

COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

June 12, 2008

Appearances:

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

Rolf Pritchard/Stephen Mills Her Majesty in Right of NL

Peter Browne/Jane Hennebury Doctors Kara Laing et al

Daniel Simmons Eastern Regional Integrated
. Health Authority

Darlene Russell Members of the Breast Cancer
. Testing Class Action

Mark Pike NL Medical Association
Jennifer Newbury Canadian Cancer Society (NL Division)
Blair Pritchett. Central, Western and Labrador-Grenfell
Regional Integrated Health Authorities

LIST OF EXHIBITS

EXHIBIT P-1629 Pg. 131

EXHIBITS P-1635 THROUGH P-1638 Pg. 185

TABLE OF CONTENTS

MR. ROBERT RITTER - RESUMES THE STAND

Examination by Bernard Coffey, Q.C. - Cont'd . . . Pgs. 4 - 173
Examination by Peter Browne Pgs. 173 - 183

Discussion

MS. MARILYN MCCORMACK - SWORN

Examination by Sandra Chaytor, Q.C. Pgs. 185 - 323

Certificate

Page 4

1 COMMISSIONER:
2 Q. Please be seated. Mr. Coffey.
3 MR. ROBERT RITTER, EXAMINATION BY BERNARD COFFEY, Q.C.
4 (CONTINUED)
5 COFFEY, Q.C.:
6 Q. Thank you, Commissioner. If we could, please,
7 Mr. Ritter, before I continue on with your
8 evidence involving ER/PR itself, directly, I
9 understand that as we were speaking yesterday
10 you referred to the contract periods. And
11 you've had the opportunity to, I believe,
12 obtain the actual dates that they cover.
13 Would you tell us -
14 MR. RITTER:
15 A. Yeah. The current agreement was effective
16 October 1st, '05 and expires on September
17 30th, 2009. The preceding agreement was a
18 three-year agreement that ran from 2002 to
19 2005.
20 COFFEY, Q.C.:
21 Q. If we could, please, Registrar, P-0137? Sir,
22 this is an e-mail, it's neither to nor from
23 yourself. But as you can see in the first
24 line of the e-mail from John Abbott on Monday,
25 July 25th, 2005, 3:38 p.m. to George Tilley,

Page 5

1 he says, "Thanks for this. Also, I e-mailed
 2 Bob Williams earlier today." I'll just,
 3 actually, it goes up. It's actually here.
 4 "earlier today to let him know that Rob Ritter
 5 would be in contact with him for a briefing."
 6 Signed, "John Abbott." And the earlier e-mail
 7 is one from Mr. Tilley the same date to John
 8 Abbott. And he is bringing Mr. Abbott up to
 9 date, as it were, on the current status on the
 10 ER/PR matter within Eastern Health. So I what
 11 I wanted to ask you about, really, and this is
 12 just a reference point, when did you first
 13 hear of ER/PR?
 14 MR. RITTER:
 15 A. I first heard about the matter, again, I can't
 16 give you the precise date, but it was from a
 17 conversation I had with Bob Williams, that was
 18 my first exposure to the issue. I think,
 19 based on the handwritten notes that I had
 20 submitted to you, I think it was sometime
 21 around July, but in any event, my recollection
 22 was that he called me; I don't remember
 23 calling him. But be that as it may, again,
 24 while the date did not stick in my mind, the
 25 essence of our conversation did. It was

Page 6

1 fairly intense. Mr. Williams, Dr. Williams
 2 indicated to me that there was a problem with
 3 some of the ER/PR testing. He indicated to me
 4 that they weren't sure how big a problem it
 5 was, and that--and again, the context is, the
 6 thing that I remember is he was indicating to
 7 me that he would be, or Eastern Health would
 8 be sending some samples over to Mount Sinai
 9 for testing. And the real essence of our
 10 conversation was, you know, what should he do.
 11 We were talking about sort of the dilemma that
 12 they were in, the dilemma being do we, do we
 13 disclose, do we make public disclosure now or
 14 do we wait and see how big a problem there
 15 actually is. And I remember the thought that
 16 crossed my mind was sort of a cliché I often
 17 use. I don't think I used those exact words
 18 with him, but I know it's sort of a principle
 19 I always follow, which is, you know, you hope
 20 for the best, but you plan for the worst. And
 21 his sort of, his--and that was the essence of
 22 what I was, sort of my comments to him was,
 23 you know, the best thing in these situations
 24 is to face the music sooner rather than later,
 25 but I also understood the dilemma he was in.

Page 7

1 And I can tell you that there was no doubt in
 2 my mind that he was torn and his--he was
 3 conflicted, and it was rooted in the fact that
 4 he wanted to do the right thing and he was
 5 just simply torn. Again, you know, the whole
 6 business of disclosure is something that's
 7 been evolving in recent years and it's not an
 8 exact, it'll never be a science, but it's
 9 still not a highly sophisticated art. And I
 10 think we're--many people are still struggling
 11 with, you know, what is the right thing to do.
 12 So that's what really left a very strong
 13 impression in my mind was, you know, how torn
 14 he was and how, you know, he wanted to do the
 15 right thing and just, you know, it was a
 16 judgment call.
 17 COFFEY, Q.C.:
 18 Q. Did you speak to anybody about your
 19 conversation with Dr. Williams? Who was the
 20 president of the NLMA at the time? Dr.
 21 Tumilty's predecessor?
 22 MR. RITTER:
 23 A. Terry O'Grady. I probably would have
 24 mentioned something to her, but to be honest,
 25 you know, I couldn't recollect precisely. And

Page 8

1 again, whether I would have given her, you
 2 know, the full complete sense of our
 3 conversation, I probably in that context would
 4 have simply said to her, I understand there's
 5 a problem over at Eastern Health in this
 6 general area, you know, that sort of thing, I
 7 don't know--and I mean, the fact of the matter
 8 is that we were kind of waiting to hear more
 9 once we heard back from Dr. Williams.
 10 COFFEY, Q.C.:
 11 Q. Mr. Ritter, you understood the purpose of the
 12 contact with you by Dr. Williams to be what,
 13 why was he -
 14 MR. RITTER:
 15 A. Well, I, over the time that I've been there, I
 16 had, you know, a pretty warm, I would say an
 17 open relationship with Dr. Williams. I have a
 18 lot of respect and admiration for him. And,
 19 you know, we're both, I guess, executives in
 20 sort of different settings but with a lot of
 21 common interests and issues. And we had--we
 22 would speak, you know, I wouldn't say
 23 frequently but certainly on a regular basis
 24 about a variety of issues and struggles and,
 25 you know, conflicts that either of us might

