to be the role of the Minister and
 24 the department in setting quality assurance
 25 and standards of practise?

Page 158

1 MR. WISEMAN:
 2 A. Quality assurance programs are the
 3 implementation of quality assurance programs
 4 and the standards of practise, you know, for
 5 the particular service or particular clinical
 6 service is the role and responsibility of the
 7 Regional Health Authority. As a department, we
 8 would want to ensure that quality assurance
 9 programs are in place. The nature of the
 10 individual standards and the writing of those
 11 standards, and the monitoring process
 12 associated with that quality control program,
 13 that will be the responsibility of the
 14 Regional Health Authority.
 15 CHAYTOR, Q.C.:
 16 Q. So the department would have an overseeing
 17 role to ensure that, in fact, the quality
 18 assurance is in place?
 19 MR. WISEMAN:
 20 A. That's -- they wouldn't carry out an
 21 inspection or any kind of an audit to ensure
 22 that it was in place for each aspect of the
 23 operation. You know, we -- the role of the
 24 Regional Health Authorities in the delivering
 25 of the programs is to build in the quality

Page 159

1 control processes that are necessary to ensure
 2 quality exists, and to make improvements where
 3 necessary. The monitoring of that is an
 4 internal process within Eastern Health, and,
 5 you know, we as a department wouldn't get
 6 progress reports on their quality assurance
 7 program, we wouldn't get monthly, quarterly,
 8 or annual reports about the evaluations that
 9 have been done in any one service area, that
 10 as a department, we would want to ensure that
 11 quality assurance programs are in place, and
 12 one of the things -- one of the tools that we
 13 would use -- I'll give you some sense of
 14 level, our four Regional Health Authorities
 15 are approved by the Canadian Council on Health
 16 Service accreditation. In order for them to
 17 have that accreditation standard, one of the
 18 critical pieces that -- my experience and my
 19 knowledge of that council, one of the critical
 20 things that they're looking for is the quality
 21 control programs in an organization. So if an
 22 organization didn't have quality control
 23 programs in existence, then they would not
 24 become accredited. So the fact that each of
 25 our authorities have gone through an

Page 160

1 accreditation review and are now accredited,
 2 you know, would tell me that there is quality
 3 control programs in place. It doesn't tell me
 4 what has come out of each of the reports that
 5 have been done, but it does tell me that an
 6 independent body has come in and determined
 7 that there is a quality control program in
 8 existence in Eastern Health and in the other
 9 three authorities. So it's that kind of level
 10 that as a Minister you have an understanding
 11 that quality assurance programs are in place.
 12 Drilling down to a greater level of detail
 13 around what might come out of the monthly
 14 audits or quarterly audits is not something
 15 that I necessarily would have. For example,
 16 in the House of Assembly the other day, there
 17 was a question from the NDP Party wondering
 18 about the reports associated and the results
 19 associated with the quality controls that have
 20 been implemented in the ER/PR area, these
 21 tests that have been sent out to other
 22 laboratories for validation. She inquired
 23 about that. I understood it existed, but I
 24 wasn't in a position to give her an answer. I
 25 gave her an undertaking that I would provide

Page 161

1 it to her, that Eastern Health would provide
 2 it to the department and we will in turn
 3 provide it. So ordinarily I wouldn't have
 4 that in my possession, nor would the
 5 department have it in their possession.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. I asked you yesterday about the Medical
 8 Consultant position which has recently been
 9 advertised for the department, and that's Dr.
 10 Hunt's position.
 11 MR. WISEMAN:
 12 A. Yeah.
 13 CHAYTOR, Q.C.:
 14 Q. So that's a position that was already within
 15 the department?
 16 MR. WISEMAN:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And in the ad for that position, it indicates
 20 that "The professional position will require
 21 working collaboratively with other government
 22 departments, the regional health authorities.
 23 The successful candidate will be expected to
 24 advise the department and work with the
 25 regional health authorities on medical issues

Page 162

1 related to quality assurance, risk management,
 2 clinical practise guidelines, best practise,
 3 and safety". So that's Dr. Hunt's position?
 4 MR. WISEMAN:
 5 A. That's right.
 6 CHAYTOR, Q.C.:
 7 Q. And that has been his position for some time?
 8 MR. WISEMAN:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. So what role does he play in terms of liaison
 12 with the regional health authorities on the
 13 issue of quality assurance, best practise,
 14 patient safety?
 15 MR. WISEMAN:
 16 A. It wouldn't be a hands-on day to day working
 17 arrangement. It would be -- his relationship
 18 would be to ensure that -- his relationship
 19 would be such that he would ensure that those
 20 programs are in place. In terms of the
 21 construct of them, the content of them, and
 22 the reports coming out of those programs, he
 23 wouldn't necessarily get.
 24 CHAYTOR, Q.C.:
 25 Q. But he would liaise with the appropriate

Page 163

1 personnel within the authorities to determine
 2 what, in fact, they have in place and --
 3 MR. WISEMAN:
 4 A. His liaison would be with the -- his contact
 5 would be with the Vice President of Medical
 6 Services.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. So in terms of any issues of quality
 9 assurance, risk management, best practises and
 10 patient safety that would have been ongoing
 11 over the past few years with the regional
 12 health authorities, you would expect that Dr.
 13 Hunt would be apprised or familiar with any of
 14 those issues?
 15 MR. WISEMAN:
 16 A. Well, my expectation would be he would be
 17 aware that they existed and that they had them
 18 in place. I wouldn't have expected Dr. Hunt
 19 to have detail of the quality reports that
 20 would have been coming out of them. I would
 21 have expected him to have some understanding
 22 that each of the authorities did have quality
 23 control programs in place, they were dealing
 24 with issues such as risk management, infection
 25 control type of -- although infection control

Page 164

1 is not his area, but as a department, we'd
 2 have that kind of knowledge that those
 3 programs were in existence and that they were
 4 well developed by the authorities and that
 5 they had been functioning and actively
 6 reporting up through their Board structure.
 7 CHAYTOR, Q.C.:
 8 Q. Okay, thank you. I just want to clarify on
 9 the briefing notes -- your briefing book, and
 10 when you reviewed your briefing book in coming
 11 into the Department because I understand what
 12 you're saying today is that you would have
 13 reviewed it to determine basically critical
 14 issues or issues that were ongoing and needed
 15 your attention in a timely manner. Is that
 16 fair?
 17 MR. WISEMAN:
 18 A. I would have had a cursory review of it and
 19 pulled out those things that needed some
 20 immediate action, yeah.
 21 CHAYTOR, Q.C.:
 22 Q. And when did you give your briefing book that
 23 review, how soon after becoming Minister on
 24 January 19th, 2007?
 25 MR. WISEMAN:

1 A. It would have been -- it wasn't within a
 2 matter of days, but within a short period of
 3 time after.
 4 CHAYTOR, Q.C.:
 5 Q. So was it within the first couple of weeks,
 6 the first month?
 7 MR. WISEMAN:
 8 A. Yeah, within that first two or three weeks for
 9 sure.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. So according to what we have, the
 12 documentation that we have, the briefing note
 13 on ER/PR that you would have reviewed during
 14 your cursory review in the first couple of
 15 weeks, would have been dated December 12th,
 16 2006, because there's no further briefing note
 17 until March 9th, 2007. So you would have done
 18 your review before March 9th, 2007?
 19 MR. WISEMAN:
 20 A. I wouldn't have necessarily read the briefing
 21 note, but I would have reviewed the briefing
 22 book to look at the issues that were there. I
 23 wouldn't have read -- I think I've indicated
 24 very clearly I didn't read the book from cover
 25 to cover.

1 give you any kind of status? Does it indicate
 2 the status on the issue?
 3 MR. WISEMAN:
 4 A. Would have just been the issue, would have
 5 been probably ER/PR--I don't know what the
 6 description would have been, but it might be
 7 as brief as that. It might have been short,
 8 you know, would have been, you know, probably
 9 four or five words or something. It might
 10 have been issues of wait times in diagnostic
 11 services. It might be, you know, Child, Youth
 12 and Family Services social workers. It might--
 13 -so there might be some brief description that
 14 would give me some indication of what the
 15 issue was.
 16 CHAYTOR, Q.C.:
 17 Q. Okay.
 18 MR. WISEMAN:
 19 A. And so that way it would give me some sense of
 20 whether or not it was something we needed to
 21 deal with now or something that was, you know,
 22 that had--that I needed to turn my attention
 23 to fairly quickly and a cursory scan of some
 24 of the notes and that would have been the
 25 extent of which that happened.

1 CHAYTOR, Q.C.:
 2 Q. I understand.
 3 MR. WISEMAN:
 4 A. I indicated I would have reviewed the book to
 5 see what was in the book to determine those
 6 issues that required some immediate action.
 7 There's a table of content in the front of the
 8 book that would outline the nature of the
 9 issues that are being dealt with in the book
 10 at that time. So, my review of the book would
 11 have been to ensure that if there's current
 12 issues that we need to deal with, we dealt
 13 with them. But I wouldn't have read--and I
 14 think I indicated that you--that I wouldn't
 15 have read the briefing book from cover to
 16 cover.
 17 CHAYTOR, Q.C.:
 18 Q. That's fine. I understood you to say that
 19 last day and that's why I wanted some clarity
 20 around this issue now today. And I'm not
 21 going to take you, in detail, through this
 22 particular briefing note as I have with, so
 23 not to worry. But my question being, and if
 24 this--well, let me think first--if there's a
 25 table of contents, does the table of contents

1 CHAYTOR, Q.C.:
 2 Q. Okay. And if just look at--even if at giving
 3 a cursory scan, the issue identified on the
 4 note is "a mistake in testing may have led to
 5 incorrect treatment for 117 women in this
 6 province suffering from breast cancer. Not
 7 receiving proper treatment could mean a life
 8 an death issue for women going through
 9 cancer". Then the anticipated questions
 10 followed right after that and asked first, as
 11 the Minister of Health and Community Services,
 12 have you lost confidence in the physicians and
 13 managers at Eastern Health? Secondly, why
 14 does it take more than a year for Eastern
 15 Health to go public and release the results?
 16 Third, what is the rate of error? And fourth,
 17 when will breast cancer screening test resume
 18 at the laboratory in St. John's? And under
 19 "key messages" it indicates that Eastern
 20 Health expects to begin testing of new
 21 patients in St. John's in the new year.
 22 So, even in giving it a cursory review,
 23 what is it that led you to believe that the
 24 issue had been dealt with?
 25 MR. WISEMAN:

Page 169

1 A. I didn't read the note.
 2 CHAYTOR, Q.C.:
 3 Q. You didn't read it.
 4 MR. WISEMAN:
 5 A. I had said that--the ER/PR, because I think
 6 what I had said to you earlier is that I had
 7 reviewed my briefing note to those things that
 8 were topical, something that needed immediate
 9 action, those things that had been already, in
 10 my view, you know, wasn't something that was
 11 immediate, something that I had been aware had
 12 been dealt with previously and I didn't need
 13 to have an immediate decision on. I would
 14 have moved on and dealt with other issues.
 15 CHAYTOR, Q.C.:
 16 Q. And I guess that's my question then.
 17 MR. WISEMAN:
 18 A. I think I indicated to you the first time that
 19 I had turned my head to this issue was in the
 20 middle of May.
 21 CHAYTOR, Q.C.:
 22 Q. Yes, and that's what I had understood, but
 23 then today I understood in questioning from
 24 Mr. Pritchard that somehow you had reviewed -
 25 MR. WISEMAN:

Page 170

1 A. No, no -
 2 CHAYTOR, Q.C.:
 3 Q. How did you form the impression it had been
 4 previously dealt with? Who told you that?
 5 MR. WISEMAN:
 6 A. I mean the issue--because I had said to you in
 7 the past, you asked me my knowledge of it
 8 before becoming minister and I said it was an
 9 issue that had been in the public domain. So,
 10 the notion around the public release of
 11 information by Eastern Health, they released--
 12 the information that became public in the fall
 13 of 2005, you know, I had indicated to you
 14 before that this is information that was in
 15 the public domain and that was the extent of
 16 my knowledge. There was nothing that my
 17 officials brought to my attention that needed
 18 some immediate action. I looked at the note,
 19 this is the ER/PR issue that's been dealt with
 20 by, you know, that surfaced in the last year
 21 or two, my previous colleagues had been
 22 dealing with it, nothing that my officials had
 23 said that we needed immediate action on and so
 24 I moved onto the next issue and dealt with
 25 them as they needed action.

Page 171

1 CHAYTOR, Q.C.:
 2 Q. So, your understanding that it was an issue
 3 that had been dealt with was based on the fact
 4 that there was nothing in the public domain at
 5 this point on it and your officials didn't
 6 bring the issue to your attention.
 7 MR. WISEMAN:
 8 A. The issue, when I say the issue resolved, been
 9 dealt with, I wasn't implying that there was
 10 nothing further to ever be done on the file.
 11 But what I'm saying is in the context of
 12 requiring my immediate attention, you know.
 13 And I think I had indicated to you that at
 14 that particular point in time there were two
 15 or three other issues that there, two in
 16 particular, that required some immediate
 17 action and that's what I turned my head to.
 18 This one didn't require any immediate response
 19 by me at that particular point, and so I moved
 20 onto the issues that need immediate attention.
 21 CHAYTOR, Q.C.:
 22 Q. Yes, and the fact that the ER/PR testing would
 23 resume in early new year, that wasn't brought
 24 to your attention?
 25 MR. WISEMAN:

Page 172

1 A. No, I wasn't aware of that.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. If I could have 0293, please. This was
 4 the excerpt from the annual report of Eastern
 5 Health that was referred to by Mr. Pritchard.
 6 And my only question for you on this is this
 7 is what would be provided to the department
 8 pursuant to the transparency and
 9 accountability legislation. This is the
 10 annual report.
 11 MR. WISEMAN:
 12 A. Uh-hm.
 13 CHAYTOR, Q.C.:
 14 Q. So, it's the same documentation that is given
 15 to the public? It's not a separate document?
 16 MR. WISEMAN:
 17 A. No, no, this would be the public -
 18 CHAYTOR, Q.C.:
 19 Q. This is the public document?
 20 MR. WISEMAN:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. So, the department doesn't get anything more
 24 or less than what is given to the public?
 25 MR. WISEMAN:

Page 173

1 A. This is the annual report, yes.
 2 CHAYTOR, Q.C.:
 3 Q. This is it? Okay.
 4 MR. WISEMAN:
 5 A. The department gets it--I think there's a
 6 document outlines its action plan or the
 7 strategy for the coming three year period. I
 8 think there's a three year period that ran
 9 from '05 to about now. And this other one
 10 being developed now runs from '08 to '11 or
 11 something.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, 0294, I believe. These are the new
 14 exhibits this morning. Yes, this is the
 15 regulation which I brought to your attention
 16 the last couple of days and Mr. Pritchard
 17 reviewed with you this morning, the regulation
 18 pursuant to the Executive Council legislation.
 19 MR. WISEMAN:
 20 A. Uh-hm.
 21 CHAYTOR, Q.C.:
 22 Q. And in asking my questions of you, under four,
 23 the powers and duties, and I pointed out A,B
 24 and C. Do you recall I also did bring to your
 25 attention what has been referred today as a

Page 174

1 caveat. I did bring to your attention the
 2 final sentence, "which are not, or insofar as
 3 they are not the responsibility of another
 4 minister, agency, body corporation, board,
 5 organization or person". And I asked you
 6 whether or not you understood what that might
 7 mean or whether you had taken any advice on
 8 that issue. I take it since I asked you the
 9 question, you have had an opportunity to turn
 10 your mind to it?
 11 MR. WISEMAN:
 12 A. You raised this piece of legislation the other
 13 day because, like, you asked me about my--it
 14 was a general question around what I
 15 understood my role and responsibility and how
 16 that was defined. Because I think I had
 17 indicated I hadn't seen this -
 18 CHAYTOR, Q.C.:
 19 Q. You hadn't seen it, yes.
 20 MR. WISEMAN:
 21 A. - legislations before. So, it's obviously
 22 when I--when you asked me, I hadn't seen it
 23 and so I needed to find out it.
 24 CHAYTOR, Q.C.:
 25 Q. Yes, okay, all right. And so now what you're

Page 175

1 telling us--your understanding is that insofar
 2 as anything with respect to the preservation
 3 and promotion of health, the prevention and
 4 control of disease, the administration of
 5 hospitals, insofar as any of that has been
 6 delegated to the Regional Health Authorities,
 7 it is not longer within the powers and
 8 functions of the minister?
 9 MR. WISEMAN:
 10 A. I don't know if I'd describe it that extreme.
 11 I think what's happened here is, what I
 12 understand here is that government now has,
 13 through the Regional Health Authorities
 14 legislation, you know, provided a response or
 15 created four Regional Health Authorities to
 16 give them the responsibility to deliver the
 17 services to respond to those issues within our
 18 province. So, the delivery of the programs
 19 and services that deals with the adoption of
 20 children, the programs and services that deal
 21 with child care services; the authority to
 22 deliver those programs rests with the Regional
 23 Health Authorities and how they deliver those
 24 programs and the human resources and the
 25 people are that are use to actually provide

Page 176

1 the direct service are the responsibility of
 2 the health authorities.
 3 As a minister, ultimately, on behalf of
 4 government, you're still ultimately
 5 responsible. But the day-to-day operational
 6 and the running of those services and the
 7 level of detail that the Minister gets
 8 involved with is very different than if the
 9 Minister was the CEO running it.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. So, ultimately the responsibility rests
 12 with the minister, but day-to-day
 13 implementation or operationalization of those--
 14 -I just made up a word--of those duties is
 15 done by bodies to whom you have delegated that
 16 -
 17 MR. WISEMAN:
 18 A. That's right.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. If I can have 0295, please? And this
 21 is the other legislation that both myself and
 22 Mr. Pritchard just referred to again. And the
 23 section that Mr.--or one of the sections that
 24 Mr. Pritchard brought your attention is
 25 Section 7. "An authority is a corporation

Page 177

1 without share capital for the purpose of Part
 2 21 of the Corporations Act". And in
 3 answering, I believe, Mr. Pritchard's question
 4 on that, you indicated that makes the
 5 authorities separate, legal entities and
 6 that's the purpose of incorporation. Is that
 7 also for purposes of liability?
 8 MR. WISEMAN:
 9 A. I don't know what the--the issue around
 10 liability--I'm not sure what the connection is
 11 between the authorities and government; that's
 12 a legal question I've never asked.
 13 CHAYTOR, Q.C.:
 14 Q. Okay, and if we could have, please, P-0206,
 15 page eight, and this -- I only bring this to
 16 your attention in that same context about the
 17 understanding of the authorities being
 18 separate legal entities. This is a series of
 19 e-mails between your -- I should go back to
 20 the beginning for you, sorry. The first one
 21 begins, I believe, here from Tansy Mundon,
 22 your Director of Communications, and she sends
 23 this to George Tilley, Susan Bonnell,
 24 Elizabeth Matthews, Josephine Cheeseman, John
 25 Abbott, Moira Hennessey, yourself, Ross

Page 178

1 Wiseman, Sharon Vokey, your EA, and she's
 2 sending this on May 18th, 2007, and it's a
 3 copy -- the subject is, "Eastern Health
 4 apologize for withholding cancer details", and
 5 it's an excerpt from CBC News on that date,
 6 May 18th, 2007. You will see that there's
 7 reference -- there's reference here to Eastern
 8 Health -- sorry, right here, "Until now,
 9 however, Eastern Health, which operates
 10 hospitals and clinics at arms length from the
 11 Newfoundland and Labrador Government, had
 12 indicated that the test error rate was as low
 13 as 10 percent". Then your e-mail back to
 14 Tansy, the same date at 6:40 p.m, you write,
 15 "Note the reference to arms length", and she
 16 responds, "I know", and asks you how both
 17 interviews went. Mr. Wiseman, what is this
 18 referring to and why are you noting the
 19 reference to arms length?
 20 MR. WISEMAN:
 21 A. I don't know why I've referenced it here, but
 22 the issue of arms length, Eastern Health, as
 23 the other three authorities, are operated --
 24 they're separate corporate entities and they
 25 do operate at arms length from government, but

Page 179

1 I had also said to your earlier that
 2 government ultimately is responsible. Now by
 3 definition, whether that means it's completely
 4 at arms length, that's a legal question I
 5 don't know the answer to.
 6 CHAYTOR, Q.C.:
 7 Q. And was there any particular reason why in
 8 this article out of everything that's written
 9 there, that's the point that you were
 10 emphasizing or that caught your attention?
 11 MR. WISEMAN:
 12 A. No, nothing that rings a bell with me, no.
 13 CHAYTOR, Q.C.:
 14 Q. My final question out of -- final question out
 15 of what has been raised by others, I do have
 16 one other question after that that I forgot to
 17 ask, so I will be asking the Commissioner if I
 18 could also ask that question, but my final
 19 question in terms of what's been raised by
 20 others concerns P-0439, and this was a
 21 document, I believe, Ms. Newbury brought to
 22 your attention. This is the e-mail exchange
 23 from Heather Predham that was brought to your
 24 attention a little while ago, and, of course,
 25 this is May 16th, 2007. So this is the same

Page 180

1 date, May 15th, you had been given a briefing
 2 by George Tilley and others, and perhaps
 3 Heather Predham, there is some indication
 4 maybe, but I guess we'll wait and see, but
 5 this is certainly the 24 hour period in which
 6 you are really delving into this issue and
 7 bringing yourself up to speed, and this is
 8 where it refers to the fact that a lady had
 9 called, and I gather from what you said in
 10 response to questioning around this, and again
 11 then in answers to questions from Mr.
 12 Pritchard, that when you reflect on the date
 13 and particularly bullet number four where it's
 14 indicating that a lady had called and was told
 15 she was going to be retested, but hadn't heard
 16 anything following, that Eastern Health was
 17 aware at least at that date that there were
 18 issues surrounding whether or not all patients
 19 had been fully contacted?
 20 MR. WISEMAN:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. And knowing what you know now in terms of
 24 Eastern Health -- the state of Eastern
 25 Health's documentation that has been

Page 181

1 ascertained by people working on the database,
 2 for example, and the fact that, I think in
 3 your words, Robert indicated to you that it
 4 was all over the place --
 5 MR. WISEMAN:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. Wouldn't you expect Eastern Health to have
 9 been aware of the state of their documentation
 10 and recordkeeping around this issue?
 11 MR. WISEMAN:
 12 A. I would have been expecting that, yes.
 13 CHAYTOR, Q.C.:
 14 Q. Can you reconcile what is in this e-mail of
 15 May 16th, 2007, with the adamancy with which
 16 Eastern Health told you all patients were
 17 contacted?
 18 MR. WISEMAN:
 19 A. I can't reconcile it at all, actually. This
 20 is the first time -- as I said earlier, the
 21 first time I've seen this e-mail, and as I
 22 read it here now today, I had -- I mean,
 23 obviously that's a very obvious question, how
 24 does this reconcile with the adamant
 25 statements that they, in fact, all were

Page 182

1 contacted. Later in questioning this morning
 2 as well, you know, there was another exhibit
 3 displayed where Eastern Health officials were
 4 confirming that, taking it one step further,
 5 not only have we made contact, but those
 6 people who have been contacted by physicians,
 7 we've in fact confirmed that that was done as
 8 well. So these statements don't reconcile
 9 with what I'm reading here at all.
 10 CHAYTOR, Q.C.:
 11 Q. Actually there are -- if I may, Commissioner,
 12 two other questions?
 13 THE COMMISSIONER:
 14 Q. Are they both arising or are they --
 15 CHAYTOR, Q.C.:
 16 Q. No --
 17 THE COMMISSIONER:
 18 Q. Just one of them not arising?
 19 CHAYTOR, Q.C.:
 20 Q. One of them --
 21 THE COMMISSIONER:
 22 Q. Find out what they are.
 23 CHAYTOR, Q.C.:
 24 Q. One of them I had intended to ask yesterday,
 25 and both of these are not necessarily arising.

Page 183

1 One is a follow up question to something that
 2 I asked yesterday, but I don't know that I
 3 explored it further.
 4 THE COMMISSIONER:
 5 Q. Let's find out what you want to ask.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. The first question is whether or not
 8 communications within the Department of Health
 9 itself, the Department of Health, and
 10 communication, whether or not any
 11 communication issues that have been identified
 12 through this process, whether or not any
 13 measures have been taken to try and rectify
 14 any communications issues within the
 15 department internally have been addressed?
 16 THE COMMISSIONER:
 17 Q. So you're asking the Minister whether or not
 18 as a result of this issue, there has been any
 19 change --
 20 CHAYTOR, Q.C.:
 21 Q. Within the department in terms of --
 22 THE COMMISSIONER:
 23 Q. Within the department's method of
 24 communication?
 25 CHAYTOR, Q.C.:

Page 184

1 Q. Own internal communication processes.
 2 THE COMMISSIONER:
 3 Q. Yes, you can ask that question. Minister.
 4 MR. WISEMAN:
 5 A. Not that I can identify that arise out of the
 6 ER/PR issue.
 7 CHAYTOR, Q.C.:
 8 Q. Is there any intention to do that?
 9 MR. WISEMAN:
 10 A. I mean, obviously the, you know, the -- I
 11 haven't turned my head to examining the role
 12 of the Department of Communications in this
 13 piece within the department, and I haven't
 14 looked at the internal communications that
 15 existed in and around the information that was
 16 flowing to me. The haunting question, and
 17 you've raised it several times in your
 18 discussion around the briefing notes, is our
 19 ability to provide or to have a heavy
 20 reliance, 100 percent reliance on the accuracy
 21 of the data that comes to us that are shared
 22 in briefing notes, and how we might be able to
 23 reconcile that. It's an interesting question
 24 you raise, one that we hadn't turned out heads
 25 to at this point, but it's a point that needs

Page 185

1 some consideration so that if we're relying on
 2 information that comes in the briefing notes,
 3 if I'm going to speak to it, then having some
 4 comfort that it comes from a valid source and
 5 is verifiable, that's a piece that I --
 6 clearly you've highlighted it in this
 7 discussion for me, and that I really need to
 8 turn my head to, but up to this particular
 9 point I haven't turned my head to an
 10 evaluation of the internal communication
 11 within the department.

12 CHAYTOR, Q.C.:

13 Q. Okay, and even the communication between
 14 Ministers as one is leaving or being
 15 reassigned and, you know, even at that level,
 16 the communication of the continuity of
 17 knowledge from one Minister to another.

18 MR. WISEMAN:

19 A. Yeah.

20 CHAYTOR, Q.C.:

21 Q. Okay, and the other question which I did plan
 22 to ask yesterday, and if I may, it concerns
 23 mortality rates for breast cancer in this
 24 province. If I may ask the Minister his
 25 knowledge of that.

Page 186

1 THE COMMISSIONER:

2 Q. Yes. That's been in the news recently.

3 CHAYTOR, Q.C.:

4 Q. Thank you, Commissioner. Is the mortality
 5 rate for breast cancer patients higher in this
 6 province than in the other Atlantic provinces
 7 or the nation?

8 MR. WISEMAN:

9 A. I understand that they're slightly higher, but
 10 I can't tell you to what degree.

11 CHAYTOR, Q.C.:

12 Q. Has the government sought any expert opinion
 13 or arranged any research to determine why that
 14 would be the case?

15 MR. WISEMAN:

16 A. Not yet.

17 CHAYTOR, Q.C.:

18 Q. Is there an intention to do so?

19 MR. WISEMAN:

20 A. What would happen with that report as it just
 21 recently would release, that would be resting
 22 with one of the ADMs right now that would do
 23 kind of an analysis, and that would be used
 24 then for a briefing with me and with the
 25 executive members of the department, with a

Page 187

1 view of looking at, you know, any actions that
 2 might be necessary. One of the things that I -
 3 - you know, as a part of that process, there
 4 is a piece of work that's ongoing as we speak
 5 that involves a variety of stakeholders that
 6 involves developing a cancer strategy for the
 7 province. In fact, I've had a recent
 8 discussion with the ADM who is taking the lead
 9 on that in our department about needing to
 10 actually start moving and rolling that
 11 strategy out, and she's indicated that she
 12 wants to -- there's a few things she needs to
 13 get concluded first and then we'll be able to
 14 move forward with it, but in the ordinary
 15 course of events what will happen now is that
 16 any information we glean from an analysis of a
 17 document like recently released, we would want
 18 to make sure that it's reflected in what we
 19 will roll out as a strategy to deal with
 20 cancer in this province.

21 CHAYTOR, Q.C.:

22 Q. Thank you, and those are all my questions.

23 THE COMMISSIONER:

24 Q. Mr. Minister, are you able to comment on
 25 whether or not this is new news? I had

Page 188

1 thought that that was known before. Do you
 2 know whether it was or not, that is that the
 3 mortality rate from cancer in this province
 4 was higher in respect of breast cancer and
 5 maybe certain other kinds?

6 MR. WISEMAN:

7 A. Yeah, I think the -- there was a report last
 8 year that commented on the incidents of
 9 cancer, various forms of cancer in this
 10 province relative to other jurisdictions, and
 11 there was also a -- it also talked about
 12 mortality. So the issue around the mortality
 13 rates being higher in this province than in
 14 other jurisdictions, that was information that
 15 would have been -- this is not the first time
 16 that's surfaced, is probably a better way to
 17 phrase it. That's been obviously -- not
 18 obviously, but it's been announced and
 19 released in previous reports such as this. So
 20 this report that I understand that was just
 21 recently referenced is a more recent --
 22 updated that same kind of profiling. As I
 23 understood it, it's part of an ongoing
 24 assessment that's being done of cancer in the
 25 country. So it's tracking the same

Page 189

1 information over a longer period of time.
 2 THE COMMISSIONER:
 3 Q. Thank you. Mr. Wiseman, as you yourself
 4 noted, this is a long process and I'm afraid
 5 that we've spent a fair amount of our time
 6 with you. I do very much appreciate your
 7 coming. It's important that I get
 8 perspectives from a number of the persons who
 9 have knowledge of this situation, including
 10 you. So thank you very much for being here.
 11 MR. WISEMAN:
 12 A. Thank you for the opportunity. Hopefully,
 13 something I've shared will be of some benefit
 14 to the work that you do, and I look forward to
 15 receiving your report when it's concluded. As
 16 I've said, government has made a commitment to
 17 follow through with your recommendations.
 18 THE COMMISSIONER:
 19 Q. Thank you. Given the hour, it doesn't seem
 20 that it's much point in swearing in a new
 21 witness now.
 22 COFFEY, Q.C.:
 23 Q. Mr. Tilley will be here this afternoon.
 24 THE COMMISSIONER:
 25 Q. Okay. Well, why don't we adjourn then until

Page 190

1 two o'clock.
 2 (BREAK FOR LUNCH)
 3 THE COMMISSIONER:
 4 Q. Please be seated. Mr. Coffey.
 5 COFFEY, Q.C.:
 6 Q. Thank you, Commissioner. The next witness is
 7 George Tilley. Good afternoon, Mr. Tilley.
 8 Registrar, please?
 9 MR. GEORGE TILLEY, SWORN, EXAMINATION-IN-CHIEF BY BERNARD
 10 COFFEY, Q.C.
 11 REGISTRAR:
 12 Q. And would you please state and spell your
 13 complete name for the Commission?
 14 MR. TILLEY:
 15 A. It's George Tilley, G-E-O-R-G-E, T-I-L-L-E-Y.
 16 REGISTRAR:
 17 Q. Thank you.
 18 COFFEY, Q.C.:
 19 Q. Mr. Tilley, before we begin, Commissioner,
 20 before I get beyond having asked you your
 21 name, Commissioner, there are certain exhibits
 22 that I'm going to ask they be entered. They
 23 are the following, okay, and Madam Registrar,
 24 if you will.
 25 THE COMMISSIONER:

Page 191

1 Q. When you say following that way, I feel that
 2 there's certain gaps, is there?
 3 COFFEY, Q.C.:
 4 Q. Yes.
 5 THE COMMISSIONER:
 6 Q. All right.
 7 COFFEY, Q.C.:
 8 Q. 0315 through 0369 inclusive; 0371 through 0374
 9 inclusive; 0376 to 0393 inclusive; 0395 to
 10 0464 inclusive; 0466 to 0480 inclusive; and
 11 0483; and 0484.
 12 THE COMMISSIONER:
 13 Q. All right. I understand you are seeking to
 14 have admitted Exhibits P, they're all P
 15 exhibits, correct?
 16 COFFEY, Q.C.:
 17 Q. Yes, they are, Commissioner.
 18 THE COMMISSIONER:
 19 Q. P-0315 to 0369; 0371 to 0374; 0376 to 0393;
 20 0395 to 0464; 0466 to 0480; 0483; and 0484?
 21 COFFEY, Q.C.:
 22 Q. Yes, Commissioner.
 23 THE COMMISSIONER:
 24 Q. Entered.
 25 EXHIBITS P-0315 THROUGH P-0369 ENTERED INTO EVIDENCE.

Page 192

1 EXHIBITS P-0371 THROUGH P-0374 ENTERED INTO EVIDENCE.
 2 EXHIBITS P-0376 THROUGH P-0393 ENTERED INTO EVIDENCE.
 3 EXHIBITS P-0395 THROUGH P-0464 ENTERED INTO EVIDENCE.
 4 EXHIBITS P-0466 THROUGH P-0480 ENTERED INTO EVIDENCE.
 5 EXHIBITS P-0483 THROUGH P-0484 ENTERED INTO EVIDENCE.
 6 COFFEY, Q.C.:
 7 Q. Mr. Tilley, first of all I'm, in effect, going
 8 to have you introduce yourself to the
 9 Commissioner. I'm going to ask you perhaps if
 10 it is of some assistance, your curriculum
 11 vitae has been entered as Exhibit 0315, P-
 12 0315. And if we could bring that up, please,
 13 Registrar. And as well, Mr. Tilley, there is
 14 a mouse there and if you want, in terms of
 15 that, at times you want to scroll down through
 16 the page in terms of your own -
 17 MR. TILLEY:
 18 A. Thank you.
 19 COFFEY, Q.C.:
 20 Q. You're able to do that. And again, I just
 21 direct your attention to this is there, I'm
 22 going to ask you, please, to tell the
 23 Commissioner, give us an overview of your
 24 educational and work background?
 25 MR. TILLEY:

Page 193

1 A. Okay. Well, from an educational perspective I
 2 have been trained at Memorial University where
 3 I received both my baccalaureate degree in
 4 business and my master's in business
 5 administration. Also, I have attained a
 6 national certification as a certified health
 7 executive with a body that is involved with
 8 the credentialing for health executives and
 9 that's the Canadian College of Health Service
 10 Executives. And of course, throughout my
 11 career I've attended quite a number of
 12 relatively short-term course work. From my
 13 employment perspective, I started off my
 14 career post university graduation with the
 15 Provincial Government as a recruitment officer
 16 with the Public Service Commission. Within a
 17 year or two I made my leap into a related
 18 health care organization, and that was the
 19 Newfoundland and Labrador Health Boards
 20 Association. That position was as a labour
 21 relations officer and at that time it was to
 22 support the hospitals and nursing homes
 23 throughout the province in matters dealing
 24 with collective agreements, employee relations
 25 issue, so it was as an advisor. Shortly

Page 194

1 thereafter in the early '80s, probably around
 2 1983 I moved directly into one of the
 3 facilities in St. John's and that was the
 4 Waterford Hospital--sorry, 1982 into the
 5 Waterford Hospital where I moved into a
 6 position that was first called assistant
 7 administrator but it had evolved during the
 8 time in terms of changing of the title. And
 9 it was predominantly to support that
 10 organization in terms of the labour relations
 11 issues and some opportunity to get into some
 12 other departments that were relatively small
 13 but began to give me an appreciation for some
 14 of the challenges outside of the direct human
 15 resource and labour relations area. Then in
 16 the late '80s I made a lateral move to the
 17 Janeway Child Health Centre and I took on
 18 greater responsibility at that point in time
 19 for issues that went beyond the human resource
 20 side and actually got into some of the non-
 21 clinical areas as a senior manager overseeing
 22 those areas. And while I was at the Janeway I
 23 moved from assistant executive director to
 24 associate executive director and then in the
 25 fall of 1992 moved into the executive director

Page 195

1 position. And I remained in that position
 2 until a decision was made to restructure the
 3 organization of health services in this
 4 province and the Janeway was folded into what
 5 became known as the Health Care Corporation of
 6 St. John's.
 7 COFFEY, Q.C.:
 8 Q. Okay. Just before you advance, if you could,
 9 executive director, as a practical matter what
 10 did that mean?
 11 MR. TILLEY:
 12 A. There were various terms used in and around
 13 that time. Administrator would have been an
 14 older term, CEO would be probably a newer
 15 term. So in that capacity it would be
 16 oversight of the activities of the entire
 17 organization and being the person that would
 18 report to the board of directors that would be
 19 a voluntary group of individuals appointed by
 20 the ministry.
 21 COFFEY, Q.C.:
 22 Q. And as executive director you were responsible
 23 for what?
 24 MR. TILLEY:
 25 A. Well, I would be responsible for the, all the

Page 196

1 activities of the organization. I would have
 2 a senior management team that would be
 3 responsible for different segments of the
 4 organization. There would have been a medical
 5 director, there would have been a director of
 6 nursing, there would have been an assistant--
 7 sorry, assistant executive director for
 8 support services, so the organization was
 9 carved up in that fashion. It would probably
 10 also be appropriate to mention that health
 11 care organizations are unique from the
 12 perspective that the medical quality has a
 13 mechanism where it has a direct access to the
 14 board. Medical staff are a part of
 15 organizations within each facility whereby
 16 they would have a Medical Advisory Committee
 17 that would oversee the activities of
 18 physicians and there would be provision for
 19 that person who chairs that committee to be
 20 present at the board meetings and speak to
 21 those issues.
 22 COFFEY, Q.C.:
 23 Q. And you say the MAC has direct access to the
 24 board. Did the MAC, I take it, was
 25 responsible for medical services within the

Page 197

1 hospital like clinical services, physician
 2 services?
 3 MR. TILLEY:
 4 A. Well, they would be responsible for the
 5 oversight of the physician component directly,
 6 but -
 7 COFFEY, Q.C.:
 8 Q. Would they report to you as the executive
 9 director of the Janeway?
 10 MR. TILLEY:
 11 A. The Medical Advisory Committee would not.
 12 COFFEY, Q.C.:
 13 Q. Okay.
 14 MR. TILLEY:
 15 A. But there would be certain members of the
 16 Medical Advisory Committee would not, nor the
 17 committee itself.
 18 COFFEY, Q.C.:
 19 Q. Okay. They would report through their chair
 20 to the -
 21 MR. TILLEY:
 22 A. The board of trustees.
 23 COFFEY, Q.C.:
 24 Q. The board of trustees itself, okay.
 25 MR. TILLEY:

Page 198

1 A. There were other clinical services that were
 2 not physicians.
 3 COFFEY, Q.C.:
 4 Q. Yes.
 5 MR. TILLEY:
 6 A. Psychology, social work, respiratory therapy,
 7 for example, that would have reported in to
 8 one of the senior executive members. So the
 9 medical advisory -
 10 COFFEY, Q.C.:
 11 Q. And through that person to you?
 12 MR. TILLEY:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. Okay. And was there any other group within
 16 the Janeway, as it then was, that did not
 17 report to you, you know, directly or
 18 indirectly, other than the physicians?
 19 MR. TILLEY:
 20 A. Perhaps the foundation, the fundraising arm
 21 for children's services was the Janeway
 22 Children's Hospital Foundation and they would
 23 have their own board of directors. There was
 24 another body, the Provincial Perinatal Program
 25 that reported in to government. I think I'm

Page 199

1 capturing the key ones.
 2 COFFEY, Q.C.:
 3 Q. The nurses would have?
 4 MR. TILLEY:
 5 A. Nurses would.
 6 COFFEY, Q.C.:
 7 Q. Would report -
 8 MR. TILLEY:
 9 A. Through the director of nursing -
 10 COFFEY, Q.C.:
 11 Q. To yourself?
 12 MR. TILLEY:
 13 A. To myself.
 14 COFFEY, Q.C.:
 15 Q. Okay. So you were about to tell us the
 16 Janeway--well, the health care system within
 17 St. John's was reorganized?
 18 MR. TILLEY:
 19 A. Yes, that's correct.
 20 COFFEY, Q.C.:
 21 Q. Could you tell us, please, about that and how-
 22 -I mean, like, your career as you went?
 23 MR. TILLEY:
 24 A. Right. Well, there was a restructuring
 25 decision made by government to collapse the 60

Page 200

1 plus organizations that functioned relatively
 2 independent of one another with their own
 3 boards of directors into a much smaller
 4 number, and 14 seems to stick in my mind. The
 5 decision sort of ranged in terms of
 6 combination and size throughout the province,
 7 but in St. John's it essentially provided for
 8 the acute care hospitals, the acute care adult
 9 hospitals, the General, St. Clare's and the
 10 Grace, the two children's services, the
 11 Janeway and the Children's Rehabilitation
 12 Centre and the Waterford Hospital to come
 13 under a single entity. And that process was
 14 in early 1995. The person that was the
 15 initial chief executive officer of that
 16 organization was Sister Elizabeth Davis and
 17 she recruited her senior management team and I
 18 was successful in getting one of the positions
 19 that was offered.
 20 COFFEY, Q.C.:
 21 Q. And which one was that?
 22 MR. TILLEY:
 23 A. It was senior vice-president for corporate
 24 services. And that gave me a number of
 25 responsibilities for various clinical programs