Page 9

1 have had, and this was sort of in keeping with
 2 that trend. I did not make a connection as
 3 per this memo that there was an explicit
 4 instruction for him to call me or, you know,
 5 that he was advised that I would call him,
 6 that's what I'm saying, my recollection was
 7 that he called me. And I may be wrong, maybe
 8 I called him, but that's what I recall.
 9 COFFEY, Q.C.:
 10 Q. This e-mail P-0137 indicates, and this is John
 11 Abbott speaking to -
 12 MR. RITTER:
 13 A. Right.
 14 COFFEY, Q.C.:
 15 Q. - or communicating with George Tilley saying I
 16 e-mailed Bob Williams earlier today to let him
 17 know that Rob Ritter would be in contact with
 18 him for a briefing. Now, had you, before
 19 speaking to Dr. Williams, had you been in
 20 contact with John Abbott about this? This
 21 suggests, the e-mail is saying this.
 22 MR. RITTER:
 23 A. I must, yeah, I must have been. I must have
 24 been because obviously that's what triggered
 25 that e-mail.

Page 10

1 COFFEY, Q.C.:
 2 Q. Do you recall your communication with Mr.
 3 Abbott?
 4 MR. RITTER:
 5 A. Not with any great certainty. Again, Mr.
 6 Abbott is somebody I would have spoken to
 7 quite frequently, quite frequently on any host
 8 of issues. It was rare that we would have a
 9 conversation about one topic or two topics, it
 10 was usually a number of topics.
 11 COFFEY, Q.C.:
 12 Q. So then is it possible then that in--you had
 13 heard about this problem, potential problem in
 14 the lab and -
 15 MR. RITTER:
 16 A. You know, it's -
 17 COFFEY, Q.C.:
 18 Q. - it came up in a conversation with John
 19 Abbott?
 20 MR. RITTER:
 21 A. It's entirely possible that in the course of a
 22 conversation with one of the pathologists
 23 somewhere along the way somebody might have
 24 mentioned something to me and I might have
 25 gone to, you know, to Abbott and say, what the

Page 11

1 hell is going on with the labs, you know,
 2 something along those lines.
 3 COFFEY, Q.C.:
 4 Q. And he put you on Dr. Williams, possible?
 5 MR. RITTER:
 6 A. Yeah.
 7 COFFEY, Q.C.:
 8 Q. Having had the conversation you've described
 9 with Dr. Williams and possibly alerted the
 10 president of the NLMA to it, from your
 11 perspective at that point did the NLMA have
 12 any role in the matter, in addressing the
 13 matter?
 14 MR. RITTER:
 15 A. No. I felt, again, I was given a briefing
 16 from Dr. Williams which I would consider to be
 17 a fairly high-level briefing. It wasn't a lot
 18 of detail, it was the essence of the conflict
 19 he was dealing with or the dilemma he was
 20 dealing with. And I've always had a lot of
 21 faith in Dr. Williams so I would have left it
 22 at that. You know, again, my curiosity would
 23 have, you know, prompted me to, obviously it
 24 prompted me to speak to John Abbott. But I
 25 would have sort of waited to hear--I would

Page 12

1 have waited to hear from Bob in terms of where
 2 do we go from here.
 3 COFFEY, Q.C.:
 4 Q. Well, what then next do you recall about ER/PR
 5 yourself?
 6 MR. RITTER:
 7 A. The next real, the next real sort of
 8 engagement I had with it was as far as I can
 9 recall was when it became a public story.
 10 COFFEY, Q.C.:
 11 Q. Okay.
 12 MR. RITTER:
 13 A. When it came up in The Independent and then
 14 later on CBC and so on. You know, and I
 15 remember, you know, thinking, you know, what a
 16 terrible thing it was. And, you know, I have
 17 a particular point of view about how these
 18 things happen in the first place and it was
 19 sort of another anticipated prophesy, you
 20 know, that I didn't want to see happen where,
 21 you know, the environment that people were
 22 working in--I mean, this sort of reinforced
 23 the kind of arguments and the kind of
 24 anxieties we have about environments where
 25 people are overworked or under-staffed or, you

Page 13

1 know, all of those things.
 2 COFFEY, Q.C.:
 3 Q. And I will be in a parallel way going through
 4 that.
 5 MR. RITTER:
 6 A. Sure.
 7 COFFEY, Q.C.:
 8 Q. And I think the chronology of that will make
 9 it apparent to the Commissioner that the issue
 10 of staffing, pathology staffing levels was
 11 already concurrently going on and being
 12 pursued by the NLMA.
 13 MR. RITTER:
 14 A. Yeah.
 15 COFFEY, Q.C.:
 16 Q. At this point. I think it'll become apparent.
 17 So you made a connection then, I take it, at
 18 the time that this became public, which would
 19 be early October, 2005, what you heard then,
 20 you made some connection in your own mind with
 21 what you understood otherwise to be concerns
 22 about pathology staffing levels that extended
 23 over a period of time?
 24 MR. RITTER:
 25 A. There was no doubt in my mind.

Page 14

1 COFFEY, Q.C.:
 2 Q. Okay. When it became public then what
 3 happened, what do you recall then about it?
 4 What involvement did the NLMA have?
 5 MR. RITTER:
 6 A. At that point my primary preoccupation was
 7 worry about our pathologists. You know, I
 8 would say we were far more involved in trying
 9 to create or give some comfort to the
 10 pathologists and subsequently to the
 11 oncologists who sort of became dragged into
 12 this, as well. I was very concerned about
 13 their state. They were already in a fairly
 14 demoralized group and this was, you know,
 15 just, you know, putting gasoline on the fire.
 16 And so we were spending a lot of time, you
 17 know, kind of dealing with that aspect of it
 18 and -
 19 COFFEY, Q.C.:
 20 Q. Was the NLMA or were you contacted by
 21 pathologists about this matter, about the
 22 ER/PR matter and -
 23 MR. RITTER:
 24 A. You mean -
 25 COFFEY, Q.C.:

Page 15

1 Q. When it became public.
 2 MR. RITTER:
 3 A. Oh, yeah, oh, yeah.
 4 COFFEY, Q.C.:
 5 Q. Okay. What was the nature of those contacts?
 6 MR. RITTER:
 7 A. The two people who stand out primarily were
 8 Dr. Denic, who called me a few times, who, you
 9 know, takes a great interest in--I can't
 10 remember if he was chief at the time, but he
 11 was certainly, you know, I think, a leader in
 12 that group. And I did have a conversation
 13 with Dr. Cook, who clearly demonstrated a lot
 14 of, a huge amount of discomfort. Those are
 15 the two people that I remember having
 16 conversations with. And it was all, you know,
 17 it was dominated by this, this, I guess
 18 bordering almost on, I'm not a psychiatrist, I
 19 was going to--I wanted to use the word
 20 "depression". They were really deeply
 21 demoralized. They were feeling really badly
 22 beaten up, you know. And it was, it was hard
 23 because, you know, this is a group of people
 24 who have sort of tried to shoulder, you know,
 25 tried to keep the system working, you know,

Page 16

1 with bandaids. And with all of that strain
 2 that they were under, to then sort of be, you
 3 know, dragged, you know, through the public
 4 with all kinds of questions and so on, you can
 5 imagine how painful that is for people, and it
 6 certainly resonated quite a bit with me.
 7 COFFEY, Q.C.:
 8 Q. And this would have been, I take it, in the
 9 immediate aftermath of the story, the problems
 10 in the lab becoming public?
 11 MR. RITTER:
 12 A. Yeah.
 13 COFFEY, Q.C.:
 14 Q. Do you recall if the NLMA got involved at all
 15 in the matter, in the sense of--because, of
 16 course, I appreciate the pathologists are
 17 members of the association, but there are a
 18 lot of other physicians who are members as
 19 well. Was the NLMA involved, you know, in
 20 making any information available to its
 21 membership concerning the matter?
 22 MR. RITTER:
 23 A. I think we did issue one update in one of our
 24 President's letters. I can't remember for
 25 certain, but you know, there was a lot of

Page 17

1 engagement, not so much specific to ER/PR and
 2 I don't want to go off on a tangent, but there
 3 had already been a fair bit of discussion with
 4 other specialties to build support for the
 5 campaign we had to access that cancer bonus
 6 for the pathologists. So there had been a
 7 fair bit of dialogue with other specialists
 8 and other physicians and there was a lot of
 9 sympathy for the pathology group.
 10 COFFEY, Q.C.:
 11 Q. Commissioner, I have--I apologize, I'm going
 12 to have to ask that I take a break for one
 13 minute, if we could, please?
 14 THE COMMISSIONER:
 15 Q. Sure, why don't we take five?
 16 COFFEY, Q.C.:
 17 Q. Okay, thank you.
 18 (RECESS)
 19 THE COMMISSIONER:
 20 Q. Mr. Coffey.
 21 COFFEY, Q.C.:
 22 Q. Thank you, Commissioner. I just had to locate
 23 something. If we could bring up, please,
 24 Exhibit P-0626?
 25 MR. RITTER:

Page 18

1 A. Mr. Coffey, if I can just interject for one
 2 minute, I apologize. During the moment you
 3 gave us as a break, my communications director
 4 took the liberty of correcting or at least
 5 bringing me up to date on some of the
 6 information. So I just wanted, for the
 7 record, to offer a couple of corrections, in
 8 terms of my comments.
 9 The president at the time was Tom
 10 Costello. It wasn't Terry O'Grady. So I
 11 apologize for that. I am getting at the point
 12 in my life where I occasionally have senior
 13 moments, so forgive me. And I was also--it
 14 was mentioned to me that we did issue--again,
 15 we're not 100 percent certain, but we did
 16 issue, at the request of Eastern Health, a
 17 bulletin -
 18 COFFEY, Q.C.:
 19 Q. Actually, if you look on the screen now.
 20 MR. RITTER:
 21 A. Okay.
 22 COFFEY, Q.C.:
 23 Q. Okay, and you talk about forgetful moments, I
 24 had just forgotten to bring it into the room
 25 with me, okay, my copy of it. This is--sir,

Page 19

1 I'm just going to take you through it, this
 2 couple of e-mails. One is October 6th 2005.
 3 You'll see it there, 11:05 a.m.
 4 MR. RITTER:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. From Lynn Barter. Who is Lynn Barter?
 8 MR. RITTER:
 9 A. Lynn Barter is our director of communications.
 10 COFFEY, Q.C.:
 11 Q. And it's to Susan Bonnell. The subject is a
 12 letter from Dr. Williams re: screening and Ms.
 13 Barter has written, "now posted to our website
 14 and will go to all members in an e-update
 15 later today. Lynn Barter, accredited--ABC,
 16 accredited business communicator, director of
 17 communications and public affairs with the
 18 NLMA," at the bottom there, her title. And
 19 then Ms. Bonnell, having received this, and
 20 Commissioner, you've seen this e-mail before,
 21 has forwarded this to Dr. Williams, Ms.
 22 Predham, Ms. Dunn and Deborah Thomas'
 23 attention. And if we go to here, the second
 24 page of the exhibit, it's on Eastern Health
 25 letterhead. It's entitled "Dear Physician"

Page 20

1 and it's a letter for Dr. Williams to sign,
 2 and that's just another copy of the same e-
 3 mail at page three.
 4 So the letter itself indicates that--or
 5 it begins by, opening by saying "the
 6 laboratory at the Health Sciences Centre would
 7 like to inform you of a situation which may
 8 affect you and your patients," and it goes on
 9 to advise doctors in a general way concerning
 10 the ER and PR matter, which had just broken in
 11 the media a couple of days before.
 12 Now with respect to that, it does say,
 13 the third last paragraph reads "you may be
 14 contacted by your patients for answers or
 15 information about the situation. Although
 16 only a small number of people are directly
 17 affected by the situation, many more may have
 18 concerns or questions and may direct them to
 19 you, their trusted physician. Feel free to
 20 tell your patients that the laboratory is
 21 continuing to test results and patients are
 22 being contacted if there's a change to their
 23 result or a potential change to their
 24 treatment. Patients with general questions
 25 about this issue may call the patient

Page 21

1 relations officer at Eastern Health," and a
 2 particular number.
 3 Before saying that, there's another part
 4 in the fourth last paragraph. Here in the
 5 third paragraph, it says "although only a
 6 small number of people are directly affected -
 7 MR. RITTER:
 8 A. Um-hm.
 9 COFFEY, Q.C.:
 10 Q. - with the situation," before that, Dr.
 11 Williams has written that--in the third line
 12 of the fourth last paragraph, "from the
 13 results that we have retested thus far, we are
 14 anticipating that less than ten percent of all
 15 breast cancer patients will convert from a
 16 negative to a positive and may experience a
 17 change or addition to their cancer therapy.
 18 Patients with positive ER and PR results or
 19 those who previously received hormone therapy
 20 for their cancer are not impacted."
 21 Now sir, after the matter broke in the
 22 media and then early October when this is
 23 being distributed by the NLMA to its
 24 membership, did you have any understanding
 25 yourself as to what numbers were involved