Page 201

1 in the organization and some major projects
 2 that were under way at that point in time,
 3 namely, the plan to restructure the
 4 organizational layout from a discipline based
 5 to a program based and secondly, a major
 6 initiative to reduce the number of physical
 7 sites that existed at that point in time in
 8 St. John's.
 9 COFFEY, Q.C.:
 10 Q. So, I'm sorry, from a discipline base to a?
 11 MR. TILLEY:
 12 A. A program-based approach.
 13 COFFEY, Q.C.:
 14 Q. Okay.
 15 MR. TILLEY:
 16 A. And if I might, I can elaborate a little bit
 17 on that.
 18 COFFEY, Q.C.:
 19 Q. I'm going to ask you to do so, please?
 20 MR. TILLEY:
 21 A. Thank you. Typically and historically
 22 hospitals had been designed around the
 23 particular discipline, so all of the nurses
 24 reported in to a single department to a
 25 director of nursing, all of the psychologists

Page 202

1 reported in to a department for--with a
 2 director, all of the respiratory therapists
 3 would do likewise, so the organization was
 4 very much structured upon occupational lines.
 5 The move to a program approach was designed
 6 primarily to start shifting thinking away from
 7 the various occupational groups to more of a
 8 patient focus, so that became the centre for
 9 how the organization divided itself up. There
 10 were other advantages by moving in that model
 11 aside from bringing it around the patient, but
 12 it also strived to achieve a greater
 13 interdisciplinary approach to the delivery of
 14 health services. Up until that point in time
 15 with individual departments, then it allowed
 16 for potential fragmentation of work
 17 environment. So you brought the groups
 18 together, you organized them along a
 19 particularly defined patient group or
 20 population. The other significant issue that
 21 comes to my mind that was being promoted as an
 22 advantage was to bring the physicians more
 23 into the management of health services.
 24 Traditionally there would be physician leaders
 25 in the organization and they would, in turn,

Page 203

1 be represented on the Medical Advisory
 2 Committee but there was really no designed or
 3 structured mechanism for the communications
 4 with the other disciplines in the
 5 organization. So the program-based model
 6 provided for a leadership team that would
 7 involve a physician leader, a professional
 8 manager, director of a particular program and
 9 if the physician leader was not a part of the
 10 university environment where they were a
 11 leader in that capacity, then there would be a
 12 third member. And to give you an example, if
 13 there was in the child health program an
 14 academic leader in Memorial University that
 15 would be known as a--this chair of the
 16 discipline of paediatrics, that person would
 17 be a member of the leadership team for that
 18 particular program in addition to the
 19 professional manager and in addition to the
 20 physician that was chosen to be a part of that
 21 leadership team. To help probably a little
 22 bit more to give you a flavour, the programs,
 23 there was a child health program, there was a
 24 cardiac program, there was a surgery program.
 25 And then there were others that we can't

Page 204

1 remember exactly how we coined them, but I'm
 2 sure they've very significant for this
 3 purpose, clinical support programs I think may
 4 have been the term we used, and lab and
 5 diagnostic imaging, in particular, come to
 6 mind where they weren't revolving around any
 7 particular patient, but they were a major
 8 support to all of the clinical programs.
 9 THE COMMISSIONER:
 10 Q. So are you saying that included within
 11 clinical support program would be laboratories
 12 and -
 13 MR. TILLEY:
 14 A. And diagnostic imaging, which would be
 15 radiology, yes.
 16 THE COMMISSIONER:
 17 Q. Okay. Could we go back, I just want to
 18 understand a little more about this
 19 organizational business. Are you saying that
 20 the old method was that the disciplines would
 21 report to somebody in their sphere, so was the
 22 disadvantage of that that sort of the people
 23 in nursing were not necessarily talking to the
 24 people in, well, I don't--radiology or in some
 25 other aspect of the service, was that the

Page 205

1 problem? Why did you feel the necessity to
 2 change in the way it was done?
 3 MR. TILLEY:
 4 A. It was certainly to increase the
 5 interdisciplinary collaboration, to remove
 6 some of the barriers that were, seemed to
 7 exist. For example, in the child health
 8 program in the past you would have a social
 9 worker and a nurse reporting up to different
 10 managers. In the new structure that person,
 11 both of those individuals report to the same
 12 manger so what you did was that you provided
 13 an opportunity for increased dialogue between
 14 them. Now, it's not to suggest that there was
 15 no collaboration amongst the disciplines prior
 16 to that, but the program approach was an
 17 evolving organization process, particularly
 18 throughout Canada, and had been seen as an
 19 opportunity here to pursue in light of the
 20 size that this organization was taking on.
 21 And the discussions at the time, some of the
 22 discussions at the time were if we left it
 23 with the traditional model, that it would be
 24 more bureaucratic than would need to be the
 25 case, so we ended up decentralizing a lot of

Page 206

1 the services. So it -
 2 THE COMMISSIONER:
 3 Q. So do I conclude from that that if the
 4 Waterford had remained the Waterford, a
 5 separate group, then maybe there wouldn't be
 6 problems with the traditional model, but
 7 because it was a smaller operation, or were
 8 there inherent in the old model difficulties
 9 that one would have to get past?
 10 MR. TILLEY:
 11 A. Well, some of it was perceived obstacles, but
 12 just having the fact of having a social worker
 13 report up to their manager, and the nurses in
 14 the same work area report to a separate
 15 manager, and now you reported to one, it
 16 allowed for that increased dialogue.
 17 COFFEY, Q.C.:
 18 Q. If i could on that point, the manager might
 19 not have any particular expertise in social
 20 work or nursing?
 21 MR. TILLEY:
 22 A. Absolutely. That was -- that's a very good
 23 point. You chose -- you chose a leader
 24 because of their leadership skills as opposed
 25 to being from any one background. Madam

Page 207

1 Commissioner, the interdisciplinary approach
 2 was seen to be enhanced by this model. Taking
 3 this very large organization and dividing it
 4 up into smaller components was seen as an
 5 opportunity to allow for more local decision
 6 making, and then, of course, as I mentioned,
 7 the ability for the physicians to become more
 8 involved in the management process.THE
 9 COMMISSIONER:
 10 THE COMMISSIONER:
 11 Q. And from your perspective, did that work?
 12 MR. TILLEY:
 13 A. Over the first couple of years there were a
 14 lot of adjustments for everybody because that
 15 concept was very new, and I suspect that when
 16 the CEO of the day announced that that was the
 17 direction that they were going to use, we all
 18 looked to learn more about it. There was
 19 limited literature, but where it did exist, it
 20 was clearly saying there's opportunities to
 21 this being of greater benefit, allowing for
 22 more localized decision making and physician
 23 input, and overall that was seen as a good
 24 thing.
 25 COFFEY, Q.C.:

Page 208

1 Q. So there was limited literature on this at the
 2 time?
 3 MR. TILLEY:
 4 A. Well, where we found the bulk of our
 5 information was actually going to individual
 6 organizations that had chosen this route to
 7 learn how they had done it, what programs they
 8 had selected and beginning to appreciate some
 9 of the rationale for doing it.
 10 COFFEY, Q.C.:
 11 Q. So the move from a disciplined based model to
 12 a program based model, I think you told the
 13 Commissioner it was coming into vogue into
 14 Canada or it was being utilized increasingly
 15 in Canada?
 16 MR. TILLEY:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. At the time it was adopted here in the mid
 20 90s, 1995, how widespread was it, do you know,
 21 in Canada?
 22 MR. TILLEY:
 23 A. I'm going to give you my best estimate. I'd
 24 say it would be about 30 to 40 percent of the
 25 organizations were starting to see this.

Page 209

1 Individual stand-alone hospitals, you didn't
 2 see it much in. It was in the larger
 3 organizations that were coming together and
 4 you were looking for some way of flattening
 5 the layers.
 6 THE COMMISSIONER:
 7 Q. Forgive me for being simplistic, but going
 8 back to the first thing, it seems to me you
 9 were creating larger organizations and then
 10 finding ways of letting them think they were
 11 still back in smaller organizations?
 12 MR. TILLEY:
 13 A. Well, not letting them think as much as saying
 14 that we recognize child health as a unique
 15 area, and, therefore, needed to be seen as a
 16 identifiable entity, and we did the same with
 17 mental health. So in many ways the child
 18 health program in the new structure was very
 19 similar to the combined clinical services of
 20 the former Janeway and the former Children's
 21 Rehabilitation Centre.
 22 THE COMMISSIONER:
 23 Q. Uh-hm.
 24 MR. TILLEY:
 25 A. All of the non-clinical services would have

Page 210

1 been removed and they would have been
 2 reporting into Facilities Management, Finance,
 3 or whatever administrative support departments
 4 because those were all centralized, but on a
 5 clinical basis, a more decentralized model was
 6 chosen.
 7 COFFEY, Q.C.:
 8 Q. And I take it, for example, surgery as a
 9 program, surgical program, that would have
 10 been more widespread, it would include the
 11 Janeway as well as --
 12 MR. TILLEY:
 13 A. No, in fact, in the case of the Janeway, it
 14 was all inclusive.
 15 COFFEY, Q.C.:
 16 Q. Okay.
 17 MR. TILLEY:
 18 A. Thank you for clarifying that. It got very
 19 complicated when we got into the surgical
 20 area. We had two very related programs. One
 21 was surgery, which predominantly addressed the
 22 in-patient population, with some out-patient
 23 services for the adult sites. It did not
 24 include, however, the operating rooms. That
 25 became part of the peri-operative program.

Page 211

1 Now why didn't they all go together; in part,
 2 was because of the size, we were creating too
 3 large of an entity, and surgery had multiple
 4 patients to deal with. So some patients would
 5 be for cancer, others might be orthopedic,
 6 others might be neurological. So it wasn't --
 7 we couldn't find a perfect model where you
 8 built it around a defined group of patients.
 9 So there were sometimes that we had to make
 10 modifications based upon what was a natural
 11 fit and what was a reasonable size.
 12 COFFEY, Q.C.:
 13 Q. And I'm going to -- Commissioner, I'm going to
 14 come back at a subsequent time to look at some
 15 of this and actually look at organizational
 16 charts.
 17 THE COMMISSIONER:
 18 Q. Okay.
 19 COFFEY, Q.C.:
 20 Q. In terms of an overview, you've run a -- the
 21 CEO of the day, and who is that?
 22 MR. TILLEY:
 23 A. Sister Elizabeth Davis.
 24 COFFEY, Q.C.:
 25 Q. Was the move to a program based model her

Page 212

1 idea?
 2 MR. TILLEY:
 3 A. Yes. Before the executive team had been
 4 recruited, it was known that that was the
 5 decision that was going to be pursued.
 6 COFFEY, Q.C.:
 7 Q. In other words, in joining or offering oneself
 8 to join that executive team, you knew what you
 9 were getting yourself into in the sense of
 10 what was expected?
 11 MR. TILLEY:
 12 A. Oh, yes, it's fair to say.
 13 COFFEY, Q.C.:
 14 Q. Do you know was that -- at the time, was that
 15 unique to the Health Care Corporation in St.
 16 John's within Newfoundland?
 17 MR. TILLEY:
 18 A. Yes. I do remember going to St. Anthony, for
 19 example, and speaking to their senior
 20 management team because they were interested
 21 in pursuing a program based model. I'm not
 22 sure whether they did or not.
 23 COFFEY, Q.C.:
 24 Q. So initially when it was introduced in
 25 Newfoundland, it was your understanding it

Page 213

1 happened in Health Care Corporation?
 2 MR. TILLEY:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. In St. John's. Were there -- you've talked
 6 about the perceived advantages. What were the
 7 perceived or known disadvantages?
 8 MR. TILLEY:
 9 A. Well, I think a number of the disciplines felt
 10 that they were losing some of their identity.
 11 I particularly recall that from the allied
 12 health group, and they would be the social
 13 workers, the psychologists, the dieticians.
 14 In the past, they would have had a leader that
 15 was of their discipline. So clearly that was
 16 a known issue. They would have had,
 17 therefore, to meet with and present their
 18 issues to a manager other than the one of
 19 their profession, and, I guess, try to ensure
 20 that they have a good understanding of what
 21 their issues are. The issue of -- there was
 22 still sort of patient movement in multiple
 23 programs, and that would have, I guess, been a
 24 problem to have to contend with in either the
 25 occupational or disciplined based model as

Page 214

1 well as the program based model because
 2 patients are obviously, with the exception of
 3 some of those defined by age, crossing through
 4 multiple programs. The physicians at the
 5 time, there were concerns on their part that
 6 they might lose some of their profile. I
 7 remember spending some time discussing that
 8 issue to say, well, in fact, some of the
 9 proponents of this particular approach are
 10 speaking to the issue of bringing physicians
 11 closer into the decision making. So that
 12 became less and less of an issue as they
 13 became more familiar with the program.
 14 COFFEY, Q.C.:
 15 Q. Now under the disciplined based model,
 16 physicians had reported to physicians and
 17 ultimately to the MAC?
 18 MR. TILLEY:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. And the MAC to the Board?
 22 MR. TILLEY:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Now in the program based model, you've

Page 215

1 indicated that there would be a leadership
 2 team within any one program. There would be a
 3 physician, a clinical leader or clinical
 4 chief, as it were?
 5 MR. TILLEY:
 6 A. Yes, a medical leader.
 7 COFFEY, Q.C.:
 8 Q. A medical leader, a professional
 9 administrative manager, and in some instances
 10 a separate medical school discipline chair?
 11 MR. TILLEY:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. For that particular program. They would all
 15 report to whom? That trio, duo or trio, would
 16 report to whom?
 17 MR. TILLEY:
 18 A. Well, in the case of the group as a whole,
 19 there would be a designated senior manager
 20 that would be responsible for a number of
 21 programs, and in addition --
 22 COFFEY, Q.C.:
 23 Q. And that senior manager would report to?
 24 MR. TILLEY:
 25 A. The CEO.

Page 216

1 COFFEY, Q.C.:
 2 Q. Sister Davis, at the time?
 3 MR. TILLEY:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. So the one change that has occurred is that
 7 physicians are now reporting to a physician
 8 clinical leader or clinical chief, who's
 9 reporting to a senior manager, who's reporting
 10 to the CEO?
 11 MR. TILLEY:
 12 A. It's not as neat as that.
 13 COFFEY, Q.C.:
 14 Q. Okay. Perhaps you could expand on that for
 15 me. First of all, is that true in one sense?
 16 MR. TILLEY:
 17 A. Only in terms of really the non-medical
 18 issues.
 19 COFFEY, Q.C.:
 20 Q. For example, whether or not you show up today
 21 to work, that kind of --
 22 MR. TILLEY:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Scheduling and --

Page 217

1 MR. TILLEY:
 2 A. I mean, there's no doubt that the clinical
 3 chiefs were selected through a process of
 4 advertising positions and more often than not,
 5 they came about accepting their roles because
 6 somebody had suggested that they would take
 7 the lead, but they had very little interest in
 8 the day to day management of the program, but
 9 it gave the professional leader, the
 10 professional directors, somebody to go to if
 11 there were issues where physicians were --
 12 needed to be involved in a particular
 13 decision, but the point I was going to refer
 14 to in response to your question, there was
 15 still a Medical Advisory Committee, and the
 16 Medical Advisory Committee would consist of
 17 the clinical chiefs of all of the programs,
 18 and because of the organization's
 19 responsibility and involvement in the teaching
 20 of professions at Memorial University, the
 21 Medical Advisory Committee would also include
 22 what we know as the Discipline Chairs. So that
 23 would be the Chief of Pediatrics or the Chief
 24 of Radiology. So the physicians still had that
 25 opportunity to go through Medical Advisory and

Page 218

1 then on to the Board. There was a little
 2 splinter group known as the Clinical Chiefs
 3 Committee which, of course, would have been
 4 MAC, less the Discipline Chairs, and that was
 5 more of a working committee on any issues that
 6 -- just to bring the group together to
 7 coordinate various entities that were of
 8 importance to them, or to the Vice President
 9 of Medical Services, that really wasn't
 10 needing to go to the Medical Advisory
 11 Committee per se.
 12 COFFEY, Q.C.:
 13 Q. Okay, so with that as a background, and I will
 14 be coming back to that particularly in
 15 relation to the program that -- well, programs
 16 that the Commissioner will end up dealing with
 17 in detail. This is the mid 90s, you've signed
 18 on for this.
 19 MR. TILLEY:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. You are the Senior Vice President. You were
 23 there, I believe -- according to your CV, page
 24 two of P-0315, you were there from February
 25 '95 to June '99. You can start by telling the

Page 219

1 Commissioner about how did it go as it was
 2 implemented, in a general way.
 3 MR. TILLEY:
 4 A. Well, it was a very challenging process. We
 5 had not only taken on a much larger
 6 organization, that none of us really had had
 7 any experience in dealing with an organization
 8 that large, five to six thousand staff, and on
 9 top of that we were changing the way the
 10 organization was structured and putting in new
 11 processes. On top of that, we were making
 12 decisions with regards to how many physical
 13 plants we should have and, of course, that
 14 decision was made, and then the planning had
 15 to be initiated to implement that. I guess,
 16 suffice to say, we were doing that as quickly
 17 as one could and in an environment that all
 18 health care organizations seem to face, and
 19 that is under times of financial restraint.
 20 So we worked long hours, very hard. We were
 21 doing a number of things simultaneous where
 22 you may have preferred to say that we would
 23 have the program structure in place and then
 24 begin the planning for the new sites, but, in
 25 fact, we were doing that as a parallel

Page 220

1 initiative. So it was quite a significant
 2 responsibility.
 3 COFFEY, Q.C.:
 4 Q. The site closures and relocations during that
 5 period were what?
 6 MR. TILLEY:
 7 A. The decisions were to close the Children's
 8 Rehabilitation Centre, the former Janeway, and
 9 the Grace General Hospital. I know that the
 10 Children's Rehabilitation Centre which is down
 11 in Pleasantville, I think, closed first to
 12 move into the old Janeway. The Grace Hospital
 13 was next, and then the Janeway under the Child
 14 Health Program relocated to the new space
 15 adjacent to -- at the Health Sciences Complex.
 16 COFFEY, Q.C.:
 17 Q. And do you recall what year the Grace closed?
 18 MR. TILLEY:
 19 A. I don't, off the top of my head.
 20 COFFEY, Q.C.:
 21 Q. Were you involved at all in the -- like, in
 22 that closure, and the relocation of the
 23 clinical services from that site to St.
 24 Clare's and the General?
 25 MR. TILLEY:

Page 221

1 A. I can't visualize myself in the middle of that
 2 move, so it's possible that it may have
 3 happened when I was away.
 4 COFFEY, Q.C.:
 5 Q. And how about the planing for it in terms of
 6 the relocation of the services?
 7 MR. TILLEY:
 8 A. I had a major responsibility to oversee that
 9 planning process. We had actually recruited a
 10 planning team responsible for consulting with
 11 the various programs and supports, and then
 12 starting to put guidelines around what the new
 13 space needs might be and working with
 14 architects and the like to see how that could
 15 be achieved.
 16 COFFEY, Q.C.:
 17 Q. In terms of relocating and because the
 18 Janeway, generally, from what you've told us,
 19 I gather moved more or less as an entity,
 20 relocated from the east end of Pleasantville
 21 onto the General Hospital site.
 22 MR. TILLEY:
 23 A. Yes, predominantly their clinical services, of
 24 course, the support services could have gone
 25 anywhere.

Page 222

1 COFFEY, Q.C.:
 2 Q. Sure, but the clinical services, I'm sorry, is
 3 what I was referring to and have moved on
 4 mass, across St. John's when they did. The
 5 Grace, I gather that wasn't so?
 6 MR. TILLEY:
 7 A. No.
 8 COFFEY, Q.C.:
 9 Q. Clinical services ended up being split up?
 10 MR. TILLEY:
 11 A. That's correct.
 12 COFFEY, Q.C.:
 13 Q. Do you recall whether or not there was any
 14 concerns raised about who would go where?
 15 MR. TILLEY:
 16 A. I have no doubt that there would have been. I
 17 know that staff--there was some comments by
 18 staff that they were going to be split up and
 19 for them, of course, split up would mean
 20 either going to the General Hospital/Health
 21 Science Centre site or St. Clare's; so whereas
 22 the Janeway group were moving and they would
 23 reach a new location pretty much with the same
 24 peers, the staff in the operating room at the
 25 Grace could have gone to either of the adult

Page 223

1 sites.
 2 COFFEY, Q.C.:
 3 Q. And I take it that also would have been true
 4 of the clinical laboratory at the Grace?
 5 MR. TILLEY:
 6 A. I suspect so, though I can't specifically
 7 recall.
 8 COFFEY, Q.C.:
 9 Q. Okay. Do you recall whether or not in your
 10 position as senior vice-president during the
 11 period of '95 to '99 you were ever called upon
 12 to address, what I'll refer to as cultural
 13 issues in the sense of moving across the city
 14 from one hospital to another and any problems
 15 with integration of staff? Were you ever
 16 asked to get involved in anything like that?
 17 MR. TILLEY:
 18 A. I can't recall, but I -
 19 COFFEY, Q.C.:
 20 Q. I'm not suggesting you could -
 21 MR. TILLEY:
 22 A. No, I don't recall. I mean, I -
 23 COFFEY, Q.C.:
 24 Q. Issues being brought to your attention and you
 25 being expected to address them?

Page 224

1 MR. TILLEY:
 2 A. Well I can only recall the fact that there
 3 were people who felt that they were losing
 4 their team, the team was being fragmented. If
 5 there were issues that I felt I might have
 6 been able to help resolve, then I certainly
 7 was very open to meeting with people.
 8 COFFEY, Q.C.:
 9 Q. Where did you go from there?
 10 MR. TILLEY:
 11 A. I left there and went to the Workplace Health
 12 Safety and Compensation Commission in the
 13 position as chief executive officer and
 14 Workers' Compensation is an organization that
 15 is responsible for providing compensation to
 16 workers throughout the province who may have
 17 experienced a workplace injury.
 18 COFFEY, Q.C.:
 19 Q. And you were there from what period?
 20 MR. TILLEY:
 21 A. From July '99 to October of 2000.
 22 COFFEY, Q.C.:
 23 Q. Was there any particular reason you moved?
 24 MR. TILLEY:
 25 A. Well, yes, I felt at that point in time that I

Page 225

1 needed a change and there was an opportunity.
 2 There were a lot of busy years that I had just
 3 completed at the Health Care Corporation and
 4 at that point in time I was thinking that
 5 maybe something other than health care would
 6 be something that I would like to pursue.
 7 COFFEY, Q.C.:
 8 Q. You were there until October of 2000?
 9 MR. TILLEY:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And what happened then?
 13 MR. TILLEY:
 14 A. Well, as time went on when I was with the
 15 Workplace Health Safety and Compensation
 16 Commission, the CEO had made a decision to
 17 step down.
 18 COFFEY, Q.C.:
 19 Q. That's the CEO of the Health Care Corporation?
 20 MR. TILLEY:
 21 A. Yes, sorry, Sister Elizabeth Davis. So there
 22 were a number of suggestions that I should
 23 seriously consider pursuing that position and
 24 what I found as time went on when I was with
 25 the Commission, my yearning for health care

Page 226

1 grew and I felt that I wanted to be a part of
 2 it again and while it would not be my
 3 preference to have such a short stay with an
 4 employer, I realized that if I was ever going
 5 to go back into health care, that this was the
 6 opportunity and if I was to forego it, then it
 7 was to forego it indefinitely.
 8 COFFEY, Q.C.:
 9 Q. So what happened?
 10 MR. TILLEY:
 11 A. I applied, I went through the interview
 12 process and got selected for that position and
 13 as you can see that that occurred in 2000,
 14 October.
 15 COFFEY, Q.C.:
 16 Q. Okay, so you're president and chief executive
 17 office of the Health Care Corporation of St.
 18 John's beginning in the fall of 2000. What
 19 did that involve?
 20 MR. TILLEY:
 21 A. Well, being responsible for a very large and
 22 diverse organization. I've obviously, by this
 23 time, had the benefit of my years of
 24 experience as a senior vice-president and I
 25 would have reported to a Board of Trustees and

Page 227

1 very similar to the discussions that we had
 2 earlier, in terms of there being a senior
 3 management/executive team that would be
 4 responsible for different components of the
 5 organization. There would be a medical
 6 advisory committee that would have still
 7 existed that would have had their Chair sit on
 8 the Board of Trustees. And as I recall it
 9 now, in addition to the Chair of Medical
 10 Advisory, I think the president of the Medical
 11 Staff Organization also sat on the Board and
 12 the Medical Staff Organization is sort of the,
 13 dare I say the union local of the physician
 14 group. You know, it didn't have the issues
 15 for quality that the Medical Advisory
 16 Committee Chair would have, but that person
 17 would have represented the views of the
 18 medical staff at large. Of course, in
 19 addition to the services, again, that are
 20 directly delivered, which were both local and
 21 provincial in nature, the issue with regards
 22 to the academic responsibilities continued and
 23 that was again in relation to our
 24 responsibility for medical education, so we
 25 would have had a close relationship with

Page 228

1 Memorial. And also, by that time, I was
 2 starting to think about the need for the
 3 organization to become stronger in its
 4 research activities. I remember having a
 5 discussion with one of the physicians about
 6 creating a learning environment and wanting to
 7 be on the leading edge, so we really started
 8 looking for opportunities to put research more
 9 on our agenda and in fact, there was some
 10 major initiatives underway which have
 11 culminated recently, I understand, with
 12 regards to creating research space. So we had
 13 education, we had research and we had this
 14 responsibility for services, health services.
 15 COFFEY, Q.C.:
 16 Q. And so you reported to the Board of Trustees
 17 of the Health Care Corporation. You provided,
 18 I take it that organization or facility
 19 provided some services province wide, which I
 20 gather are referred to as tertiary care
 21 services. How involved were you in that? Who
 22 was responsible within the organization for
 23 that?
 24 MR. TILLEY:
 25 A. There wouldn't have been any one particular

Page 229

1 individual. Children's health was--the major
 2 part of children's health was tertiary in
 3 nature; that being, it wouldn't be provided in
 4 any other site. There were some surgical
 5 services that would be tertiary in nature and
 6 they would, of course, report to perhaps
 7 another vice-president within the
 8 organization. So it wasn't organized along
 9 provincial or secondary or primary lines.

10 COFFEY, Q.C.:

11 Q. Okay. And then looking at your C.V., your
 12 time with the Health Care Corporation ends in
 13 December of 2005. In January of 2005, you're
 14 the president and CEO of the Eastern Regional-
 15 -I gather it should be Integrated Health
 16 Authority. Could you tell us, please, what
 17 you know about how that came about and how you
 18 ended up with that position?

19 MR. TILLEY:

20 A. Government had made a decision to restructure
 21 health services in the province again. This
 22 time there was an interest in more integration
 23 along the continuum and as you've alluded to
 24 with, in comparison to the Health Care
 25 Corporation that was more on the delivery of

Page 230

1 services or the treatment aspect, what the
 2 Eastern Health did was brought in the other
 3 dimensions, such as supportive care, in terms
 4 of long-term care or child protection and it
 5 would have brought in more involvement in what
 6 I call the upstream issues, such as health
 7 promotion and illness prevention, so very much
 8 and all inclusive type of arrangement. Just
 9 recalling that the other three authorities, it
 10 was geographic base and they were of varying
 11 sizes, but certainly Eastern Health was the
 12 largest, perhaps even larger than the other
 13 three combined.

14 COFFEY, Q.C.:

15 Q. Now just again looking at your C.V. and the
 16 rough numbers for the Health Care Corporation,
 17 number of staff, approximately 6500 staff and
 18 500 physicians. Looking at page one of P-
 19 0315, 12,000 staff and 700 physicians and
 20 surgeons, that was the organization
 21 approximately doubled in size that you were
 22 managing?

23 MR. TILLEY:

24 A. That's correct.

25 COFFEY, Q.C.:

Page 231

1 Q. And geographically, I don't know what the
 2 number of times it had increased by, it would
 3 be 50, 60 or 100 times, I don't know off the
 4 top of my head, but the point is, I want to
 5 ask you about is this, you understood the
 6 government was going to go this route of
 7 collapsing, I think it was six or seven -

8 MR. TILLEY:

9 A. Seven, I believe.

10 COFFEY, Q.C.:

11 Q. Seven health authorities or boards into one.
 12 You didn't choose, I take it, to apply for the
 13 position?

14 MR. TILLEY:

15 A. Yes, I did. I went through a similar process.
 16 Back in the fall of 2004, I believe the chair
 17 of the board had been named, I'm not certain
 18 that the other members would be -

19 COFFEY, Q.C.:

20 Q. Who is that?

21 MR. TILLEY:

22 A. That would be Joan Dawe and I recall being
 23 interviewed by a panel that included her and
 24 some staff from the Department of Health, so
 25 that was happening towards the end of 2004 and

Page 232

1 shortly, the four or I think it was over the
 2 Christmas season, in fact, that I would have
 3 met with Mrs. Dawe and she had offered that
 4 position to me.

5 COFFEY, Q.C.:

6 Q. And again in relation to that, you understood
 7 what it was that you were signing on for,
 8 getting yourself into?

9 MR. TILLEY:

10 A. I did, sir.

11 COFFEY, Q.C.:

12 Q. Okay. And you remained, I take it, with
 13 Eastern Health until July of 2007?

14 MR. TILLEY:

15 A. That's correct.

16 COFFEY, Q.C.:

17 Q. Okay, and I'll be speaking to you about the
 18 time period involving the end of your time
 19 there later. I'm just going to ask you now
 20 about your prior dealings with certain
 21 individuals. If I could and I'll just begin
 22 with Joan Dawe. In what context had you known
 23 Joan Dawe?

24 MR. TILLEY:

25 A. I had known Joan for a number of years,

Page 233

1 perhaps going back to certainly my Janeway
 2 days, maybe even before that. She was a
 3 manager at the St. Clare's Hospital and then I
 4 next recall her as the executive director of
 5 the St. John's Hospital Council, which was an
 6 entity that was established to provide for
 7 greater collaboration amongst the city
 8 hospitals and also to come up with a master
 9 plan for how the future of the cite should be
 10 in St. John's. Then I recall that she moved
 11 to government and a recollection that she
 12 spent some time in the Department of Social
 13 Services and maybe some time in the Department
 14 of Health.

15 COFFEY, Q.C.:
 16 Q. Would you have had any dealings with her while
 17 she was with the Department of Health, do you
 18 know?

19 MR. TILLEY:
 20 A. Undoubtedly would have been into dealings with
 21 her on issues between the, both organizations
 22 and government.

23 COFFEY, Q.C.:
 24 Q. And that would be in your capacity at one
 25 point as the senior vice-president of the

Page 234

1 Health Care Corporation?

2 MR. TILLEY:
 3 A. I'm certain there was contact with government
 4 because it was happening at multiple levels,
 5 but my recollection is that she was the deputy
 6 minister in the Department of Health. So
 7 predominantly I suspect her contact would have
 8 been with the CEO.

9 COFFEY, Q.C.:
 10 Q. And depending upon the timeframe, it could
 11 have been yourself or Sister Elizabeth?

12 MR. TILLEY:
 13 A. Yes, and I can't recall if our time overlapped
 14 or not.

15 COFFEY, Q.C.:
 16 Q. But you knew her in that, in either the
 17 governmental context or the health care in St.
 18 John's context?

19 MR. TILLEY:
 20 A. Yes.

21 COFFEY, Q.C.:
 22 Q. As well at one point was she, did she
 23 represent any organization with respect to the
 24 Health Care Corporation of St. John's Board,
 25 does she sit on the Board?

Page 235

1 MR. TILLEY:
 2 A. She was actually Chair--she was Chair of the
 3 Health and Community Services Board in St.
 4 John's, which was one of the entities that
 5 subsequently came on to Eastern Health and
 6 you're right, she was on the Health Care
 7 Corporation of St. John's Board.

8 COFFEY, Q.C.:
 9 Q. And as the CEO of the Health Care Corporation
 10 of St. John's, in fact, as a CEO of Eastern
 11 Health, you would have attended Board
 12 meetings?

13 MR. TILLEY:
 14 A. Yes.

15 COFFEY, Q.C.:
 16 Q. Let's see, John Abbott.

17 MR. TILLEY:
 18 A. John Abbott, I think my first involvement with
 19 John came when he was doing a review for
 20 government of the expenses of the Health Care
 21 Corporation and if my memory is right, he was
 22 with Treasury Board.

23 COFFEY, Q.C.:
 24 Q. Uh-hm.

25 MR. TILLEY:

Page 236

1 A. And had been asked to do some review of costs
 2 with the aim to see if there were
 3 opportunities to reduce costs further. My
 4 next recollection is that in the early part of
 5 my tenure with the Health Care Corporation of
 6 St. John's, a consulting group were brought in
 7 to identify potential cost savings and there
 8 was a steering committee established that, I
 9 believe was chaired by the deputy minister of
 10 the day, Mr. Thompson.

11 COFFEY, Q.C.:
 12 Q. Robert Thompson.

13 MR. TILLEY:
 14 A. Robert Thompson and I believe John Abbott
 15 actually sat on that steering committee.

16 COFFEY, Q.C.:
 17 Q. And this would be the HayGroup, I take it?

18 MR. TILLEY:
 19 A. Yes, you're correct.

20 COFFEY, Q.C.:
 21 Q. Go ahead.

22 MR. TILLEY:
 23 A. And the next recollection I have is that he
 24 was appointed as the Chair of the Health Care
 25 Corporation of St. John's Board of Trustees.

1 COFFEY, Q.C.:

2 Q. Do you recall approximately when that was or

3 what you were doing at the time?

4 MR. TILLEY:

5 A. I would have been CEO at that time, but I

6 can't tell you the actual date of his

7 appointment.

8 COFFEY, Q.C.:

9 Q. So it would have been before 2005 because that

10 was Eastern Health -

11 MR. TILLEY:

12 A. That was Eastern Health.

13 COFFEY, Q.C.:

14 Q. So sometime during the period October 2000 to

15 December 2004?

16 MR. TILLEY:

17 A. I remember it was over the Christmas season, I

18 think there was a change, if I can just try to

19 think through, I could probably get the date

20 for you.

21 COFFEY, Q.C.:

22 Q. No, that will be fine, it's just to canvass

23 with you in the context that you did deal with

24 him at one point while you were CEO of the

25 Health Care Corporation, for a period of time

1 just named, Robert Thompson.

2 MR. TILLEY:

3 A. Yes. My first time meeting Robert was when he

4 was appointed the deputy minister of health.

5 And actually that seemed to have coincided

6 with my arrival back in the Health Care

7 Corporation of St. John's.

8 COFFEY, Q.C.:

9 Q. Which would be the fall of 2000?

10 MR. TILLEY:

11 A. Yes, would have known him in that capacity.

12 COFFEY, Q.C.:

13 Q. So it would be at all unusual, as in your

14 capacity as a CEO of the Health Care

15 Corporation or for that matter, Eastern

16 Health, to be direct contact with the deputy

17 minister of the day, whomever he or she was?

18 MR. TILLEY:

19 A. That's correct.

20 COFFEY, Q.C.:

21 Q. And Robert Thompson was certainly one such DM

22 and John Abbott was another.

23 MR. TILLEY:

24 A. Yes.

25 COFFEY, Q.C.:

1 he was the Chair of the Board of Trustees?

2 MR. TILLEY:

3 A. Yes.

4 COFFEY, Q.C.:

5 Q. And you had known him before, you actually

6 reported to him.

7 MR. TILLEY:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. And the Board.

11 MR. TILLEY:

12 A. Reported to the Board. And then, of course,

13 he would have went on to become deputy

14 minister of health, so that's where I would

15 have had a continued involvement with him.

16 COFFEY, Q.C.:

17 Q. As he moved from Chair of the Board of

18 Trustees, I don't know about directly, but

19 more or less to become deputy minister of

20 health?

21 MR. TILLEY:

22 A. Yes, and of course, the Chair was a voluntary

23 position.

24 COFFEY, Q.C.:

25 Q. Yes. I'll pick another one, the person you

1 Q. Okay. How about as--we understand and it's a

2 matter of public record that Mr. Thompson was,

3 at one point, clerk of council.

4 MR. TILLEY:

5 A. Yes.

6 COFFEY, Q.C.:

7 Q. Would you have had any dealings with him in

8 his capacity of clerk?

9 MR. TILLEY:

10 A. Really, no, other than exchange of a personal

11 note. I just remember when he left to go

12 there, he wrote me a note saying, you know,

13 thanks for the working relationship. And

14 beyond that there would have been, really, no

15 dealings up until late, or spring of last year

16 when we started talking about the Inquiry and

17 the follow-up to it.

18 COFFEY, Q.C.:

19 Q. Pick some of the ministers of the day, okay.

20 John Ottenheimer?

21 MR. TILLEY:

22 A. Knew him by reputation, but really had no

23 direct contact with him until he became

24 minister.

25 COFFEY, Q.C.:

Page 241

1 Q. Okay. And I'll be talking to you about your
 2 dealings with him as minister. Tom Osborne?
 3 MR. TILLEY:
 4 A. The same.
 5 COFFEY, Q.C.:
 6 Q. Okay. Ross Wiseman?
 7 MR. TILLEY:
 8 A. I knew Mr. Wiseman before. He had actually
 9 worked in a senior management capacity with
 10 the Peninsulas Health Care Organization which
 11 is one of the organizations that came together
 12 to become Eastern Health. And he may have
 13 actually been a human resource manager when it
 14 was just Clarendville before Peninsulas. I
 15 can't pull out the details at the moment, and
 16 one of the projects that was happening at the
 17 time that we were both involved in, was called
 18 a Health Information Task Force. And that was
 19 an initiative that was trying to put some
 20 scope and direction to where the province
 21 should go in the information capacity IT area
 22 and that was actually chaired by Sister
 23 Elizabeth Davis. When I recall she was at St.
 24 Clare's, I was invited to become a member of
 25 that task force and Mr. Wiseman was also

Page 242

1 there.
 2 COFFEY, Q.C.:
 3 Q. That would be the early 1990s?
 4 MR. TILLEY:
 5 A. Was my Janeway days, so, sorry for having to
 6 look, but yeah, it would have been the early
 7 90s, '92, '93, '94, '95.
 8 COFFEY, Q.C.:
 9 Q. Yes. That topic will come up again,
 10 Commissioner. So you knew him in that
 11 capacity, you met him there and how about
 12 afterward?
 13 MR. TILLEY:
 14 A. He chose to run for government and--or as an
 15 elected official. There may have been
 16 sporadic communique while he was with the
 17 Liberal party and I'm just trying to remember
 18 the--and then he moved to the Progressive
 19 Conservatives. From time to time, he may call
 20 on a particular issue, but that would be very
 21 limited and then, of course, he went on to
 22 become minister. There was a period of time
 23 that I know he was working in the Department
 24 of Health in some other capacity. I'm not
 25 sure if it was parliamentary assistant or

Page 243

1 whatever the term might be, I don't recall a
 2 lot of involvement with him at that time.
 3 COFFEY, Q.C.:
 4 Q. And then when he became minister, you would
 5 have had contact with him at that point?
 6 MR. TILLEY:
 7 A. That's correct.
 8 COFFEY, Q.C.:
 9 Q. Oscar Howell?
 10 MR. TILLEY:
 11 A. Dr. Howell I had known in a social context for
 12 maybe going back eight to ten years ago. We
 13 had mutual friends, so that sometimes brought
 14 us together. He had worked in a professional
 15 capacity for the Health Care Corporation of
 16 St. John's dealing with employee health and
 17 wellness and he had an interest in some
 18 training in occupational medicine, so he was
 19 brought in in that capacity, and subsequently,
 20 of course, when the vacancy came up for the
 21 vice-president of Medical Services, he had
 22 expressed, applied for it and was successful
 23 in getting that position.
 24 COFFEY, Q.C.:
 25 Q. Bob Williams?