Page 22

1 here?
 2 MR. RITTER:
 3 A. No. No, I didn't. I was basically operating
 4 on the premise that Eastern Health was
 5 managing this. Dr. Williams was managing it
 6 and we used our good offices essentially to
 7 assist Eastern Health in communicating to
 8 physicians, in terms of giving them some
 9 guidance on what needs to happen. It's not an
 10 unusual exercise for us. We are asked from
 11 time to time by organizations like Eastern
 12 Health, if we would use our distribution
 13 network to communicate information to our
 14 membership.
 15 COFFEY, Q.C.:
 16 Q. I just want to explore that a bit with you.
 17 MR. RITTER:
 18 A. Sure.
 19 COFFEY, Q.C.:
 20 Q. Looking at page one of this exhibit, Ms.
 21 Barter has written "now posted to our
 22 website." So presumably you do have a website
 23 and did at the time?
 24 MR. RITTER:
 25 A. Oh yes, we have a very good website.

Page 23

1 COFFEY, Q.C.:
 2 Q. And this thing about "posted to our website"
 3 would that be in a portion of the website
 4 limited to the membership or would it be
 5 generally, the generally available -
 6 MR. RITTER:
 7 A. I would say, looking at my communications
 8 director for--it's on the public? Yeah, it
 9 would have been available to everybody.
 10 COFFEY, Q.C.:
 11 Q. Okay, I appreciate that. So to get some sense
 12 here of it, so it would have been--this letter
 13 that Dr. Williams had drafted to all
 14 physicians in Newfoundland would have been up
 15 on the website, generally available to the
 16 public and your membership, "and will go to
 17 members in an e-update later today."
 18 MR. RITTER:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. So that would e-mailed to each member?
 22 MR. RITTER:
 23 A. Correct.
 24 COFFEY, Q.C.:
 25 Q. Now on that point, what's your understanding,

Page 24

1 at least as of that time, in the fall of '05,
 2 as to whether or not all doctors were on your
 3 e-mail distribution list?
 4 MR. RITTER:
 5 A. They're not all on our e-mail distribution.
 6 We have sort of a multi-tiered system. We
 7 survey our membership from time to time and
 8 ask them what their preferred method of
 9 communication is. So in addition to the
 10 website, we use snail mail for those people
 11 who aren't computer friendly or literate. So
 12 we have a mixed bag of communication
 13 methodologies, and so this would have gone--
 14 like every other communication, would have
 15 gone in a variety of forms, I would assume.
 16 COFFEY, Q.C.:
 17 Q. And at that time, in the fall of 2005 and in
 18 fact, continuing up until the present, is the
 19 NLMA, to your knowledge, able to target
 20 particular kind of subgroups within its
 21 membership?
 22 MR. RITTER:
 23 A. Yes, we can.
 24 COFFEY, Q.C.:
 25 Q. For example, target all pathologists?

Page 25

1 MR. RITTER:
 2 A. Yes, we can do that.
 3 COFFEY, Q.C.:
 4 Q. Target all oncologists?
 5 MR. RITTER:
 6 A. We can do that.
 7 COFFEY, Q.C.:
 8 Q. Okay. Do you know if Eastern Health was aware
 9 of that?
 10 MR. RITTER:
 11 A. I wouldn't know.
 12 COFFEY, Q.C.:
 13 Q. Okay. But certainly, the fact that you had a
 14 communications specialist working for the NLMA
 15 at the time, Ms. Barter, would have been known
 16 to Eastern Health?
 17 MR. RITTER:
 18 A. Oh yes. You know, the communications network,
 19 the people who are involved in communications
 20 in this province, are a fairly tight group.
 21 They all know each other and consult with one
 22 another quite frequently.
 23 COFFEY, Q.C.:
 24 Q. Mr. Ritter, after the matter went public, and
 25 as this exhibit shows, the NLMA was--the

Page 26

1 communications system with its membership was
 2 utilized to, at least, send a letter out
 3 generally to physicians about it, and you've
 4 already spoken about your contact from Dr.
 5 Denic and Dr. Cook in the early days. What's
 6 your next memory of involvement in the ER/PR
 7 matter?
 8 MR. RITTER:
 9 A. Yeah, I'm chronologically challenged here.
 10 I'm going to just -
 11 COFFEY, Q.C.:
 12 Q. Go ahead.
 13 THE COMMISSIONER:
 14 Q. If you have any notes or anything -
 15 COFFEY, Q.C.:
 16 Q. Yes.
 17 MR. RITTER:
 18 A. Yeah, if you don't mind, I would like to do
 19 that. I think you've actually provided those
 20 handwritten notes that I did for myself.
 21 COFFEY, Q.C.:
 22 Q. P-1643, I believe, and I appreciate a lot of
 23 what you've provided involves the actual
 24 efforts to -
 25 MR. RITTER:

Page 27

1 A. Yeah, so you're actually looking beyond -
 2 COFFEY, Q.C.:
 3 Q. Yes, the ER/PR itself. I'd limit it at this
 4 point.
 5 MR. RITTER:
 6 A. Again, my recollection is that most of our
 7 attention at that point was geared internally,
 8 more to trying to provide some support to our
 9 membership, more than it was at that
 10 particular time trying to do any kind of
 11 public relations campaign or anything along
 12 those lines.
 13 COFFEY, Q.C.:
 14 Q. Do you recall, Mr. Ritter, whether or not at
 15 any point you were receiving any
 16 communications from your membership concerning
 17 or relating to any concerns they had about a
 18 lack of communication by Eastern Health as to
 19 the status of the matter, as time went on?
 20 MR. RITTER:
 21 A. It's a bit blurry. What I will say to you is
 22 partly--one of the reasons it's a bit blurry
 23 is because it wouldn't be unusual for
 24 physicians from time to time to complain about
 25 communications, either from the Department or

Page 28

1 from one of the regional health authorities.
 2 That's an area that I think every acknowledges
 3 needs to be looked at and improved. So I
 4 would say I probably did get some
 5 communications like that, but that would have
 6 been kind of blended in with other, you know,
 7 similar ones, you know. It's kind of a
 8 chronic condition.
 9 COFFEY, Q.C.:
 10 Q. Exhibit P-0370, and again this, when it comes
 11 on--it's on the screen there now. It's an e-
 12 mail from Susan Bonnell, Monday, August 7th
 13 2006, 11:19 a.m., to Patricia Pilgrim and
 14 another--other individuals within Eastern
 15 Health, including Robert Williams.
 16 MR. RITTER:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. And the subject is "communications with family
 20 physicians" and Ms. Bonnell has written "just
 21 to follow up on our conversation this morning,
 22 I just spoke to Lynn Barter, communications
 23 director with the NLMA. She is going to speak
 24 with the head of their GPs group re:
 25 communicating with family physicians. She

Page 29

1 agrees with me that the messages have really
 2 gotten mixed in general conversation and
 3 suspects that many family doctors may be
 4 hearing from their patients. She'll let us
 5 know if this is accurate. In the meantime,
 6 they will help us communicate with the GPs via
 7 letter when we are ready. It would be
 8 excellent if we were in a position to
 9 communicate where we are in the review process
 10 and to clarify what the process was about,
 11 some of the results we are finding, generally
 12 speaking, and to address what we are doing as
 13 an organization to ensure quality
 14 control/confidence in system," and she goes on
 15 from there. And just in terms of time frames,
 16 this is August of '06.

17 MR. RITTER:
 18 A. Okay.

19 COFFEY, Q.C.:
 20 Q. Effectively almost a year into the matter.

21 MR. RITTER:
 22 A. Right.

23 COFFEY, Q.C.:
 24 Q. And the reference to Ms. Barter being reported
 25 to have said that the messages have really

Page 30

1 gotten mixed and family physicians are hearing
 2 about this from their patients, ER/PR.
 3 They're better informed--the patients are
 4 better informed than they are, is what it
 5 suggests. Did that come up, do you recall?

6 MR. RITTER:
 7 A. I would say that during all this period, I
 8 would have had numerous conversations with
 9 Lynn Barter about the whole issue of how to
 10 inform people and I would say, my
 11 recollection, to the best of my recollection,
 12 that there were expressions of frustration on
 13 Lynn's part about how the messaging was
 14 getting out there.

15 COFFEY, Q.C.:
 16 Q. Now we do know that--well I don't think anyone
 17 takes issue with, so perhaps I could say we do
 18 know that on December 11th, 2006, there was a
 19 media briefing, okay? Do you recall whether
 20 or not the NLMA was asked to get involved in
 21 that or to communicate that to anybody?

22 MR. RITTER:
 23 A. Total blank.

24 COFFEY, Q.C.:
 25 Q. And I'm not suggesting you were, in fact, I

Page 31

1 don't see any documentation to the effect that
 2 you were -

3 MR. RITTER:
 4 A. No, I have no recollection of that at all.

5 COFFEY, Q.C.:
 6 Q. Okay. In terms of ER/PR then, what, if any,
 7 recollection do you have about the NLMA's
 8 involvement in it afterward?

9 MR. RITTER:
 10 A. Well clearly we were very concerned about, as
 11 I said and I'll leave it, I mean, we were
 12 concerned internally about the wellbeing of
 13 our membership. Apart from that, we also
 14 wanted to make sure that the information out
 15 there, the sort of the public awareness was
 16 based on factual information. Again, you
 17 might say we're being subjective. I don't
 18 think we are, but you know, we are obviously
 19 very supportive of our membership. We were
 20 very sympathetic to their situation and, you
 21 know, we certainly did not want them to suffer
 22 any kind of malignment, you know, that was
 23 unjustified. So we were certainly concerned
 24 about all that. As you can imagine, it was a
 25 pretty delicate situation and one that's, from

Page 32

1 a public relation's perspective, very delicate
 2 to handle.

3 COFFEY, Q.C.:
 4 Q. And if I could, please, exhibit P-0166? Now,
 5 sir, this is an e-mail--well it's two e-mails
 6 actually. It's one January 17th, 2007 and
 7 you'll see 5:32 p.m. from Mr. Tilley to Tom
 8 Osborne and copied to Oscar Howell.

9 MR. RITTER:
 10 A. Uh-hm.

11 COFFEY, Q.C.:
 12 Q. And John Abbott. And the subject is "Doctor
 13 Ganguly" and then Mr. Abbott, minutes later
 14 you will see at the top of the page, responded
 15 saying "thanks for this". And the
 16 Commissioner has seen this letter referred to
 17 on at least a couple of times here and to give
 18 you some sense of it, without reading all of
 19 it, he begins by saying--that is Mr. Tilley
 20 begins by saying, "I was speaking to John
 21 Abbott to learn that Dr. Ganguly has been in
 22 touch with you about his resignation from his
 23 administrative duties in our Cancer Care
 24 Program. During the fall representatives from
 25 the NLMA met with Dr. Howell et al, to say

Page 33

1 that they were going to take on the issue of
 2 compensation for the administrative work of
 3 three of our oncologists were providing to our
 4 Cancer Care Program." And it refers to Drs.
 5 Laing, Ganguly and Siddiqui. "Interestingly
 6 shortly before that, I had met with Rob Ritter
 7 where he gave me an indication that they were
 8 going to use oncology and the medical field to
 9 talk about in relation to the upcoming
 10 negotiations feeling the public support would
 11 be there." And continues, "Back in November
 12 with issues around ER/PR about to be dealt
 13 with in the media, I asked Dr. Howell to
 14 resolve the compensation issue for Kara Laing
 15 as it was different than the others,
 16 retroactivity, and we needed her full support
 17 when we moved forward on ER/PR discussions.
 18 That left the division chiefs outstanding."
 19 And he goes on to talk about the matter
 20 involving Drs. Ganguly and Siddiqui. Mr.
 21 Ritter, the reference here to--at the end of
 22 that first paragraph, Mr. Tilley saying "I had
 23 met with Rob Ritter where he gave me an
 24 indication they were going to use oncology as
 25 the medical field to talk about in relation to