Page 244

1 MR. TILLEY:
 2 A. Bob Williams I would have first met, I
 3 suspect, back in my Waterford time. I think
 4 he may have been an associate deputy minister
 5 perhaps at the time.
 6 COFFEY, Q.C.:
 7 Q. With the Department of Health?
 8 MR. TILLEY:
 9 A. With the Department of Health and subsequently
 10 went on to become the deputy minister. So
 11 we've certainly had dealings with the
 12 department when he was in that position. The
 13 position of vice-president of Medical Services
 14 became vacant at the Health Care Corporation
 15 of St. John's and Dr. Williams was one of the
 16 candidates and was subsequently recruited as
 17 the vice-president for Medical Services in
 18 that organization and certainly I would have
 19 had dealings with him in that capacity.
 20 COFFEY, Q.C.:
 21 Q. So when he came to work was the VP medical,
 22 I'll refer to it, with the Health Care
 23 Corporation, that would have been in the mid
 24 nineties, late nineties, do you know? What
 25 I'm asking is when you were senior VP there -

Page 245

1 MR. TILLEY:
 2 A. Yes, that's correct, it was not while I was
 3 CEO, so it would be more in the mid to late.
 4 COFFEY, Q.C.:
 5 Q. If you were senior vice-president, did he
 6 report to you?
 7 MR. TILLEY:
 8 A. No, he didn't. The designation of senior
 9 basically meant that when the CEO was away,
 10 that I was expected to deal with any matters
 11 that might come up.
 12 COFFEY, Q.C.:
 13 Q. But when the CEO was present, you were all
 14 kind of -
 15 MR. TILLEY:
 16 A. Right, we were all on the same level.
 17 COFFEY, Q.C.:
 18 Q. Equals. Do you recall who recruited Dr.
 19 Williams?
 20 MR. TILLEY:
 21 A. Yes, I sat in on a selection committee.
 22 Sister Elizabeth would have been there. There
 23 were a couple of other -
 24 COFFEY, Q.C.:
 25 Q. I ask that just because, not so much, you

Page 246

1 know, listen to the job interview, but you
 2 used the word "recruited" and that has
 3 connotations of actually going and getting
 4 somebody, you know, encouraging them to apply,
 5 was it that kind of context or was it he just
 6 simply applied for the job and -
 7 MR. TILLEY:
 8 A. I'm assuming they applied for the position,
 9 that was our typical way of doing these
 10 things.
 11 COFFEY, Q.C.:
 12 Q. So recruited doesn't have any particular
 13 connotation?
 14 MR. TILLEY:
 15 A. I'm sorry, no.
 16 COFFEY, Q.C.:
 17 Q. Okay, that's fair enough. Let me just see if
 18 I could, Commissioner, before we break, Moira
 19 Hennessey?
 20 MR. TILLEY:
 21 A. Moira Hennessey, I think I--certainly as long
 22 as I've been in health care and as long as
 23 she's been in the Department of Health, I've
 24 known her, whatever time that might have been.
 25 I seem to remember that she had evolved from a

Page 247

1 consultant position to a director of health
 2 services position to an assistant deputy
 3 minister position.
 4 COFFEY, Q.C.:
 5 Q. So you were in health care at the Janeway or
 6 the Health Care Corporation of St. John's, as
 7 you went up through the hierarchy there or
 8 moved and went up.
 9 MR. TILLEY:
 10 A. Yes, and she was probably doing the same.
 11 COFFEY, Q.C.:
 12 Q. And Ms. Hennessey did the same and you would
 13 have been aware and at times had dealings with
 14 her?
 15 MR. TILLEY:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Commissioner, if we could, if we're going to
 19 take an afternoon break.
 20 THE COMMISSIONER:
 21 Q. Yes, we can do it now, we'll take fifteen
 22 minutes.
 23 COFFEY, Q.C.:
 24 Q. Thank you, Commissioner.
 25 (RECESS)

Page 248

1 THE COMMISSIONER:
 2 Q. Please be seated. Mr. Coffey?
 3 COFFEY, Q.C.:
 4 Q. Thank you, Commissioner. Mr. Tilley, I gather
 5 you've had a lot of time to think about this
 6 while matter.
 7 MR. TILLEY:
 8 A. Yes, I have.
 9 COFFEY, Q.C.:
 10 Q. And it's unfortunate but a couple of times, of
 11 course, you were about to come and testify and
 12 it got postponed because of other matters, not
 13 involving yourself. What I'm going to ask is
 14 this, is that it's now just past 3:30, we
 15 usually sit to 4:45. Could you tell us please
 16 what happened? Start at the beginning and if
 17 you can, and it has to go over until tomorrow
 18 morning, you know, the Commissioner would
 19 understand that, but tell us what happened
 20 from your perspective. And when I say "what
 21 happened" it's ER/PR and -
 22 MR. TILLEY:
 23 A. Yes, I understand.
 24 COFFEY, Q.C.:
 25 Q. Okay, if you could please?

Page 249

1 MR. TILLEY:
 2 A. Well my recollection brings me back to July of
 3 2005 and that's a date that I had recorded in
 4 a log book that I use when I have telephone
 5 conversations with people. I can't guarantee
 6 that it's one hundred percent accurate because
 7 there's times, of course, that I would be
 8 taking calls in other locations. I received a
 9 call around July 7th, could be the 8th, but
 10 July 7th is the earlier date that's recorded
 11 from Dr. Williams, who is the vice-president
 12 of Medical Services, to raise an issue about
 13 the test used to identify receptors, estrogen
 14 and progesterone receptors that's used to
 15 identify whether a patient can benefit from a
 16 drug known as Tamoxifen. My recollection at
 17 that time was that over the previous few weeks
 18 he had been doing some or a lot of work had
 19 been going on with regards to this issue, that
 20 they had reached a point where they felt this
 21 was more than just an isolated situation and
 22 that on retesting, there were some patients
 23 whose results had changed from negative to
 24 positive. During that conversation, he had
 25 referenced, I'm reflecting on the notes that

Page 250

1 I've recently reviewed, he had reflected or I
 2 had in my notes a reference to Bonnell and
 3 Predham. Susan Bonnell is the director of
 4 communications and Heather Predham, I think
 5 may have been the acting director of quality
 6 initiatives at that point in time. I am
 7 working on the basis that he would have
 8 identified those two individuals as people
 9 that he would need to contact in light of the
 10 issue. He went on to say it's important that
 11 we talk about this publicly as quickly as
 12 possible and I have a note which refers to Dr.
 13 Ejeckam and I'm not sure what the reference
 14 was at that time because I know there was a
 15 reference within a couple of days to a
 16 conversation about Dr. Ejeckam. So suffice to
 17 say that from that moment on, the impact of
 18 that call really hasn't gone far from my mind.
 19 The context, this is in July, I'm thinking in
 20 May and June, the new executive team for
 21 Eastern Health has just come together. So
 22 here we are tasked with bringing this massive
 23 organization together and this issue has come
 24 to the forefront. There is a recollection
 25 that there's a lot of work going on that he's

Page 251

1 directly involved with, with the lab. And I
 2 recall some reference to Dr. Cook, who would
 3 have been the clinical chief of the Laboratory
 4 Medicine Program and Mr. Gulliver, Terry
 5 Gulliver, who would have been the program
 6 director for the lab. And they were doing an
 7 investigation in terms of or at least lots of
 8 discussions in terms of whether, you know,
 9 this is specific to a particular year, trying
 10 to anticipate what the potential causes might
 11 have been. So I know that he was still
 12 working through some of those issues for that
 13 week. At a later point, two groups that were
 14 important to bring into that discussion;
 15 namely the Department of Health and the Board
 16 Chair, were apprised of the situation. The
 17 Board Chair, through a contact with me,
 18 through an e-mail because I think at that time
 19 she was away on vacation. And I know there
 20 was some opportunity to discuss it with her in
 21 more detail later. Government had been
 22 apprised of the situation, I can't be sure
 23 exactly how, but I know that there was a
 24 discussion through some level in the
 25 organization. I'm recalling that that

Page 252

1 discussion precipitated a call to me by the
 2 Minister of Health and Community Services, Mr.
 3 Ottenheimer, and he was obviously equally
 4 concerned. We were talking about the
 5 implications of this and the importance of
 6 getting it resolved and I think there was an
 7 echoing of the point about this issue needs to
 8 be talked about publicly as soon as possible.
 9 The time goes on and the next thing that I can
 10 recall is that I actually got involved, maybe
 11 in the subsequent week in one of the meetings
 12 that Dr. Williams was having with, I'm
 13 thinking the lab leadership team,
 14 representatives from quality and
 15 communications, I think were there, to
 16 participate in the discussion. I'm not sure
 17 if I'm getting all the sequence of events
 18 right, but shortly thereafter a group actually
 19 went in to meet with the minister to apprise
 20 him of the situation in more detail. And I
 21 recall that both Dr. Williams and Dr. Cook
 22 would have been there because the issue for me
 23 was to make sure that the minister was hearing
 24 it directly from people who understood it and
 25 could articulate it. I remember at that point

Page 253

1 in time, the 20th or 21st or 22nd, I can't be
 2 sure of the dates, of July, simultaneous or
 3 just before that meeting some information had
 4 been compiled which looked at one of the
 5 benchmarks that is known to be looked at when
 6 you deal with this type of test and the
 7 benchmark has to do with the what could be
 8 expected to be on average the level of
 9 positivity of this particular test. And that
 10 range actually changed and got more fine tuned
 11 as time went on, but initially I recall some
 12 reference to 50 to 85 percent of patients who
 13 are treated with this could be expected to be
 14 positive. The information that I was
 15 recalling was a spreadsheet which showed the
 16 positivity rates for several years going back
 17 and the positivity rate for a couple of the
 18 years, more recent years was showing to be
 19 within range. And then the question has been
 20 raised, like, have we had a false start here,
 21 did we come across something that was isolated
 22 or was it something that was unique to a
 23 particular period, so all of a sudden we were
 24 presented with maybe this is not the situation
 25 that we thought it was. So the meeting with

Page 254

1 the minister went ahead and we talked with
 2 him. He had a chance to talk about or talk
 3 with the chief, the Clinical Chief for
 4 Laboratory Medicine, Dr. Cook, and get an
 5 appreciation for this issue. The--I recall
 6 the minister being concerned, wanting to be
 7 sure that this is acted upon. I recall
 8 discussing how we might do that because of the
 9 issue of writing patients who were impacted
 10 was raised. We also acknowledged the fact
 11 that oncologists, who are a major partner in
 12 the treatment of breast disease, needed to be
 13 included in a discussion and that was going to
 14 be arranged. So we left the minister
 15 essentially with the intent of having further
 16 communications, continuing to delve more into
 17 this issue and I believe there might have even
 18 been a follow-up meeting set up to come back
 19 and report our findings.
 20 The next couple of weeks or week there
 21 was continued discussion around how are we
 22 going to follow-up on this issue. And I
 23 remember getting some input through a memo
 24 from the Communications Department actually
 25 suggesting that the approach that was

Page 255

1 originally envisaged, because Dr. Williams had
 2 talked about this going public very early and
 3 even to the point of the Communications
 4 Department having drafted up the press
 5 releases or samples of press releases. But at
 6 that point in time, this is after the meeting
 7 with the minister, he had--the communications
 8 director had indicated to me that the idea of
 9 a common press release was not the solution
 10 that she was espousing but rather more
 11 individual follow-up with patients on the
 12 basis that here was a defined group that we
 13 were aware of and should make contact but also
 14 referencing the need to consult with the
 15 oncologists. So I think that was fairly soon
 16 after that meeting.
 17 The meeting with the oncologists and lab
 18 that I recall me sitting in on occurred in the
 19 early part of August, and there were
 20 discussions then around this whole issue. I
 21 suspect by then they had obvious awareness to
 22 this. I can't recall, by the way--I recall
 23 initially that this was focused in on the year
 24 2002. So I'm not sure--I would expect at that
 25 point in time that the positivity rates that

Page 256

1 were being talked about would have been shared
 2 with them.
 3 I don't have off the top of my head a
 4 better familiarity with what was said, though
 5 I do have notes that I referenced to that
 6 meeting if you wanted me to speak to it in
 7 more detail, I could probably suggest that we
 8 get that note, otherwise I'll just sort of
 9 keep going?
 10 COFFEY, Q.C.:
 11 Q. You can keep going because we'll come back to
 12 -
 13 MR. TILLEY:
 14 A. Okay.
 15 COFFEY, Q.C.:
 16 Q. - some of the stuff in detail. I'm just
 17 trying to get some sense and have the
 18 Commissioner get some sense of your
 19 perspective.
 20 MR. TILLEY:
 21 A. Right.
 22 COFFEY, Q.C.:
 23 Q. Of an overview.
 24 MR. TILLEY:
 25 A. Right. In the meantime, while the clinical

Page 257

1 people are sort of working through this issue,
 2 the extent of it and the like, I recall being
 3 in some discussions with Susan in relation to
 4 what the various choices were here. And
 5 unfortunately, I can't put all the pieces
 6 together because there was a point, and I
 7 can't remember if it was in that first meeting
 8 that I attended with the oncologists or in a
 9 meeting that happened a week or two later
 10 where the oncologists were taking a position
 11 about individual contact. But I'm suspecting
 12 by that time there must have been varying
 13 options being put forward to the point that I
 14 had asked "Well, can you put together
 15 something that I can review in terms of the
 16 strengths and weaknesses of various options?"
 17 And that, those options were sort of a common
 18 press release, personal contact with the
 19 patients, and I thought there was one other
 20 that seems to have totally eluded me at the
 21 moment. So that sort of discussion was going
 22 on simultaneous to this.
 23 We do have then this subsequent meeting
 24 that I recall participating in and there is
 25 undoubtedly others that were going on but I

Page 258

1 wasn't involved in all of them, but this one I
 2 particularly remember had pathologists,
 3 oncologists, Dr. Cook, for example, I think
 4 Dr. Bev Carter, another pathologist, Dr.
 5 Laing, an oncologist, Dr. McCarthy, another
 6 oncologist, may have been a surgeon there, Dr.
 7 Kwan seems to ring a bell, and then Dr.
 8 Williams, Heather Predham, who would have been
 9 the acting director, Susan Bonnell and Terry
 10 Gulliver. I sort of visualize the room here
 11 and who's there. During that meeting a lot of
 12 discussion around ranges of positivity,
 13 discussions around the evolving protocols, for
 14 lack of a better word, in terms of when it
 15 would be best to offer Tamoxifen to a patient
 16 and that was with specific regard to the
 17 positivity rate, because at one point in time
 18 that rate referred to or was anybody who was
 19 30 percent positive or more would benefit from
 20 it and we were hearing, I was hearing the
 21 discussion which said you can go down to 10
 22 percent, that was sort of a new standard, and
 23 even discussions around going down as low as
 24 one percent, which means anything that was
 25 positive could have that. So those two

Page 259

1 parameters were being talked about.
 2 I also recall some disagreement as to who
 3 owned this issue. I'm not sure if owning is
 4 the right word, but there was clearly
 5 disagreement. I remember there being some
 6 disagreement between Dr. Carter and Mr.
 7 Gulliver, I can't tell you specifically what
 8 that was. I don't think there was
 9 disagreement, per se, between the pathologists
 10 and the oncologists. But I do have a
 11 recollection of just my overall sense here
 12 that here I was a CEO of one of the largest
 13 organizations, health organizations in this
 14 country, I think we were top 20 or something,
 15 just trying to embark on bringing it together
 16 and here I was facing a major clinical issue
 17 and involved in a situation where, you know,
 18 there was discussions going on and saying,
 19 "No, that's, you know, something that's in
 20 your camp," or "that's something that's in
 21 your camp," going back and forth.
 22 It actually occurred to me about four
 23 week ago in one of my quiet moments of
 24 reflection about that meeting. I remembered
 25 saying or having to say, "The patient has got

Page 260

1 to be our focus here, not ourselves." So I
 2 said, "Well, that's a great revelation" when
 3 I'm there thinking about this. But
 4 subsequently was reminded when I got some of
 5 the exhibits that you were using of my account
 6 of that meeting that on the tail end it said
 7 "Patient first." So I realized at that moment
 8 that that late night recollection was actually
 9 a reality.
 10 I think that was also the meeting that we
 11 had some further discussions on how we're
 12 going to deal with the follow-up, the
 13 notification process. Now, I should sort of,
 14 before I get into that issue, one thing was
 15 never debated, always assumed, don't recall it
 16 ever being different other than the intent was
 17 that we had to follow-up with all patients who
 18 had been impacted by this.
 19 And I think it was at that meeting that
 20 one of the oncologists made a statement that I
 21 recall, and that is "A patient can benefit
 22 from Tamoxifen even as long as seven or ten
 23 years later." And from that thought the focus
 24 was if we can make a difference for anyone,
 25 then we have to go through this.

Page 261

1 So, having said that, back to the issue I
 2 think I was getting to, which is the
 3 discussion on how we were going to follow-up
 4 on this. The Department of Health had made a
 5 recommendation subsequent to Dr. Williams'
 6 thought about having a standard release or a
 7 public release to use a letter to notify the
 8 patients and I'm not sure if I brought it up
 9 or somebody else brought it up, but the
 10 oncologists in their reflection on that felt
 11 that we needed to find out the results of the
 12 changes before any individual patient was
 13 contacted. And as I understand the
 14 discussion, they felt that if there was a
 15 contact made to say that "You had this test,
 16 we now have a concern with regards to the
 17 accuracy of this test, we're going back to
 18 retest, we'll be in touch with you when
 19 there's a result," that that process was
 20 expected to bring a high level of anxiety to
 21 the patient and they were speaking against
 22 that.

23 Now, just thinking about the retesting
 24 for a moment. Initially there was a thought
 25 that the retesting was going to be done in

Page 262

1 house, but that was drawn into question when
 2 the positivity rates were presented for that
 3 multi-year period and had shown that in the
 4 past few years the tests were certainly in
 5 range and certainly were on the high end of
 6 the range, but a question of being too high.
 7 So then that raised the question that maybe
 8 the problem here is that the current
 9 technology which had been put in a year or two
 10 before that was being over sensitive. So even
 11 the cases that they had looked at up to that
 12 point in time were even being questioned and I
 13 seem to recall some suggestion that the
 14 oncologists wait until those results are
 15 reaffirmed. So that was an extensive
 16 discussion, maybe lasted an hour or more,
 17 multiple people in the room.

18 I can't remember the direct follow-up on
 19 the clinical side, but I do remember after
 20 that having some subsequent conversations with
 21 representatives in the Department of Health as
 22 they were inquiring about the follow-up
 23 because I remember saying to them about the
 24 oncologists and their view. And what we
 25 decided to do either then or shortly

Page 263

1 thereafter was to actually allow for the
 2 oncologists to directly speak with the
 3 minister so we could have a discussion about
 4 how this was--or could understand the
 5 rationale for the position that the
 6 oncologists were taking. And it really
 7 presented a dilemma. The people who are
 8 dealing with patients who are fighting cancer
 9 obviously were in a position to be able to
 10 know how much it's affected those patients,
 11 and, I guess, suffice to say that the Minister
 12 and I, and the others, felt that the idea of
 13 going out in advance to raise this issue
 14 without knowing the impact on any particular
 15 patient could have the potential of negatively
 16 impacting the patient. So the decision was to
 17 continue with a plan to deal with the
 18 patient's results when they came back. The
 19 next point I recall relates to the issue of
 20 the equipment that had been installed the year
 21 before, and I don't know if the word "VENTANA"
 22 has come up in your previous interviews --

23 COFFEY, Q.C.:

24 Q. Oh, yes.

25 MR. TILLEY:

Page 264

1 A. Okay. That was the piece of equipment I was
 2 referring to that was now being raised as
 3 being overly sensitive. So that precipitated
 4 two things. One is to say if we don't have
 5 confidence in that particular piece of
 6 equipment, then we shouldn't be using it. So
 7 arrangements were made with a facility in
 8 Ontario, Mount Sinai, to have them do the
 9 tests for this particular issue on a go-
 10 forward basis until that piece of technology
 11 could be evaluated. I'm thinking it's
 12 simultaneous, while our original intent was to
 13 retest the past specimens on the new VENTANA
 14 system, now a decision was made not to do that
 15 in-house, but to send it out to Mount Sinai.
 16 The turnaround time was to be six to eight
 17 weeks. So this is in early August, and the
 18 expectation was that in mid September/late
 19 September this information will be back to us
 20 in terms of what the results were on their
 21 retesting of it. The other issue that was
 22 starting to be raised was the uncertainty
 23 around this test in the first instance, and I
 24 recall receiving information including
 25 articles that really presented this test as

Page 265

1 being of less value than I think what I was
 2 hearing people were assuming. It was clear
 3 from those discussions that in Europe and in
 4 the United States, there had been a
 5 recognition that this particular test has its
 6 limits, and there seemed to be more attention
 7 being paid to it either in terms of its
 8 limitations or in terms of how do you minimize
 9 its limitations. I, at this point in time was
 10 trying to -- I confess, probably even to
 11 today, trying to understand how much of what
 12 was being seen in St. John's was a reflection
 13 of the limitations that were being seen in the
 14 literature. I recall -- I'm assuming there's
 15 some discussions or phone calls or the like
 16 going on in September, but I recall that Mount
 17 Sinai ran into problems and the wish to -- or
 18 our expectation that these results of the
 19 retests were going to be back to us by the
 20 time originally allotted was slipping away,
 21 and Dr. Cook had been in contact with them and
 22 I was hearing reports around unexpected delays
 23 that they were having. Of course, they were
 24 doing this on top of their existing workload.
 25 They were doing our new tests on a go-forward

Page 266

1 basis. So I thought that I might be able to
 2 bring some influence to that issue and I would
 3 call my counterpart at Mount Sinai. I can't
 4 remember that discussion specifically, but I
 5 know that he either transferred me or referred
 6 me to the lab leader in Mount Sinai whose name
 7 is Dr. Pritzer or --
 8 COFFEY, Q.C.:
 9 Q. Pritzker.
 10 MR. TILLEY:
 11 A. Pritzker. That conversation with Dr. Pritzker
 12 was for me to stress the importance to us to
 13 get the results back as quickly as possible.
 14 They were endeavouring to do that, but ran
 15 into their own problems. The other part of
 16 that discussion that was particularly
 17 significant for me was that he was saying --
 18 speaking to what I had already picked up
 19 through some of the literature with regards to
 20 the limitations of this particular test, and
 21 the literature was saying in Europe there was
 22 60 percent of the hospital's labs would not be
 23 able to accurately give results for some
 24 ranges, and there was a 30 percent who
 25 couldn't give it for another range, so it was

Page 267

1 pretty startling. In any event, Dr. Pritzker
 2 had said that this issue with regards to this
 3 particular test had been known to him and
 4 others. He was actually giving, I think his
 5 words were "credit to Newfoundland" for
 6 pursuing this issue. We had chosen Mount
 7 Sinai because Dr. Cook and others, I guess,
 8 Dr. Carter, had recognized it as one of the
 9 sites in Canada who had what was known in
 10 their profession as a "gold standard", and I
 11 suspect that that was more known in the
 12 pathologies and technical area than it would
 13 have been known to me. So we knew that here
 14 was an individual who understood the
 15 limitations of the tests, had a high volume
 16 lab, but either had brought sort of the
 17 expertise around it to give us enough
 18 confidence that their results we could have
 19 some confidence in. I remember having a
 20 discussion with him as to how come this has
 21 been an issue in Europe and in Canada and
 22 appears to be talked about in the Canadian
 23 context, but, you know, we're still saying
 24 that more work needs to be done. There was a
 25 whole bunch of things, actually, or contacts

Page 268

1 that I sort of took it upon myself while this
 2 was -- the follow up, collecting the names and
 3 specimens, and getting them out was happening.
 4 I called some individuals more on this issue
 5 about whether it's a national problem or not,
 6 and one of the individuals I called was the
 7 CEO of the Canadian Patient Safety Institute,
 8 Phil Hassen. I had neglected to mention this
 9 earlier, but the reason I had known Mr. Hassen
 10 was because I was on the Board of Directors of
 11 the Canadian Patient Safety Institute, and
 12 that institute was created by the federal
 13 government in response to a recent research
 14 project that looked at the prevalence of
 15 adverse events in health care organizations,
 16 and the research had actually identified
 17 something to the effect that on average seven
 18 patients out of a hundred can -- will have
 19 likely experienced an adverse event in a
 20 health care setting during their admission.
 21 So I had been involved as a Board member on
 22 that organization and had been involved in a
 23 lot of the discussions that led to its
 24 creation, and some of the initiatives that
 25 that organization was pursuing. I can get

Page 269

1 back to some of that later if you wish, but I
 2 called Phil Hassen because in one of the
 3 documents that led up to the creation of this
 4 organization, there was a preamble which
 5 talked about the value of sharing information
 6 throughout the country so that organizations
 7 could learn from one another. In the first
 8 couple of paragraphs of that document, it
 9 referred to a couple of cases of a drug known
 10 as Vincristine that's normally used for
 11 children with cancer, and if it's given in the
 12 spine as opposed to the vein, it can be
 13 lethal, and it referred to a fact as to how
 14 one of these -- a case of this had happened,
 15 but several years earlier there had been one
 16 in Halifax, and referenced the point about if
 17 one had known about that, then maybe this
 18 particular tragedy wouldn't have occurred. As
 19 soon as I read it, a flashback I had was that
 20 not only did one occur in Halifax, but one had
 21 occurred in the Janeway back in the early 80s,
 22 because I remember I had just joined the
 23 Janeway when that occurred. So here we are
 24 looking at multiple events that had not been
 25 shared and the inappropriate application of

Page 270

1 that drug was tragic. So by this time, I'm
 2 sort of getting a bit of head of steam built
 3 up and saying, look, I'm hearing about this
 4 issue from the literature, I'm talking to
 5 people about the value of this test, like, who
 6 owns this issue because by this time I was
 7 hearing there's no standards for the process,
 8 there's 40 steps from beginning to end, it can
 9 be affected by environmental conditions,
 10 humidity, how long it's kept in the OR, how
 11 it's transported, what the temperature should
 12 be. Anyhow, I called Phil and we talked about
 13 the situation we're facing here and we talked
 14 about the importance of follow up with the
 15 patients. I was looking also for him to say
 16 whose desk do I land this issue on, and he
 17 recommended I call Bob Bell. Bob Bell was
 18 recommended to me because he's a Chief
 19 Executive Officer, but he's also an
 20 oncologist, and Phil's thought was, George,
 21 he'd understand this issue from your
 22 perspective, but he'd also understand it from
 23 a clinical perspective. Doctor Bell, Bob
 24 Bell--the one word that I remember coming away
 25 with was his description of this as a grey

Page 271

1 test which I interpret as saying, you know,
 2 it's not black, it's not white, it's somewhere
 3 in the middle. I also recall, I think, Doctor
 4 Bell saying to me that reinforcing the
 5 perception of Mt. Sinai as a good place to use
 6 this. I had also asked Doctor Cook, while he
 7 was in the middle of dealing with this issue,
 8 to make representation to the oncologists--
 9 sorry, the Canadian Pathology Association
 10 because trying to figure out who, in the
 11 country, really needs to take ownership of
 12 this issue and I do know that he followed up
 13 with them.
 14 So, there was a lot of discussion about
 15 what I felt was a responsibility that I had to
 16 bring this to the attention of others. And if
 17 there was somebody else who could potentially
 18 benefit from this, then this issue I had with
 19 the drug, Vincristine, would not be
 20 replicated. Anyways, that was sort of a thing
 21 that was happening along that time.
 22 Back in house again, the issue of the
 23 sensitivity of the VENTANA technology was
 24 being followed up. And I remember they went
 25 through great efforts to get the technical

Page 272

1 representative of the company down to assess
 2 the equipment and that happened. I can't
 3 remember the specific comments at the moment,
 4 but the bottom line was, for the most part,
 5 the equipment checked out.
 6 Simultaneous with that or around the same
 7 time--first of all, you recall my comment
 8 about we weren't sure if this was as big as
 9 thought it was. But despite that, the
 10 decision was made to go forward and re-test
 11 several years because we just didn't know.
 12 And one of the decisions we made is to
 13 initiate a peer review process. And peer
 14 review is a mechanism that is often used in
 15 hospitals recognizing the unique positioning
 16 of physicians, in particular, and recognizing
 17 our interest in having staff contribute openly
 18 to an investigation. We asked somebody with
 19 expertise with creditability to come in and
 20 asses the system that we had in place. And
 21 there was a physician from British Columbia
 22 and a technologist from Mt. Sinai. I remember
 23 that that was happening during September/
 24 October. Their reviews, because they were
 25 peer reviews, the circulation of them was

Page 273

1 limited, not sure if there's three or four
 2 copies made. I didn't take one personally,
 3 but I did go to Doctor Williams' office to
 4 read it. And issues that come to mind
 5 concerns about fixation. And as I understand
 6 fixation, that starts outside the lab, in the
 7 OR or wherever the specimen was taken and goes
 8 on to be completed in the lab. I recall
 9 issues about documentation and concerns that
 10 there wasn't adequate documentation to be able
 11 to confirm whether the controls that were in
 12 place were done or not done. I remember a
 13 conversation with Doctor Williams that said we
 14 need to get our head around this; trying to
 15 put these reports in the context of what I was
 16 hearing about both internationally and
 17 nationally; to get some appreciation for
 18 whether the lack of standards nationally was a
 19 part of the situation here; whether there was
 20 some specific here. I remember coming away
 21 thinking that I'm not able to definitively say
 22 with all of the context there, what the
 23 definitive issue or attributing factor or
 24 factors might be.
 25 COFFEY, Q.C.:

Page 274

1 Q. I'm sorry, the what?
 2 MR. TILLEY:
 3 A. Attributing factors.
 4 COFFEY, Q.C.:
 5 Q. Oh, okay.
 6 MR. TILLEY:
 7 A. So what I had indicated or what I had talked
 8 about at that point in time was our focus has
 9 got to be on the recommendations. Now, the
 10 recommendations were became the predominant
 11 focus of the lab leadership team. And I
 12 remember Doctor Williams being particularly
 13 astute to the importance of getting them
 14 followed up on, even to the point of, at a
 15 later date, asking the individuals who were
 16 involved to come back and re-assess those
 17 recommendations to see if they had been acted
 18 up. But I had looked at recommendations and
 19 there obviously were quite a number. And when
 20 I reflect on them, they clearly would put us
 21 into a go standard because they were talking
 22 about having dedicated medical leads,
 23 dedicated technologists. And certainly by
 24 having or bringing that level of expertise to
 25 any particular service would enhance its

Page 275

1 creditability. But I also remember thinking
 2 at the time that these recommendations were
 3 being put forward for change, but in the
 4 recent couple of years that they would have
 5 had, without those recommendations in place,
 6 the positivity ratings were on the high side.
 7 So, trying to figure out how that impact, you
 8 know, was just one more element of this.
 9 But I certainly have a recollection to
 10 say our focus is on the follow-up here. At
 11 some point--early October there was a media
 12 inquiry and that inquiry was in the nature of
 13 we're hearing something about Eastern Health
 14 having an issue with its mammography, which
 15 clearly wasn't the issue, but that resulted
 16 in an article in one of the local newspapers,
 17 The Independent, about this issue. Dr.
 18 Williams subsequently did a number of
 19 interviews about that, and it wasn't
 20 unanticipated, but it was certainly
 21 disappointing that we hadn't been able to get
 22 the results back by that point in time. The
 23 hope was that we were able to deal with this
 24 prior to any information coming out through
 25 the media. I think because of that there was

Page 276

1 information provided on the website which
 2 people were able to use to get some
 3 appreciation for what this issue was all
 4 about, and information about if you are one of
 5 those patients who had this test, then talking
 6 about the fact that if there's to be a change
 7 in treatment, that we will be back to you. So
 8 this is in early October. As a consequence of
 9 that coverage, I recall that there were
 10 obviously -- there were calls from individuals
 11 inquiring as to what this is all about, does
 12 this involve me, and I think in mid October
 13 sometime the decision was made to call
 14 patients and advise them that this test was
 15 going to be retested. So that sort of started
 16 the whole process of contacting the patients.
 17 Now I know the numbers were changing.
 18 Initially the number was in the 400 range.
 19 That was with regards to those that actually
 20 had been interpreted or read in St. John's,
 21 and that number subsequently grew when other
 22 health authorities provided their information
 23 or specimens, and there may have been some
 24 others in St. John's that increased it, but
 25 I'm not sure of that. So a team was put in

Page 277

1 place then. I think it was through the
 2 Quality Initiatives Department, and the
 3 majority, if not all of the staff working in
 4 that area, were -- had clinical backgrounds.
 5 So they started the process of calling
 6 individuals who would be retested. Now in
 7 terms of the results coming back, I recall
 8 that a decision was made at some point in time
 9 that if your result came back and it was
 10 confirmed negative, that group would make the
 11 call and advise you of that. If the result
 12 came back and showed a conversion to a
 13 positive level, then that was going to be
 14 referred to initially the most responsible
 15 physician, but that subsequently evolved into
 16 a tumor panel, and that tumor panel had
 17 representation from pathology, oncology,
 18 surgeons, and these are three physician
 19 groups, and a representative from Quality, who
 20 was serving more as the coordinator of the
 21 process. I recall that -- I don't know who
 22 initially came up with the idea, but I recall
 23 it in terms of consistency, in terms of
 24 interpreting the results that were coming
 25 back. In my mind, this was evolving on the

Page 278

1 definition of what would trigger a value of
 2 Tamoxifen or not, so -- anyway, the tumor
 3 panel took those results and evaluated them.
 4 When they had evaluated them, my recollection
 5 is the information was then sent to the Cancer
 6 Program, Cancer Care Program, which was
 7 essentially the former Newfoundland Cancer
 8 Treatment and Research Foundation, for those
 9 who still had their oncologists working there,
 10 or to the most responsible physician, and my
 11 recollection is for the other health
 12 authorities that that information, I can't
 13 recall now if that went directly to their labs
 14 or if it went to the physicians. So that
 15 process was underway, and that would have took
 16 us up to -- my recollection, up until December
 17 of 2005. During that fall, there would have
 18 been discussions with the other regional
 19 health authorities. I made it a point to
 20 listen in on those discussions, they were held
 21 by teleconference. So they -- I know they had
 22 been involved at the pathology of lab level
 23 back in the summer or June when there was a
 24 request from the lab in St. John's to get them
 25 to submit some information. So I know there

Page 279

1 was active discussion going on between the
 2 labs, but these particular meetings actually
 3 occurred at the CEO and Vice President level.
 4 I recall discussions about repeating some of
 5 the history about what this test is for,
 6 talking about its limitations, talking about
 7 what was learned in St. John's, and what the
 8 follow-up strategy was, and the CEO's, in
 9 particular, were certainly well known to one
 10 another. Since the time that the four CEO's
 11 were appointed that January, there had been
 12 ongoing collaboration. So that was
 13 continuing. There also had been a provincial
 14 mechanism for the Vice Presidents of Medical
 15 Services to come together from time to time as
 16 well. So that group wasn't new to itself and
 17 discussions were open. I'm drawing a blank
 18 now in terms of 2006.
 19 COFFEY, Q.C.:
 20 Q. Okay, we're up to '06. Well, let's see, I
 21 might help. All the results, I gather, or
 22 most of the results were back by February of
 23 '06, the retest results.
 24 MR. TILLEY:
 25 A. So results were coming back.

Page 280

1 COFFEY, Q.C.:
 2 Q. They were back -- I gather most of them were
 3 back, according to the documents.
 4 MR. TILLEY:
 5 A. Okay.
 6 COFFEY, Q.C.:
 7 Q. By February of '06. So what's your next kind
 8 of recollection of what presumably -- the last
 9 comes back, the position of the panel, the
 10 review panel, still doing its reviews. What
 11 then happened?
 12 MR. TILLEY:
 13 A. What I'm recollecting is the issue that there
 14 was lots of discussions going on internally
 15 about the results. I do recall somebody
 16 bringing to my attention that we had
 17 inadvertently sent the same tests to Mount
 18 Sinai twice and it came back with two
 19 different results, but obviously there's an
 20 analysis underway in terms of following up
 21 with the patients. I remember a discussion
 22 about the need to ensure that the physicians
 23 who are receiving this information are
 24 following up with the patients because of the
 25 new information. There may have been an

Page 281

1 example where it had been identified that one
 2 had not. What I had referenced earlier about
 3 the two external reviewers, they had come back
 4 in to assess the status of the
 5 recommendations. So I'm recalling also that
 6 there might have been a change in the
 7 leadership in the lab around that time. Dr.
 8 Cook had completed his term, I can't remember
 9 what that term was; three years seems to ring
 10 a bell, and Dr. Nash Denic became involved.
 11 So I'm aware or recalling that there was a lot
 12 of discussion going on at that level with
 13 regards to the recommendations and the results
 14 of the work that had been coming back. And
 15 that the people involved in the contact were
 16 analysing their work. Sorry, I'm drawing a
 17 black here at the moment.

18 COFFEY, Q.C.:
 19 Q. We're into '06, I'll just--something that's
 20 very publicly known. There was a press
 21 conference in late '06.

22 MR. TILLEY:
 23 A. Okay.

24 COFFEY, Q.C.:
 25 Q. I'm not suggesting that was necessarily the

Page 282

1 next thing, but that's certainly publicly
 2 know.

3 MR. TILLEY:
 4 A. Okay. Working from there, a little bit back,
 5 meetings had gone on with Mr. Ottenheimer and
 6 Mr. Ottenheimer was unquestionably concerned
 7 about the patients and wanting this followed
 8 up and certainly there was absolutely no
 9 disagreement with that. But somewhere in and
 10 around the time, there was a change at the
 11 ministerial level. And I do recall contact
 12 with the new minister, Mr. Osborne, Osborne?

13 COFFEY, Q.C.:
 14 Q. Osborne.

15 MR. TILLEY:
 16 A. Osborne, sorry. And we had a meeting with him
 17 shortly or in the latter part of the fall,
 18 might have been in November some time. And
 19 I'm thinking that whatever information that
 20 was had at the time was shared. And I
 21 remember that meeting now because it was in a
 22 room adjacent to the House of Assembly and I'd
 23 never been in there before. So, the House was
 24 in session and the minister came out of the
 25 house. And then the issue about the press

Page 283

1 conference in December. So, that press
 2 conference--all throughout this period there
 3 was ongoing inquiries from the media with
 4 regards to what was happening, what's the
 5 update? And by this time the information is
 6 being pulled together. I'm starting to tweak
 7 some other thoughts now.

8 There were some internal presentations
 9 even before we met with the minister. I think
 10 Doctor Denic had undertaken a presentation at
 11 the Health Sciences Centre site for people who
 12 were interested, and I recall him and a couple
 13 of others doing a similar presentation
 14 certainly for the executive team, which would
 15 have been me and the Vice Presidents and the
 16 Chief Operating Officers, and I seem to recall
 17 others in the room, but I really can't pull
 18 out of my head who they were. So they were
 19 referring to this issue, what they've learned
 20 in the literature, what the recommendations
 21 were for follow-up, what the status of those
 22 were. One of the things I remember, and I
 23 think it was repeated during that presentation
 24 was a reference to the probabilistic nature of
 25 this test, and I remember a slide going up

Page 284

1 which showed -- I assume what showed what one
 2 would -- what a pathologist would see when
 3 they've looked through the microscope, and how
 4 one of the things that the pathologist had to
 5 do was to identify what the rate of positivity
 6 was, which is the extent to which the cells
 7 were taking up the stain. So I began to
 8 appreciate the challenges that go with that
 9 type of position. Anyway, it wasn't something
 10 that I fully understood, but there were
 11 presentations about that, and after having
 12 that discussion in-house, excuse me, I also
 13 remember discussions about whether the VENTANA
 14 System that had been shut down in the summer
 15 of 2005 was, in fact, still not being used for
 16 that purpose. There was discussion about "are
 17 we ready", and I think the general consensus
 18 was, yeah, there's no reason we shouldn't. I
 19 remember saying to Dr. Howell that when you
 20 are at a point of feeling that we're ready to
 21 go, then I've got to rely upon you and your
 22 team to make that decision. So that was all
 23 precursor to the eventual technical briefing
 24 that was given in December.

25 COFFEY, Q.C.:

Page 285

1 Q. Commissioner, if we could take that up in the
2 Morning.
3 THE COMMISSIONER:
4 COFFEY, Q.C.:
5 Q. All right, 9:30 tomorrow morning. Thank you.