Page 34

1 the upcoming negotiations, feeling that public
 2 support would be there." Do you recall that?
 3 Do you recall such a conversation?
 4 MR. RITTER:
 5 A. Yeah, I do.
 6 COFFEY, Q.C.:
 7 Q. And could you tell the Commissioner what that
 8 was about?
 9 MR. RITTER:
 10 A. Yeah, I believe it occurred--we were having
 11 lunch, a lunch meeting and we talked about a
 12 number of things. One of the subjects that,
 13 in fact I spoke about it yesterday in a more
 14 generic fashion, one of the subjects that I
 15 felt--and I had been speaking to a number of
 16 people about, was the issue of somehow
 17 reinstating the role of physician leaders in
 18 the system and needing to introduce some
 19 measures to ensure that could happen in a
 20 meaningful way. As it happened, within
 21 oncology, within radiation and medical
 22 oncology where they work with, you know, a
 23 specific workload thresholds, it becomes a big
 24 financial issue if somebody is spending a
 25 certain amount of their time doing

Page 35

1 administrative work, it would have an impact
 2 on their capacity to earn money. So, this
 3 was--and they had approached us and I said
 4 yes, absolutely, this is a good test case for
 5 making our point, for, you know, putting our
 6 argument forward. And that's what I talked to
 7 him about, I said, you know, this is a really
 8 great opportunity for Eastern Health to sort
 9 of restore or ensure that there is some good
 10 solid medical input in the administrative
 11 practices of the organization and I saw it as
 12 sort of the, you know, the first step in what
 13 I was hoping would be a larger campaign to
 14 ensure that that kind of principle was applied
 15 universally to every service.
 16 COFFEY, Q.C.:
 17 Q. And Mr. Tilley's reaction at the time?
 18 MR. RITTER:
 19 A. It was fairly--my recollection was it was
 20 fairly nondescript, you know, he listened, he
 21 heard and that was the end of it. I don't
 22 think he--he didn't express any great
 23 enthusiasm, nor did he express any great
 24 criticism or, you know, cynicism about the
 25 idea. I actually shared it with him because I

Page 36

1 thought I was doing him a favour. I thought I
 2 was doing any CEO a favour by helping them
 3 acquire additional support, you know, in terms
 4 of planning and decision making and that sort
 5 of thing, at least from a professional
 6 perspective.
 7 COFFEY, Q.C.:
 8 Q. And if we could, please, exhibit P-1516. Now
 9 this, again, is a series of e-mails, neither
 10 to nor from yourself, but you do get mentioned
 11 and I'll refer you to it. If we come down to
 12 the first e-mail in time, is one of August
 13 1st, 2007 at 12:11 p.m. from Ms. Bonnell to
 14 Dr. Howell, copied to Patricia Pilgrim and
 15 Louise Jones. And the subject is "CBC
 16 Interview Request". And we go and Ms. Bonnell
 17 has written, "I spoke with Pat yesterday about
 18 a request we have received from a national
 19 reporter with the CBC's Sunday Addition. She
 20 is in St. John's this week doing a documentary
 21 on ER/PR. She has spoken with Rob Ritter, re:
 22 recruitment and retention issues in pathology.
 23 She has spoken with some of the patients
 24 impacted by the review. She has an interview
 25 on tape of the pathologists from Toronto and

Page 37

1 she wants to speak with us." And it goes on
 2 to talk from there. Do you recall dealing
 3 with this reporter concerning recruitment and
 4 retention issues in the summer of '07?
 5 MR. RITTER:
 6 A. It wasn't on the top of my mind until you
 7 brought it up, but now that you've mentioned
 8 it, I do recall somebody phoning me and asking
 9 for some information, yes.
 10 COFFEY, Q.C.:
 11 Q. And do you recall what that was about, what -
 12 MR. RITTER:
 13 A. I think it was, my recollection is it was
 14 exploratory, she was calling me really more to
 15 acquire some background information. She
 16 didn't seem to have any interest in me
 17 commenting or being part of her production in
 18 any way.
 19 COFFEY, Q.C.:
 20 Q. Now, if we could, please, Mr. Ritter before I
 21 leave the direct topic of ER/PR as a subject
 22 matter in and of itself, is there anything
 23 else that you can recall about the involvement
 24 of the NLMA in that matter?
 25 MR. RITTER:

Page 38

1 A. No.
 2 COFFEY, Q.C.:
 3 Q. Okay, now we do have it available, exhibit P-
 4 1643, and these are your handwritten notes?
 5 MR. RITTER:
 6 A. Yeah.
 7 COFFEY, Q.C.:
 8 Q. And it's a chronology, I believe you've
 9 entitled it. And with that as aid perhaps,
 10 and some exhibits that I'm going to be able to
 11 show you or have shown to you on the screen,
 12 I'm going to take you through, so the
 13 Commissioner I hope gets some chronological
 14 sense as to how the matter of dealing with
 15 pathologists' concerns about remuneration was
 16 dealt with, okay? I believe in your note you
 17 referred to the fall of 2004 and with that as
 18 an aid, can you tell us, please, what
 19 happened?
 20 MR. RITTER:
 21 A. The--in fact, I would say that the topic, the
 22 subject matter of the labs of, you know, the
 23 anxiety of the pathologists was certainly
 24 coming my way and we made a decision to make
 25 that a priority issue to deal with because we

Page 39

1 were concerned about the crisis aspect of it.
 2 What we felt at the time, that we felt was not
 3 appreciated by government at that time, was
 4 how dependent the whole health care system is,
 5 the medical delivery system is on pathology,
 6 that, you know, without a reliable laboratory
 7 medicine program, everything else would
 8 collapse. So it was a very, very critical
 9 kind of issue and we felt we needed to make it
 10 a priority. As you can see from my notes, we
 11 approached the department, we raised issues
 12 like recruitment and retention, the attrition
 13 factor, our poor competitive position and the
 14 supply and demand issue, and then, of course,
 15 quality assurance. At that time, we had a
 16 mechanism in place for consultation with the
 17 department, it was called PSLC, the Physician
 18 Services Liaison Committee, and we would meet
 19 once a month. At the time, well this goes
 20 back to--it actually began right after we
 21 started the 2002 agreement, you will recall
 22 there was a service stoppage for awhile and
 23 then we had the arbitration and so on, but
 24 anyhow, to get back to the point, the PSLC
 25 adopted the issue, as an issue to look at, and

Page 40

1 that was, as I say, a bilateral issue between
 2 ourselves and the department, and because of
 3 the work involved, it was assigned--the task
 4 of preparing a case was assigned to a
 5 subcommittee of the PSLC called the Physician
 6 Services Coverage Committee and that
 7 committee, the people who participated in the
 8 process were some of our staff, as well as
 9 four medical directors from what are today the
 10 four existing health authorities, Dr. Michael
 11 Jong from Labrador Grenfell; Dr. Williams from
 12 Eastern Health; Dr. Ken Jenkins from Western;
 13 and at the time Dr. Larry Alteen who was from
 14 Central. And they worked with our staff in
 15 pulling together information and putting
 16 together a case.
 17 COFFEY, Q.C.:
 18 Q. Now the Physician Services Liaison Committee -
 19 MR. RITTER:
 20 A. Uh-hm.
 21 COFFEY, Q.C.:
 22 Q. - is comprised of whom?
 23 MR. RITTER:
 24 A. On the government side it was comprised of the
 25 deputy minister, the medical consultant, who

Page 41

1 would be actually an ADM equivalent but is a
 2 physician, so had a slightly different
 3 nomenclature. There was another assistant
 4 deputy minister, I can't remember who it was,
 5 but--and another staff person, Cathi Bradbury,
 6 so that was the government side. Our side was
 7 represented by myself and the three immediate
 8 past presidents of the NLMA. So we had fairly
 9 senior people and the idea was to get together
 10 on a regular basis for the purposes of ironing
 11 out difficulties, you know, figuring out how
 12 to work best together and so on.
 13 COFFEY, Q.C.:
 14 Q. So it was a committee of about eight or nine
 15 members or so.
 16 MR. RITTER:
 17 A. Yeah.
 18 COFFEY, Q.C.:
 19 Q. Liaison meaning liaison between the department
 20 and the profession.
 21 MR. RITTER:
 22 A. Correct.
 23 COFFEY, Q.C.:
 24 Q. Profession represented by the NLMA reps.
 25 MR. RITTER:

Page 42

1 A. Uh-hm.
 2 COFFEY, Q.C.:
 3 Q. And the liaison committee was addressing
 4 physician services, as a wider issue.
 5 MR. RITTER:
 6 A. Oh yeah, any--it was sort of, the idea was the
 7 deal with large scale issues on a high bi-
 8 lateral level.
 9 COFFEY, Q.C.:
 10 Q. Now the Service Coverage Committee.
 11 MR. RITTER:
 12 A. Uh-hm.
 13 COFFEY, Q.C.:
 14 Q. Do you recall when that was struck or was that
 15 kind of an ongoing committee or was it struck
 16 in relation to this pathology issue?
 17 MR. RITTER:
 18 A. It actually--that was their first major
 19 assignment.
 20 COFFEY, Q.C.:
 21 Q. The pathology issue.
 22 MR. RITTER:
 23 A. Yeah.
 24 COFFEY, Q.C.:
 25 Q. Or concerns. And it was comprised of, in

Page 43

1 effect, the four VP Medicals?
 2 MR. RITTER:
 3 A. Right, and some of our staff and I believe, I
 4 believe there may have been a couple of staff
 5 people from the department or from the
 6 authorities that sort of intermittently got
 7 involved.
 8 COFFEY, Q.C.:
 9 Q. If we could, please, exhibit P-0919? Now this
 10 is a letter addressed, it's April 18th, 2005,
 11 addressed to Dr. Ken Jenkins. I'm just going
 12 to go up to the top there, if I could, for a
 13 second--who is described as the chair of
 14 Service Coverage Committee.
 15 MR. RITTER:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Western Health Care Corporation and it's from
 19 Dr. Williams. And he writes, opening, "Dear
 20 Ken, I'm writing in follow up to a request for
 21 feedback dated March 24th, 2005, from the
 22 Physician Services Liaison Committee in follow
 23 up to a presentation they received on March
 24 15th, 2005, concerning pathology in this
 25 province." And he continues, "I'll try to

Page 44

1 capture the comments I made at the April 14th,
 2 2005 meeting of medical directors which arose
 3 out of the details of the presentation
 4 reference and supplemental information on a
 5 matter I received." And he then says, begins
 6 by his commentary by saying, "Recruitment and
 7 retention of pathologists within this
 8 organization has proved to be challenging.
 9 We've lost a number of physicians over the
 10 past few years to retirement and to other
 11 jurisdictions across the country. Currently
 12 we have two vacant positions and three more
 13 retirements scheduled over the next year or
 14 so." And he does, then, go on at some length.
 15 I'm not going to stand here and read all of
 16 this to you, but looking at the second page of
 17 the letter, it begins by saying, "Included in
 18 the information I have appended the results of
 19 the annual survey of professional income for
 20 pathologists from the Canadian Association of
 21 Pathology newsletter. The reported incomes
 22 for Newfoundland at \$184,000 seem compatible
 23 with the current data. This is in contrast
 24 with the average Canadian income average of
 25 \$261,000." And he goes on to detail, then, I

Page 45

1 gather, compensation levels for the other
 2 Atlantic provinces.
 3 And concludes by saying "some provinces
 4 like Alberta and British Columbia are over
 5 \$100,000.00 ahead of the pathologist here in
 6 reported incomes". And then outlines a,
 7 "given all of this information, a two-prong
 8 approach is necessary. While one considers
 9 the retirements that will be occurring soon,
 10 the degree of interest in looking at the
 11 discipline of pathology as career for our
 12 graduates of Memorial University and the
 13 competition with other provinces, this
 14 province will have in attracting physicians".
 15 This is kind of a plan of action, as it were,
 16 spelled out. Dr. Williams concludes, the
 17 bottom of the second page by saying, "it's a
 18 support service to other clinical disciplines.
 19 Any major disruptions in pathology service in
 20 this province will affect the delivery of
 21 services in some of the other programs. Given
 22 the factors outlined above, we must take
 23 proactive action now if we are to prevent this
 24 scenario". And he concludes, "I trust these
 25 comments and the attached documentation I have

Page 46

1 attached will be useful for our discussion of
 2 this in the next service coverage committee
 3 meeting".
 4 Now, Mr. Ritter, in the spring of 2005, I
 5 take it then that the liaison committee
 6 understood, this coverage committee was
 7 looking into organizing a campaign, an
 8 approach to -
 9 MR. RITTER:
 10 A. Oh yeah, that's--I think that was inherent in
 11 the whole exercise from the beginning.
 12 COFFEY, Q.C.:
 13 Q. The committee itself, the liaison committee
 14 was made up of approximately 50 percent of its
 15 membership from the department. What was
 16 their attitude towards the issue?
 17 MR. RITTER:
 18 A. It was mixed. Our feeling was that the--John
 19 Abbott certainly seemed to be--I'm trying to
 20 think by then, yes, John was there by then.
 21 He was quite supportive and he was very
 22 frustrated. I mean, I'm looking back at the
 23 bigger picture, but he, from very early on,
 24 understood the challenges we were facing and
 25 understood, I think, the gravity of the