Page 286

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 15th day of April, 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 15th day of April, A.D., 2008
13 Judy Moss

<p style="text-align: center;">-\$-</p> <p>\$100,000 [1] 126:4 \$175,000 [1] 125:18 \$175,000.00 [3] 145:19 146:10 147:4 \$2.1 [1] 122:21 \$270,000 [1] 125:13 \$270,000.00 [1] 144:14 \$500,000 [1] 125:10</p> <hr/> <p style="text-align: center;">-'-</p> <p>'05 [1] 173:9 '06 [11] 68:8 97:22 151:19 151:21 153:19,20 279:20 279:23 280:7 281:19,21 '07 [6] 68:10,12 70:6,16 97:22 135:11 '08 [1] 173:10 '11 [1] 173:10 '80s [2] 194:1,16 '85 [1] 134:21 '92 [1] 242:7 '93 [1] 242:7 '94 [1] 242:7 '95 [3] 218:25 223:11 242:7 '99 [3] 218:25 223:11 224:21</p> <hr/> <p style="text-align: center;">---</p> <p>-I [3] 176:14 199:22 229:15 -so [1] 167:13 -well [1] 124:24</p> <hr/> <p style="text-align: center;">-0-</p> <p>0161 [1] 8:13 0219 [1] 33:21 0231 [2] 66:25,25 0293 [1] 172:3 0294 [2] 84:11 173:13 0295 [1] 176:20 0315 [4] 191:8 192:11,12 230:19 0369 [2] 191:8,19 0371 [2] 191:8,19 0374 [2] 191:8,19 0376 [2] 191:9,19 0393 [2] 191:9,19 0395 [2] 191:9,20 0464 [2] 191:10,20 0466 [2] 191:10,20 0480 [2] 191:10,20 0483 [2] 191:11,20 0484 [2] 191:11,20</p> <hr/> <p style="text-align: center;">-1-</p> <p>1 [1] 87:2</p>	<p>1.3 [2] 124:23 125:8 10 [4] 134:22 135:2 178:13 258:21 100 [2] 184:20 231:3 1013 [2] 139:1 142:10 117 [1] 168:5 11th [2] 105:7 110:16 12 [3] 15:25 134:22 135:2 12,000 [1] 230:19 12th [1] 165:15 14 [1] 200:4 143 [2] 2:8,9 15 [2] 1:4 16:1 15th [20] 8:8 13:25 24:9 25:19 105:7,16 106:9 108:23,23 111:4 113:5 113:12,18,20,22 128:17 135:10 180:1 286:5,12 16 [1] 88:10 16th [9] 57:4 59:10 101:21 104:16 105:8,15 105:20 179:25 181:15 17th [1] 115:16 18 [1] 2:1 18th [3] 104:23 178:2,6 19 [5] 2:4,5 51:21 59:9,9 190 [2] 2:9,11 191 [1] 3:3 192 [5] 3:4,5,6,7,8 1982 [1] 194:4 1983 [1] 194:2 1985 [1] 133:24 1990s [1] 242:3 1992 [1] 194:25 1995 [2] 200:14 208:20 1997 [2] 6:22 61:12 19th [1] 164:24 1st [2] 86:13,17</p> <hr/> <p style="text-align: center;">-2-</p> <p>2 [3] 9:11 95:11 124:15 2.7 [1] 124:25 20 [1] 259:14 2000 [6] 224:21 225:8 226:13,18 237:14 239:9 2002 [1] 255:24 2004 [3] 231:16,25 237:15 2005 [19] 6:22,25 8:9 13:25 34:8 61:12 107:13 107:15 111:5,13 112:2,3 170:13 229:13,13 237:9 249:3 278:17 284:15 2006 [9] 40:21,22 68:18 69:6 110:15,16 155:2 165:16 279:18 2007 [23] 46:2 52:11 57:4 59:10 61:25 67:4 69:7 86:18 98:18 101:21 104:16 150:9 151:15,17 153:20 164:24 165:17,18 178:2,6 179:25 181:15</p>	<p>232:13 2007/2008 [1] 148:10 2008 [5] 1:4 2:1 28:11 286:5,12 20th [1] 253:1 21 [2] 89:16 177:2 21st [1] 253:1 22nd [2] 123:2 253:1 23rd [1] 110:14 24 [1] 180:5 25 [1] 12:19 26th [2] 151:15 154:18 285 [1] 2:11</p> <hr/> <p style="text-align: center;">-3-</p> <p>3 [2] 9:16 95:11 30 [3] 208:24 258:19 266:24 3:30 [1] 248:14</p> <hr/> <p style="text-align: center;">-4-</p> <p>4 [6] 2:4 11:21 84:19,22 95:2,2 40 [2] 208:24 270:8 400 [2] 64:16 276:18 420 [1] 66:17 4:45 [1] 248:15</p> <hr/> <p style="text-align: center;">-5-</p> <p>5 [3] 86:22 95:8,9 50 [2] 231:3 253:12 500 [1] 230:18</p> <hr/> <p style="text-align: center;">-6-</p> <p>6 [1] 95:8 60 [4] 124:9 199:25 231:3 266:22 61 [1] 124:9 62 [1] 144:6 63 [2] 2:5,6 6500 [1] 230:17 6:40 [1] 178:14 6th [1] 67:4</p> <hr/> <p style="text-align: center;">-7-</p> <p>7 [5] 87:7 95:9 102:5,7 176:25 700 [1] 230:19 73 [1] 36:24 77 [2] 2:6,7 7th [2] 249:9,10</p> <hr/> <p style="text-align: center;">-8-</p> <p>8 [1] 87:16 80s [1] 269:21 83 [2] 2:7,8 84 [1] 3:2 85 [1] 253:12</p>	<p>8th [1] 249:9</p> <hr/> <p style="text-align: center;">-9-</p> <p>90s [3] 208:20 218:17 242:7 9:30 [1] 285:5 9th [2] 165:17,18</p> <hr/> <p style="text-align: center;">-A-</p> <p>A.D [2] 286:5,12 Abbott [17] 104:17 110:10,12 113:7,13 154:25 155:5,8,12,15,25 156:9 177:25 235:16,18 236:14 239:22 Abbott's [1] 102:14 ability [7] 19:6 121:11 121:14 123:7 184:19 207:7 286:9 able [40] 17:15,24 19:5,7 19:15 21:22 29:21 40:3 47:22 48:10 51:23 68:14 72:17 77:1 88:22 93:16 94:11 100:3 116:8 121:14 123:7 132:6 137:23 144:23,25 145:9 149:5 184:22 187:13,24 192:20 224:6 263:9 266:1,23 273:10,21 275:21,23 276:2 absence [1] 6:3 absolutely [4] 78:18 148:12 206:22 282:8 academic [2] 203:14 227:22 accepting [1] 217:5 access [2] 196:13,23 accommodate [1] 19:8 accomplishing [1] 45:3 accordance [2] 87:20 88:14 according [4] 67:20 165:11 218:23 280:3 accordingly [2] 22:17 99:21 account [1] 260:5 accountability [3] 94:24 95:14 172:9 accreditation [6] 123:20 126:6 147:17 159:16,17 160:1 accredited [2] 159:24 160:1 accuracy [2] 184:20 261:17 accurate [2] 23:25 249:6 accurately [1] 266:23 accused [1] 129:23 achieve [1] 202:12 achieved [1] 221:15 acknowledge [3] 10:22 28:4 119:6 acknowledged [2] 88:23 254:10</p>	<p>acknowledging [1] 140:23 act [10] 22:17 84:13 86:10 86:19 87:9 88:14 94:24 95:7 113:10 177:2 acted [3] 86:16 254:7 274:17 acting [2] 250:5 258:9 action [20] 1:14 63:23 98:10 99:23 100:6,10,13 100:15 104:13 108:15 142:25 143:1 164:20 166:6 169:9 170:18,23 170:25 171:17 173:6 actions [3] 6:5 129:18 187:1 active [1] 279:1 actively [3] 61:19 62:15 164:5 activities [8] 89:8 125:21 145:21 146:16 195:16 196:1,17 228:4 activity [7] 16:16 18:5 40:10 54:20 78:22 100:21 135:3 actual [3] 15:9 36:13 237:6 acute [6] 93:15 134:2,3 134:15 200:8,8 acute-care [1] 93:17 ad [10] 67:9 71:25 72:1,2 72:4,9,21 126:21 128:7 161:19 adamancy [1] 181:15 adamant [3] 46:12 50:3 181:24 add [6] 90:16 91:2 92:19 92:21 93:19 105:4 added [3] 123:10 142:18 147:6 addition [6] 13:15 203:18,19 215:21 227:9 227:19 additional [4] 16:20 132:10 134:23 146:10 address [5] 51:25 122:14 123:17 223:12,25 addressed [5] 28:8,11 28:18 183:15 210:21 adds [1] 75:24 adequacy [2] 55:6,7 adequate [1] 273:10 adjacent [2] 220:15 282:22 adjourn [1] 189:25 adjustments [1] 207:14 ADM [1] 187:8 administration [3] 88:12 175:4 193:5 administrative [2] 210:3 215:9 administrator [2] 194:7 195:13 admission [1] 268:20 admitted [1] 191:14</p>
---	--	---	--	--

<p>admonishment [1] 81:20 ADMs [3] 101:10,15 186:22 adopted [2] 9:7 208:19 adoption [1] 175:19 adult [3] 200:8 210:23 222:25 advance [2] 195:8 263:13 advantage [1] 202:22 advantages [2] 202:10 213:6 adverse [5] 13:8 36:5 125:16 268:15,19 advertised [1] 161:9 advertisement [1] 127:13 advertising [1] 217:4 advice [9] 6:3 7:11 13:24 14:15,17 78:4 79:16 141:18 174:7 advise [6] 96:16 126:25 137:9 161:24 276:14 277:11 advised [1] 51:7 advisor [1] 193:25 advisory [13] 196:16 197:11,16 198:9 203:1 217:15,16,21,25 218:10 227:6,10,15 advocacy [6] 29:16,24 32:13,23 33:1 77:21 affairs [2] 87:18 88:5 affected [3] 41:1 263:10 270:9 afraid [1] 189:4 afternoon [3] 189:23 190:7 247:19 afterward [1] 242:12 again [19] 10:15 72:10 115:4 122:16 136:20 140:4,23 142:12 176:22 180:10 192:20 226:2 227:19,23 229:21 230:15 232:6 242:9 271:22 against [3] 146:5,22 261:21 age [2] 102:9 214:3 agency [2] 85:9 174:4 agenda [1] 228:9 agitation [1] 111:15 ago [17] 15:23 64:15 69:6 75:17 76:2 82:1 129:14 129:14 134:22 135:3 138:10 140:4,6 153:14 179:24 243:12 259:23 agree [10] 9:24 10:1 11:1 32:19 39:11 41:19 49:18 49:22 58:6 78:12 agreed [1] 109:20 agreement [1] 103:10 agreements [1] 193:24 agrees [1] 127:9</p>	<p>ahead [2] 236:21 254:1 aim [1] 236:2 al [1] 1:10 alarm [1] 153:22 alert [1] 53:18 alerted [1] 59:2 allied [1] 213:11 allocate [1] 145:5 allocated [2] 93:3 144:14 allocation [1] 125:13 allotment [1] 147:2 allotted [1] 265:20 allow [8] 93:22 126:1 145:22 146:3,17 147:21 207:5 263:1 allowed [3] 125:22 202:15 206:16 allowing [1] 207:21 alluded [2] 32:22 229:23 almost [2] 151:17 153:25 along [8] 91:20 103:18 126:23 132:22 202:18 229:8,23 271:21 altogether [1] 85:13 always [5] 48:6 78:8 79:6 117:19 260:15 ambiguous [1] 29:10 ambit [1] 133:16 among [1] 57:20 amongst [2] 205:15 233:7 amount [3] 102:23 153:6 189:5 analogies [1] 15:21 analysing [1] 281:16 analysis [5] 6:14 55:5 186:23 187:16 280:20 Andre [1] 33:23 anger [3] 74:20 75:8,25 angry [1] 74:12 announced [2] 188:18 207:16 announcement [2] 124:10,17 announcements [2] 122:19 142:17 annual [9] 97:5,10,11 147:5 148:1 159:8 172:4 172:10 173:1 annum [1] 146:11 answer [13] 7:8 25:12 68:12 71:18 78:14 96:12 137:16 144:23 145:1 153:2 155:21 160:24 179:5 answered [3] 72:2 140:7 150:14 answering [4] 23:12 152:22 157:16 177:3 answers [3] 21:9 71:16 180:11 Anthony [1] 212:18 anticipate [1] 251:10</p>	<p>anticipated [1] 168:9 anticipates [1] 99:9 anxiety [1] 261:20 Anyhow [1] 270:12 anyway [2] 278:2 284:9 Anyways [1] 271:20 apologies [1] 13:4 apologize [4] 62:24 63:5 63:10 178:4 apparatus [1] 286:10 appear [6] 11:7 36:11 70:8 85:14 86:7 97:10 Appearances [1] 1:5 appeared [1] 155:15 applicability [1] 10:4 application [1] 269:25 applied [6] 34:10 37:21 226:11 243:22 246:6,8 apply [2] 231:12 246:4 appoint [1] 87:22 appointed [6] 87:19 132:1 195:19 236:24 239:4 279:11 appointment [1] 237:7 appoints [1] 87:25 appreciate [6] 4:20 58:11 106:1 189:6 208:8 284:8 appreciation [4] 194:13 254:5 273:17 276:3 apprise [1] 252:19 apprised [3] 163:13 251:16,22 approach [11] 5:7,11 10:7 123:16 201:12 202:5 202:13 205:16 207:1 214:9 254:25 approached [1] 44:20 appropriate [5] 7:2 104:7,8 162:25 196:10 appropriately [1] 101:1 approval [3] 22:2 94:17 149:7 approved [4] 88:23 104:18 145:19 159:15 approves [1] 91:18 approving [1] 104:24 April [9] 1:4 86:13,17 103:19 135:19 151:15 154:18 286:5,12 architects [1] 221:14 area [24] 4:23 5:3 23:17 41:20 44:3 81:10 93:6 94:10,11 100:24 107:6 125:21 126:2 147:24 159:9 160:20 164:1 194:15 206:14 209:15 210:20 241:21 267:12 277:4 areas [9] 4:19,23 59:22 60:21 100:23 133:17 141:12 194:21,22 arise [3] 122:16 123:17 184:5</p>	<p>arising [5] 8:24 143:17 182:14,18,25 arm [2] 103:7 198:20 arms [6] 178:10,15,19 178:22,25 179:4 arose [2] 64:22 101:17 arranged [2] 186:13 254:14 arrangement [2] 162:17 230:8 arrangements [1] 264:7 arrival [1] 239:6 article [6] 14:23 15:6,9 33:23 179:8 275:16 articles [1] 264:25 articulate [1] 252:25 application [1] 20:10 ascertain [1] 181:1 aside [1] 202:11 asks [1] 178:16 aspect [3] 158:22 204:25 230:1 aspects [1] 30:24 Assembly [12] 21:23 22:25 23:8,11 24:11,20 25:1,3,5,22 160:16 282:22 assertions [1] 71:10 asses [1] 272:20 assess [4] 146:4,22 272:1 281:4 assessment [2] 125:12 188:24 assist [5] 16:24 19:15 28:24 44:21 99:12 assistance [1] 192:10 assistant [9] 100:18,19 100:22 194:6,23 196:6,7 242:25 247:2 assistants [1] 153:3 associate [2] 194:24 244:4 associated [5] 89:9 102:21 158:12 160:18,19 association [12] 1:15 77:14 78:20 79:13,20 80:3,6,24 82:5 103:11 193:20 271:9 assume [1] 284:1 assumed [1] 260:15 assuming [4] 96:3 246:8 265:2,14 assumption [1] 96:5 assurance [21] 108:4,11 124:2 125:20,21 145:18 145:21 146:16 157:16,19 157:24 158:2,3,8,18 159:6,11 160:11 162:1 162:13 163:9 assurances [1] 46:13 astute [1] 274:13 Atlantic [1] 186:6 attached [1] 126:21</p>	<p>attachment [1] 113:25 attained [1] 193:5 attended [3] 193:11 235:11 257:8 attention [45] 23:24 42:24 54:2 55:16 57:8 65:1,9 84:21 97:24 99:19 99:20,22 100:5,25 101:3 101:7,9,10,13 114:21 144:8 152:15,16,24 153:19 164:15 167:22 170:17 171:6,12,20,24 173:15,25 174:1 176:24 177:16 179:10,22,24 192:21 223:24 265:6 271:16 280:16 attributing [2] 273:23 274:3 audit [7] 50:13 58:1 64:2 64:5,9 123:7 158:21 audits [2] 160:14,14 August [7] 8:8 13:25 107:13,15 111:13 255:19 264:17 author [4] 15:5,11 18:14 57:5 authorities [51] 1:18 16:22 17:20,25 18:4,12 19:12 22:9,11,14 62:9 78:7 85:19,20 86:10,16 88:18 95:14 108:18 124:1 124:6 125:11 134:12 139:22 157:20,21 158:24 159:14,25 160:9 161:22 161:25 162:12 163:1,12 163:22 164:4 175:6,13 175:15,23 176:2 177:5 177:11,17 178:23 230:9 231:11 276:22 278:12,19 authorities' [1] 87:11 authority [33] 1:12 16:12,18 19:15 46:24 47:7 62:9 63:5 86:24 87:1,7,18 88:5,11,11,25 89:2,12 90:4,6,9,12 91:24 92:9 94:13 123:15 134:10 145:6 158:7,14 175:21 176:25 229:16 autonomous [1] 87:13 available [10] 13:14 17:23 34:7 37:22 39:23 68:4 76:25 111:23 137:11 140:18 average [2] 253:8 268:17 aware [52] 6:16 21:18 23:5 24:24 27:21 28:1,5 33:19 34:14,16,20 35:7 35:18 36:15 37:15 39:19 41:3,6,8 51:16,18 55:20 58:19 60:24 64:22,24 65:8 69:13,14,17 100:15 110:12,17 115:7 118:8 122:10 136:13,18,21 155:5,8,23 156:12,13 163:17 169:11 172:1 180:17 181:9 247:13 255:13 281:11 awareness [2] 106:19 255:21</p>
--	--	--	--	--

<p>away [9] 143:4,5 202:6 221:3 245:9 251:19 265:20 270:24 273:20</p> <hr/> <p align="center">-B-</p> <hr/> <p>B [1] 173:23 baccalaureate [1] 193:3 background [5] 12:11 121:19 192:24 206:25 218:13 backgrounder [2] 124:18,22 backgrounds [1] 277:4 balance [1] 136:22 balanced [1] 14:10 ball [1] 16:5 Banerjee's [2] 106:21 109:17 barriers [1] 205:6 base [3] 117:10 201:10 230:10 based [16] 140:17 141:3 141:4 142:1 171:3 201:4 201:5 208:11,12 211:10 211:25 212:21 213:25 214:1,15,25 basic [1] 54:6 basis [8] 62:11 119:10 148:1 210:5 250:7 255:12 264:10 266:1 bear [1] 104:4 became [26] 6:16 34:7 34:20 37:15 55:20 64:22 64:24 110:12,17 128:16 136:13,21 137:10 155:8 155:22 170:12 195:5 202:8 210:25 214:12,13 240:23 243:4 244:14 274:10 281:10 become [19] 34:14,16 35:6 51:18 65:8,8 100:15 122:10 135:1 156:13 159:24 207:7 228:3 238:13,19 241:12,24 242:22 244:10 becomes [5] 29:12 88:1 100:2 101:4 131:21 becoming [3] 9:22 164:23 170:8 bed [1] 93:24 beds [2] 18:7 93:23 began [2] 194:13 284:7 begin [5] 9:11 168:20 190:19 219:24 232:21 beginning [8] 34:7 65:3 131:17 177:20 208:8 226:18 248:16 270:8 begins [1] 177:21 behalf [6] 29:16 63:22 132:8 138:1 142:1 176:3 behind [1] 138:11 belief [2] 40:2 117:4 believes [1] 21:10 bell [8] 179:12 258:7 270:17,17,23,24 271:4</p>	<p>281:10 bells [1] 153:23 benchmark [1] 253:7 benchmarks [1] 253:5 benefit [8] 82:22 189:13 207:21 226:23 249:15 258:19 260:21 271:18 Bernard [3] 1:6 2:11 190:9 best [11] 14:14 124:5 141:4 146:5,22 162:2,13 163:9 208:23 258:15 286:9 better [6] 66:11 93:24 143:10 188:16 256:4 258:14 between [24] 6:22 27:12 31:16 34:18 46:3 61:12 66:1 103:4,10,13 104:9 106:4,5,9 110:13 157:18 177:11,19 185:13 205:13 233:21 259:6,9 279:1 Bev [1] 258:4 Beverly [1] 69:15 beyond [5] 48:6 87:5 190:20 194:19 240:14 big [5] 15:16 43:5,7 135:18 272:8 bio-terrorism [1] 18:17 bit [11] 7:7 12:1 39:10 47:2 121:7 132:22 153:16 201:16 203:22 270:2 282:4 bits [1] 137:12 black [2] 271:2 281:17 blank [1] 279:17 blanket [2] 110:1,3 block [1] 92:15 board [54] 61:18 62:15 62:19,19 63:1,1,3,8 85:9 87:17,19,22,25,25 88:6 100:20 103:6,24 104:11 104:17 105:14 106:5 134:19 164:6 174:4 195:18 196:14,20,24 197:22,24 198:23 214:21 218:1 226:25 227:8,11 228:16 231:17 234:24,25 235:3,7,11,22 236:25 238:1,10,12,17 251:15 251:17 268:10,21 boards [4] 134:3 193:19 200:3 231:11 Bob [5] 243:25 244:2 270:17,17,23 bodies [1] 176:15 body [14] 8:17 9:7,12 12:12 78:5 85:9,20,25 86:5 87:13 160:6 174:4 193:7 198:24 Bonnell [6] 56:23 67:18 177:23 250:2,3 258:9 book [20] 98:19,24 99:1 99:3,16 100:7 101:7,23 164:9,10,22 165:22,24 166:4,5,8,9,10,15 249:4</p>	<p>bottom [4] 34:4 124:15 126:17 272:4 Boy [1] 4:12 breadth [1] 133:13 break [6] 112:10,14,19 190:2 246:18 247:19 breast [8] 1:13 63:23 168:6,17 185:23 186:5 188:4 254:12 brief [2] 167:7,13 briefed [1] 109:2 briefing [34] 20:7 21:6 28:9,23,25 59:9,17 98:19 99:1,3 100:7 101:4,6,6 101:11 116:24 138:7 164:9,9,10,22 165:12,16 165:20,21 166:15,22 169:7 180:1 184:18,22 185:2 186:24 284:23 briefly [1] 84:17 bring [21] 12:5 23:24 30:23 57:8 60:4,6 88:3 100:25 114:21 121:20 171:6 173:24 174:1 177:15 192:12 202:22 218:6 251:14 261:20 266:2 271:16 bringing [8] 101:2 180:7 202:11 214:10 250:22 259:15 274:24 280:16 brings [1] 249:2 British [1] 272:21 broad [2] 50:3 90:7 broader [4] 33:11 80:23 116:12 123:19 broadly [1] 90:1 broke [1] 47:6 brought [20] 104:4 144:8 152:16 153:19 170:17 171:23 173:15 176:24 179:21,23 202:17 223:24 230:2,5 236:6 243:13,19 261:8,9 267:16 Browne [26] 2:4 4:8,13 4:14,18,25 6:10 7:6,15 7:19 8:4 9:5 10:2,10,19 11:8,14,19 13:2,20 14:13 14:20 17:3 18:13 19:16 19:19 Browne/Jane [1] 1:10 budget [7] 91:18,23 92:6 92:7 93:3,20 147:7 budgetary [3] 88:21 89:15 92:5 budgeting [1] 91:15 build [2] 54:18 158:25 built [2] 211:8 270:2 bulk [2] 39:14 208:4 bullet [3] 59:12 145:25 180:13 bunch [1] 267:25 bureaucratic [1] 205:24 Burin [1] 98:11 business [3] 193:4,4 204:19</p>	<p>busy [2] 18:6 225:2</p> <hr/> <p align="center">-C-</p> <hr/> <p>C [1] 173:24 C.V [2] 229:11 230:15 Cabinet [5] 22:1,3 116:15 128:25 133:1 calls [10] 46:6 47:21 48:11 53:9,11,12 138:8 249:8 265:15 276:10 Cameron [2] 1:3 286:6 camp [2] 259:20,21 Canada [8] 9:13,16 205:18 208:14,15,21 267:9,21 Canadian [17] 1:16 8:18 9:3,8,23 20:3 29:17 32:13 33:16 77:20 130:19 159:15 193:9 267:22 268:7,11 271:9 cancer [33] 1:13,16 20:3 29:17 32:13 33:16 58:13 58:20 59:4,25 63:23 77:20 78:20 130:19 168:6 168:9,17 178:4 185:23 186:5 187:6,20 188:3,4 188:9,9,24 211:5 263:8 269:11 278:5,6,7 candidate [1] 161:23 candidates [1] 244:16 cannot [1] 13:12 canvass [1] 237:22 canvassing [1] 4:23 capacity [26] 5:13 15:12 15:16,18 16:4,9 17:16 18:20 39:21 40:25 44:11 125:12 132:23 195:15 203:11 233:24 239:11,14 240:8 241:9,21 242:11 242:24 243:15,19 244:19 capital [3] 87:8 89:6 177:1 capturing [1] 199:1 cardiac [1] 203:24 care [61] 10:12,14 11:24 26:14 30:24 48:1 77:22 78:15 83:8 93:15 98:14 134:2,3,4,15,16,25 175:21 193:18 195:5 196:11 199:16 200:8,8 212:15 213:1 219:18 225:3,5,19,25 226:5,17 228:17,20 229:12,24 230:3,4,16 234:1,17,24 235:6,9,20 236:5,24 237:25 239:6,14 241:10 243:15 244:14,22 246:22 247:5,6 268:15,20 278:6 career [3] 193:11,14 199:22 careful [2] 33:9 152:8 carry [2] 42:7 158:20 Carter [3] 258:4 259:6 267:8 carved [1] 196:9 case [13] 43:23 49:23</p>	<p>62:13 85:22 120:11 130:7 132:7 141:2 186:14 205:25 210:13 215:18 269:14 cases [4] 42:4 49:9 262:11 269:9 cast [2] 33:9 80:20 catalogue [1] 23:3 cataloguing [1] 22:19 categories [4] 35:13 36:1 39:8 95:8 categorization [2] 95:5 96:1 categorized [1] 56:3 category [5] 26:9 27:1 56:8 95:6 96:2 caught [1] 179:10 caused [5] 31:11 33:17 97:24 119:17 154:12 causes [2] 15:14 251:10 caution [1] 79:10 caveat [2] 85:15 174:1 CBC [1] 178:5 cells [1] 284:6 Central [1] 1:17 centralized [1] 210:4 centre [17] 27:5,9 51:19 62:4 64:12 65:23 76:9 120:4 122:4 194:17 200:12 202:8 209:21 220:8,10 222:21 283:11 CEO [23] 17:12 18:24 176:9 195:14 207:16 211:21 215:25 216:10 225:16,19 229:14 234:8 235:9,10 237:5,24 239:14 245:3,9,13 259:12 268:7 279:3 CEO's [2] 279:8,10 certain [15] 21:13,17 22:6,20 40:3 86:1 92:2 121:20 188:5 190:21 191:2 197:15 231:17 232:20 234:3 certainly [20] 21:7 148:5 180:5 205:4 224:6 230:11 233:1 239:21 244:11,18 246:21 262:4,5 274:23 275:9,20 279:9 282:1,8 283:14 CERTIFICATE [1] 286:1 certification [1] 193:6 certified [1] 193:6 certify [1] 286:2 Chai [1] 1:9 chair [15] 197:19 203:15 215:10 227:7,9,16 231:16 235:2,2 236:24 238:1,17 238:22 251:16,17 chaired [2] 236:9 241:22 chairs [3] 196:19 217:22 218:4 challenge [3] 14:4,12 94:9</p>
--	---	--	---	---

Inquiry on Hormone Receptor Testing

<p>challenges [7] 40:15 76:8 98:7 120:4,7 194:14 284:8</p> <p>challenging [1] 219:4</p> <p>chance [1] 254:2</p> <p>change [15] 38:24 39:7 49:15 51:25 133:22 134:12 183:19 205:2 216:6 225:1 237:18 275:3 276:6 281:6 282:10</p> <p>changed [5] 133:18 135:6 157:11 249:23 253:10</p> <p>changes [4] 94:21 103:8 143:2 261:12</p> <p>changing [3] 194:8 219:9 276:17</p> <p>chart [2] 109:17,17</p> <p>charts [1] 211:16</p> <p>chat [1] 58:15</p> <p>Chaytor [97] 1:7 2:9 5:5 5:6 14:25 67:1 70:17 140:6 142:19 143:16,18 143:22,23 144:3,12,18 145:2,10,16 146:9,14,21 147:10 148:4,9,13,17 149:10 150:10,16,24 151:4,12,20 152:6 153:17 154:10,23 155:17,24 156:6,16,21 157:14 158:15 161:6,13,18 162:6 162:10,24 163:7 164:7 164:21 165:4,10 166:1 166:17 167:16 168:1 169:2,15,21 170:2 171:1 171:21 172:2,13,18,22 173:2,12,21 174:18,24 176:10,19 177:13 179:6 179:13 180:22 181:7,13 182:10,15,19,23 183:6 183:20,25 184:7 185:12 185:20 186:3,11,17 187:21</p> <p>check [1] 96:20</p> <p>checked [1] 272:5</p> <p>Cheeseman [1] 177:24</p> <p>chief [12] 200:15 215:4 216:8 217:23,23 224:13 226:16 251:3 254:3,3 270:18 283:16</p> <p>chiefs [3] 217:3,17 218:2</p> <p>child [12] 134:24,25 167:11 175:21 194:17 203:13,23 205:7 209:14 209:17 220:13 230:4</p> <p>children [2] 175:20 269:11</p> <p>children's [9] 198:21,22 200:10,11 209:20 220:7 220:10 229:1,2</p> <p>choices [2] 10:14 257:4</p> <p>choose [1] 231:12</p> <p>chose [4] 116:13 206:23 206:23 242:14</p> <p>chosen [6] 135:16,22 203:20 208:6 210:6 267:6</p> <p>Christmas [2] 232:2</p>	<p>237:17</p> <p>circulation [1] 272:25</p> <p>circumstance [4] 6:19 19:2 64:22 75:2</p> <p>cite [1] 233:9</p> <p>city [2] 223:13 233:7</p> <p>Clare's [5] 200:9 220:24 222:21 233:3 241:24</p> <p>Clarenville [1] 241:14</p> <p>clarification [2] 91:12 98:21</p> <p>clarify [6] 5:9 49:5 144:6 151:5 154:24 164:8</p> <p>clarifying [1] 210:18</p> <p>clarity [2] 24:3 166:19</p> <p>class [3] 1:14 63:23 98:10</p> <p>clear [11] 29:4 48:7 91:14 112:1 113:10 117:8 130:20 133:15 136:16 152:7 265:2</p> <p>clearly [19] 19:3,3 26:4 35:5 37:14 43:15 48:23 58:5 72:25 75:24 85:24 152:10 165:24 185:6 207:20 213:15 259:4 274:20 275:15</p> <p>clerk [2] 240:3,8</p> <p>clinical [35] 26:3,13 27:8 125:9 138:24 158:5 162:2 194:21 197:1 198:1 200:25 204:3,8,11 209:19 210:5 215:3,3 216:8,8 217:2,17 218:2 220:23 221:23 222:2,9 223:4 251:3 254:3 256:25 259:16 262:19 270:23 277:4</p> <p>clinicians [7] 7:11 8:8 13:25 26:7,9,11 27:1</p> <p>clinics [1] 178:10</p> <p>clip [1] 7:25</p> <p>close [4] 107:4 147:25 220:7 227:25</p> <p>closed [3] 106:25 220:11 220:17</p> <p>closer [1] 214:11</p> <p>closure [1] 220:22</p> <p>closures [1] 220:4</p> <p>Co-counsel [3] 1:6,7,8</p> <p>Coffey [150] 1:6 2:11 189:22 190:4,5,10,18 191:3,7,16,21 192:6,19 195:7,21 196:22 197:7 197:12,18,23 198:3,10 198:14 199:2,6,10,14,20 200:20 201:9,13,18 206:17 207:25 208:10,18 210:7,15 211:12,19,24 212:6,13,23 213:4 214:14 214:20,24 215:7,13,22 216:1,5,13,19,24 218:12 218:21 220:3,16,20 221:4 221:16 222:1,8,12 223:2 223:8,19,23 224:8,18,22 225:7,11,18 226:8,15 228:15 229:10 230:14,25 231:10,19 232:5,11,16</p>	<p>233:15,23 234:9,15,21 235:8,15,23 236:11,16 236:20 237:1,8,13,21 238:4,9,16,24 239:8,12 239:20,25 240:6,18,25 241:5 242:2,8 243:3,8 243:24 244:6,20 245:4 245:12,17,24 246:11,16 247:4,11,17,23 248:2,3 248:9,24 256:10,15,22 263:23 266:8 273:25 274:4 279:19 280:1,6 281:18,24 282:13 284:25 285:4</p> <p>cognizant [1] 33:3</p> <p>coincided [1] 239:5</p> <p>coincidental [1] 105:19</p> <p>coined [1] 204:1</p> <p>collaboration [4] 205:5 205:15 233:7 279:12</p> <p>collaboratively [1] 161:21</p> <p>collapse [1] 199:25</p> <p>collapsing [1] 231:7</p> <p>colleague [1] 12:20</p> <p>colleagues [4] 17:20 111:8 117:24 170:21</p> <p>collected [1] 118:3</p> <p>collecting [1] 268:2</p> <p>collection [1] 123:6</p> <p>collective [1] 193:24</p> <p>collectively [4] 19:14 83:3,11 85:11</p> <p>College [1] 193:9</p> <p>Columbia [1] 272:21</p> <p>column [1] 98:3</p> <p>combination [1] 200:6</p> <p>combined [2] 209:19 230:13</p> <p>comfort [4] 65:4,5 66:4 185:4</p> <p>coming [24] 40:12 100:1 101:7 104:1 117:18 118:2 120:25 142:23 146:24 162:22 163:20 164:10 173:7 189:7 208:13 209:3 218:14 270:24 273:20 275:24 277:7,24 279:25 281:14</p> <p>commence [1] 83:20</p> <p>comment [33] 5:5 6:4 12:19 14:8 21:24 23:16 30:8 33:1 45:11 64:14 75:20 76:23 78:9,23 79:15,15,17,18,21 80:15 81:25 82:2 86:20 87:5 127:5 130:10 131:10 133:19 141:18 157:7,10 187:24 272:7</p> <p>commentary [5] 8:22 30:18 80:13 86:14 129:5</p> <p>commented [1] 188:8</p> <p>commenting [1] 81:8</p> <p>comments [31] 6:2 9:19 11:7 25:9 29:20 33:4,12 45:7,15 79:1,8 81:2,3</p>	<p>89:19 117:10,21 127:4,9 129:8,11 130:8,12 135:25 137:23 139:13,24 140:10 142:1,18 222:17 272:3</p> <p>Commission [16] 1:1,6 1:7,8 69:11 77:19 115:1 115:21 138:5 190:13 193:16 224:12 225:16,25 286:4,7</p> <p>commissioned [2] 102:20,22</p> <p>Commissioner [92] 1:3 4:1,5,10 12:25 15:3 19:17,18 56:17,24 63:14 77:8 83:14,16,20,23 84:3 89:17 90:10,25 91:8 95:19 96:6,15,20,21 97:1 101:25 102:4,6 112:8,13 112:20,23 113:1 114:15 116:8 143:15,20 179:17 182:11,13,17,21 183:4 183:16,22 184:2 186:1,4 187:23 189:2,18,24 190:3 190:6,19,21,25 191:5,12 191:17,18,22,23 192:9 192:23 204:9,16 206:2 207:1,9,10 208:13 209:6 209:22 211:13,17 218:16 219:1 242:10 246:18 247:18,20,24 248:1,4,18 256:18 285:1,3 286:7</p> <p>commitment [2] 142:25 189:16</p> <p>committee [18] 12:15 196:16,19 197:11,16,17 203:2 217:15,16,21 218:3 218:5,11 227:6,16 236:8 236:15 245:21</p> <p>common [2] 255:9 257:17</p> <p>commonsense [1] 152:20</p> <p>communicated [4] 64:25 72:22 128:3 136:13</p> <p>communicating [5] 44:7,8 46:19 58:4 65:2</p> <p>communication [20] 20:14 29:9 32:24 48:21 48:22 54:11,22 55:8,19 57:23 65:12 75:7 129:7 183:10,11,24 184:1 185:10,13,16</p> <p>communications [18] 25:1,25 27:11 67:14,19 126:19 177:22 183:8,14 184:12,14 203:3 250:4 252:15 254:16,24 255:3 255:7</p> <p>communications' [1] 117:14</p> <p>communique [1] 242:16</p> <p>community [25] 18:8 73:15 81:10 84:12 88:13 93:14,18,20 94:3 98:23 103:6 104:10 121:2 123:13 126:23 127:11 131:7 133:4,14 134:1,5 134:18 168:11 235:3 252:2</p>	<p>community-based [1] 134:16</p> <p>company [1] 272:1</p> <p>compare [1] 131:12</p> <p>comparison [1] 229:24</p> <p>compassion [1] 10:22</p> <p>compensation [10] 101:19 102:24 103:8,12 103:15 104:8 224:12,14 224:15 225:15</p> <p>compilation [1] 54:6</p> <p>compiled [1] 253:4</p> <p>complete [5] 49:19 135:21 152:18,19 190:13</p> <p>completed [8] 40:21 72:16 152:1 153:7,21 225:3 273:8 281:8</p> <p>completely [1] 179:3</p> <p>complex [2] 58:6 220:15</p> <p>complicated [1] 210:19</p> <p>compliments [1] 81:3</p> <p>comply [1] 87:2</p> <p>component [1] 197:5</p> <p>components [2] 207:4 227:4</p> <p>composition [1] 60:20</p> <p>Compounding [1] 75:5</p> <p>comprehensive [1] 23:2</p> <p>comprised [1] 59:13</p> <p>concept [3] 11:9 16:6 207:15</p> <p>concern [16] 30:20 31:11 33:17 37:22 42:1 44:10 52:23 57:22 66:10 97:25 108:12 128:2 136:5 153:5 154:13 261:16</p> <p>concerned [6] 108:6,8 153:16 252:4 254:6 282:6</p> <p>concerning [1] 144:8</p> <p>concerns [15] 29:3,19 30:23 32:5,21 39:20 50:2 81:2 144:6 179:20 185:22 214:5 222:14 273:5,9</p> <p>conclude [1] 206:3</p> <p>concluded [2] 187:13 189:15</p> <p>conclusion [3] 50:18 106:7,10</p> <p>conclusions [1] 21:3</p> <p>conditions [1] 270:9</p> <p>conduct [2] 114:10 125:11</p> <p>conducted [1] 114:9</p> <p>conference [4] 129:16 281:21 283:1,2</p> <p>conferences [1] 73:24</p> <p>confess [1] 265:10</p> <p>confidence [8] 70:19 71:4 98:13 139:14 168:12 264:5 267:18,19</p> <p>confident [1] 71:8</p> <p>confidentiality [1] 13:9</p> <p>confirm [6] 43:22 65:10</p>
--	--	---	--	--

68:14,21 72:17 273:11 confirmation [1] 55:24 confirmed [9] 48:24 52:15 57:12,17 67:20 117:17 141:1 182:7 277:10 confirming [2] 68:20 182:4 conflicting [1] 46:3 confused [1] 5:16 confusion [4] 5:10 12:14 57:19 62:24 connection [3] 105:16 130:18 177:10 connotation [1] 246:13 connotations [1] 246:3 consensus [2] 12:3 284:17 consequence [1] 276:8 Conservatives [1] 242:19 consider [2] 26:8 225:23 consideration [2] 114:24 185:1 considered [2] 13:19 149:18 consist [1] 217:16 consisted [1] 42:12 consistency [1] 277:23 consistent [5] 10:6 13:24 14:15 29:23 31:6 consolidate [1] 125:9 consolidations [1] 134:13 constraints [1] 92:3 construct [1] 162:21 constructive [1] 82:24 consult [1] 255:14 consultant [4] 105:24 115:4 161:8 247:1 consulting [2] 221:10 236:6 consuming [1] 45:8 contact [51] 16:18 35:9 46:19,23 47:3,7,17,25 48:1,7,20,25 49:4,18 51:10,14,22,23 52:19,19 53:19 54:7 55:5,11,23 56:4 58:2 64:3,6,14 66:5 68:22 117:9,17,19 163:4 182:5 234:3,7 239:16 240:23 243:5 250:9 251:17 255:13 257:11,18 261:15 265:21 281:15 282:11 contacted [30] 35:23 36:9 46:5,14 47:14 49:11 49:22 52:16 54:24 56:9 57:13,21 64:17 67:18,24 72:4 74:3 76:16 116:24 117:1,3,5 118:7,22 140:25 180:19 181:17 182:1,6 261:13 contacting [4] 45:25 52:24,24 276:16	contacts [2] 53:9 267:25 contained [1] 60:8 contemplated [1] 115:13 contemplates [1] 86:3 contend [1] 213:24 content [2] 162:21 166:7 contents [3] 2:2 166:25 166:25 context [26] 11:3 12:1 14:9 29:11 30:19 33:4 61:4 80:16,23,24 106:23 120:14 126:18 156:7 171:11 177:16 232:22 234:17,18 237:23 243:11 246:5 250:19 267:23 273:15,22 continue [1] 263:17 continued [3] 227:22 238:15 254:21 continuing [2] 254:16 279:13 continuity [1] 185:16 continuous [2] 30:21 62:5 continuously [1] 75:10 continuum [1] 229:23 contradictory [1] 11:7 contradistinction [1] 116:3 contrasted [1] 46:12 contribute [2] 32:16 272:17 contributed [1] 140:1 contribution [2] 82:16 83:12 contributions [1] 12:17 control [17] 84:24 85:4 108:3,13 114:17 123:22 148:22 158:12 159:1,21 159:22 160:3,7 163:23 163:25,25 175:4 controls [2] 160:19 273:11 conversation [22] 8:2 29:22 30:3 31:3,5 40:14 42:17 58:12 65:3 70:20 78:24 79:12 113:18 129:1 129:20 130:1,22,23 249:24 250:16 266:11 273:13 conversations [8] 31:6 45:6 128:14 129:10 130:5 130:17 249:5 262:20 conversion [1] 277:12 Cook [8] 251:2 252:21 254:4 258:3 265:21 267:7 271:6 281:8 coordinate [1] 218:7 coordination [1] 123:14 coordinator [1] 277:20 copies [2] 133:6 273:2 copy [1] 178:3 corporate [2] 178:24 200:23	corporation [31] 85:9 85:21 86:5 87:8 88:2 174:4 176:25 195:5 212:15 213:1 225:3,19 226:17 228:17 229:12,25 230:16 234:1,24 235:7,9 235:21 236:5,25 237:25 239:7,15 243:15 244:14 244:23 247:6 Corporation's [1] 87:9 corporations [2] 87:11 177:2 correct [21] 19:21 52:22 70:2,9 73:19 83:24 106:18 109:3 116:16 120:1 129:16 191:15 199:19 222:11 230:24 232:15 236:19 239:19 243:7 245:2 286:3 corrected [2] 23:19 24:13 correction [1] 69:7 corrective [2] 108:15 130:3 correctly [3] 5:15 29:25 61:22 correspondence [2] 22:13,18 cost [2] 92:16 236:7 costs [2] 236:1,3 council [10] 84:13 95:4 95:24,25 132:24 159:15 159:19 173:18 233:5 240:3 counsel [3] 77:18,19 78:24 counterpart [2] 9:13 266:3 country [6] 8:24 12:3 188:25 259:14 269:6 271:11 couple [27] 47:21,24 48:14 49:8 50:17,24 63:24 114:13 122:18 124:22 129:14 140:6 152:3 153:14 165:5,14 173:16 207:13 245:23 248:10 250:15 253:17 254:20 269:8,9 275:4 283:12 course [25] 7:5 30:13 33:14 72:22 135:12 142:22 151:14 179:24 187:15 193:10,12 207:6 218:3 219:13 221:24 222:19 227:18 229:6 238:12,22 242:21 243:20 248:11 249:7 265:23 cover [6] 99:17,17 165:24 165:25 166:15,16 coverage [2] 13:19 276:9 covered [2] 22:12,18 covers [1] 133:17 create [2] 30:19 33:4 created [4] 62:25 85:20 175:15 268:12 creates [1] 100:20	creating [4] 209:9 211:2 228:6,12 creation [3] 85:18 268:24 269:3 credentialing [1] 193:8 credit [1] 267:5 credibility [2] 272:19 275:1 criteria [2] 95:4,25 critical [12] 33:10,11 80:20 82:9,9,16 139:9 139:24 156:25 159:18,19 164:13 criticism [3] 79:18 80:13 82:23 criticisms [1] 81:3 Crosbie [1] 1:13 cross-examination [1] 8:10 crossing [1] 214:3 culminated [1] 228:11 cultural [1] 223:12 current [7] 124:5 140:14 146:5,22 147:7 166:11 262:8 curriculum [1] 192:10 cursor [5] 164:18 165:14 167:23 168:3,22 curve [1] 16:5 cut [2] 94:14,15 CV [1] 218:23 -D- Daniel [1] 1:11 dare [1] 227:13 Darrell [1] 131:5 data [12] 54:6 68:4,6 70:23 71:6 121:21 123:5 123:6 125:13 144:14,19 184:21 database [12] 36:7 52:11 54:4,5,18 55:2 68:14 70:25 122:6,12 129:6 181:1 date [16] 34:20 37:19 59:17 105:22 106:2 118:12 178:5,14 180:1 180:12,17 237:6,19 249:3 249:10 274:15 dated [8] 57:4 104:15 118:5 151:15 153:20 154:18 165:15 286:11 dates [1] 253:2 David [1] 1:17 Davis [5] 200:16 211:23 216:2 225:21 241:23 Dawe [11] 29:16,19 30:4 31:10,16 89:19 130:18 231:22 232:3,22,23 day-to-day [6] 17:24 62:11 88:4 89:8 176:5 176:12 days [12] 5:4,10 137:18 137:22 138:15 140:6	150:14 165:2 173:16 233:2 242:5 250:15 deal [24] 5:3 15:18 16:2 16:15 17:7 18:1 19:5 85:17 94:8 100:4 101:1 103:7 108:18 166:12 167:21 175:20 187:19 211:4 237:23 245:10 253:6 260:12 263:17 275:23 dealing [14] 16:13 18:5 33:14 99:8,25 125:5 163:23 170:22 193:23 218:16 219:7 243:16 263:8 271:7 dealings [9] 232:20 233:16,20 240:7,15 241:2 244:11,19 247:13 deals [1] 175:19 dealt [16] 18:19 48:15 99:8,9,21 100:9 166:9 166:12 168:24 169:12,14 170:4,19,24 171:3,9 death [2] 138:19 168:8 debate [7] 43:5,7,18,20 79:24 80:11,14 debated [1] 260:15 deceased [16] 34:11,19 35:8 36:18,21,24 37:7 38:21 39:6 40:23 41:2 42:5,10,15 44:6,19 December [12] 105:6 110:16 150:8 155:2 157:11,13 165:15 229:13 237:15 278:16 283:1 284:24 decentralized [1] 210:5 decentralizing [1] 205:25 decide [4] 90:16 91:1 93:7,19 decided [4] 43:19 91:22 116:5 262:25 decision [39] 5:19 6:1 7:4 7:10 9:2 26:13 36:13 37:8 40:21 43:14 44:17 53:4 65:24 91:7 94:15 104:2 107:18,23 111:8 115:20 116:16 169:13 195:2 199:25 200:5 207:5 207:22 212:5 214:11 217:13 219:14 225:16 229:20 263:16 264:14 272:10 276:13 277:8 284:22 decisions [6] 93:11,25 94:5 219:12 220:7 272:12 dedicated [2] 274:22,23 deemed [1] 6:18 deferred [2] 35:14 37:19 define [4] 85:23 90:1,21 92:8 defined [9] 27:15 90:9 90:23 131:19 174:16 202:19 211:8 214:3 255:12 definite [1] 37:8
--	--	--	---	--

<p>definitely [1] 127:18</p> <p>definition [5] 27:17,18 28:4 179:3 278:1</p> <p>definitive [1] 273:23</p> <p>definitively [3] 37:7 76:15 273:21</p> <p>degree [2] 186:10 193:3</p> <p>delay [1] 7:1</p> <p>delays [1] 265:22</p> <p>delegated [3] 134:9 175:6 176:15</p> <p>delegation [1] 86:3</p> <p>deliver [4] 22:9 175:16 175:22,23</p> <p>delivered [2] 134:8 227:20</p> <p>delivering [4] 89:4,8,9 158:24</p> <p>delivery [5] 86:1 88:12 175:18 202:13 229:25</p> <p>delve [2] 50:19 254:16</p> <p>delved [2] 47:10 99:24</p> <p>delving [2] 47:9 180:6</p> <p>demands [1] 94:21</p> <p>Denic [2] 281:10 283:10</p> <p>deny [1] 43:22</p> <p>department [123] 16:19 16:23 17:22 18:6 19:10 20:7,12,17 21:2,3,20,25 22:15,24 23:10,20 24:14 25:2,21 27:12,12 29:6 32:4 38:5 44:9,15 46:7 46:17 48:11 59:3 61:19 62:10 65:17 67:14 70:22 71:11 73:15 76:11 77:2 82:11 84:11 88:24 90:9 90:13,14,17 91:18 99:5 99:7,15 100:17 103:5,22 104:10,24 105:14 106:6 108:5 110:14,23 121:2,5 121:19 122:14 123:12 127:11,15 131:25 133:3 133:14,16,25 134:7,9,17 134:21,24 135:5 151:16 157:3,8,24 158:7,16 159:5,10 161:2,5,9,15 161:24 164:1,11 172:7 172:23 173:5 183:8,9,15 183:21 184:12,13 185:11 186:25 187:9 201:24 202:1 231:24 233:12,13 233:17 234:6 242:23 244:7,9,12 246:23 251:15 254:24 255:4 261:4 262:21 277:2</p> <p>department's [8] 20:21 21:10 22:5 126:19 135:2 157:2,19 183:23</p> <p>departmental [1] 94:17</p> <p>departments [5] 28:22 161:22 194:12 202:15 210:3</p> <p>depending [2] 89:24 234:10</p> <p>deputy [21] 100:18,18 100:19,22 101:10 103:3 103:13 110:10 149:22,25</p>	<p>150:14,20 234:5 236:9 238:13,19 239:4,16 244:4 244:10 247:2</p> <p>Deschamps [2] 12:7,11</p> <p>describe [2] 132:15 175:10</p> <p>description [4] 131:20 167:6,13 270:25</p> <p>designated [2] 24:19 215:19</p> <p>designating [1] 123:3</p> <p>designation [2] 24:23 245:8</p> <p>designed [3] 201:22 202:5 203:2</p> <p>desirable [1] 81:22</p> <p>desire [5] 37:14 38:1,22 42:25 136:17</p> <p>desk [3] 8:25 100:1 270:16</p> <p>desks [1] 101:12</p> <p>despite [1] 272:9</p> <p>detail [12] 57:7 129:3 148:2 160:12 163:19 166:21 176:7 218:17 251:21 252:20 256:7,16</p> <p>details [3] 126:11 178:4 241:15</p> <p>determine [7] 54:23 64:5 148:18 163:1 164:13 166:5 186:13</p> <p>determined [1] 160:6</p> <p>detrimental [1] 141:20</p> <p>develop [1] 132:3</p> <p>developed [4] 28:10 126:21 164:4 173:10</p> <p>developing [1] 187:6</p> <p>developments [1] 135:15</p> <p>devote [1] 42:3</p> <p>diagnosis [1] 60:2</p> <p>diagnostic [4] 126:6 167:10 204:5,14</p> <p>dialogue [8] 55:13 62:6 79:6 104:9 106:3,8 205:13 206:16</p> <p>dictate [1] 152:20</p> <p>dietary [1] 93:9</p> <p>dieticians [1] 213:13</p> <p>difference [1] 260:24</p> <p>different [24] 6:7 51:22 79:22 80:7 82:4 101:24 114:7,14 118:2,3,4 121:16 122:24 131:13 132:15 134:19 149:1 154:21 176:8 196:3 205:9 227:4 260:16 280:19</p> <p>differentiated [1] 157:18</p> <p>difficult [2] 42:6 75:2</p> <p>difficulties [3] 118:1 122:11 206:8</p> <p>dilemma [1] 263:7</p> <p>dimensions [1] 230:3</p>	<p>direct [14] 20:14 46:23 47:3,7 102:17 152:15 176:1 192:21 194:14 196:13,23 239:16 240:23 262:18</p> <p>directed [4] 44:17 81:20 87:18 152:24</p> <p>direction [9] 22:11 28:21 84:24 85:5 86:24 87:2 99:13 207:17 241:20</p> <p>directions [3] 86:22,23 87:3</p> <p>directly [15] 44:2 56:3 58:3 66:12 110:20 134:8 194:2 197:5 198:17 227:20 238:18 251:1 252:24 263:2 278:13</p> <p>director [26] 25:1,25 67:14,19 117:15 177:22 194:23,24,25 195:9,22 196:5,5,7 197:9 199:9 201:25 202:2 203:8 233:4 247:1 250:3,5 251:6 255:8 258:9</p> <p>directors [7] 87:17 88:2 195:18 198:23 200:3 217:10 268:10</p> <p>disadvantage [1] 204:22</p> <p>disadvantages [1] 213:7</p> <p>disagree [3] 14:1,5 39:11</p> <p>disagreed [2] 5:7,11</p> <p>disagreement [5] 259:2 259:5,6,9 282:9</p> <p>disappointing [1] 275:21</p> <p>disaster [1] 16:14</p> <p>disbelief [1] 74:21</p> <p>discharge [2] 93:16,21</p> <p>discipline [9] 81:10 201:4,10,23 203:16 213:15 215:10 217:22 218:4</p> <p>disciplined [3] 208:11 213:25 214:15</p> <p>disciplines [5] 59:21 203:4 204:20 205:15 213:9</p> <p>disclaimer [1] 9:14</p> <p>disclose [4] 13:7 111:15 111:22 135:17</p> <p>disclosed [8] 5:14,21 6:9 51:21 110:15,16 155:6 156:24</p> <p>disclosing [1] 11:18</p> <p>disclosure [13] 6:7 9:4,9 11:13 13:3,9,11,15 34:5 105:6 112:4 135:23 136:2</p> <p>disclosures [1] 135:20</p> <p>discontinued [2] 107:6 107:7</p> <p>discourage [2] 80:12 82:19</p> <p>discouragement [1] 81:19</p> <p>discovered [1] 53:23</p> <p>discrepancy [2] 110:13</p>	<p>110:17</p> <p>discuss [3] 79:3 128:18 251:20</p> <p>discussed [2] 103:4 113:12</p> <p>discussing [3] 62:7 214:7 254:8</p> <p>discussion [78] 5:23,25 8:7 12:13 13:10 17:21 19:9,11 30:14,21 40:15 41:14 42:19,20,21,23 43:2,19 45:21,22 51:4 53:8,15,17 61:16 65:2 66:1 79:24 82:5 103:3 103:13,25 104:1 106:1 109:21 114:7 115:6,8,10 115:12,17 120:17 138:13 149:21,25 150:21,22 151:1 154:5,19,22 156:9 184:18 185:7 187:8 228:5 251:14,24 252:1,16 254:13,21 257:21 258:12 258:21 261:3,14 262:16 263:3 266:4,16 267:20 271:14 279:1 280:21 281:12 284:12,16</p> <p>discussions [26] 29:23 30:16 61:25 128:20 130:9 138:6,7 205:21,22 227:1 251:8 255:20 257:3 258:13,23 259:18 260:11 265:3,15 268:23 278:18 278:20 279:4,17 280:14 284:13</p> <p>disease [2] 175:4 254:12</p> <p>displayed [1] 182:3</p> <p>distinction [7] 34:13,18 34:20,22 35:2,5 130:21</p> <p>distributed [1] 56:16</p> <p>diverse [1] 226:22</p> <p>divested [1] 85:25</p> <p>divided [1] 202:9</p> <p>dividing [1] 207:3</p> <p>Division [2] 1:16 20:4</p> <p>DM [2] 101:15 239:21</p> <p>Doctor [7] 270:23 271:3 271:6 273:3,13 274:12 283:10</p> <p>doctors [2] 1:10 67:11</p> <p>document [46] 8:11,12 8:16,19,21 9:8,17 12:2,5 12:16 14:6,9 27:18 28:18 28:20 29:1 31:24 57:1 86:11 94:25 97:7,8,17 99:4,10 101:22,24 112:7 113:25 114:9 115:11 118:18 124:9 126:15 151:21 153:18,20,25 154:5,11 172:15,19 173:6 179:21 187:17 269:8</p> <p>documentation [11] 68:15 102:15 116:11 121:4,23 165:12 172:14 180:25 181:9 273:9,10</p> <p>documented [3] 22:7 121:9,10</p> <p>documents [4] 83:22 113:2 269:3 280:3</p>	<p>doesn't [10] 9:14 11:6 34:21 35:5 122:15 133:3 160:3 172:23 189:19 246:12</p> <p>dollar [1] 126:12</p> <p>dollars [1] 92:24</p> <p>domain [8] 128:24 140:15,16 141:9,25 170:9 170:15 171:4</p> <p>done [50] 6:13,22 13:12 25:11 31:1,10 36:5 37:16 38:2,14 39:15 42:25 43:1 43:10,12,12 48:1 51:19 55:2 57:16 64:3,5 65:23 82:24 90:18,22 96:3 106:22 109:24,24 113:8 122:13,13,14 130:11 138:2 150:8 159:9 160:5 165:17 171:10 176:15 182:7 188:24 205:2 208:7 261:25 267:24 273:12,12</p> <p>doubled [1] 230:21</p> <p>doubt [2] 217:2 222:16</p> <p>down [22] 10:20 12:8 34:3 47:6 50:12 87:16 107:4,13,15,21 114:12 115:2 135:8 145:17 160:12 192:15 220:10 225:17 258:21,23 272:1 284:14</p> <p>Dr [38] 61:3 104:24 106:20 109:17 161:9 162:3 163:12,18 243:11 244:15 245:18 249:11 250:12,16 251:2 252:12 252:21,21 254:4 255:1 258:3,4,4,5,6,7 259:6 261:5 265:21 266:7,11 267:1,7,8 275:17 281:7 281:10 284:19</p> <p>draft [1] 114:9</p> <p>drafted [1] 255:4</p> <p>drafting [1] 28:25</p> <p>drawing [2] 279:17 281:16</p> <p>drawn [3] 12:10 84:21 262:1</p> <p>drill [1] 50:12</p> <p>Drilling [1] 160:12</p> <p>drop [1] 10:20</p> <p>drug [4] 249:16 269:9 270:1 271:19</p> <p>due [2] 37:22 98:9</p> <p>duo [1] 215:15</p> <p>during [20] 8:9,10 24:25 25:18 35:7 58:21 72:22 131:5 132:18 165:13 194:7 220:4 223:10 237:14 249:24 258:11 268:20 272:23 278:17 283:23</p> <p>duties [5] 84:19,22 85:3 173:23 176:14</p>
---	--	---	---	--

Inquiry on Hormone Receptor Testing

<p>e-mail [23] 31:19 32:9,9 56:21 57:3,6,9 67:2,3 70:4 75:16 114:5,6 120:17 126:15,16 127:2 131:4 178:13 179:22 181:14,21 251:18</p> <p>e-mails [4] 15:24 67:2 71:23 177:19</p> <p>EA [1] 178:1</p> <p>early [19] 5:4,10 6:6 40:21 53:13 115:15 134:25 171:23 194:1 200:14 236:4 242:3,6 255:2,19 264:17 269:21 275:11 276:8</p> <p>east [1] 221:20</p> <p>Eastern [96] 1:11 5:23 27:13 38:5 41:8 44:10 45:2,2 46:5,13,16,16 47:11,18 48:23 49:21 50:3,8 51:9 52:4,13 55:25 57:20 59:4 65:18 66:1 67:8,19 68:18,19 71:4,7,24 72:7 97:11 98:8 107:4,9,17 108:1 117:7,11 118:1 119:22 121:3 122:7,21 125:8,18 126:1,22 127:13,18 128:10 145:11,20 146:4 146:15 147:6,23 148:23 149:25 150:23 155:2 156:22,25 159:4 160:8 161:1 168:13,14,19 170:11 172:4 178:3,7,9 178:22 180:16,24,24 181:8,16 182:3 229:14 230:2,11 232:13 235:5 235:10 237:10,12 239:15 241:12 250:21 275:13</p> <p>Eaton [2] 1:17 19:19</p> <p>echoing [1] 252:7</p> <p>edge [1] 228:7</p> <p>editing [3] 127:12,17,20</p> <p>editor [1] 33:22</p> <p>editorial [2] 127:4,7</p> <p>education [6] 28:24 125:20 145:20 146:16 227:24 228:13</p> <p>educational [3] 152:14 192:24 193:1</p> <p>effect [5] 21:16 69:20 153:11 192:7 268:17</p> <p>effectively [1] 94:5</p> <p>effort [2] 42:3 51:14</p> <p>efforts [3] 51:10 152:14 271:25</p> <p>eight [5] 30:14 138:21 177:15 243:12 264:16</p> <p>either [23] 19:9 20:17 27:15 40:22 41:17 43:22 44:4 51:25 57:5 64:20 95:6 96:2,22 99:7 149:15 213:24 222:20,25 234:16 262:25 265:7 266:5 267:16</p> <p>Ejeckam [2] 250:13,16</p> <p>elaborate [2] 123:9 201:16</p>	<p>elaborated [1] 70:24</p> <p>elected [1] 242:15</p> <p>element [2] 105:4 275:8</p> <p>Elizabeth [9] 127:3,9 177:24 200:16 211:23 225:21 234:11 241:23 245:22</p> <p>Elliott [1] 56:22</p> <p>elsewhere [2] 146:6,23</p> <p>eluded [1] 257:20</p> <p>emanates [1] 117:5</p> <p>embark [1] 259:15</p> <p>embarked [1] 53:19</p> <p>embarrass [2] 82:14,15</p> <p>embarrassing [1] 82:10</p> <p>emerged [1] 128:17</p> <p>emergency [1] 18:6</p> <p>emotions [1] 74:19</p> <p>emphasis [1] 12:12</p> <p>emphasizing [1] 179:10</p> <p>emphatic [3] 117:12 118:6,21</p> <p>emphatically [1] 120:10</p> <p>employee [2] 193:24 243:16</p> <p>employer [1] 226:4</p> <p>employment [1] 193:13</p> <p>enables [1] 10:13</p> <p>encountered [1] 45:1</p> <p>encouragement [1] 82:23</p> <p>encouraging [1] 246:4</p> <p>end [21] 43:2 83:5,12 85:1 91:17 92:22 103:1 105:25 106:4 110:5 115:19 137:5 151:16 153:19 218:16 221:20 231:25 232:18 260:6 262:5 270:8</p> <p>endeavouring [1] 266:14</p> <p>ended [3] 205:25 222:9 229:18</p> <p>ends [1] 229:12</p> <p>energy [1] 45:9</p> <p>engage [4] 17:21 79:2,14 103:24</p> <p>engaged [1] 62:11</p> <p>engagement [1] 61:17</p> <p>enhance [3] 90:5 145:7 274:25</p> <p>enhanced [1] 207:2</p> <p>enhancements [1] 89:25</p> <p>enlighten [1] 143:7</p> <p>ensure [16] 30:19 37:6 37:16 56:4 66:13 67:24 158:8,17,21 159:1,10 162:18,19 166:11 213:19 280:22</p> <p>enter [3] 56:25 83:22 101:6</p> <p>entered [19] 56:14,15,16 56:18,25 57:1 75:18 84:4</p>	<p>84:5,9 190:22 191:24,25 192:1,2,3,4,5,11</p> <p>entire [4] 23:18 80:21 139:4 195:16</p> <p>entirely [1] 37:20</p> <p>entirety [1] 85:2</p> <p>entities [8] 95:5,7 96:1 177:5,18 178:24 218:7 235:4</p> <p>entitled [2] 9:8 15:6</p> <p>entity [6] 87:14 200:13 209:16 211:3 221:19 233:6</p> <p>enumerated [1] 86:25</p> <p>environment [4] 202:17 203:10 219:17 228:6</p> <p>environmental [1] 270:9</p> <p>envisaged [6] 85:17 147:20 149:7 150:19,20 255:1</p> <p>equally [1] 252:3</p> <p>Equals [1] 245:18</p> <p>equipment [6] 89:7 263:20 264:1,6 272:2,5</p> <p>ER/PR [29] 23:17 25:21 30:4,16 32:15 33:5,15 46:2 58:21 61:20 80:17 80:18 97:16,19 98:10 107:7 108:20 123:20 125:5 127:1 138:4 160:20 165:13 167:5 169:5 170:19 171:22 184:6 248:21</p> <p>error [2] 168:16 178:12</p> <p>errors [2] 75:5,5</p> <p>especially [2] 10:11 13:19</p> <p>espousing [1] 255:10</p> <p>essentially [3] 200:7 254:15 278:7</p> <p>establish [2] 95:4,25</p> <p>established [2] 233:6 236:8</p> <p>establishing [1] 99:12</p> <p>estimate [1] 208:23</p> <p>estrogen [2] 97:23 249:13</p> <p>et [1] 1:10</p> <p>ethical [1] 12:17</p> <p>ethics [2] 12:11,15</p> <p>Europe [3] 265:3 266:21 267:21</p> <p>evaluated [3] 264:11 278:3,4</p> <p>evaluating [1] 60:4</p> <p>evaluation [2] 150:9 185:10</p> <p>evaluations [1] 159:8</p> <p>evening [1] 14:21</p> <p>event [7] 25:6 106:13 114:2 123:16 153:1 267:1 268:19</p> <p>events [12] 13:8 18:15</p>	<p>36:6 105:15 112:2 122:3 122:23 125:16 187:15 252:17 268:15 269:24</p> <p>eventual [1] 284:23</p> <p>everybody [9] 24:6 48:8 54:24 71:9 118:21 140:11 140:25,25 207:14</p> <p>evidence [34] 5:5 7:22 10:3 21:5 29:18,25 30:13 38:19 50:6 61:18,21 63:7 70:15 75:18 86:12 101:5 101:20 104:22 107:11 108:22 109:7 113:6,10 113:11 116:9,10 122:2 150:15 191:25 192:1,2,3 192:4,5</p> <p>evident [1] 10:12</p> <p>evolved [7] 115:17 122:10 133:20,20 194:7 246:25 277:15</p> <p>evolving [4] 137:3 205:17 258:13 277:25</p> <p>exact [2] 105:22 153:10</p> <p>exactly [7] 14:19 27:3 131:22 145:9 154:24 204:1 251:23</p> <p>examination [14] 2:4,5 2:6,7,8,9,11 4:13 19:22 60:2 63:16 77:10 83:18 143:22</p> <p>EXAMINATION-IN-CHIEF [1] 190:9</p> <p>examined [1] 104:3</p> <p>examining [1] 184:11</p> <p>example [25] 23:15 27:13 31:10 47:16 52:12 58:1 80:3 90:11,15 91:1 92:8 110:9 129:13 149:14 153:2 160:15 181:2 198:7 203:12 205:7 210:8 212:19 216:20 258:3 281:1</p> <p>examples [2] 18:16 47:24</p> <p>Excellence [2] 27:6,9</p> <p>except [1] 36:25</p> <p>exception [2] 5:18 214:2</p> <p>excerpt [2] 172:4 178:5</p> <p>excerpted [1] 97:15</p> <p>exchange [4] 80:8 120:17 179:22 240:10</p> <p>excuse [1] 284:12</p> <p>executive [22] 84:13 132:23 173:18 186:25 193:7 194:23,24,25 195:9 195:22 196:7 197:8 198:8 200:15 212:3,8 224:13 226:16 233:4 250:20 270:19 283:14</p> <p>executives [2] 193:8,10</p> <p>exercise [6] 40:2 42:9 54:10,23 139:7 143:6</p> <p>exhibit [13] 8:12,12 33:21 56:13 59:8,9 66:25 71:21 75:19 101:21 117:13 182:2 192:11</p>	<p>exhibits [20] 3:1,2,3,4,5 3:6,7,8 84:5 173:14 190:21 191:14,15,25 192:1,2,3,4,5 260:5</p> <p>exist [5] 21:21 22:3 65:5 205:7 207:19</p> <p>existed [6] 76:8 160:23 163:17 184:15 201:7 227:7</p> <p>existence [4] 28:5 159:23 160:8 164:3</p> <p>existing [6] 27:16 36:23 38:22 89:25 147:7 265:24</p> <p>exists [1] 159:2</p> <p>expand [1] 216:14</p> <p>expect [7] 17:11 23:22 114:4 152:25 163:12 181:8 255:24</p> <p>expectation [5] 17:14 18:24 163:16 264:18 265:18</p> <p>expected [9] 161:23 163:18,21 212:10 223:25 245:10 253:8,13 261:20</p> <p>expecting [1] 181:12</p> <p>expects [1] 168:20</p> <p>expedient [1] 4:22</p> <p>expenses [1] 235:20</p> <p>experience [7] 15:2 131:9,11 133:23 159:18 219:7 226:24</p> <p>experienced [4] 51:9 142:11 224:17 268:19</p> <p>experiences [2] 52:14 142:10</p> <p>expert [9] 59:12,18,19 60:10,14,19 78:4 104:3 186:12</p> <p>expertise [8] 60:3,6 107:20 121:20 206:19 267:17 272:19 274:24</p> <p>experts [2] 60:18 121:21</p> <p>explain [3] 119:2 124:25 157:22</p> <p>explore [4] 8:2 17:14,19 46:16</p> <p>explored [1] 183:3</p> <p>exploring [3] 47:23 65:4 115:14</p> <p>express [2] 79:11 81:1</p> <p>expressed [13] 14:2 15:10 22:4 30:20 38:2,4 39:20 44:2,10 79:9 149:24 150:13 243:22</p> <p>expressing [3] 29:19 52:23 68:25</p> <p>expression [2] 37:9 120:18</p> <p>extensive [1] 262:15</p> <p>extent [4] 167:25 170:15 257:2 284:6</p> <p>external [13] 113:8 126:1 133:6,7 146:1,3,17,23 147:11 148:18 149:16 150:4 281:3</p>
---	--	---	---	--

extra [1] 91:2
extreme [1] 175:10
extremely [1] 18:6
eyes [1] 143:6

-F-

face [4] 47:3,4 142:4
219:18
facilitate [1] 16:20
facilities [3] 90:23 194:3
210:2
facility [3] 196:15 228:18
264:7
facing [3] 16:14 259:16
270:13
fact [55] 6:16 8:9 9:12
10:3 23:16 48:24 57:15
65:7,12 66:4 68:20 71:8
79:2 81:14 82:13 91:17
106:11 110:12 117:13,14
119:6 120:10,12 127:15
140:5,11 141:2 142:17
152:14,17,24 153:7
154:11 158:17 159:24
163:2 171:3,22 180:8
181:2,25 182:7 187:7
206:12 210:13 214:8
219:25 224:2 228:9 232:2
235:10 254:10 269:13
276:6 284:15
factor [1] 273:23
factors [3] 111:13 273:24
274:3
facts [4] 10:25 11:10
111:18 119:19
factual [2] 142:3,5
factually [1] 120:1
failed [1] 53:21
failure [2] 156:23,23
fair [8] 119:21 150:25
153:8 157:6 164:16 189:5
212:12 246:17
fairly [2] 167:23 255:15
fairness [2] 150:21
153:18
faith [1] 142:6
fall [8] 112:2 170:12
194:25 226:18 231:16
239:9 278:17 282:17
false [1] 253:20
familiar [4] 8:19 31:15
163:13 214:13
familiarity [1] 256:4
families [5] 34:6 35:10
75:3 138:17 139:3
family [9] 34:18 37:1
44:7,8 56:9 58:2 64:18
134:24 167:12
far [4] 85:7 118:4 142:17
250:18
fashion [6] 52:17 53:5
90:6 121:15 137:5 196:9
faxed [1] 151:16
February [10] 9:7
103:19 106:18 122:19

123:2 136:20 138:11
218:24 279:22 280:7
federal [1] 268:12
feedback [2] 23:9 123:11
feeling [1] 284:20
felt [11] 16:12 213:9
224:3,5,25 226:1 249:20
261:10,14 263:12 271:15
few [15] 20:5 45:24 84:8
86:19 87:6 112:18 128:13
135:8 137:18 138:15
143:19 163:11 187:12
249:17 262:4
fifteen [2] 112:21 247:21
fighting [1] 263:8
figure [4] 71:7 126:12
271:10 275:7
file [5] 62:11 69:14 132:9
137:25 171:10
files [1] 121:20
final [4] 174:2 179:14,14
179:18
Finance [1] 210:2
financial [3] 41:17 44:5
219:19
finding [1] 209:10
findings [1] 254:19
fine [3] 166:18 237:22
253:10
finish [1] 112:15
finished [1] 4:5
first [53] 4:23 5:4 9:18
9:20,21 20:9 24:8 36:19
36:19 41:12 46:1 50:8
59:11 60:1 64:20 70:16
72:24 84:9,21 98:22
106:23 118:14 124:23
126:19 138:15 144:13
165:5,6,8,14 166:24
168:10 169:18 177:20
181:20,21 183:7 187:13
188:15 192:7 194:6
207:13 209:8 216:15
220:11 235:18 239:3
244:2 257:7 260:7 264:23
269:7 272:7
fit [1] 211:11
five [7] 12:8 34:2 92:10
93:8 152:13 167:9 219:8
fixation [2] 273:5,6
flashback [1] 269:19
flattening [1] 209:4
flavour [2] 5:24 203:22
flexibility [4] 93:16 94:8
94:10,19
flow [3] 20:15 93:11
138:13
flowing [2] 93:25 184:16
focus [14] 11:11 33:12
38:22 53:10 59:15 132:10
154:3,4 202:8 260:1,23
274:8,11 275:10
focused [4] 24:9 34:24
46:1 255:23
focusing [4] 18:14 39:5

45:10 53:2
folded [1] 195:4
follow [13] 7:7 48:1
53:22 57:24 67:23 68:5
91:11 92:2 142:23 183:1
189:17 268:2 270:14
follow-up [14] 13:14
57:17 240:17 254:18,22
255:11 260:12,17 261:3
262:18,22 275:10 279:8
283:21
followed [11] 51:5 62:2
68:21 130:2,2 136:25
168:10 271:12,24 274:14
282:7
following [7] 25:19 62:3
180:16 190:23 191:1
280:20,24
follows [1] 11:5
force [6] 36:5 86:13
136:8,10 241:18,25
forefront [2] 97:24
250:24
forego [2] 226:6,7
foregoing [1] 286:2
forget [3] 75:19 118:12
153:10
Forgive [1] 209:7
forgot [1] 179:16
forgotten [1] 140:9
form [3] 22:4 102:23
170:3
formally [1] 28:3
format [1] 27:19
former [4] 209:20,20
220:8 278:7
forms [2] 22:8 188:9
formulated [1] 6:11
forth [4] 93:12 94:1 98:3
259:21
forum [1] 80:10
forward [12] 22:2 24:10
65:24 103:24 136:9 144:4
187:14 189:14 257:13
264:10 272:10 275:3
forwarded [2] 31:20
127:8
forwarding [1] 126:20
found [6] 15:5 19:1 65:22
75:11 208:4 225:24
foundation [3] 198:20
198:22 278:8
four [18] 6:24 12:8 57:8
66:21 92:11 93:2 114:23
124:1 135:14 159:14
167:9 173:22 175:15
180:13 232:1 259:22
273:1 279:10
fourth [1] 168:16
fragmentation [1]
202:16
fragmented [1] 224:4
framed [1] 30:2
free [2] 93:22 94:16

frequent [1] 25:20
frequently [2] 24:10
80:1
friend [1] 77:18
friends [1] 243:13
front [3] 76:18 84:14
166:7
fruits [1] 122:9
frustration [3] 74:24
75:8,25
full [7] 14:9 15:12 34:5
67:9 72:9 112:3 136:2
fully [2] 180:19 284:10
function [1] 77:25
functioned [1] 200:1
functioning [1] 164:5
functions [3] 84:22 85:3
175:8
fundamentally [5] 94:2
134:10,15,20 135:3
funded [1] 9:12
funding [3] 125:22 145:5
145:22
fundraising [1] 198:20
funds [2] 39:23 44:21
future [7] 15:4 21:22
81:4 99:10 122:23 125:17
233:9

-G-

G-E-O-R-G-E [1]
190:15
gain [1] 136:10
gallery [1] 25:3
gaps [2] 81:9 191:2
gather [10] 10:24 11:9
180:9 221:19 222:5
228:20 229:15 248:4
279:21 280:2
gathered [2] 25:14 75:14
gathering [1] 25:16
general [13] 20:8 31:2
90:14 98:13 99:13 174:14
200:9 219:2 220:9,24
221:21 222:20 284:17
generally [7] 16:6 20:6
21:1 24:23 25:2 87:23
221:18
genesis [1] 122:3
geographic [1] 230:10
geographically [1]
231:1
George [8] 2:10 56:23
177:23 180:2 190:7,9,15
270:20
Gilhooly [1] 31:17
given [19] 6:25 18:3
24:19 50:6 58:3 70:15
74:11,15 88:20 101:5
106:11 109:9 120:1
172:14,24 180:1 189:19
269:11 284:24
giving [6] 5:8 71:10
135:18 168:2,22 267:4

glean [4] 87:21 139:10
139:20 187:16
gleaned [3] 121:23,25
137:7
global [2] 74:1 92:7
glossary [2] 28:1,6
go-forward [1] 265:25
goes [7] 10:11 85:6
114:13 125:14,17 252:9
273:7
gold [1] 267:10
gone [14] 22:13 71:25
74:20 92:14 99:17 112:9
138:20,20 151:23 159:25
221:24 222:25 250:18
282:5
good [18] 4:15,17 19:24
20:1 57:24 58:16 63:18
63:20 71:13 77:12 91:25
123:6 137:16 190:7
206:22 207:23 213:20
271:5
governance [1] 88:7
government [60] 16:1,7
28:21 73:17,18 78:6,23
80:6,13 81:16 82:3,10
82:15,18 88:20 90:24
95:5,6 96:1 102:22 103:7
103:10 124:24 128:2,9
130:13 132:8 138:2,2
139:21 142:1,16,25
145:12,19 148:19 149:8
149:11,14 161:21 175:12
176:4 177:11 178:11,25
179:2 186:12 189:16
193:15 198:25 199:25
229:20 231:6 233:11,22
234:3 235:20 242:14
251:21 268:13
government's [2] 10:7
129:12
governmental [1]
234:17
governor [3] 95:3,23,24
Grace [7] 200:10 220:9
220:12,17 222:5,25 223:4
graduation [1] 193:14
great [6] 11:20 43:18
74:24 97:24 260:2 271:25
greater [7] 116:7,7
160:12 194:18 202:12
207:21 233:7
greatly [1] 133:18
Green [1] 69:15
grew [2] 226:1 276:21
grey [1] 270:25
grid [1] 110:3
grossing [1] 153:4
group [20] 55:16 63:23
77:15 80:25 195:19
198:15 202:19 206:5
211:8 213:12 215:18
218:2,6 222:22 227:14
236:6 252:18 255:12
277:10 279:16
groups [13] 29:24 32:13
32:23 33:2 35:12 36:1

77:21 78:13 81:21 202:7 202:17 251:13 277:19 guarantee [1] 249:5 guess [22] 7:10 14:14 17:6 21:4 22:23 26:5 39:3,7 41:16 50:16 53:21 57:22 68:22 128:16 135:13 169:16 180:4 213:19,23 219:15 263:11 267:7 guidelines [7] 9:9 28:10 28:12,14,15 162:2 221:12 Gulliver [4] 251:4,5 258:10 259:7	146:15 147:23 148:23 150:1,23 155:2 156:25 157:20 158:7,14,24 159:4 159:14,15 160:8 161:1 161:22,25 162:12 163:12 168:11,13,15,20 170:11 172:5 175:3,6,13,15,23 176:2 178:3,8,9,22 180:16,24 181:8,16 182:3 183:8,9 193:6,8,9,18,19 194:17 195:3,5 196:10 199:16 202:14,23 203:13 203:23 205:7 209:14,17 209:18 212:15 213:1,12 219:18 220:14,15 224:11 225:3,5,15,19,25 226:5 226:17 228:14,17 229:1 229:2,12,15,21,24 230:2 230:6,11,16 231:11,24 232:13 233:14,17 234:1 234:6,17,24 235:3,5,6,9 235:11,20 236:5,24 237:10,12,25 238:14,20 239:4,6,14,16 241:10,12 241:18 242:24 243:15,16 244:7,9,14,22 246:22,23 247:1,5,6 250:21 251:15 252:2 259:13 261:4 262:21 268:15,20 275:13 276:22 278:11,19 283:11 Health's [5] 107:17 122:7 147:7 156:23 180:25 healthy [7] 32:16 80:10 81:15,16,17 82:7,22 hear [3] 6:2 23:23 45:1 heard [20] 8:21 10:3 14:16 41:13 46:8 47:17 47:18 57:11 60:17 61:2 61:4 66:16 69:11,12 107:11 122:2,6 149:20 180:15 286:5 hearing [12] 7:22 40:13 46:4 252:23 258:20,20 265:2,22 270:3,7 273:16 275:13 hears [1] 131:21 Heather [7] 56:21 57:14 75:20 179:23 180:3 250:4 258:8 Heather's [1] 57:21 heavy [2] 140:18 184:19 held [1] 278:20 help [15] 16:2,7,19,21 54:16,25 102:23 104:6 123:21 126:4 139:21,22 203:21 224:6 279:21 helped [3] 32:16 39:7 50:18 helping [2] 82:17,18 helps [3] 78:5,6,7 Hennebury [1] 1:10 Hennessey [4] 177:25 246:19,21 247:12 hereby [1] 286:2 hierarchy [1] 247:7 high [5] 261:20 262:5,6 267:15 275:6	higher [4] 186:5,9 188:4 188:13 highest [1] 95:18 highlighted [4] 32:4 39:12 84:18 185:6 highlighting [1] 99:18 highlights [1] 57:15 highly [1] 80:20 hired [3] 153:3,7,13 historically [3] 61:21 62:17 201:21 history [1] 279:5 home [1] 18:9 homes [2] 134:4 193:22 honesty [2] 10:22 141:24 Honourable [2] 1:3 286:6 hope [1] 275:23 hopefully [4] 137:21 139:24 142:8 189:12 Hormone [2] 1:2 286:4 hospital [19] 15:7 16:3,8 16:12 38:17 40:10 90:12 93:17 194:4,5 197:1 198:22 200:12 220:9,12 221:21 223:14 233:3,5 hospital's [1] 266:22 Hospital/Health [1] 222:20 hospitals [15] 10:5 15:11 15:16 16:3,8 118:3 175:5 178:10 193:22 200:8,9 201:22 209:1 233:8 272:15 hour [3] 180:5 189:19 262:16 hours [1] 219:20 house [20] 21:23 22:25 23:7,11,16,21 24:11,20 24:25 25:3,4,22 73:25 108:24 160:16 262:1 271:22 282:22,23,25 Howell [4] 56:22 243:9 243:11 284:19 human [8] 41:17 44:5 45:9 89:5 175:24 194:14 194:19 241:13 humidity [1] 270:10 hundred [3] 16:1 249:6 268:18 hundreds [1] 92:23 Hunt [2] 163:13,18 Hunt's [2] 161:10 162:3 Hynes [1] 131:5	250:8 268:16 281:1 identify [15] 17:6,13 19:2,4 47:22 54:17,25 92:20 100:3 149:5 184:5 236:7 249:13,15 284:5 identifying [5] 17:10 42:9 54:18 58:22 147:19 identity [1] 213:10 IHC [5] 125:21 145:21 146:4,17,24 illness [1] 230:7 illustration [1] 88:24 imaging [2] 204:5,14 immediate [22] 99:10 99:19,20,22,23 100:6,10 100:13,14 101:8 143:1 164:20 166:6 169:8,11 169:13 170:18,23 171:12 171:16,18,20 impact [7] 140:13 141:12 141:14,20 250:17 263:14 275:7 impacted [9] 6:18 74:25 75:3,4 136:3,11 139:4 254:9 260:18 impacting [1] 263:16 impetus [1] 105:12 implement [4] 125:19 143:2 145:20 219:15 implementation [6] 150:3,6 151:9 154:14 158:3 176:13 implemented [5] 109:12 109:19 153:24 160:20 219:2 implications [1] 252:5 implies [1] 73:9 implying [2] 23:18 171:9 importance [5] 218:8 252:5 266:12 270:14 274:13 important [19] 9:23 13:9 29:9,13 77:25 78:14 79:5 83:3 100:2 136:6,14 138:16 139:5,8,23 141:21 189:7 250:10 251:14 importantly [1] 139:15 impression [2] 109:14 170:3 improve [3] 139:11 143:3,8 improvement [1] 139:23 improvements [3] 78:7 83:6 159:2 imputed [1] 119:2 in-house [2] 264:15 284:12 in-patient [1] 210:22 inaccurate [9] 70:11,13 72:5,6 73:3,8 75:12 141:10 142:7 inadequacies [1] 81:11 inadvertence [1] 119:23 inadvertently [1]	280:17 inappropriate [1] 269:25 inaudible [1] 4:9 incident [5] 15:14 41:3 51:8 53:25 55:22 incidents [7] 41:4 51:7 51:16 52:15 53:3 55:18 188:8 include [9] 16:21,23 26:16,18 84:23 85:4 210:10,24 217:21 included [8] 46:6 55:4 65:4 85:15 154:8 204:10 231:23 254:13 including [7] 37:6 81:12 86:24 135:14 152:11 189:9 264:24 inclusive [7] 191:8,9,9 191:10,10 210:14 230:8 incomplete [3] 121:13 154:17,20 incorporation [1] 177:6 incorrect [4] 72:15 74:7 74:14 168:5 increase [1] 205:4 increased [5] 135:4 205:13 206:16 231:2 276:24 increasing [1] 98:8 increasingly [2] 9:23 208:14 indeed [2] 130:22 133:20 indefinitely [1] 226:7 independent [4] 115:3 160:6 200:2 275:17 indicate [3] 109:22 116:25 167:1 indicated [42] 5:18,20 5:21 19:20 21:4 22:14 25:11 30:12 31:2 39:13 42:1,8 46:1 49:10 57:3 72:13 99:3,16 108:21 113:6 115:12 136:7 145:12 151:23,25 152:10 153:5,13 165:23 166:4 166:14 169:18 170:13 171:13 174:17 177:4 178:12 181:3 187:11 215:1 255:8 274:7 indicates [3] 57:19 161:19 168:19 indicating [2] 118:16 180:14 indication [2] 167:14 180:3 indirectly [1] 198:18 individual [14] 47:22 67:12,23 80:25 141:13 158:10 202:15 208:5 209:1 229:1 255:11 257:11 261:12 267:14 individuals [20] 36:8 46:4,20 60:17,24 61:8 61:10 72:18 114:3 116:10 121:17 195:19 205:11			
-H-							
half [1] 137:22 Halifax [2] 269:16,20 hand [2] 111:15,16 handle [1] 125:16 handled [1] 38:17 hands-on [1] 162:16 Hansard [2] 21:24 23:1 happening [9] 100:23 130:10 231:25 234:4 241:16 268:3 271:21 272:23 283:4 hard [1] 219:20 Hassen [3] 268:8,9 269:2 haunting [1] 184:16 HayGroup [1] 236:17 he'd [3] 42:7 270:21,22 head [11] 169:19 171:17 184:11 185:8,9 220:19 231:4 256:3 270:2 273:14 283:18 headed [1] 98:6 heading [1] 12:24 heads [1] 184:24 health [273] 1:12,18 5:23 7:2 9:13,15 10:12,14 11:24 16:12 17:22 19:12 20:8,10 27:12,13,13 30:24 32:14 36:6 38:5 41:8 44:9,10 45:2,2 46:5 46:7,13,16,17,23 47:12 47:18 48:12,24 49:21 50:4,9 51:9,19 52:4,13 55:25 57:20 59:4 62:5,8 63:5 64:12 65:18 66:2 67:8,19 68:19,19 71:4,8 71:24 72:7 73:15,21,23 76:9 77:22 78:3,8,15 79:3,7 80:14,19,21 81:4 83:6,8 84:12 85:18,19 86:10,15 88:5,12,13 91:24 92:9 95:14 97:11 98:8,14,23 103:5 104:10 106:6 107:4,9 108:1 117:7,11 118:1 119:23 120:4 121:2,3 122:4,21 123:12 125:8,10,19 126:2 126:22 127:11,13,18 128:10 131:7 133:3,14 133:24,25 134:10,11,17 139:14,17 141:13,13 143:8 145:11,20 146:4	Health's [5] 107:17 122:7 147:7 156:23 180:25 healthy [7] 32:16 80:10 81:15,16,17 82:7,22 hear [3] 6:2 23:23 45:1 heard [20] 8:21 10:3 14:16 41:13 46:8 47:17 47:18 57:11 60:17 61:2 61:4 66:16 69:11,12 107:11 122:2,6 149:20 180:15 286:5 hearing [12] 7:22 40:13 46:4 252:23 258:20,20 265:2,22 270:3,7 273:16 275:13 hears [1] 131:21 Heather [7] 56:21 57:14 75:20 179:23 180:3 250:4 258:8 Heather's [1] 57:21 heavy [2] 140:18 184:19 held [1] 278:20 help [15] 16:2,7,19,21 54:16,25 102:23 104:6 123:21 126:4 139:21,22 203:21 224:6 279:21 helped [3] 32:16 39:7 50:18 helping [2] 82:17,18 helps [3] 78:5,6,7 Hennebury [1] 1:10 Hennessey [4] 177:25 246:19,21 247:12 hereby [1] 286:2 hierarchy [1] 247:7 high [5] 261:20 262:5,6 267:15 275:6	higher [4] 186:5,9 188:4 188:13 highest [1] 95:18 highlighted [4] 32:4 39:12 84:18 185:6 highlighting [1] 99:18 highlights [1] 57:15 highly [1] 80:20 hired [3] 153:3,7,13 historically [3] 61:21 62:17 201:21 history [1] 279:5 home [1] 18:9 homes [2] 134:4 193:22 honesty [2] 10:22 141:24 Honourable [2] 1:3 286:6 hope [1] 275:23 hopefully [4] 137:21 139:24 142:8 189:12 Hormone [2] 1:2 286:4 hospital [19] 15:7 16:3,8 16:12 38:17 40:10 90:12 93:17 194:4,5 197:1 198:22 200:12 220:9,12 221:21 223:14 233:3,5 hospital's [1] 266:22 Hospital/Health [1] 222:20 hospitals [15] 10:5 15:11 15:16 16:3,8 118:3 175:5 178:10 193:22 200:8,9 201:22 209:1 233:8 272:15 hour [3] 180:5 189:19 262:16 hours [1] 219:20 house [20] 21:23 22:25 23:7,11,16,21 24:11,20 24:25 25:3,4,22 73:25 108:24 160:16 262:1 271:22 282:22,23,25 Howell [4] 56:22 243:9 243:11 284:19 human [8] 41:17 44:5 45:9 89:5 175:24 194:14 194:19 241:13 humidity [1] 270:10 hundred [3] 16:1 249:6 268:18 hundreds [1] 92:23 Hunt [2] 163:13,18 Hunt's [2] 161:10 162:3 Hynes [1] 131:5	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11
-I-							
idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11	idea [6] 57:24 146:23 212:1 255:8 263:12 277:22 ideas [1] 80:8 identifiable [1] 209:16 identified [11] 64:13 72:18 89:2 108:16 144:20 151:24 168:3 183:11			

<p>232:21 250:8 268:4,6 274:15 276:10 277:6 infection [2] 163:24,25 inference [1] 12:10 influence [3] 22:9,10 266:2 influenced [2] 6:1 7:10 inform [9] 54:16,25 79:5 82:18,18 100:8 104:6 139:21,22 informally [1] 101:14 information [130] 5:20 10:13,25 11:10 20:16 22:23 23:3,10 24:1 25:14 25:16 35:22 36:4 41:18 46:18,19 51:20,22 52:3 52:20 58:22 62:5 63:25 64:8,12,17 66:18 69:21 70:1,19 72:6,8,13,14,20 72:21 73:2,5,8 74:13,15 75:10,14,20 76:3,9,10 76:13,25 81:17 99:5,11 111:18,23 118:18 119:8 119:10,13,25 120:5,8,14 120:25 121:5,9,12,13,25 122:5,21 123:8 125:9,11 128:3 129:23 130:6,6 136:12,14,17,21,24 137:1 137:10 138:14 140:17,20 140:21,24 141:4,5,8,18 142:2,5,23 144:9 155:1 155:5 156:11,24 157:4 157:12 170:11,12,14 184:15 185:2 187:16 188:14 189:1 208:5 241:18,21 253:3,14 264:19,24 269:5 275:24 276:1,4,22 278:5,12,25 280:23,25 282:19 283:5 informed [3] 67:11 71:9 126:25 informing [2] 13:18 82:17 inherent [1] 206:8 initial [4] 47:25 61:10,11 200:15 initiate [2] 25:15 272:13 initiated [3] 64:9 65:18 219:15 initiative [4] 149:4 201:6 220:1 241:19 initiatives [5] 125:8 228:10 250:6 268:24 277:2 injury [1] 224:17 input [7] 78:3,9 80:14 82:20 148:20 207:23 254:23 inquired [1] 160:22 inquiries [3] 47:16 114:8 283:3 inquiring [4] 74:18 140:13 262:22 276:11 inquiry [16] 1:1 5:2 98:10 110:22 115:1,2,22 116:5 138:15 139:8 143:11 240:16 275:12,12 286:4,7</p>	<p>insight [3] 75:13 116:7 121:25 insights [1] 143:7 insofar [3] 174:2 175:1 175:5 inspection [1] 158:21 installed [1] 263:20 instance [5] 16:9 23:14 24:4 127:24 264:23 instances [4] 24:12 47:21 74:2 215:9 institute [5] 8:18 9:4 268:7,11,12 institution [2] 90:19 93:23 institutional [2] 21:20 93:13 insure [1] 123:6 insured [1] 122:23 Integrated [3] 1:11,18 229:15 integration [2] 223:15 229:22 intended [7] 28:23 54:9 146:25 147:1,8 148:5 182:24 intensely [1] 128:25 intensity [1] 45:11 intent [4] 143:10 254:15 260:16 264:12 intention [2] 184:8 186:18 intentionally [2] 73:9 141:11 interchangeably [1] 63:4 interdisciplinary [3] 202:13 205:5 207:1 interest [9] 79:4 122:7 136:4 149:24 150:13 217:7 229:22 243:17 272:17 interested [2] 212:20 283:12 interesting [2] 58:9 184:23 interests [1] 78:1 internal [7] 90:2 98:9 159:4 184:1,14 185:10 283:8 internally [2] 183:15 280:14 internationally [1] 273:16 interpret [1] 271:1 interpreted [2] 79:10 276:20 interpreting [1] 277:24 interview [3] 31:16 226:11 246:1 interviewed [1] 231:23 interviews [3] 178:17 263:22 275:19 introduce [3] 4:24 28:2</p>	<p>192:8 introduced [1] 212:24 investigation [2] 251:7 272:18 investigations [1] 114:8 investing [1] 124:25 investment [6] 125:3,18 126:4 144:9 147:5,6 investments [1] 122:20 invite [2] 86:20 87:5 invited [1] 241:24 involve [3] 203:7 226:19 276:12 involved [40] 13:16 15:23 18:18 26:13 39:4 42:9,14 45:3,18 59:23 59:24,25 61:10,19 62:16 63:8 66:13 123:15 127:12 127:16,20 137:24 176:8 193:7 207:8 217:12 220:21 223:16 228:21 241:17 251:1 252:10 258:1 259:17 268:21,22 274:16 278:22 281:10,15 involvement [12] 41:16 62:4 102:16,17 127:23 129:12 138:1 217:19 230:5 235:18 238:15 243:2 involves [3] 146:15 187:5,6 involving [5] 15:17 36:20 152:13 232:18 248:13 isolated [2] 249:21 253:21 isolation [1] 14:11 issue [140] 10:7 15:17 16:13 17:10,18 19:3 20:11 24:9 30:14,16 32:8 33:7,8,10,11,15 34:24 35:8 36:20 37:18 38:13 42:18,23 43:8 44:3 46:2 48:23 49:4 61:25 74:19 78:18 79:22 95:16 97:16 97:19 100:2 101:18 102:11,16,21 103:2,4,14 103:18 104:11 106:8,10 108:17,20 109:2 113:11 123:19 125:4,5 128:23 128:24 130:12 136:3,4 139:4,10 140:2 147:14 157:2,15 162:13 166:20 167:2,4,15 168:3,8,24 169:19 170:6,9,19,24 171:2,6,8,8 174:8 177:9 178:22 180:6 181:10 183:18 184:6 188:12 193:25 202:20 213:16,21 214:8,10,12 227:21 242:20 249:12,19 250:10 250:23 252:7,22 254:5,9 254:17,22 255:20 257:1 259:3,16 260:14 261:1 263:13,19 264:9,21 266:2 267:2,6,21 268:4 270:4 270:6,16,21 271:7,12,18 271:22 273:23 275:14,15 275:17 276:3 280:13</p>	<p>282:25 283:19 issues [69] 8:6,23 24:11 25:7 32:14 33:3 38:6 40:25 50:17 58:7 59:2 73:21,23 79:3 80:4 81:8 98:12 99:7,9,14,24 100:1 101:8,17 103:8 105:6 108:3 116:12 123:13,18 123:19,24 129:7 138:3 161:25 163:8,14,24 164:14,14 165:22 166:6 166:9,12 167:10 169:14 171:15,20 175:17 180:18 183:11,14 194:11,19 196:21 213:18,21 216:18 217:11 218:5 223:13,24 224:5 227:14 230:6 233:21 251:12 273:4,9 it'll [2] 8:14 125:25 item [2] 57:8 124:23 itemizes [1] 125:7 items [4] 100:12,14 124:22 153:21 itself [22] 8:21 11:4 14:4 16:13,24 17:11 18:20 25:3 32:9 46:24 55:12 78:3 88:5 103:21 107:3 107:8 127:16 183:9 197:17,24 202:9 279:16</p>	<p>Judy [2] 286:2,13 July [9] 111:13 137:8 224:21 232:13 249:2,9 249:10 250:19 253:2 June [16] 50:8 52:11 67:4 68:8,10,12 70:6,16 72:4 72:25 76:11 118:15 151:21 218:25 250:20 278:23 jurisdictions [2] 188:10 188:14 Justice [2] 1:3 286:6</p> <hr/> <p style="text-align: center;">-K-</p> <p>Kara [1] 1:10 keep [2] 256:9,11 kept [4] 20:20 76:7 117:18 270:10 key [2] 168:19 199:1 kind [44] 21:17 22:3,7,7 22:12 25:15 28:5,6,18 42:3 53:15 79:6,15 80:12 81:19 96:17 102:24 109:21 112:9 115:17 116:5 120:14 121:24 123:8 126:11 127:17,20 130:3,5,11 132:1 136:17 149:13 154:21 158:21 160:9 164:2 167:1 186:23 188:22 216:21 245:14 246:5 280:7 kinds [3] 45:15 118:11 188:5 knew [12] 52:13,15 119:6 137:9 141:1 157:8 212:8 234:16 240:22 241:8 242:10 267:13 knowing [3] 75:22 180:23 263:14 knowledge [16] 21:20 45:6 48:19 78:5 129:18 155:1,16,20 157:2 159:19 164:2 170:7,16 185:17 185:25 189:9 known [27] 8:17 53:3 128:6 188:1 195:5 203:15 212:4 213:7,16 218:2 232:22,25 238:5 239:11 243:11 246:24 249:16 253:5 267:3,9,11,13 268:9 269:9,17 279:9 281:20 Kwan [1] 258:7</p> <hr/> <p style="text-align: center;">-L-</p> <p>lab [24] 23:17 24:5 106:17 106:22,24 107:3,8 108:21 109:11 125:22 147:24 204:4 251:1,6 252:13 255:17 266:6 267:16 273:6,8 274:11 278:22 278:24 281:7 laboratories [3] 149:2 160:22 204:11 laboratory [12] 107:3,8 123:21 126:2,3 146:4,24 149:13 168:18 223:4</p>
---	--	---	---	--

<p>251:3 254:4 labour [3] 193:20 194:10 194:15 Labrador [10] 20:4 73:19 77:14 83:10 136:6 143:9 178:11 193:19 286:8,11 Labrador-Grenfell [1] 1:17 labs [5] 108:4 123:23 266:22 278:13 279:2 lack [3] 38:6 258:14 273:18 lacked [1] 44:11 lady [5] 47:19,20 57:9 180:8,14 laid [1] 105:20 Laing [3] 1:10 61:3 258:5 land [1] 270:16 large [11] 6:17,20 18:2,8 18:17 141:14 207:3 211:3 219:8 226:21 227:18 larger [5] 121:16 209:2 209:9 219:5 230:12 largest [2] 230:12 259:12 last [49] 10:21 14:21 23:15 30:14 31:4 34:14 35:7 54:1,2 55:21 64:21 64:21 72:23 73:2 74:20 75:21 76:11,15 85:16 97:21 113:3 115:16 125:6 125:6 128:22 129:4 130:7 135:8,10 136:1,8 137:7 137:18,21,21,25 138:21 140:10,15,21,24 141:3 141:25 166:19 170:20 173:16 188:7 240:15 280:8 lasted [1] 262:16 late [8] 53:13,14 194:16 240:15 244:24 245:3 260:8 281:21 lateral [1] 194:16 latter [3] 55:20 90:21 282:17 launched [1] 136:8 lawsuit [1] 98:11 lay [1] 85:14 layers [1] 209:5 layout [1] 201:4 lead [5] 122:11 132:8 142:13 187:8 217:7 leader [13] 129:21 203:7 203:9,11,14 206:23 213:14 215:3,6,8 216:8 217:9 266:6 leaders [1] 202:24 leadership [9] 18:25 203:6,17,21 206:24 215:1 252:13 274:11 281:7 leading [1] 228:7 leads [1] 274:22 leap [1] 193:17 learn [7] 35:25 139:7 142:15,24 207:18 208:7</p>	<p>269:7 learned [14] 15:1 36:19 45:17 46:22 52:5 77:18 125:4 142:19,20,21 155:4 156:11 279:7 283:19 learning [3] 134:25 143:4 228:6 least [10] 12:10 68:24 69:12,22 105:13 110:6 137:24 150:19 180:17 251:7 leave [4] 83:21 89:18 92:13 112:16 leaving [1] 185:14 led [4] 168:4,23 268:23 269:3 left [5] 62:9 205:22 224:11 240:11 254:14 legal [5] 87:14 177:5,12 177:18 179:4 legislated [2] 114:24,25 legislation [7] 10:5 85:23 172:9 173:18 174:12 175:14 176:21 legislations [1] 174:21 legislative [1] 88:19 length [9] 42:19 116:21 130:17 178:10,15,19,22 178:25 179:4 lengthy [1] 42:23 less [8] 95:11 172:24 214:12,12 218:4 221:19 238:19 265:1 lessons [3] 15:1 139:6 142:15 lethal [1] 269:13 letter [20] 33:22 34:2,9 34:10,13,16,21 35:2,4 35:17 57:14 67:21 69:14 73:25 101:20 104:15,23 105:8,19 261:7 letters [3] 23:2 57:17,24 letting [2] 209:10,13 level [29] 16:16 17:25 65:4,5 66:4 89:1 95:13 95:18 106:19 117:18 127:23 135:3 148:2 155:1 159:14 160:9,12 176:7 185:15 245:16 251:24 253:8 261:20 274:24 277:13 278:22 279:3 281:12 282:11 levels [1] 234:4 liability [2] 177:7,10 liaise [1] 162:25 liaison [2] 162:11 163:4 Liberal [1] 242:17 lieutenant [3] 95:3,23 95:24 life [2] 139:16 168:7 light [3] 137:24 205:19 250:9 likely [1] 268:19 likewise [1] 202:3 limitations [6] 265:8,9</p>	<p>265:13 266:20 267:15 279:6 limited [4] 207:19 208:1 242:21 273:1 limits [1] 265:6 line [5] 5:6 151:7 152:8 152:22 272:4 line-by-line [1] 92:6 lines [3] 91:20 202:4 229:9 list [6] 3:1 84:25 85:6 92:19,21 99:6 listen [3] 24:19 246:1 278:20 listening [2] 25:8,9 literature [8] 14:22 207:19 208:1 265:14 266:19,21 270:4 283:20 live [1] 102:9 lives [1] 138:16 living [5] 34:11 38:23 39:5 42:5 59:16 local [4] 207:5 227:13,20 275:16 localized [1] 207:22 location [1] 222:23 locations [1] 249:8 log [3] 21:18 22:7 249:4 logic [2] 7:7 8:3 long-term [3] 134:4,15 230:4 longer [2] 175:7 189:1 look [21] 9:18 23:1,1 34:4 47:14 59:11 71:5 95:16 98:24 114:11 124:8 137:12 147:23 150:2 165:22 168:2 189:14 211:14,15 242:6 270:3 looked [13] 36:6 55:11 55:14 96:17 170:18 184:14 207:18 253:4,5 262:11 268:14 274:18 284:3 looking [24] 6:12 14:22 22:2 39:4 56:7 71:2 96:22 101:22 102:5 121:3 121:8 123:25 135:9 150:5 153:25 159:20 187:1 209:4 228:8 229:11 230:15,18 269:24 270:15 looks [1] 67:12 loop [1] 123:11 lose [2] 70:18 214:6 losing [2] 213:10 224:3 lost [3] 138:22,25 168:12 lots [4] 138:6,7 251:7 280:14 loud [1] 136:16 low [2] 178:12 258:23 LUNCH [1] 190:2</p>	<p>Madam [2] 190:23 206:25 magnitude [2] 18:1 19:4 mail [5] 13:13 74:1 114:2 115:6 118:14 maintain [2] 94:18 108:13 Majesty [1] 1:9 major [11] 16:13 78:2 136:4 201:1,5 204:7 221:8 228:10 229:1 254:11 259:16 majority [1] 277:3 makes [2] 127:4 177:4 mammography [1] 275:14 managed [1] 49:9 management [25] 17:2 17:12 87:17 88:4 93:10 94:5 121:22 122:21 123:5 125:12,13 144:9,15,19 162:1 163:9,24 196:2 200:17 202:23 207:8 210:2 212:20 217:8 241:9 management/executive [1] 227:3 manager [13] 194:21 203:8,19 206:13,15,18 213:18 215:9,19,23 216:9 233:3 241:13 managers [2] 168:13 205:10 managing [3] 121:20 123:16 230:22 mandate [1] 94:2 mandatory [2] 123:20 126:5 Mandy [1] 1:8 manger [1] 205:12 manner [5] 32:23 75:13 76:6 135:17 164:15 March [5] 103:19 136:20 142:22 165:17,18 Margaret [1] 286:6 Mark [4] 1:15 2:7 77:10 77:12 MARKED [1] 57:1 mass [1] 222:4 massive [1] 250:22 master [1] 233:8 master's [1] 193:4 material [1] 8:25 materials [2] 84:8 93:10 matter [16] 10:3 32:9 42:24 61:20 80:25 82:24 102:18 105:12 114:5 128:16 165:2 195:9 239:15 240:2 248:6 286:3 matters [8] 62:16 84:24 85:5 108:5,8 193:23 245:10 248:12 Matthews [2] 127:3 177:24 Matthews' [1] 127:9</p>	<p>may [115] 5:1,9,25 7:1 8:22 12:11,14 13:6 15:13 16:21,23 17:19,23 18:1 18:16 24:2,9,24 25:11 25:19 27:14 28:22 29:4 30:25 33:11 37:9 38:23 39:11 46:2 51:3,5 54:2 57:4 59:10 61:25 62:24 63:3 66:10 68:14,15 69:1 72:24 78:25 79:1,9,10 79:11,21,22,23 80:6 81:4 81:24 82:3,4,4 86:23 91:18 93:25 101:21 104:15,23 105:7,8,14,15 106:5,9 108:22,23 110:5 113:12 115:16 125:6 128:14,14,17 129:4,8 130:7 133:10 134:18 135:4,10 136:1 137:12 137:25 139:24 151:17 153:20 154:19 157:3 168:4 169:20 178:2,6 179:25 180:1 181:15 182:11 185:22,24 204:3 219:22 221:2 224:16 241:12 242:15,19 244:4 250:5,20 258:6 276:23 280:25 McCarthy [1] 258:5 mean [35] 10:6 17:10 26:5 29:7 32:8 48:6 49:11 50:6 52:19 62:21 76:4 78:18 81:24 83:2 105:19 119:2,5 120:3 128:22,22 133:23 137:21 148:24 154:16 156:3 168:7 170:6 174:7 181:22 184:10 195:10 199:22 217:2 222:19 223:22 meaning [4] 27:15 29:4 62:19 63:2 means [3] 179:3 258:24 286:10 meant [4] 7:1 27:6 76:23 245:9 meantime [1] 256:25 measure [1] 149:3 measures [1] 183:13 mechanics [1] 147:14 mechanism [5] 149:8 196:13 203:3 272:14 279:14 media [11] 13:19 29:20 32:14,24 46:8 66:16 73:25 97:24 275:11,25 283:3 medical [41] 1:15 77:14 78:19 79:20 80:2 103:11 161:7,25 163:5 196:4,12 196:14,16,25 197:11,16 198:9 203:1 215:6,8,10 217:15,16,21,25 218:9 218:10 227:5,9,10,12,15 227:18,24 243:21 244:13 244:17,21 249:12 274:22 279:14 medicine [4] 90:2 243:18 251:4 254:4 meet [2] 213:17 252:19</p>
<p>-M-</p>				
<p>MAC [5] 196:23,24 214:17,21 218:4</p>				

<p>meeting [28] 47:4 50:9 80:9 108:22,23,25 111:3 113:4,12 224:7 239:3 253:3,25 254:18 255:6 255:16,17 256:6 257:7,9 257:23 258:11 259:24 260:6,10,19 282:16,21</p> <p>meetings [8] 78:25 80:2 111:14 196:20 235:12 252:11 279:2 282:5</p> <p>member [5] 37:1 203:12 203:17 241:24 268:21</p> <p>members [11] 1:13 26:3 27:9 34:18 44:7,8 60:8 186:25 197:15 198:8 231:18</p> <p>membership [1] 78:2</p> <p>memo [1] 254:23</p> <p>Memorial [4] 193:2 203:14 217:20 228:1</p> <p>memory [2] 134:21 235:21</p> <p>mental [1] 209:17</p> <p>mention [3] 14:24 196:10 268:8</p> <p>mentioned [8] 5:3 7:8 22:25 78:13 89:15 120:16 132:21 207:6</p> <p>merit [1] 58:17</p> <p>message [3] 55:7,12 136:15</p> <p>messages [1] 168:19</p> <p>met [4] 232:3 242:11 244:2 283:9</p> <p>method [15] 46:18 49:4 53:19,20 55:7,11,18,22 64:14 65:2,14 101:4 135:22 183:23 204:20</p> <p>methodology [1] 49:6</p> <p>methods [1] 46:23</p> <p>MHA [2] 67:7 71:23</p> <p>microscope [1] 284:3</p> <p>mid [6] 208:19 218:17 244:23 245:3 264:18 276:12</p> <p>middle [8] 51:5 72:24 106:5 127:4 169:20 221:1 271:3,7</p> <p>might [70] 20:14,15 21:21 22:3,18 26:18,22 29:6 36:11,12 39:4,9 41:20 44:5 46:18 57:19 73:11 79:25 80:6 82:1 82:14 93:1,18 104:7,8 106:7 129:7 130:13,18 132:5,6,11,13,15 137:1 139:25 140:11 147:19 149:9,12,20 154:3 160:13 167:6,7,9,11,12,13 174:6 184:22 187:2 201:16 206:18 211:5,6 214:6 221:13 224:5 243:1 245:11 246:24 251:10 254:8,17 266:1 273:24 279:21 281:6 282:18</p> <p>million [3] 122:22 124:23 124:25</p>	<p>millions [1] 92:23</p> <p>mind [12] 18:17 95:22 117:20 149:12,15 174:10 200:4 202:21 204:6 250:18 273:4 277:25</p> <p>minds [1] 139:19</p> <p>minimize [1] 265:8</p> <p>minister [127] 5:12,12 11:11 20:9 21:10,14 22:5 22:16 25:6,10 63:18 73:14 77:6 78:22 82:3 82:19 84:7,14,20,23 85:4 85:8,15 86:9,11,23 87:1 87:10,19,25 88:15 91:11 94:23 95:12 96:9 97:4,7 97:13 98:16,16,23 99:6 99:12,25 100:12,18,19 100:20,22 101:8 102:10 102:16 106:15 107:13 108:20 110:10 111:24 112:6 113:1,24 114:16 115:6,19 116:20 117:4 117:23 118:24 122:2 124:10 126:14,15 127:10 130:16 131:7,23,24 132:2 132:4,13 133:12 135:9 137:16 140:17 141:7,17 143:13,24 157:23 160:10 164:23 168:11 170:8 174:4 175:8 176:3,7,9 176:12 183:17 184:3 185:17,24 187:24 234:6 236:9 238:14,19 239:4 239:17 240:24 241:2 242:22 243:4 244:4,10 247:3 252:19,23 254:1,6 254:14 255:7 263:3,11 282:12,24 283:9</p> <p>minister's [5] 21:7 85:25 86:4 101:3,9</p> <p>ministerial [2] 86:22 282:11</p> <p>ministers [5] 20:21 132:17,18 185:14 240:19</p> <p>ministry [2] 98:17 195:20</p> <p>Minster [1] 252:2</p> <p>minute [1] 75:17</p> <p>minutes [2] 112:21 247:22</p> <p>miracles [1] 102:10</p> <p>mislead [4] 71:24 119:1 119:16,22</p> <p>misleading [7] 67:8 72:7 72:11 73:6,9 141:10,19</p> <p>missed [1] 145:25</p> <p>mistake [1] 168:4</p> <p>mistaken [1] 66:22</p> <p>model [16] 202:10 203:5 205:23 206:6,8 207:2 208:11,12 210:5 211:7 211:25 212:21 213:25 214:1,15,25</p> <p>modifications [1] 211:10</p> <p>Moira [3] 177:25 246:18 246:21</p> <p>moment [17] 15:23 19:6</p>	<p>35:16 36:22 64:15 69:6 76:2 82:1 114:11 140:3 241:15 250:17 257:21 260:7 261:24 272:3 281:17</p> <p>moments [1] 259:23</p> <p>money [15] 41:9,13 45:14 91:21,23 92:2,15 93:4 93:12,19 94:1,7,11,16 94:19</p> <p>monitoring [4] 108:14 145:18 158:11 159:3</p> <p>month [4] 51:3 138:11 154:19 165:6</p> <p>monthly [2] 159:7 160:13</p> <p>months [4] 30:15 98:22 138:22 148:2</p> <p>morning [20] 4:15,17 19:24 20:1,5 61:18 63:18 63:20 70:24 75:22 77:12 117:14 118:24 157:17 173:14,17 182:1 248:18 285:2,5</p> <p>mortality [5] 185:23 186:4 188:3,12,12</p> <p>Moss [2] 286:2,13</p> <p>most [9] 15:11 17:25 40:19 144:5 272:4 277:14 278:10 279:22 280:2</p> <p>motivation [1] 73:11</p> <p>motive [1] 119:1</p> <p>Mount [15] 38:14 39:15 39:20,24 40:9,24 41:9 41:19 264:8,15 265:16 266:3,6 267:6 280:17</p> <p>mouse [2] 114:16 192:14</p> <p>move [15] 43:12 50:21 65:24 94:6,11,16,19 95:7 187:14 194:16 202:5 208:11 211:25 220:12 221:2</p> <p>moved [16] 103:24 136:9 169:14 170:24 171:19 194:2,5,23,25 221:19 222:3 224:23 233:10 238:17 242:18 247:8</p> <p>movement [1] 213:22</p> <p>moving [7] 87:16 103:18 132:22 187:10 202:10 222:22 223:13</p> <p>Mrs [1] 232:3</p> <p>Ms [137] 2:5,6 5:5,6 14:25 19:21,23 20:2,19,25 22:21 23:6 24:7,17 25:17 26:1,15,19,24 27:4,22 28:7 29:2,14 30:5,9 31:8 31:14,22 32:2,11,20 33:13,20 34:1,23 35:11 35:19,24 36:10,16 37:11 37:17 38:3,10,18 39:2 39:18 40:5,18 41:7,15 41:24 43:4,9,13,21 44:1 44:16,25 45:16,23 46:11 47:1,8 48:3,9,16 49:1,7 49:17 50:1,15,22 51:6 52:2,9 53:1,16 54:3,13 55:3 56:6,12,20 57:2</p>	<p>58:18 59:1,7 60:7,13,23 61:6,15 62:14,20 63:6 63:11,15,16,17,21 64:1 65:15 66:3,15,23 67:1 67:17 68:3,9 69:5,10,15 69:18,25 70:5,10,14,17 71:15,19 73:4,13,22 74:6 74:10 76:1,20,24 77:5 89:19 140:5 142:18 143:16 179:21 247:12</p> <p>Mt [2] 271:5 272:22</p> <p>Multi-Patient [1] 13:3</p> <p>multi-year [1] 262:3</p> <p>multiple [8] 15:17 100:1 211:3 213:22 214:4 234:4 262:17 269:24</p> <p>Mundon [3] 67:3,13 177:21</p> <p>must [1] 257:12</p> <p>mutual [1] 243:13</p> <hr/> <p style="text-align: center;">-N-</p> <hr/> <p>name [11] 4:24 12:6 60:17 61:3,9 63:22 77:12 102:14 190:13,21 266:6</p> <p>named [2] 231:17 239:1</p> <p>namely [2] 201:3 251:15</p> <p>names [3] 12:8 61:5 268:2</p> <p>Nash [1] 281:10</p> <p>nation [1] 186:7</p> <p>national [3] 9:13 193:6 268:5</p> <p>nationally [2] 273:17 273:18</p> <p>natural [1] 211:10</p> <p>nature [13] 18:10 42:19 55:12 128:19 152:25 154:6 158:9 166:8 227:21 229:3,5 275:12 283:24</p> <p>NDP [1] 160:17</p> <p>near [1] 15:12</p> <p>neat [1] 216:12</p> <p>necessarily [8] 9:15 21:9 160:15 162:23 165:20 182:25 204:23 281:25</p> <p>necessary [11] 10:25 11:10 24:3 25:7 30:25 32:15 131:19 143:2 159:1 159:3 187:2</p> <p>necessity [2] 122:12 205:1</p> <p>need [34] 11:3,17 13:6 18:21 19:5,14 33:3 45:14 65:10 66:11,12 72:10 79:7 89:6,7 93:2,8,15 99:22 100:4 101:13 111:19 136:2 145:7 166:12 169:12 171:20 185:7 205:24 228:2 250:9 255:14 273:14 280:22</p> <p>needed [25] 10:23 50:21 54:16,25 99:19,20 100:10 103:9 104:2,4 120:13 164:14,19 167:20,22 169:8 170:17,23,25</p>	<p>174:23 209:15 217:12 225:1 254:12 261:11</p> <p>needing [2] 187:9 218:10</p> <p>needs [8] 18:20 81:9 184:25 187:12 221:13 252:7 267:24 271:11</p> <p>negative [5] 30:21 57:12 57:18 249:23 277:10</p> <p>negatively [1] 263:15</p> <p>neglected [1] 268:8</p> <p>net [2] 33:9 80:20</p> <p>network [1] 124:3</p> <p>neurological [1] 211:6</p> <p>neurosurgery [3] 90:16 90:17,21</p> <p>never [13] 43:3 45:14,17 80:11 133:8 138:22,25 141:6,17 142:11 177:12 260:15 282:23</p> <p>new [33] 28:2,10,12 52:3 89:21 125:13 137:10 142:23 143:7 144:8,14 144:20 168:20,21 171:23 173:13 187:25 189:20 205:10 207:15 209:18 219:10,24 220:14 221:12 222:23 250:20 258:22 264:13 265:25 279:16 280:25 282:12</p> <p>Newbury [98] 1:16 2:5 19:22,23 20:2,3,19,25 22:21 23:6 24:7,17 25:17 26:1,15,19,24 27:4,22 28:7 29:2,14 30:5,9 31:8 31:14,22 32:2,11,20 33:13,20 34:1,23 35:11 35:19,24 36:10,16 37:11 37:17 38:3,10,18 39:2 39:18 40:5,18 41:7,15 41:24 43:4,9,13,21 44:1 44:16,25 45:16,23 46:11 47:1,8 48:3,9,16 49:1,7 49:17 50:1,15,22 51:6 52:2,9 53:1,16 54:3,13 55:3 56:6,12,20 57:2 58:18 59:1,7 60:7,13,23 61:6,15 62:14,20 63:6 63:11 64:1 179:21</p> <p>newer [1] 195:14</p> <p>Newfoundland [15] 20:4 73:18 77:13 83:10 122:4 136:5 143:9 178:11 193:19 212:16,25 267:5 278:7 286:8,11</p> <p>news [7] 105:5 127:13 128:17 144:7 178:5 186:2 187:25</p> <p>newspapers [2] 126:24 275:16</p> <p>next [13] 11:21 126:24 170:24 190:6 220:13 233:4 236:4,23 252:9 254:20 263:19 280:7 282:1</p> <p>night [1] 260:8</p> <p>nineties [2] 244:24,24</p> <p>NL [3] 1:9,15,16</p> <p>NLCHI [3] 52:5,10 54:4</p>
---	--	---	--	--

Inquiry on Hormone Receptor Testing

<p>NLMA [3] 77:22 78:12 81:7 non [1] 194:20 non-clinical [1] 209:25 non-legislated [1] 114:25 non-legislative [1] 115:3 non-medical [1] 216:17 none [2] 156:10 219:6 nor [2] 161:4 197:16 normal [4] 25:24 92:25 112:10 127:10 normally [5] 62:8 108:5 127:16,19 269:10 note [19] 59:10,17 96:25 101:4,11 126:20 165:12 165:16,21 166:22 168:4 169:1,7 170:18 178:15 240:11,12 250:12 256:8 noted [2] 57:13 189:4 notes [16] 20:7 21:6 28:9 28:23,25 101:6 116:25 138:7 164:9 167:24 184:18,22 185:2 249:25 250:2 256:5 nothing [9] 33:15 44:2 57:12 111:6 170:16,22 171:4,10 179:12 notification [5] 35:13 104:16,23 105:13 260:13 notified [1] 72:19 notify [1] 261:7 noting [1] 178:18 notion [3] 6:5 149:22 170:10 notionally [1] 92:18 November [4] 2:1 110:14 136:19 282:18 now [147] 7:8,9 8:11,12 9:9,13 10:20 11:20 12:12 12:20 13:21 14:24 15:8 23:8,17,19 26:2 27:7 29:15 36:3,7,17 42:4 45:24 49:8 52:3 54:4 56:1,25 63:25 64:4 65:8 65:10 66:9,11,16,25 67:12,25 68:23 69:2,4 70:8,15 71:21 72:5,14 73:1,14 74:7,13 75:12 75:12,13,14 76:2,6,7,14 76:16 77:4 85:16 86:9 87:4,6,16 88:9,9 89:16 91:3 94:23 97:4,7 98:17 98:21 100:5 101:22 104:6 104:15 105:4,12 106:24 108:20 109:16 110:9 112:14 113:3,24 115:4 116:21 118:13,16,24 119:25 120:3,6 122:8 124:4,8 126:14 128:13 132:22 135:10 137:18 139:12 141:1 142:7,9,14 148:24 160:1 166:20 167:21 173:9,10 174:25 175:12 178:8 179:2 180:23 181:22 186:22 187:15 189:21 205:14</p>	<p>206:15 211:1 214:15,25 216:7 227:9 230:15 232:19 247:21 248:14 260:13 261:16,23 264:2 264:14 274:9 276:17 277:6 278:13 279:18 282:21 283:7 number [38] 4:25 6:17 6:20 11:22 15:23 57:8 64:15,16 65:11 66:17,22 73:24 75:19 92:23 93:8 109:8 129:2 141:14 152:13,13 153:2 180:13 189:8 193:11 200:4,24 201:6 213:9 215:20 219:21 225:22 230:17 231:2 232:25 274:19 275:18 276:18,21 numbers [14] 15:25 18:3 18:18 37:4,5 51:25 83:25 120:6,19 121:15 138:8 138:12 230:16 276:17 numerous [2] 30:16 31:3 nurse [2] 26:20 205:9 nurses [8] 26:22 92:10 93:2,5 199:3,5 201:23 206:13 nursing [6] 193:22 196:6 199:9 201:25 204:23 206:20</p>	<p>October [9] 34:7 224:21 225:8 226:14 237:14 272:24 275:11 276:8,12 off [8] 22:12,18 131:10 149:8 193:13 220:19 231:3 256:3 offer [2] 133:19 258:15 offered [2] 200:19 232:3 offering [1] 212:7 office [7] 102:25 105:24 110:5 127:11,19 226:17 273:3 officer [5] 193:15,21 200:15 224:13 270:19 Officers [1] 283:16 official [3] 20:20,21 242:15 officials [22] 5:23 20:16 21:19 22:24 23:9,19,23 24:13 44:14 76:10 99:4 100:17 108:25 110:9,23 113:5 121:1,6 170:17,22 171:5 182:3 often [2] 217:4 272:14 old [6] 154:1,7,9 204:20 206:8 220:12 older [1] 195:14 once [6] 28:2 34:6 65:8 67:21 91:21 120:16 oncologist [3] 258:5,6 270:20 oncologists [19] 42:2,12 59:13 60:15 254:11 255:15,17 257:8,10 258:3 259:10 260:20 261:10 262:14,24 263:2,6 271:8 278:9 oncology [2] 59:22 277:17 one [147] 8:15 12:7 13:7 13:10 14:7 16:22 19:11 20:17 28:16,20 35:6 39:11 43:19 45:12,17 46:23 47:11,13 58:17 59:10 65:6 66:9 68:24 69:1,13 70:25 75:17 77:15 80:18 84:9 92:6 94:10,11 95:6 96:2 99:24 101:4,10,14,17 102:1 105:4 109:8 111:2,11,13 111:15 113:3 114:3 115:20 117:24 119:15 122:18 123:14 127:2 131:18 132:2 133:12 136:23 138:19,24 145:25 147:1,4 148:8 151:15 159:9,12,12,17,19 171:18 173:9 176:23 177:20 179:16 182:4,18,20,24 183:1 184:24 185:14,17 186:22 187:2 194:2 198:8 200:2,18,21 206:9,15,25 210:20 213:18 215:2 216:6,15 219:17 223:14 228:5,25 230:18 231:11 233:24 234:22 235:4 237:24 238:25 239:21 240:3 241:11,16 244:15 249:6 252:11 253:4</p>	<p>257:19 258:1,17,24 259:12,23 260:14,20 264:4 267:8 268:6 269:2 269:7,14,15,17,20,20 270:24 272:12 273:2 275:8,16 276:4 279:9 281:1 283:22 284:1,4 onerous [1] 95:11 ones [7] 48:19,20 152:9 152:20,23,25 199:1 oneself [1] 212:7 ongoing [16] 102:12 147:8 148:14 152:10,11 152:13,21 153:1,12,16 163:10 164:14 187:4 188:23 279:12 283:3 Ontario [1] 264:8 onto [3] 170:24 171:20 221:21 onward [1] 136:1 open [4] 24:6 143:6 224:7 279:17 opened [2] 23:17 106:25 openly [1] 272:17 openness [1] 9:22 operate [2] 92:17 178:25 operated [1] 178:23 operates [1] 178:9 operating [6] 15:12 91:3 91:19 210:24 222:24 283:16 operation [4] 19:7 147:23 158:23 206:7 operational [7] 17:25 88:7 91:7 93:25 94:20 108:17 176:5 operationalization [1] 176:13 operationalized [1] 134:19 operations [3] 62:8 93:1 148:24 opinion [5] 6:8 22:4 78:4 104:4 186:12 opportunities [6] 13:14 17:19 98:7 207:20 228:8 236:3 opportunity [15] 5:9 7:21 95:15 99:15 122:8 174:9 189:12 194:11 205:13,19 207:5 217:25 225:1 226:6 251:20 opposed [4] 39:5 135:17 206:24 269:12 opposite [2] 49:20 81:14 opposition [1] 129:21 option [1] 116:2 options [11] 17:15 114:10 114:14,24 115:7,14,21 116:3 257:13,16,17 order [3] 94:13,15 159:16 ordinarily [3] 28:17 62:12 161:3 ordinary [1] 187:14</p>	<p>organization [50] 17:11 17:17 18:25 19:1 21:21 45:10 78:19 85:9 94:8 94:20 159:21,22 174:5 193:18 194:10 195:3,17 196:1,4,8 200:16 201:1 202:3,9,25 203:5 205:17 205:20 207:3 219:6,7,10 224:14 226:22 227:5,11 227:12 228:3,18,22 229:8 230:20 234:23 241:10 244:18 250:23 251:25 268:22,25 269:4 organization's [1] 217:18 organizational [3] 201:4 204:19 211:15 organizations [16] 79:21 196:11,15 200:1 208:6,25 209:3,9,11 219:18 233:21 241:11 259:13,13 268:15 269:6 organized [2] 202:18 229:8 original [1] 264:12 originally [4] 144:21 149:17 255:1 265:20 Orsborne [2] 282:12,12 orthopedic [1] 211:5 Osborne [6] 32:12 42:1 43:23 241:2 282:14,16 Oscar [2] 56:22 243:9 otherwise [1] 256:8 Ottenheimer [15] 5:12 5:22 8:2,7 12:20 13:21 14:16 15:25 91:13 111:9 111:10 240:20 252:3 282:5,6 Ottenheimer's [2] 5:19 7:22 ought [1] 53:3 ourselves [3] 19:10 103:5 260:1 out-patient [1] 210:22 outline [1] 166:8 outlines [1] 173:6 outside [5] 105:24 147:22 149:2 194:14 273:6 overall [2] 207:23 259:11 overlapped [1] 234:13 overly [1] 264:3 overnight [1] 106:9 oversee [2] 196:17 221:8 overseeing [2] 158:16 194:21 oversight [3] 36:12 195:16 197:5 overview [4] 70:23 192:23 211:20 256:23 own [19] 19:7 21:11 29:5 39:3 40:10 71:5 85:21 85:22 114:16 129:18 133:23 149:3 157:2,3 184:1 192:16 198:23 200:2 266:15</p>
<p>-O-</p>				
<p>o'clock [1] 190:1 O'Dea [1] 19:21 O'Grady [1] 104:24 objective [1] 83:5 observation [1] 157:9 obstacles [1] 206:11 obstetrical [1] 90:3 obvious [3] 27:15 181:23 255:21 obviously [35] 11:5 27:1 29:10 39:6 40:24 54:16 59:24 60:5 67:25 70:1 85:13 87:21 88:1 99:11 99:25 106:2 108:9 115:20 119:5 141:15 147:15 154:16,20 174:21 181:23 184:10 188:17,18 214:2 226:22 252:3 263:9 274:19 276:10 280:19 occasion [8] 81:25 98:22 110:11 113:13,17 128:18 129:15 135:13 occasions [5] 15:13 73:24 116:21 129:2 135:14 occupational [4] 202:4 202:7 213:25 243:18 occur [5] 13:16 18:10 65:12 79:18 269:20 occurred [16] 8:8 15:22 54:12,22 55:13 62:6 68:6 104:9 216:6 226:13 255:18 259:22 269:18,21 269:23 279:3 occurring [1] 129:8</p>				

<p>owned [1] 259:3 ownership [1] 271:11 owning [1] 259:3 owns [1] 270:6</p> <hr/> <p style="text-align: center;">-P-</p> <p>P [5] 84:10 191:14,14 192:11 230:18 P-0126 [1] 59:8 P-0128 [2] 124:9 144:6 P-0199 [2] 101:21,23 P-0206 [1] 177:14 P-0226 [1] 126:15 P-0231 [1] 71:21 P-0277 [1] 151:13 P-0291 [6] 3:2 83:22,24 84:5 112:7 113:25 P-0292 [1] 94:25 P-0293 [1] 97:7 P-0295 [5] 3:2 83:22,24 84:5 86:11 P-0315 [4] 3:3 191:19 191:25 218:24 P-0369 [2] 3:3 191:25 P-0371 [2] 3:4 192:1 P-0374 [2] 3:4 192:1 P-0376 [2] 3:5 192:2 P-0393 [2] 3:5 192:2 P-0395 [2] 3:6 192:3 P-0439 [5] 56:14,18,25 57:1 179:20 P-0464 [2] 3:6 192:3 P-0466 [2] 3:7 192:4 P-0480 [2] 3:7 192:4 P-0483 [2] 3:8 192:5 P-0484 [2] 3:8 192:5 p.m [1] 178:14 paediatrics [1] 203:16 page [34] 2:1 9:11,16 11:21,21 12:18,19 13:1 29:6 34:3,4 59:9,11,12 67:9 72:9 97:11 98:3,6 102:5,7 124:9,15,15 124:16 127:5 144:6 151:13 177:15 192:16 218:23 230:18 pages [3] 97:15 102:2 114:13 paid [3] 102:24 104:7 265:7 Pam [2] 56:21 63:22 Pamela [3] 1:13 2:6 63:16 panel [20] 42:11,14 45:18 59:12,18,19,19 60:8,10 60:19,20,22,25 61:5 231:23 277:16,16 278:3 280:9,10 paper [1] 22:1 paragraph [8] 9:18,21 10:21 14:2 34:2 97:21 98:4 127:6</p>	<p>paragraphs [1] 269:8 parallel [1] 219:25 parameters [1] 259:1 pardon [1] 132:8 parliamentarian [1] 141:8 parliamentary [9] 131:6,9,11,13,14,18,21 132:14 242:25 part [42] 5:10 7:4,9 8:25 25:7 50:8 55:2,21 64:20 64:21 70:16 72:24 84:21 86:20 87:3 91:23 115:1 130:9 134:17,23 135:1 148:22,23 149:2 154:9 177:1 187:3 188:23 196:14 203:9,20 210:25 211:1 214:5 226:1 229:2 236:4 255:19 266:15 272:4 273:19 282:17 participants [3] 11:22 11:23 12:4 participate [5] 125:24 143:5 145:23 146:2 252:16 participating [1] 257:24 particular [80] 12:18 16:18 20:11 24:5 25:12 31:9 32:6 35:16 41:2 47:19,20 50:10 51:11 52:21 53:20 55:6 60:25 62:13 80:5 81:9,10,25 82:6 90:18 95:2 102:11 102:15,18 103:14 104:15 107:12 108:4 115:5,21 116:2 127:23 128:7,11 130:22,23 131:4 132:9 139:2 145:22 157:9 158:5 158:5 166:22 171:14,16 171:19 179:7 185:8 201:23 203:8,18 204:5,7 206:19 214:9 215:14 217:12 224:23 228:25 242:20 246:12 251:9 253:9,23 263:14 264:5,9 265:5 266:20 267:3 269:18 272:16 274:25 279:2,9 particularly [12] 38:23 50:7 72:23 100:17 180:13 202:19 205:17 213:11 218:14 258:2 266:16 274:12 partner [1] 254:11 parts [1] 9:10 party [4] 115:5 129:22 160:17 242:17 pass [2] 14:7 64:19 passage [1] 13:22 past [13] 21:4,7 53:25 112:9 140:19 163:11 170:7 205:8 206:9 213:14 248:14 262:4 264:13 Pat [1] 56:22 pathologies [1] 267:12 pathologist [5] 60:1 153:3 258:4 284:2,4 pathologists [8] 42:12</p>	<p>59:13 102:25 103:15 125:23 145:23 258:2 259:9 pathologists' [1] 101:19 pathology [4] 59:22 271:9 277:17 278:22 patience [1] 10:23 patient [34] 8:18 9:3 13:7 13:10 26:14 47:13 51:14 53:20,22 54:7,20 55:6 55:24 56:5 64:20,23 162:14 163:10 202:8,11 202:19 204:7 213:22 249:15 258:15 259:25 260:7,21 261:12,21 263:15,16 268:7,11 patient's [3] 36:18 42:10 263:18 patients [79] 13:16 15:16 15:18,23 18:18 34:6,11 34:17 35:13,23 36:1,21 36:24 38:22,23 39:5 42:4 42:15 45:25 46:14 49:19 50:17,25 51:10,12 52:16 54:17,19 55:1 56:8 57:20 58:4,22 59:15 61:11 64:4 64:6 66:13 67:11,22,24 68:5 69:11,12 72:3 74:3 93:17 116:23,25 117:2,4 117:9 118:7 126:25 168:21 180:18 181:16 186:5 211:4,4,8 214:2 249:22 253:12 254:9 255:11 257:19 260:17 261:8 263:8,10 268:18 270:15 276:5,14,16 280:21,24 282:7 pay [1] 41:9 Pediatrics [1] 217:23 peeks [1] 18:10 peer [3] 272:13,13,25 peers [1] 222:24 Peninsula [1] 98:11 Peninsulas [2] 241:10 241:14 people [58] 6:2,17,20 7:3 26:23 28:24 29:5,12 31:3 42:8 54:9 62:10 68:13 70:21 71:5 72:16 73:18 74:14,24,25 75:3 83:9 89:11 93:9,9,21 111:16 121:17 123:5 128:15 136:3,5,15 138:14,16 139:1 141:15 142:10 143:9 147:22 175:25 181:1 182:6 204:22,24 224:3,7 249:5 250:8 252:24 257:1 262:17 263:7 265:2 270:5 276:2 281:15 283:11 per [4] 145:19 146:10 218:11 259:9 perceived [4] 156:23 206:11 213:6,7 percent [10] 178:13 184:20 208:24 249:6 253:12 258:19,22,24 266:22,24</p>	<p>perception [1] 271:5 perfect [1] 211:7 performance [1] 97:6 perhaps [15] 22:24 23:1 29:5 57:23 96:16,23 112:18 180:2 192:9 198:20 216:14 229:6 230:12 233:1 244:5 peri-operative [1] 210:25 Perinatal [1] 198:24 period [32] 20:22 24:8 25:8,18 40:4,24 62:1,2 67:7 72:8,23 75:11 104:12 111:12 117:8 132:19 135:11 165:2 173:7,8 180:5 189:1 220:5 223:11 224:19 232:18 237:14,25 242:22 253:23 262:3 283:2 periodic [2] 130:8 148:14 periodically [1] 147:22 person [23] 13:11,12 14:14 20:15 24:19 25:15 69:19,22 85:10 123:3,4 126:20 131:20 153:7 174:5 195:17 196:19 198:11 200:14 203:16 205:10 227:16 238:25 personal [3] 8:1 240:10 257:18 personally [3] 82:14 129:24 273:2 personnel [6] 125:14 144:15,19,20 145:12 163:1 persons [1] 189:8 perspective [14] 39:3 44:4 80:5,7 122:23 124:6 193:1,13 196:12 207:11 248:20 256:19 270:22,23 perspectives [2] 80:1 189:8 Peter [10] 1:10 2:4 4:13 4:24 29:16,19 30:4 31:5 31:10,16 Pg [7] 3:2,3,4,5,6,7,8 Pgs [7] 2:4,5,6,7,8,9,11 Phil [3] 268:8 269:2 270:12 Phil's [1] 270:20 phone [3] 51:25 138:8 265:15 phrase [3] 48:22 55:15 188:17 phrased [1] 149:23 physical [2] 201:6 219:12 physician [21] 55:19 56:9 64:18,18,23 68:21 103:11 197:1,5 202:24 203:7,9,20 207:22 215:3 216:7 227:13 272:21 277:15,18 278:10 physicians [36] 5:1 26:7</p>	<p>26:8,16,18,25 42:2 46:25 58:2 64:4,7 66:6 67:22 67:23 77:16 117:16 168:12 182:6 196:18 198:2,18 202:22 207:7 214:4,10,16,16 216:7 217:11,24 228:5 230:18 230:19 272:16 278:14 280:22 Picard [1] 33:23 pick [2] 238:25 240:19 picked [2] 116:2 266:18 picture [2] 105:5 135:21 piece [15] 55:14 75:6 80:18 137:9 147:16 148:3 148:23 149:3 174:12 184:13 185:5 187:4 264:1 264:5,10 pieces [5] 123:10,23 137:12 159:18 257:5 Pierre [1] 12:6 Pike [13] 1:15 2:7 77:9 77:10,11,13 78:11 81:6 81:18 82:8,21 83:13,17 Pilgrim [1] 56:22 Pitfalls [1] 15:7 place [30] 29:22 60:1 69:3 76:13 96:22 106:4 115:8 121:8 122:25 123:5 124:4 144:21 145:8 158:9 158:18,22 159:11 160:3 160:11 162:20 163:2,18 163:23 181:4 219:23 271:5 272:20 273:12 275:5 277:1 plan [9] 36:23 95:10,11 126:22 173:6 185:21 201:3 233:9 263:17 planing [1] 221:5 planned [1] 123:23 planning [4] 219:14,24 221:9,10 plants [1] 219:13 play [8] 8:6 77:25 78:10 78:14 82:16 94:6 121:21 162:11 players [1] 18:21 playing [1] 32:15 Pleasantville [2] 220:11 221:20 pleased [1] 156:10 plus [1] 200:1 point [82] 6:12,24 9:19 12:6,9,16 21:22 29:13 34:25 35:6 40:1,11 46:15 46:22 52:21 70:1,4,17 70:18 82:25 89:14,18 96:17 100:8 111:7,19 113:6 123:4 128:11 130:20 131:1 133:25 140:2 152:3 155:4 156:9 157:9 171:5,14,19 179:9 184:25,25 185:9 189:20 194:18 201:2,7 202:14 206:18,23 217:13 224:25 225:4 231:4 233:25 234:22 237:24 240:3</p>
--	---	---	--	--

243:5 249:20 250:6 251:13 252:7,25 255:3,6 255:25 257:6,13 258:17 262:12 263:19 265:9 269:16 274:8,14 275:11 275:22 277:8 278:19 284:20 pointed [3] 126:12 152:12 173:23 pointing [3] 68:17 78:15 81:7 policy [7] 20:24 22:8 28:6 32:17 88:7 122:22 125:15 pool [1] 72:20 population [3] 141:14 202:20 210:22 posed [3] 140:5,6 141:22 posing [1] 157:7 position [55] 9:3 20:10 20:22,24 21:1,7,11,11 21:15,15,25 22:15,16 47:11 103:21,23 107:19 119:17 128:10 131:10,19 132:1 153:15 160:24 161:8,10,14,19,20 162:3 162:7 193:20 194:6 195:1 195:1 223:10 224:13 225:23 226:12 229:18 231:13 232:4 238:23 243:23 244:12,13 246:8 247:1,2,3 257:10 263:5 263:9 280:9 284:9 positioning [1] 272:15 positions [2] 200:18 217:4 positive [5] 249:24 253:14 258:19,25 277:13 positivity [9] 253:9,16 253:17 255:25 258:12,17 262:2 275:6 284:5 possession [2] 161:4,5 possible [10] 4:22 13:11 13:16,18 41:16 143:25 221:2 250:12 252:8 266:13 possibly [1] 139:11 post [1] 193:14 postpone [2] 36:13 40:23 postponed [1] 248:12 potential [5] 30:22 202:16 236:7 251:10 263:15 potentially [1] 271:17 power [4] 86:4,17 88:19 116:8 powerful [1] 141:23 powers [5] 84:20,22 85:3 173:23 175:7 practical [1] 195:9 practice [2] 25:24 124:5 practise [8] 146:5,22,23 157:25 158:4 162:2,2,13 practises [2] 146:5 163:9 preamble [2] 9:17 269:4 preceded [1] 106:2	preceding [1] 62:3 precincts [1] 25:4 precipitated [4] 67:6 71:22 252:1 264:3 precursor [1] 284:23 predates [1] 34:15 predecessor [2] 32:12 41:25 predecessors [2] 20:11 91:16 Predham [8] 56:21 57:14 75:20 179:23 180:3 250:3,4 258:8 predominant [1] 274:10 predominantly [4] 194:9 210:21 221:23 234:7 prefer [1] 112:14 preferable [1] 111:22 preference [1] 226:3 preferred [1] 219:22 Premier [3] 128:19 129:2,23 Premier's [3] 127:10,19 129:18 preoccupied [1] 37:25 preparation [1] 38:15 prepared [3] 4:12 8:16 99:4 preparedness [2] 15:7 15:15 present [5] 25:2 109:1 196:20 213:17 245:13 presentation [3] 283:10 283:13,23 presentations [2] 283:8 284:11 presented [5] 135:21 253:24 262:2 263:7 264:25 preservation [1] 175:2 president [7] 163:5 218:8,22 226:16 227:10 229:14 279:3 Presidents [2] 279:14 283:15 press [9] 73:24 129:16 255:4,5,9 257:18 281:20 282:25 283:1 pressures [1] 18:7 presumably [1] 280:8 pretty [5] 48:7 112:1 118:21 222:23 267:1 prevalence [1] 268:14 prevention [2] 175:3 230:7 previous [7] 5:12 52:14 150:4 170:21 188:19 249:17 263:22 previously [5] 71:4 86:21 87:4 169:12 170:4 primarily [2] 54:6 202:6 primary [2] 132:10 229:9	principles [1] 9:21 priorities [1] 99:13 prioritization [1] 100:2 Pritchard [84] 2:8 83:17 83:18,19 84:1,6 86:2,8 87:15 88:8 89:13 91:10 94:22 95:20 96:4,8,13 96:19,24 97:3,12 98:1 98:15 100:11 101:16 102:3,8 103:16 104:14 104:21 105:3,11 106:14 107:10,22 108:2,19 109:6 109:15 110:8,21 111:1 112:5,9,11,17,24,25 113:19,23 114:18,22 115:18,25 116:14,19 117:22 118:23 119:20 120:15 122:1 124:7,14 124:21 126:8,13 127:21 128:12 130:15 131:2 132:20 133:2,11 135:7 137:15 143:12,16 144:7 169:24 172:5 173:16 176:22,24 180:12 Pritchard's [2] 157:17 177:3 Pritchard/Jenny [1] 1:9 Pritzner [1] 266:7 Pritzker [4] 266:9,11,11 267:1 Privacy [1] 13:8 private [1] 78:25 privy [1] 75:21 probalistic [1] 283:24 problem [6] 40:16 81:7 205:1 213:24 262:8 268:5 problematic [1] 108:16 problems [9] 45:1 51:9 53:18 81:11 122:15 206:6 223:14 265:17 266:15 procedure [1] 59:25 procedures [1] 153:4 proceed [2] 43:15 44:18 process [64] 10:23 13:18 16:24 25:8 35:4 38:17 45:3 50:14 56:1 58:21 64:9 91:15 92:3,5,7,7 100:8 101:2 103:22 105:21 109:19 122:24 123:9,18 126:5 127:1,20 129:9 136:19 137:3 138:20,21,24 139:8,21 142:8,13,16,20 143:4,5 147:9,17,18 158:11 159:4 183:12 187:3 189:4 200:13 205:17 217:3 219:4 221:9 226:12 231:15 260:13 261:19 270:7 272:13 276:16 277:5,21 278:15 process.THE [1] 207:8 processes [3] 159:1 184:1 219:11 processing [1] 42:10 produce [1] 122:5 profession [2] 213:19	267:10 professional [7] 161:20 203:7,19 215:8 217:9,10 243:14 professions [1] 217:20 profile [3] 110:6 124:5 214:6 profiling [1] 188:22 profound [1] 141:12 progesterone [2] 97:23 249:14 program [50] 33:6 89:9 89:10 90:2,3 92:10,16 92:17 93:6 94:3,14,15 94:16,18 108:11 158:12 159:7 160:7 198:24 201:5 202:5 203:8,13,18,23,24 203:24 204:11 205:8,16 208:12 209:18 210:9,9 210:25 211:25 212:21 214:1,13,25 215:2,14 217:8 218:15 219:23 220:14 251:4,5 278:6,6 program-based [2] 201:12 203:5 programmings [1] 134:16 programs [45] 22:10 83:9 89:4 90:1,5 92:20 93:13,14 94:21 108:10 108:14 124:3 125:25 134:8 145:24 146:2 158:2 158:3,9,25 159:11,21,23 160:3,11 162:20,22 163:23 164:3 175:18,20 175:22,24 200:25 203:22 204:3,8 208:7 210:20 213:23 214:4 215:21 217:17 218:15 221:11 progress [4] 129:5 137:10 150:5 159:6 progressed [1] 50:7 progressing [2] 137:13 152:19 Progressive [1] 242:18 project [4] 52:6 55:4 122:7 268:14 projects [2] 201:1 241:16 promoted [1] 202:21 promotion [2] 175:3 230:7 prompted [3] 65:1 141:22 154:21 prop [1] 106:8 proper [2] 77:21 168:7 proponents [1] 214:9 proposal [1] 104:18 protected [1] 113:9 protection [1] 230:4 protocols [1] 258:13 provide [37] 6:6 24:2 25:13 28:21 78:2,24 82:20 83:7 88:21,22,25 90:23 92:14,24 93:7,15 93:20 94:2,3 99:5,11 116:6,7,10,10 118:17	132:6,11 137:4 141:18 147:21 160:25 161:1,3 175:25 184:19 233:6 provided [29] 22:11 23:25 27:18 64:1 70:20 75:9 83:9 89:2,22 90:3,4 90:8 120:13 121:24 125:23 137:14 139:17 141:5 154:12 172:7 175:14 200:7 203:6 205:12 228:17,19 229:3 276:1,22 provides [1] 90:14 providing [9] 6:2 15:3 16:20 64:17 74:13 89:10 120:11 130:6 224:15 province [29] 17:21 23:18 75:1 77:16,22 89:11 90:18 134:2 136:15 139:5,18 141:21 142:12 168:6 175:18 185:24 186:6 187:7,20 188:3,10 188:13 193:23 195:4 200:6 224:16 228:19 229:21 241:20 provinces [2] 12:4 186:6 provincial [7] 124:24 145:18 193:15 198:24 227:21 229:9 279:13 provision [1] 196:18 prudent [1] 17:2 psychologists [3] 26:22 201:25 213:13 Psychology [1] 198:6 public [58] 5:14 9:24 30:17 32:17 33:2 51:4 67:9 71:10,25 72:7,11 79:1,2,6,18,21 80:9,10 80:11,12,13,14 81:2,17 82:2,17 83:2 97:25 98:9 98:13 117:1,9 126:25 128:4,24 129:11 130:4 130:11 135:15 140:10,15 140:16 141:9,25 168:15 170:9,10,12,15 171:4 172:15,17,19,24 193:16 240:2 255:2 261:7 publicly [7] 81:8 156:22 157:7 250:11 252:8 281:20 282:1 published [1] 96:23 pull [5] 66:24 72:9 145:6 241:15 283:17 pulled [2] 164:19 283:6 pulling [1] 120:7 purpose [5] 126:24 177:1 177:6 204:3 284:16 purposes [3] 86:25 87:9 177:7 pursuant [2] 172:8 173:18 pursue [4] 4:20 7:20 205:19 225:6 pursued [1] 212:5 pursuing [4] 212:21 225:23 267:6 268:25 put [22] 12:1 22:1 50:10
--	--	---	--	---

<p>84:10 91:25 103:23 106:20 120:13 122:25 124:4 126:22 221:12 228:8 241:19 257:5,13 257:14 262:9 273:15 274:20 275:3 276:25 putting [2] 123:5 219:10</p>	<p>83:8,8,8 108:3,4,10,11 108:13 123:22 124:2,3,3 124:6 125:19,20 139:16 139:16 145:17,21 146:16 148:22 149:2,3 150:7 157:16,19,24 158:2,3,8 158:12,17,25 159:2,6,11 159:20,22 160:2,7,11,19 162:1,13 163:8,19,22 196:12 227:15 250:5 252:14 277:2,19</p>	<p>255:10 ratings [1] 275:6 rationale [2] 208:9 263:5 raw [1] 54:6 re-assess [1] 274:16 re-test [1] 272:10 reach [1] 222:23 reached [2] 21:3 249:20 read [23] 8:23 11:3 12:21 31:23 75:21 85:2,13,16 98:20,24 99:17 122:25 165:20,23,24 166:13,15 169:1,3 181:22 269:19 273:4 276:20</p>	<p>recognition [3] 40:11 65:10 265:5 recognize [4] 17:1 75:14 76:14 209:14 recognized [2] 18:21 267:8 recognizing [2] 272:15 272:16 recollecting [1] 280:13 recollection [19] 31:20 32:1,3,10 130:21 233:11 234:5 236:4,23 249:2,16 250:24 259:11 260:8 275:9 278:4,11,16 280:8 recommendation [2] 151:24 261:5 recommendations [21] 15:4 109:11 150:3,7 151:7,9 152:16,17 153:24 154:6,14 189:17 274:9 274:10,17,18 275:2,5 281:5,13 283:20 recommended [3] 59:14 270:17,18</p>	<p>referring [6] 28:19 124:11 178:18 222:3 264:2 283:19 refers [2] 180:8 250:12 reflect [7] 9:15 35:3 99:6 140:8 141:22 180:12 274:20 reflected [2] 187:18 250:1 reflecting [1] 249:25 reflection [4] 128:9 259:24 261:10 265:12 reflects [2] 12:2 128:6 regard [5] 5:15 15:1 23:7 61:22 258:16 regarding [10] 38:6 44:5 45:25 54:7 59:4 61:16 67:22 151:7,8 154:25 regards [10] 219:12 227:21 228:12 249:19 261:16 266:19 267:2 276:19 281:13 283:4 region [1] 88:13 regional [28] 1:11,18 19:12 63:4 85:18,19 86:10,15 92:9 95:14 125:10 134:10,11 157:20 158:7,14,24 159:14 161:22,25 162:12 163:11 175:6,13,15,22 229:14 278:18 registered [1] 13:13 Registrar [7] 8:13 66:24 190:8,11,16,23 192:13 Registry [2] 58:20 59:4 regular [1] 42:7 regulation [3] 96:3 173:15,17 regulations [5] 84:12 87:20 88:14 96:7,10 regulatory [1] 85:22 Rehabilitation [4] 200:11 209:21 220:8,10 reinforcing [1] 271:4 reiterated [1] 74:2 related [8] 73:21,23 84:24 85:5 103:8 162:1 193:17 210:20 relates [3] 10:12 32:23 263:19 relation [4] 218:15 227:23 232:6 257:3 relations [4] 193:21,24 194:10,15 relationship [6] 132:4 132:12 162:17,18 227:25 240:13 relative [3] 79:3,4 188:10 relatively [3] 193:12 194:12 200:1 relay [1] 23:10 relayed [1] 22:23 relying [1] 24:20 release [10] 123:1 127:13</p>
<p style="text-align: center;">-Q-</p>	<p>quarterly [2] 159:7 160:14 questioned [7] 26:3 27:8 67:25 74:14,22 130:16 262:12 questioning [11] 4:19 5:6 112:15 151:6,8 152:8 152:23 155:3 169:23 180:10 182:1 questions [44] 4:6,6 14:25 17:5 19:20 20:5,8 23:7,12 25:20 29:15 36:17 45:24 63:12,24 64:2 73:25 77:7 83:15 83:21 84:15 95:1 97:5 98:19 106:15 111:7 112:18 117:24 128:13 135:9 136:25 137:2,17 137:17 142:21 143:14,19 151:22 157:17 168:9 173:22 180:11 182:12 187:22 quick [1] 65:9 quickly [6] 53:4 143:25 167:23 219:16 250:11 266:13 quiet [1] 259:23 quite [8] 24:10 102:4 140:8 141:16 144:2 193:11 220:1 274:19</p>	<p>reading [2] 8:25 182:9 ready [3] 27:17 284:17 284:20 reaffirmed [1] 262:15 realign [1] 19:7 realignment [1] 17:17 reality [1] 260:9 realized [3] 156:1 226:4 260:7 really [20] 49:20 53:3 95:21 114:5 131:8 180:6 185:7 203:2 216:17 218:9 219:6 228:7 240:10,14 240:22 250:18 263:6 264:25 271:11 283:17 reason [12] 37:24 38:1 38:20 51:15 52:1 119:24 127:22 140:7 179:7 224:23 268:9 284:18 reasonable [4] 19:8 96:5 106:7 211:11 reasoning [1] 8:3 reasons [1] 51:24 reassigned [1] 185:15 reassurance [2] 117:10 117:18 reassuring [1] 141:6 recalling [5] 230:9 251:25 253:15 281:5,11 receive [2] 10:15 49:13 received [9] 7:11 13:24 58:5 64:6,7 66:5 136:16 193:3 249:8 receiving [4] 168:7 189:15 264:24 280:23 recent [11] 9:2 28:9,15 55:17 149:21 150:13 187:7 188:21 253:18 268:13 275:4 recently [18] 8:17 9:1,6 25:11 36:9 86:13 129:13 129:20 141:1,2 144:5 161:8 186:2,21 187:17 188:21 228:11 250:1</p>	<p>reconcile [11] 71:6 76:8 76:12 120:5 121:12,15 181:14,19,24 182:8 184:23 reconciliation [1] 71:1 reconstructing [1] 36:7 record [2] 122:25 240:2 recorded [6] 21:13,17 21:24 55:23 249:3,10 recording [1] 121:1 recordkeeping [1] 181:10 records [5] 20:7,20 76:7 118:2,5 recruited [7] 200:17 212:4 221:9 244:16 245:18 246:2,12 recruitment [1] 193:15 rectify [1] 183:13 Recurring [1] 15:7 redone [4] 6:19,21 37:6 40:17 reduce [2] 201:6 236:3 refer [7] 33:21 56:13 59:8 63:4 217:13 223:12 244:22 reference [30] 9:2 15:5 26:7,11 27:16 41:13 47:7 59:16 61:2,4 62:25 63:3 72:3 80:16,21 97:16,18 97:22 98:4 115:15 178:7 178:7,15,19 250:2,13,15 251:2 253:12 283:24 referenced [7] 150:8 178:21 188:21 249:25 256:5 269:16 281:2 referencing [3] 26:12 28:16 255:14 referred [11] 60:18 78:13 172:5 173:25 176:22 228:20 258:18 266:5 269:9,13 277:14</p>	
<p>QMP-LS [1] 150:11 qualifications [3] 118:8 118:10,11 qualifier [2] 118:20 120:11 qualifiers [3] 50:10 118:17 120:13 qualify [2] 118:17 119:12 quality [55] 31:1 55:5</p>	<p style="text-align: center;">-R-</p> <p>radiology [4] 98:11 204:15,24 217:24 raise [4] 153:22 184:24 249:12 263:13 raised [11] 77:17 174:12 179:15,19 184:17 222:14 253:20 254:10 262:7 264:2,22 raising [1] 58:9 ran [4] 41:9 173:8 265:17 266:14 range [15] 74:18 88:22 89:1 90:8 92:20,25 93:13 116:12 130:5 253:10,19 262:5,6 266:25 276:18 ranged [1] 200:5 ranges [2] 258:12 266:24 rate [8] 168:16 178:12 186:5 188:3 253:17 258:17,18 284:5 rates [5] 185:23 188:13 253:16 255:25 262:2 rather [6] 53:4 80:23 95:21 101:11 125:23</p>	<p>Receptor [2] 1:2 286:4 receptors [2] 249:13,14 RECESS [2] 112:22 247:25 recipient [1] 57:5 recipients [1] 127:2</p>		

<p>144:7 168:15 170:10 186:21 255:9 257:18 261:6,7 released [7] 155:2 157:4 157:11,13 170:11 187:17 188:19 releases [2] 255:5,5 relevant [3] 125:24 145:24 146:2 reliance [5] 21:19 65:14 140:19 184:20,20 relocated [2] 220:14 221:20 relocating [1] 221:17 relocation [2] 220:22 221:6 relocations [1] 220:4 rely [2] 22:22 284:21 relying [1] 185:1 remain [1] 13:9 remained [3] 195:1 206:4 232:12 remaining [1] 36:23 remember [41] 23:15 24:4 34:19 37:3,5 40:13 130:24 204:1 212:18 214:7 228:4 237:17 240:11 242:17 246:25 252:25 254:23 257:7 258:2 259:5 262:18,19 262:23 266:4 267:19 269:22 270:24 271:24 272:3,22 273:12,20 274:12 275:1 280:21 281:8 282:21 283:22,25 284:13,19 remembered [1] 259:24 reminded [1] 260:4 remove [1] 205:5 removed [1] 210:1 reopen [1] 107:23 reopening [1] 106:16 reorganized [1] 199:17 repeat [2] 138:9 140:4 repeated [3] 46:12 119:9 283:23 repeating [2] 75:10 279:4 replicated [1] 271:20 report [39] 95:18 97:10 97:11,14,15 98:9 102:20 102:21 103:21,25 104:12 105:23 106:3,21 133:3 135:18 154:8 172:4,10 173:1 186:20 188:7,20 189:15 195:18 197:8,19 198:17 199:7 204:21 205:11 206:13,14 215:15 215:16,23 229:6 245:6 254:19 reported [12] 66:16 135:15 198:7,25 201:24 202:1 206:15 214:16 226:25 228:16 238:6,12 reporting [7] 105:5 164:6 205:9 210:2 216:7</p>	<p>216:9,9 reports [12] 54:21 97:6 132:23 159:6,8 160:4,18 162:22 163:19 188:19 265:22 273:15 represent [4] 77:13 78:1 79:5 234:23 representation [3] 103:23 271:8 277:17 representative [3] 68:19 272:1 277:19 representatives [2] 252:14 262:21 represented [4] 21:6 60:21 203:1 227:17 representing [1] 4:25 reputation [1] 240:22 request [5] 18:8 36:25 44:20 104:5 278:24 require [6] 38:24 94:17 95:11 100:14 161:20 171:18 required [10] 10:24 11:9 39:9 44:5 100:6,13 101:8 145:13 166:6 171:16 requirement [3] 24:18 27:10,14 requires [4] 95:9 100:5 121:16 142:24 requiring [1] 171:12 research [8] 186:13 228:4,8,12,13 268:13,16 278:8 residents [1] 139:18 resolution [1] 50:16 resolve [5] 48:10 49:9 102:1 106:10 224:6 resolved [7] 48:15,17,20 105:13 106:13 171:8 252:6 resource [5] 38:13 44:22 194:15,19 241:13 resources [21] 16:20 17:18,23 19:4 37:22 38:7 39:9 40:16 41:17,18,20 44:4,11 45:9 88:21 89:3 89:5,6 94:9 147:21 175:24 respect [16] 5:2 7:23 10:22 67:9 88:6 103:14 109:11 123:25 124:2 125:15 129:9,17 149:22 175:2 188:4 234:23 respects [1] 138:23 respiratory [2] 198:6 202:2 respond [4] 17:15 94:20 138:3 175:17 responds [1] 178:16 response [11] 15:8 17:2 33:23 67:20 120:20 125:4 171:18 175:14 180:10 217:14 268:13 responsibilities [4] 85:14 133:17 200:25 227:22</p>	<p>responsibility [25] 17:5 17:7 85:8 88:10,25 100:24 108:13 134:3,6 135:2 157:19 158:6,13 174:3,15 175:16 176:1 176:11 194:18 217:19 220:2 221:8 227:24 228:14 271:15 responsible [19] 88:3 88:11 123:4 134:1 176:5 179:2 195:22,25 196:3 196:25 197:4 215:20 221:10 224:15 226:21 227:4 228:22 277:14 278:10 rest [3] 11:3 17:12 89:11 resting [1] 186:21 restraint [1] 219:19 restricted [1] 82:13 restructure [3] 195:2 201:3 229:20 restructuring [1] 199:24 rests [2] 175:22 176:11 result [14] 52:5 55:23 62:25 64:11 65:22,23,25 69:2 121:6 132:12 183:18 261:19 277:9,11 resulted [2] 104:5 275:15 results [37] 34:7 44:8 49:13,15 51:11,13 52:17 60:4 64:8,19,24 66:7 67:12 105:15 149:1 160:18 168:15 249:23 261:11 262:14 263:18 264:20 265:18 266:13,23 267:18 275:22 277:7,24 278:3 279:21,22,23,25 280:15,19 281:13 resume [2] 168:17 171:23 RESUMES [1] 2:3 retest [5] 36:23 54:21 261:18 264:13 279:23 retested [5] 40:20 57:11 180:15 276:15 277:6 retesting [24] 36:18,20 38:9,16,21 39:12,14,14 39:22,23 40:20,23 41:1 41:10 43:16 44:19 49:12 51:11 53:23 59:15 249:22 261:23,25 264:21 retests [1] 265:19 retire [1] 92:13 retrospective [1] 6:14 revelation [1] 260:2 reverification [1] 65:25 reverify [1] 66:12 review [32] 42:4,15 58:21 72:16 98:12 100:9 104:5 104:6 114:10 115:4,4,13 116:12 126:2 138:24 148:14 149:6,13 150:7 160:1 164:18,23 165:14 165:18 166:10 168:22 235:19 236:1 257:15 272:13,14 280:10</p>	<p>reviewed [11] 67:1 121:22 164:10,13 165:13 165:21 166:4 169:7,24 173:17 250:1 reviewers [9] 126:1 146:1,3,17,24 147:11 148:18 149:16 281:3 reviewing [2] 41:18 45:19 reviews [9] 113:8,9 115:3 133:6,7 150:4 272:24,25 280:10 REVISED [1] 2:1 revolving [1] 204:6 right [38] 1:9 7:12 10:13 18:14 34:3 66:18 76:21 88:9 91:9 94:12 96:22 98:2 100:5 102:4 112:21 114:23 115:19 148:12,24 154:3,7 162:5 168:10 174:25 176:18 178:8 186:22 191:6,13 199:24 235:6,21 245:16 252:18 256:21,25 259:4 285:5 rigid [1] 92:3 ring [2] 258:7 281:9 rings [1] 179:12 risk [3] 162:1 163:9,24 risked [1] 42:6 Ritter [1] 79:13 Robert [18] 50:9 58:12 58:14 65:17 66:1 67:4 70:21 114:2 118:15 120:18 129:6 132:22 181:3 236:12,14 239:1,3 239:21 role [30] 16:1,7 32:15 77:21 78:10,14 82:16 85:25 88:6,7 94:6 131:17 131:22,24 132:6,8,15,16 134:20 140:16 141:7,7 141:17 157:23 158:6,17 158:23 162:11 174:15 184:11 roles [1] 217:5 Rolf [3] 1:9 2:8 83:18 roll [1] 187:19 rolling [1] 187:10 room [6] 5:24 222:24 258:10 262:17 282:22 283:17 rooms [2] 91:4 210:24 Ross [9] 2:3 4:13 19:22 63:16 77:10 83:18 143:22 177:25 241:6 rough [1] 230:16 route [2] 208:6 231:6 Rubin [1] 15:6 rule [1] 29:21 rules [1] 61:17 run [3] 88:4 211:20 242:14 running [2] 176:6,9 runs [1] 173:10</p>	<p style="text-align: center;">-S-</p> <p>safe [1] 107:21 safety [8] 8:18 162:3,14 163:10 224:12 225:15 268:7,11 salary [2] 92:12,14 samples [8] 36:18,20,24 39:12 40:23 41:2 42:15 255:5 sanctioned [1] 8:17 Sandra [3] 1:7 2:9 143:22 SARS [1] 18:17 sat [5] 42:11 60:25 227:11 236:15 245:21 Saturday's [1] 126:23 savings [1] 236:7 saw [7] 15:24 31:19 109:18 121:12,14 126:16 157:18 says [14] 57:9,15 59:12 68:18 85:3,6 86:25 87:7 95:23 98:7 114:10 124:24 126:21 127:5 scan [2] 167:23 168:3 Scheduling [1] 216:25 school [1] 215:10 Science [1] 222:21 Sciences [2] 220:15 283:11 scope [4] 55:1 135:4,5 241:20 Scouts [1] 4:12 screen [3] 8:14 113:3,24 screening [1] 168:17 scroll [3] 95:22 114:12 192:15 scrums [1] 73:25 scrutiny [1] 98:9 se [2] 218:11 259:9 season [2] 232:2 237:17 seated [4] 4:2 112:24 190:4 248:2 second [8] 8:15 34:4 46:24 59:11 97:21 98:2 98:3 127:6 secondary [1] 229:9 secondly [2] 168:13 201:5 secretaries [1] 131:14 secretary [8] 131:6,9,11 131:13,18,21 132:14 133:1 section [21] 84:17,19,22 85:1,11,16 86:21 87:2,7 87:16,23 88:10,16 89:16 95:2,2,8,9,11 176:23,25 sections [3] 86:19 87:6 176:23 sector [2] 18:8 134:2 see [24] 9:12,20 11:21 12:7 16:19 19:12 23:5</p>
--	--	---	--	---

<p>72:10 121:23 122:15 126:21 166:5 178:6 180:4 208:25 209:2 221:14 226:13 235:16 236:2 246:17 274:17 279:20 284:2</p> <p>seeing [2] 115:11 153:20</p> <p>seek [2] 83:21 91:12</p> <p>seeking [1] 191:13</p> <p>seem [7] 49:25 155:18 189:19 219:18 246:25 262:13 283:16</p> <p>segments [1] 196:3</p> <p>seized [1] 74:19</p> <p>selected [3] 208:8 217:3 226:12</p> <p>selection [1] 245:21</p> <p>send [2] 149:1 264:15</p> <p>sending [1] 178:2</p> <p>sends [1] 177:22</p> <p>senior [18] 194:21 196:2 198:8 200:17,23 212:19 215:19,23 216:9 218:22 223:10 226:24 227:2 233:25 241:9 244:25 245:5,8</p> <p>sense [10] 120:24 121:19 159:13 167:19 212:9 216:15 223:13 256:17,18 259:11</p> <p>sensitive [2] 262:10 264:3</p> <p>sensitivity [1] 271:23</p> <p>sent [9] 31:19 38:16 40:8 67:21 70:22 131:5 160:21 278:5 280:17</p> <p>sentence [5] 9:21 10:21 11:4 34:5 174:2</p> <p>sentiment [1] 15:10</p> <p>sentiments [2] 10:16 14:2</p> <p>separate [10] 87:13,14 155:23 172:15 177:5,18 178:24 206:5,14 215:10</p> <p>September [2] 264:19 265:16</p> <p>September/ [1] 272:23</p> <p>September/late [1] 264:18</p> <p>sequence [1] 252:17</p> <p>series [5] 14:25 67:2 71:23 114:3 177:18</p> <p>seriously [2] 141:16 225:23</p> <p>service [24] 81:9 83:8 84:12 89:10,21 92:25 93:9,20 107:9,12,12,14 107:24 108:21 135:5 158:5,6 159:9,16 176:1 193:9,16 204:25 274:25</p> <p>services [83] 18:9 22:10 73:15 80:15 86:1 88:13 88:22 89:1,4 90:8 93:6 93:15 94:4,21 98:24 100:20 103:6 104:10 107:3 121:2 123:13,21</p>	<p>126:7 127:12 131:7 133:4 133:14 134:1,5,7,15,16 134:18,25 139:17 163:6 167:11,12 168:11 175:17 175:19,20,21 176:6 195:3 196:8,25 197:1,2 198:1 198:21 200:10,24 202:14 202:23 206:1 209:19,25 210:23 218:9 220:23 221:6,23,24 222:2,9 227:19 228:14,14,19,21 229:5,21 230:1 233:13 235:3 243:21 244:13,17 247:2 249:12 252:2 279:15</p> <p>servicing [1] 277:20</p> <p>session [1] 282:24</p> <p>set [5] 19:2 28:10,12,15 254:18</p> <p>setting [2] 157:24 268:20</p> <p>seven [6] 12:8 231:7,9 231:11 260:22 268:17</p> <p>several [7] 116:20,24 135:19 184:17 253:16 269:15 272:11</p> <p>shades [1] 109:23</p> <p>shaken [2] 98:12 142:6</p> <p>shall [4] 87:2,18 95:4,25</p> <p>share [14] 21:22 32:17 79:23 83:11 87:8 119:11 133:8 136:22 137:8,11 140:15,24 141:8 177:1</p> <p>shared [22] 24:1 36:3 75:23,24 76:3 97:17 119:8,9,10 140:14,21 141:3,3,25 142:2,3,3 184:21 189:13 256:1 269:25 282:20</p> <p>sharing [1] 269:5</p> <p>Sharon [1] 178:1</p> <p>shed [1] 137:23</p> <p>shifting [1] 202:6</p> <p>shock [1] 74:21</p> <p>short [3] 165:2 167:7 226:3</p> <p>short-term [1] 193:12</p> <p>shortcomings [1] 78:15</p> <p>shortly [5] 193:25 232:1 252:18 262:25 282:17</p> <p>show [6] 8:11 68:4 97:6 98:2 126:14 216:20</p> <p>showed [5] 75:16 253:15 277:12 284:1,1</p> <p>showing [2] 115:11 253:18</p> <p>shown [12] 8:10 13:21 31:17 86:21 110:3 112:6 116:24 117:1,13 118:13 131:4 262:3</p> <p>shut [4] 107:12,14,21 284:14</p> <p>side [3] 194:20 262:19 275:6</p> <p>sight [1] 138:25</p> <p>sign [1] 149:8</p> <p>signed [2] 34:10 218:17</p>	<p>significance [1] 6:25</p> <p>significant [5] 18:15 202:20 204:2 220:1 266:17</p> <p>significantly [1] 134:13</p> <p>signing [1] 232:7</p> <p>similar [7] 53:25 59:16 78:21 209:19 227:1 231:15 283:13</p> <p>Simmons [8] 1:11 4:2,4 117:25 122:6 151:6,22 152:12</p> <p>simplistic [1] 209:7</p> <p>simply [1] 246:6</p> <p>simultaneous [5] 219:21 253:2 257:22 264:12 272:6</p> <p>Sinai [17] 38:15 39:15,20 39:24 40:9,25 41:9,19 264:8,15 265:17 266:3,6 267:7 271:5 272:22 280:18</p> <p>sincerity [1] 141:24</p> <p>single [3] 131:20 200:13 201:24</p> <p>sister [8] 17:20 200:16 211:23 216:2 225:21 234:11 241:22 245:22</p> <p>sit [4] 68:16 227:7 234:25 248:15</p> <p>site [6] 220:4,23 221:21 222:21 229:4 283:11</p> <p>sites [5] 201:7 210:23 219:24 223:1 267:9</p> <p>sitting [2] 111:21 255:18</p> <p>situation [11] 60:14 122:15 189:9 249:21 251:16,22 252:20 253:24 259:17 270:13 273:19</p> <p>situations [2] 13:6 37:21</p> <p>six [10] 12:8 93:4,9 148:1 151:14 152:13 153:2 219:8 231:7 264:16</p> <p>size [5] 200:6 205:20 211:2,11 230:21</p> <p>sizes [1] 230:11</p> <p>skills [1] 206:24</p> <p>skillsets [1] 145:7</p> <p>slide [1] 283:25</p> <p>slight [1] 132:17</p> <p>slightly [1] 186:9</p> <p>slipping [1] 265:20</p> <p>slower [1] 40:12</p> <p>small [2] 139:25 194:12</p> <p>smaller [4] 200:3 206:7 207:4 209:11</p> <p>social [8] 167:12 198:6 205:8 206:12,19 213:12 233:12 243:11</p> <p>Society [9] 1:16 20:4 29:17 32:14 33:16 58:13 77:20 78:20 130:19</p> <p>solution [1] 255:9</p> <p>someone [9] 53:3 76:14</p>	<p>119:16 120:9 127:8 140:13 149:5 150:1 153:13</p> <p>sometime [6] 101:18 103:1 105:25 110:5 237:14 276:13</p> <p>sometimes [10] 25:10 33:9 79:11 81:12 82:2 132:7 135:20 136:22 211:9 243:13</p> <p>somewhat [1] 156:25</p> <p>somewhere [6] 21:14 25:4 90:22 91:20 271:2 282:9</p> <p>soon [4] 164:23 252:8 255:15 269:19</p> <p>sorry [21] 13:3 24:21 68:12 69:9 102:4 124:15 145:24 146:1 177:20 178:8 194:4 196:7 201:10 222:2 225:21 242:5 246:15 271:9 274:1 281:16 282:16</p> <p>sort [33] 6:13,13 8:5 9:17 12:1 16:5 18:15 23:2 44:20 47:9 49:20 109:1 115:7 126:17 129:24 133:19 135:9 200:5 204:22 213:22 227:12 256:8 257:1,17,21 258:10 258:22 260:13 267:16 268:1 270:2 271:20 276:15</p> <p>sorts [1] 138:8</p> <p>sought [1] 186:12</p> <p>sound [2] 66:17 286:10</p> <p>source [5] 58:22 74:23 75:8 142:6 185:4</p> <p>sources [1] 20:18</p> <p>space [3] 220:14 221:13 228:12</p> <p>speak [10] 33:2 62:1 87:22 119:18 133:23 185:3 187:4 196:20 256:6 263:2</p> <p>speaking [8] 24:10 32:14 32:22 212:19 214:10 232:17 261:21 266:18</p> <p>speaks [1] 128:1</p> <p>special [2] 18:15 44:20</p> <p>specialists [1] 60:9</p> <p>specialty [2] 59:21 60:21</p> <p>specific [8] 33:7,8 36:25 144:25 251:9 258:16 272:3 273:20</p> <p>specifically [6] 29:19 106:25 144:24 223:6 259:7 266:4</p> <p>specify [1] 91:19</p> <p>specimen [1] 273:7</p> <p>specimens [3] 264:13 268:3 276:23</p> <p>speculate [3] 119:14,15 119:18</p> <p>speculating [1] 73:11</p> <p>speculations [1] 119:15</p>	<p>speed [1] 180:7</p> <p>spell [1] 190:12</p> <p>spend [1] 111:3</p> <p>spending [2] 121:7 214:7</p> <p>spent [4] 4:21 41:21 189:5 233:12</p> <p>sphere [1] 204:21</p> <p>spike [1] 16:16</p> <p>spikes [1] 18:5</p> <p>spine [1] 269:12</p> <p>splinter [1] 218:2</p> <p>split [3] 222:9,18,19</p> <p>spoke [4] 15:6 117:3 155:14 156:22</p> <p>spoken [3] 91:16 102:11 109:8</p> <p>spokesperson [2] 73:16 73:17</p> <p>sporadic [1] 242:16</p> <p>spreadsheet [2] 151:14 253:15</p> <p>spring [1] 240:15</p> <p>St [39] 40:9 59:14 168:18 168:21 194:3 195:6 199:17 200:7,9 201:8 212:15,18 213:5 220:23 222:4,21 226:17 233:3,5 233:10 234:17,24 235:3 235:7,10 236:6,25 239:7 241:23 243:16 244:15 247:6 265:12 276:20,24 278:24 279:7 286:7,11</p> <p>staff [15] 196:14 219:8 222:17,18,24 223:15 227:11,12,18 230:17,17 230:19 231:24 272:17 277:3</p> <p>stage [1] 152:18</p> <p>stain [1] 284:7</p> <p>stakeholders [2] 11:23 187:5</p> <p>stance [1] 21:2</p> <p>STAND [1] 2:3</p> <p>stand-alone [2] 11:6 209:1</p> <p>standard [5] 159:17 258:22 261:6 267:10 274:21</p> <p>standardize [1] 153:3</p> <p>standards [6] 157:25 158:4,10,11 270:7 273:18</p> <p>start [17] 50:21 64:13 69:4 70:18 84:7 98:17 121:3,11 124:4 126:5 128:15 144:4 187:10 202:6 218:25 248:16 253:20</p> <p>started [17] 40:2 50:10 50:11,13 54:10,23 61:24 105:21 118:12 123:17 126:6 153:4 193:13 228:7 240:16 276:15 277:5</p> <p>starting [6] 118:16 208:25 221:12 228:2 264:22 283:6</p>
---	---	---	---	---

<p>startling [1] 267:1 starts [1] 273:6 state [4] 157:1 180:24 181:9 190:12 statement [11] 11:6 21:16 23:21 34:8 50:3 110:1,3 111:10,20 130:3 260:20 statements [17] 14:5,12 23:12 47:17 50:11 74:3 77:1 116:22 117:2 118:11 118:20 119:6 129:16,22 129:25 181:25 182:8 states [3] 85:2 95:3 265:4 stating [1] 49:21 statistics [1] 138:12 status [8] 58:23 140:14 154:8,13 167:1,2 281:4 283:21 statute [1] 27:16 statutory [1] 84:8 stay [1] 226:3 steam [1] 270:2 steering [2] 236:8,15 step [3] 16:2 182:4 225:17 steps [1] 270:8 stick [1] 200:4 still [21] 4:9 57:19 80:10 107:8 134:1,6 137:2 153:14,16,21 176:4 209:11 213:22 217:15,24 227:6 251:11 267:23 278:9 280:10 284:15 stipend [2] 102:23 104:7 stories [1] 46:3 story [1] 47:19 strategic [1] 95:10 strategy [5] 173:7 187:6 187:11,19 279:8 strengthen [2] 123:22 142:13 strengths [2] 81:12 257:16 stress [1] 266:12 strived [1] 202:12 stronger [1] 228:3 strongly [1] 44:18 structure [6] 28:22 85:22 164:6 205:10 209:18 219:23 structured [4] 147:20 202:4 203:3 219:10 structures [2] 134:12 134:19 students [1] 77:16 stuff [2] 127:17 256:16 sub [2] 26:8,25 subject [5] 32:8 77:17 114:5 151:1 178:3 submit [1] 278:25 submitted [1] 110:6 subpoena [2] 116:9,9</p>	<p>subsequent [6] 136:25 211:14 252:11 257:23 261:5 262:20 subsequently [9] 35:25 235:5 243:19 244:9,16 260:4 275:18 276:21 277:15 success [1] 150:2 successful [3] 161:23 200:18 243:22 such [20] 14:7 16:9 18:15 27:17 29:21 32:13,15 77:21 81:8 85:18 108:3 122:24 125:17 162:19 163:24 188:19 226:3 230:3,6 239:21 sudden [1] 253:23 suffering [1] 168:6 suffice [3] 219:16 250:16 263:11 suggest [10] 11:24,25 12:2 15:21 57:18 79:15 79:17 117:18 205:14 256:7 suggested [3] 21:9 44:18 217:6 suggesting [6] 80:24 117:15 119:22 223:20 254:25 281:25 suggestion [3] 58:14,16 262:13 suggestions [2] 127:7 225:22 suitable [1] 112:19 summarizing [1] 137:6 summary [1] 8:23 summer [3] 112:2 278:23 284:14 supervision [2] 84:23 85:4 supplied [2] 72:21 73:2 supply [1] 121:5 supplying [1] 118:19 support [18] 10:15 16:22 16:23 18:9 19:13 93:6 131:23,24 132:5 134:5 193:22 194:9 196:8 204:3 204:8,11 210:3 221:24 supporting [1] 25:6 supportive [1] 230:3 supports [6] 17:23 49:20 92:11 93:21 132:11 221:11 suppose [2] 106:17 157:6 supposed [1] 117:16 surface [1] 118:12 surfaced [3] 115:15 170:20 188:16 surfaces [1] 142:24 surge [10] 15:14,15,19 16:4,9 17:6,8,11,13,15 surgeon [1] 258:6 surgeons [6] 42:13 59:14 59:23 92:11 230:20 277:18</p>	<p>surgery [7] 90:13,13,14 203:24 210:8,21 211:3 surgical [10] 33:6 59:25 90:2 92:9,16,17 94:3 210:9,19 229:4 surprised [1] 155:18 surrounding [2] 126:11 180:18 Susan [6] 56:22 67:18 177:23 250:3 257:3 258:9 suspect [9] 18:1,4 51:3 207:15 223:6 234:7 244:3 255:21 267:11 suspecting [1] 257:11 suspend [1] 40:22 suspended [1] 37:20 suspending [1] 38:21 swearing [1] 189:20 SWORN [2] 2:10 190:9 system [24] 11:25 15:19 18:20 77:23 78:3,6,8,16 79:4,7 80:19,21 81:5,11 82:22 83:7 98:14 133:24 139:14 143:8 199:16 264:14 272:20 284:14 systems [2] 118:3 125:9</p> <hr/> <p style="text-align: center;">-T-</p> <p>T-I-L-L-E-Y [1] 190:15 table [5] 2:2 106:21 166:7 166:25,25 tail [1] 260:6 taking [15] 5:18 29:22 69:3 84:8 111:4 115:8 153:6 182:4 187:8 205:20 207:2 249:8 257:10 263:6 284:7 talks [7] 84:19 86:22 95:8 114:23,25 115:2 126:3 Tamoxifen [4] 249:16 258:15 260:22 278:2 Tansy [5] 67:3,13 126:20 177:21 178:14 task [7] 36:5 45:4 121:17 136:8,10 241:18,25 tasked [2] 122:5 250:22 taxing [1] 45:7 Taylor [31] 2:6 63:15,16 63:17,21,22 65:15 66:3 66:15,23 67:17 68:3,9 69:5,10,18,25 70:5,10 70:14 71:15,19 73:4,13 73:22 74:6,10 76:1,20 76:24 77:5 Taylor/Chesley [1] 1:13 teaching [1] 217:19 team [24] 17:12 26:3 27:8 72:15 88:4 196:2 200:17 203:6,17,21 212:3,8,20 215:2 221:10 224:4,4 227:3 250:20 252:13 274:11 276:25 283:14 284:22 technical [3] 267:12</p>	<p>271:25 284:23 technically [1] 106:18 technologist [1] 272:22 technologists [3] 125:24 145:23 274:23 technology [3] 262:9 264:10 271:23 teleconference [1] 278:21 Telegram [1] 126:23 telephone [3] 13:13 47:3 249:4 televised [1] 8:1 telling [2] 175:1 218:25 temperature [1] 270:11 temporary [2] 17:18 19:13 ten [5] 30:15 102:2 138:21 243:12 260:22 tend [1] 101:9 tends [1] 101:14 tenure [1] 236:5 term [11] 26:2,5 27:5 28:4 106:16 195:14,15 204:4 243:1 281:8,9 terminologies [1] 92:5 terms [69] 6:5 17:4 18:3 20:24 22:19 27:7,14 28:1 28:3 29:4,7,10 33:1 36:4 39:4 44:21 45:11 49:6,8 51:24 54:4,20 66:6 89:5 90:7 92:6 100:12 108:12 110:9 118:2 123:11,15 129:2,4 136:1 147:19 149:12 152:22 154:13 162:11,20 163:8 179:19 180:23 183:21 192:14,16 194:8,10 195:12 200:5 211:20 216:17 221:5,17 227:2 230:3 251:7,8 257:15 258:14 264:20 265:7,8 277:7,23,23 279:18 280:20 Terry [2] 251:4 258:9 tertiary [4] 89:1 228:20 229:2,5 test [26] 34:6 44:6 54:21 60:4 64:8 66:7 67:12 148:25 168:17 178:12 249:13 253:6,9 261:15 261:17 264:23,25 265:5 266:20 267:3 270:5 271:1 276:5,14 279:5 283:25 tested [1] 140:12 testified [3] 15:25 69:13 69:20 testify [1] 248:11 testifying [1] 91:13 testimony [4] 8:9 69:17 138:14 149:21 testing [12] 1:2,14 61:11 63:23 97:23 107:6,7 127:1 168:4,20 171:22 286:4 tests [10] 6:18,21,22 42:10 160:21 262:4 264:9</p>	<p>265:25 267:15 280:17 thank [39] 4:5 11:20 14:21 19:17,17,19 58:19 63:12,13,15 77:6,9 83:14 83:17 84:7 91:9 96:25 97:2 98:16 102:5,10 113:1 143:13,16 164:8 186:4 187:22 189:3,10 189:12,19 190:6,17 192:18 201:21 210:18 247:24 248:4 285:5 thanks [1] 240:13 that'll [1] 143:8 that-did [1] 5:14 theatre [2] 91:2,20 themselves [9] 17:17 19:1 39:13 63:2 75:1 76:18 93:11 136:4 157:21 therapists [2] 26:20 202:2 therapy [1] 198:6 there'd [1] 21:19 there'll [1] 138:6 thereafter [4] 100:14 194:1 252:18 263:1 therefore [7] 22:17 31:4 93:18 111:19 130:1 209:15 213:17 they've [7] 36:6 74:20 76:15 88:20 204:2 283:19 284:3 thinking [12] 27:7 29:1 202:6 225:4 250:19 252:13 260:3 261:23 264:11 273:21 275:1 282:19 third [4] 10:21 44:3 168:16 203:12 Thompson [17] 50:9 58:13 65:17 66:1 67:4 70:21 114:2 118:15 120:18 132:22 133:7 236:10,12,14 239:1,21 240:2 thorough [1] 116:11 thought [14] 32:12 35:4 40:12 58:1,3 188:1 253:25 257:19 260:23 261:6,24 266:1 270:20 272:9 thoughts [3] 74:11 80:8 283:7 thousand [2] 77:15 219:8 three [21] 6:24 12:7 39:8 95:6,10 96:2 100:22 132:18 134:14 135:13 160:9 165:8 171:15 173:7 173:8 178:23 230:9,13 273:1 277:18 281:9 through [82] 3:2,3,4,5,6 3:7,8 9:10 17:17 19:15 36:12 53:21 55:19 56:2 56:9 62:12 64:4 66:5 68:21 72:1 83:22 84:5,8 85:6 99:16,18 102:12,13 103:18 104:1 109:16</p>
--	--	---	--	---

<p>114:1 117:8 123:18 124:3 126:18 129:3 138:20,21 142:9 147:18 148:3 151:23 152:2 159:25 164:6 166:21 168:8 175:13 183:12 189:17 191:8,8,25 192:1,2,3,4,5 192:15 197:19 198:11 199:9 214:3 217:3,25 226:11 231:15 237:19 247:7 251:12,17,18,24 254:23 257:1 260:25 266:19 271:25 275:24 277:1 284:3</p> <p>throughout [10] 11:24 127:1 136:19 193:10,23 200:6 205:18 224:16 269:6 283:2</p> <p>tied [1] 147:16</p> <p>Tilley [157] 2:10 56:23 109:1,10,22 113:5 177:23 180:2 189:23 190:7,7,9 190:14,15,19 192:7,13 192:17,25 195:11,24 197:3,10,14,21,25 198:5 198:12,19 199:4,8,12,18 199:23 200:22 201:11,15 201:20 204:13 205:3 206:10,21 207:12 208:3 208:16,22 209:12,24 210:12,17 211:22 212:2 212:11,17 213:2,8 214:18 214:22 215:5,11,17,24 216:3,11,16,22 217:1 218:19 219:3 220:6,18 220:25 221:7,22 222:6 222:10,15 223:5,17,21 224:1,10,20,24 225:9,13 225:20 226:10,20 228:24 229:19 230:23 231:8,14 231:21 232:9,14,24 233:19 234:2,12,19 235:1 235:13,17,25 236:13,18 236:22 237:4,11,16 238:2 238:7,11,21 239:2,10,18 239:23 240:4,9,21 241:3 241:7 242:4,13 243:6,10 244:1,8 245:1,7,15,20 246:7,14,20 247:9,15 248:4,7,22 249:1 256:13 256:20,24 263:25 266:10 274:2,6 279:24 280:4,12 281:22 282:3,15</p> <p>timed [1] 13:15</p> <p>timeframe [1] 234:10</p> <p>timeliness [3] 53:7,8,11</p> <p>timely [6] 52:17,19,24 53:5 106:12 164:15</p> <p>times [15] 15:11 21:8 71:14 79:20 118:4 135:19 167:10 184:17 192:15 219:19 231:2,3 247:13 248:10 249:7</p> <p>tissue [1] 60:2</p> <p>title [1] 194:8</p> <p>today [29] 4:20,21 21:14 22:15,16 36:3 58:10 68:16,23 72:14 93:1 94:10 99:8 100:4 116:6 137:6 139:5,12 140:16</p>	<p>140:23 141:1 155:7 164:12 166:20 169:23 173:25 181:22 216:20 265:11</p> <p>together [21] 12:5 18:22 40:9 83:4 93:14 103:23 120:8 145:6 202:18 209:3 211:1 218:6 241:11 243:14 250:21,23 257:6 257:14 259:15 279:15 283:6</p> <p>Tom [1] 241:2</p> <p>tomorrow [3] 100:4 248:17 285:5</p> <p>too [6] 53:14 78:2 121:13 156:10 211:2 262:6</p> <p>took [5] 142:4 194:17 268:1 278:3,15</p> <p>tool [1] 28:24</p> <p>tools [2] 89:15 159:12</p> <p>top [8] 67:3 219:9,11 220:19 231:4 256:3 259:14 265:24</p> <p>topic [4] 20:9 23:8 113:17 242:9</p> <p>topical [1] 169:8</p> <p>topics [1] 99:6</p> <p>total [1] 125:3</p> <p>totality [1] 21:5</p> <p>totally [2] 23:25 257:20</p> <p>touch [1] 261:18</p> <p>towards [3] 81:20 150:6 231:25</p> <p>track [1] 54:19</p> <p>tracking [1] 188:25</p> <p>traditional [2] 205:23 206:6</p> <p>Traditionally [1] 202:24</p> <p>tragedy [1] 269:18</p> <p>tragic [1] 270:1</p> <p>trained [2] 153:15 193:2</p> <p>training [9] 125:19,20 125:25 145:21,24 146:2 153:4,12 243:18</p> <p>transcribed [1] 286:9</p> <p>transcript [1] 286:3</p> <p>transferred [1] 266:5</p> <p>transparency [4] 9:22 10:5 94:24 172:8</p> <p>transported [1] 270:11</p> <p>Treasury [7] 103:6,24 104:11,17 105:14 106:5 235:22</p> <p>treated [2] 131:12 253:13</p> <p>treating [1] 64:18</p> <p>treatment [14] 7:5 10:14 26:14 38:24 39:7 53:14 59:24 61:11 168:5,7 230:1 254:12 276:7 278:8</p> <p>tremendous [1] 75:7</p> <p>trends [1] 108:15</p> <p>tried [1] 136:18</p> <p>trigger [1] 278:1</p>	<p>trio [2] 215:15,15</p> <p>true [5] 67:16 109:5 216:15 223:3 286:3</p> <p>trust [1] 142:5</p> <p>trustees [13] 62:19 63:2 63:2,8 87:19 197:22,24 226:25 227:8 228:16 236:25 238:1,18</p> <p>try [7] 4:22 80:12 122:14 143:24 183:13 213:19 237:18</p> <p>trying [19] 16:15 49:5 65:19 76:8 120:5 136:10 136:12 138:2 153:14 241:19 242:17 251:9 256:17 259:15 265:10,11 271:10 273:14 275:7</p> <p>tumor [6] 42:11,14 45:18 277:16,16 278:2</p> <p>tuned [1] 253:10</p> <p>turn [9] 9:16 11:20 64:19 101:13 161:2 167:22 174:9 185:8 202:25</p> <p>turnaround [1] 264:16</p> <p>turned [7] 91:24 149:14 169:19 171:17 184:11,24 185:9</p> <p>tweak [1] 283:6</p> <p>twice [1] 280:18</p> <p>two [40] 4:19 6:24 12:7 27:7 46:22 49:8 59:10 92:5 93:5 95:6 96:2 97:14 114:24,24 115:2 121:1,6 134:14 137:21 150:4 152:12 153:8 165:8 170:21 171:14,15 182:12 190:1 193:17 200:10 210:20 218:24 250:8 251:13 257:9 258:25 262:9 264:4 280:18 281:3</p> <p>type [7] 78:21 82:23 115:8 163:25 230:8 253:6 284:9</p> <p>types [2] 39:8 114:7</p> <p>typical [2] 131:15 246:9</p> <p>typically [2] 23:9 201:21</p>	<p>understand [50] 5:15 7:18 9:6 11:17 26:5 29:12 36:3,7,21 37:20 42:18 52:22 55:10 56:1 56:11 58:11 59:18 61:21 65:19 66:9,11 84:11 107:5,18 109:9 113:7 119:19 120:6,9 139:6 148:25 155:6 157:23 164:11 166:2 175:12 186:9 188:20 191:13 204:18 228:11 240:1 248:19,23 261:13 263:4 265:11 270:21,22 273:5</p> <p>understood [29] 14:9 26:4 29:24 38:20 39:1 40:1 43:23 58:5 62:21 89:18 103:22 120:12 128:9 153:1 154:25 155:3 155:13 160:23 166:18 169:22,23 174:6,15 188:23 231:5 232:6 252:24 267:14 284:10</p> <p>undertaken [1] 283:10</p> <p>undertaking [1] 160:25</p> <p>undertook [1] 25:13</p> <p>underway [3] 228:10 278:15 280:20</p> <p>undoubtedly [3] 98:12 233:20 257:25</p> <p>unexpected [1] 265:22</p> <p>unfolding [2] 62:7 109:2</p> <p>unfortunate [1] 248:10</p> <p>unfortunately [4] 14:22 15:8 138:17 257:5</p> <p>union [1] 227:13</p> <p>unique [5] 196:11 209:14 212:15 253:22 272:15</p> <p>United [1] 265:4</p> <p>university [5] 193:2,14 203:10,14 217:20</p> <p>unquestionably [1] 282:6</p> <p>unreasonable [1] 16:17</p> <p>untimely [1] 138:18</p> <p>unusual [1] 239:13</p> <p>up [75] 4:3 8:14 36:9 48:1 53:22 57:24 66:24 67:23 68:5 71:16 72:10,24 77:17 84:10 91:11 93:22 94:16 95:22 106:8 111:14 113:16 126:18 151:6 164:6 176:14 180:7 183:1 185:8 192:12 196:9 202:9 202:14 205:9,25 206:13 207:4 216:20 218:16 222:9,9,18,19 229:18 233:8 240:15 242:9 243:20 245:11 247:7,8 254:18 255:4 261:8,9 262:11 263:22 266:18 268:2 269:3 270:3,14 271:12,24 274:14,18 277:22 278:16,16 279:20 280:20,24 282:8 283:25 284:7 285:1</p> <p>update [1] 283:5</p> <p>updated [2] 36:4 188:22</p>	<p>updates [1] 137:14</p> <p>uppermost [1] 139:19</p> <p>upstream [1] 230:6</p> <p>used [22] 28:20 46:19 49:6 55:19 58:20 63:4 68:16 99:11 100:7 106:16 118:6 121:5 126:4 186:23 195:12 204:4 246:2 249:13,14 269:10 272:14 284:15</p> <p>using [8] 23:19 24:6 29:11,11 46:24 55:15 260:5 264:6</p> <p>usually [1] 248:15</p> <p>utilization [1] 93:24</p> <p>utilized [1] 208:14</p> <hr/> <p style="text-align: center;">-V-</p> <hr/> <p>vacancy [1] 243:20</p> <p>vacant [1] 244:14</p> <p>vacation [1] 251:19</p> <p>valid [1] 185:4</p> <p>validation [1] 160:22</p> <p>valleys [1] 18:10</p> <p>valuable [2] 78:10 142:15</p> <p>value [8] 78:22,23 79:16 82:20 265:1 269:5 270:5 278:1</p> <p>variations [1] 132:17</p> <p>varied [1] 60:5</p> <p>variety [5] 26:23 51:24 74:21 125:7 187:5</p> <p>various [12] 29:24 32:22 60:21 74:2 188:9 195:12 200:25 202:7 218:7 221:11 257:4,16</p> <p>vary [2] 132:16,19</p> <p>varying [3] 79:25 230:10 257:12</p> <p>vein [1] 269:12</p> <p>VENTANA [4] 263:21 264:13 271:23 284:13</p> <p>verbal [2] 22:23 57:22</p> <p>verbally [1] 57:16</p> <p>verifiable [1] 185:5</p> <p>verification [2] 50:13 69:3</p> <p>verified [1] 50:23</p> <p>verify [2] 56:3 123:7</p> <p>verifying [1] 58:2</p> <p>versa [1] 26:9</p> <p>verses [3] 63:1 88:7 100:4</p> <p>versions [1] 134:14</p> <p>versus [1] 137:5</p> <p>via [2] 58:2 101:10</p> <p>vice [7] 26:9 163:5 218:8 218:22 279:3,14 283:15</p> <p>vice-president [10] 200:23 223:10 226:24 229:7 233:25 243:21 244:13,17 245:5 249:11</p>
--	--	---	--	---

<p>view [26] 5:20 6:16 15:2 16:6 22:6 25:5 29:5 30:20 38:2 41:1 60:9 68:25 75:23 79:23,24 82:4,6 83:11 99:18 111:21,24 112:1 122:9 169:10 187:1 262:24</p> <p>views [6] 9:15,20 32:17 77:20,23 227:17</p> <p>Vincristine [2] 269:10 271:19</p> <p>virtue [1] 137:13</p> <p>visit [6] 53:22 121:3 126:1 146:3,18,24</p> <p>visiting [1] 64:23</p> <p>visualize [2] 221:1 258:10</p> <p>vitae [1] 192:11</p> <p>vogue [1] 208:13</p> <p>Vokey [1] 178:1</p> <p>volume [5] 16:21 18:19 40:8,13 267:15</p> <p>voluntary [2] 195:19 238:22</p> <p>voted [1] 91:22</p> <p>VP [2] 244:21,25</p>	<p>wider [1] 33:10</p> <p>widespread [2] 208:20 210:10</p> <p>Williams [12] 243:25 244:2,15 245:19 249:11 252:12,21 255:1 258:8 273:13 274:12 275:18</p> <p>Williams' [2] 261:5 273:3</p> <p>Wiseman [305] 2:3 4:7 4:13,15,16 5:17 6:15 7:13,17,24 8:15,15,20 9:25 10:8,17 11:2,12,16 12:18,23 13:5 14:3,18 15:9 16:11 17:9 18:23 19:22,24,25 20:13,23 21:12 23:4,13 24:15,22 25:23 26:10,17,21 27:2 27:20,24 28:13 29:8 30:1 30:7,11 31:12,18,25 32:7 32:18,25 33:18,24 34:12 35:1,15,21 36:2,14 37:2 37:13,23 38:8,12,25 39:16,25 40:7 41:5,11 41:22 42:16 43:6,11,17 43:24 44:13,23 45:5,20 46:9,21 47:5,15 48:5,13 48:18 49:3,14,24 50:5 50:20 51:1,17 52:7,18 53:6,24 54:8,15 55:9 56:10 58:8,19,24 59:5 59:20 60:11,16 61:1,13 61:23 62:18,23 63:9,13 63:16,18,19 64:10 65:20 66:8,20 67:15 68:1,7,11 69:8,16,23 70:3,7,12 71:12,17 72:12 73:7,20 74:4,8,17 76:5,22 77:3,6 77:10,12,24 78:17 81:13 81:23 82:12 83:1,18 85:12 86:6 87:12,24 88:17 89:23 90:20 91:5 92:4 95:17 96:11 97:9 97:20 98:5 99:2 100:16 102:19 103:20 104:19 105:1,9,18 107:2,16,25 108:7 109:4,13 110:2,18 110:24 111:25 113:15,21 114:20 115:9,23 116:4 116:17 117:6 118:9 119:4 120:2,22 122:17 124:12 124:19 125:2 126:10 127:14,25 128:21 130:25 131:16 132:25 133:9,21 135:24 137:20 143:22 144:1,10,16,22 145:4,14 146:7,12,19 147:3,13 148:7,11,15,21 149:19 150:12,18 151:2,10,18 152:4 153:9 154:2,11,15 155:10,19 156:2,14,19 157:5 158:1,19 161:11 161:16 162:4,8,15 163:3 163:15 164:17,25 165:7 165:19 166:3 167:3,18 168:25 169:4,17,25 170:5 171:7,25 172:11,16,20 172:25 173:4,19 174:11 174:20 175:9 176:17 177:8 178:1,17,20 179:11 180:20 181:5,11,18 184:4 184:9 185:18 186:8,15</p>	<p>186:19 188:6 189:3,11 241:6,8,25</p> <p>wish [3] 114:17 265:17 269:1</p> <p>withholding [2] 129:23 178:4</p> <p>within [48] 17:16,20 18:11,20 20:12,16 21:21 27:11,18 28:20 43:14 45:9 46:17 73:16 86:19 94:8,19 107:9 128:25 134:11 157:20 159:4 161:14 163:1 165:1,2,5 165:8 175:7,17 183:8,14 183:21,23 184:13 185:11 193:16 196:15,25 198:15 199:16 204:10 212:16 215:2 228:22 229:7 250:15 253:19</p> <p>without [6] 87:8 101:7 120:11 177:1 263:14 275:5</p> <p>witness [4] 19:21 95:21 189:21 190:6</p> <p>women [2] 168:5,8</p> <p>wonder [4] 56:14 75:12 76:16 112:6</p> <p>wondered [1] 74:12</p> <p>wondering [7] 27:10 34:8 46:15 47:10 57:25 71:2 160:17</p> <p>Woodland [1] 1:8</p> <p>word [10] 92:18 108:8 118:6 119:1 176:14 246:2 258:14 259:4 263:21 270:24</p> <p>words [4] 167:9 181:3 212:7 267:5</p> <p>worked [6] 132:18 147:18 148:3 219:20 241:9 243:14</p> <p>worker [2] 205:9 206:12</p> <p>workers [3] 167:12 213:13 224:16</p> <p>Workers' [1] 224:14</p> <p>workload [2] 42:7 265:24</p> <p>workplace [3] 224:11 224:17 225:15</p> <p>works [1] 109:25</p> <p>worry [1] 166:23</p> <p>write [1] 178:14</p> <p>writing [3] 57:14 158:10 254:9</p> <p>written [4] 35:17 57:17 74:1 179:8</p> <p>wrote [3] 33:22 34:9 240:12</p>	<p>74:20 75:21 76:11,15 115:16 125:7,25 128:22 129:4 130:7 135:10,11 135:12 136:1,8 137:7,25 140:10,15,21,24 141:3 141:25 145:19 146:3 147:1,12 151:17 154:1,7 154:9 168:14,21 170:20 171:23 173:7,8 188:8 193:17 220:17 240:15 251:9 255:23 262:9 263:20</p> <p>yearning [1] 225:25</p> <p>years [23] 6:24 95:10 133:18 134:22 135:2,6 153:8,14 163:11 207:13 225:2 226:23 232:25 243:12 253:16,18,18 260:23 262:4 269:15 272:11 275:4 281:9</p> <p>yesterday [31] 15:1 19:20 31:17 36:4 51:20 58:16 61:16,18 62:22 64:1 79:8 80:16,22 117:23 118:13 123:1 130:17 132:21 133:5,13 135:14 142:19 149:20,24 150:15 151:6,22 161:7 182:24 183:2 185:22</p> <p>yet [7] 56:14,16,18 135:11 138:5 152:19 186:16</p> <p>yourself [12] 67:4 71:3 128:17 177:25 180:7 189:3 192:8 199:11 212:9 232:8 234:11 248:13</p> <p>Youth [2] 134:24 167:11</p>	<p style="text-align: center;">-W-</p> <hr/> <p>wait [5] 111:20 137:5 167:10 180:4 262:14</p> <p>waiting [1] 135:17</p> <p>walk [2] 143:4,5</p> <p>wanting [5] 30:18 37:5 228:6 254:6 282:7</p> <p>wants [1] 187:12</p> <p>Waterford [6] 194:4,5 200:12 206:4,4 244:3</p> <p>ways [2] 209:10,17</p> <p>weaknesses [1] 257:16</p> <p>website [1] 276:1</p> <p>week [19] 10:4 25:19 43:14 53:25 54:1 55:17 55:20,21 62:3 64:21,21 118:14 126:24 129:14 251:13 252:11 254:20 257:9 259:23</p> <p>weeks [10] 51:5 62:3 129:14 142:23 165:5,8 165:15 249:17 254:20 264:17</p> <p>welcome [6] 78:8 79:17 80:15 81:1,15 83:11</p> <p>wellness [1] 243:17</p> <p>Western [1] 1:17</p> <p>whereas [1] 222:21</p> <p>whereby [1] 196:15</p> <p>wherever [1] 273:7</p> <p>whichever [1] 37:21</p> <p>white [1] 271:2</p> <p>whole [7] 13:1 133:22 156:9 215:18 255:20 267:25 276:16</p> <p>wide [1] 228:19</p>	<p style="text-align: center;">-Z-</p> <hr/> <p>zeroed [1] 147:24</p>	<p style="text-align: center;">-X-</p> <hr/> <p>X [3] 90:12 92:23 93:8</p> <hr/> <p style="text-align: center;">-Y-</p> <hr/> <p>year [52] 9:7 23:15 34:15 35:7 54:2 72:23 73:2</p>
--	---	---	---	---	---	---