Page 47

1 situation and was quite supportive. I didn't
 2 get that same feeling, although we didn't have
 3 overt discussions from some of the other
 4 people within the department, but as the
 5 process unfolded, it was clear to me that
 6 certainly Cathi Bradbury was very much on
 7 board, I think, did a good job in adding some
 8 material to the campaign that helped, I think,
 9 the political sector understand really what a
 10 pathologist does. I think part of our
 11 challenge was that there wasn't a real, an
 12 adequate appreciation by the--at the political
 13 level of what pathology really is all about.
 14 And so I distinctly recall Cathi putting
 15 together a very good, sort of, typical case
 16 study that we added to our package and was
 17 quite compelling.
 18 There had obviously been some reticence
 19 somewhere in the department prior to that
 20 because, well we couldn't understand, what we
 21 had a lot of difficult with was here you have
 22 four vice presidents or medical directors of
 23 four regional health authorities, all people
 24 with many, many years of experience, all of
 25 the same mind saying look, we have a serious

Page 48

1 problem here, we've got to fix it. And the
 2 government continuously, sort of, saying well
 3 you know, we're not really sure about the
 4 workload; we're not sure if these people are,
 5 you know, working, you know, whether we really
 6 need more physicians or--there were all kinds
 7 questions being raised which read and--of
 8 course, so we were at loggerheads and that led
 9 to--and our persistence, I mean, we were being
 10 pretty aggressive politically and ultimately
 11 it was agreed that we would bring in an
 12 outside consultant to look at the situation
 13 independently, objectively and come back with
 14 some external advice. And that came with Dr.
 15 Raymond Maung's report that basically, I
 16 think, re-affirmed that the numbers that were
 17 generally understood to be the numbers we
 18 required were pretty close to the mark.
 19 COFFEY, Q.C.:
 20 Q. Now, with respect to this and if we could
 21 bring up, please, Exhibit P-1650. This is a
 22 letter of April 20, 2005 addressed to Susan
 23 King, Immediate Past President of the NLMA,
 24 Co-chair of the physicians services liaison
 25 committee and it's from Dr. Dankwa who was the

Page 49

1 Assistant Executive Director of Medical
 2 Services of the Labrador Grenfell Authority.
 3 And after thanking her for her letter, he
 4 writes, "indeed the presentation is a good
 5 reflection of the realities on the ground.
 6 The corrective measures suggested to help
 7 prevent burnout and losses of pathologists are
 8 valid and supported. In addition to the
 9 compensation for permanent pathology staff,
 10 another issue that needs to be closely
 11 examined in the compensation for locums.
 12 Currently it is extremely difficult to attract
 13 locums to help relieve pathologist and locum
 14 pathologists are better paid elsewhere. I'm
 15 pleased that the issues have been brought to
 16 attention to address in the coming MOU". Now,
 17 Mr. Ritter, is Dr. Dankwa a pathologist?
 18 MR. RITTER:
 19 A. Yes, he is.
 20 COFFEY, Q.C.:
 21 Q. Okay. So, -
 22 MR. RITTER:
 23 A. And at the time, I can't recall if this is
 24 before or after integration of the health
 25 authorities -

Page 50

1 COFFEY, Q.C.:
 2 Q. This would be 20 days into.
 3 MR. RITTER:
 4 A. Okay, so he would have just--he had been,
 5 prior to the integration of the health
 6 authorities, he was also the, sort of, the
 7 medical director in the previous regime.
 8 COFFEY, Q.C.:
 9 Q. Was he a member of the liaison committee?
 10 MR. RITTER:
 11 A. No, because by that point--no, he wasn't.
 12 COFFEY, Q.C.:
 13 Q. Had he been before?
 14 MR. RITTER:
 15 A. No.
 16 COFFEY, Q.C.:
 17 Q. If we could please, Exhibit P-1646. Now, this
 18 is a service coverage committee minutes, April
 19 29, 2005. And the attendees are Drs. Jenkins,
 20 King, Williams Haggie, Jong, Alteen, Fleming;
 21 Mr. Jerrett and Mr. Brown.
 22 MR. RITTER:
 23 A. Um-hm.
 24 COFFEY, Q.C.:
 25 Q. Now, is this the service coverage committee

Page 51

1 you were referring to?
 2 MR. RITTER:
 3 A. Um-hm.
 4 COFFEY, Q.C.:
 5 Q. If we could please, looking at page three
 6 under "new business" under "b" there's
 7 pathology services. And indicates the PSLC
 8 has asked that the SCC review pathology issues
 9 as they were presented to the PSLC by
 10 pathologists at the March 15, 2005 meeting of
 11 the PSLC".
 12 MR. RITTER:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. So, this is, in effect, the actual minutes
 16 recording of the direction given in relation
 17 to the beginning of this campaign. If I
 18 could, to give the Commissioner some sense of
 19 this, at the time--the minutes note here there
 20 was a general discussion of the issues and
 21 many of the specific variables, so as to
 22 familiarize the whole committee to these
 23 problems. It was decided that the SCC would
 24 strike a subcommittee to initially deal with
 25 pathology issues. It was felt that this was a

Page 52

1 province wide problem. It was also felt that
 2 this might not be a discipline specific
 3 problem and that many of the
 4 issues/recommendations may be applicable to
 5 several other specialities. Mr. Brown will
 6 draft the letter to Dr. Williams"--"that Dr.
 7 Williams," I'm sorry, "will present to the
 8 Pathology Association regarding the SCC's
 9 interest in having them choose three of their
 10 members for participation on the previously
 11 mentioned subcommittee that will deal with
 12 these issues. Mr. Jerrett also suggested that
 13 we circulate a document the NLMA has that
 14 compares salary systems nationally. This
 15 document may provide some helpful material
 16 that could be used by the SCC." And the
 17 meeting adjourned. Well, sir, the reference
 18 in the middle paragraph there to, "It might
 19 not be a discipline-specific problem."
 20 MR. RITTER:
 21 A. Um-hm.
 22 COFFEY, Q.C.:
 23 Q. "And that many of the issues/recommendations
 24 may be applicable to several other
 25 specialities." What other specialties were

Page 53

1 being thought of at the time, do you recall?
 2 MR. RITTER:
 3 A. Psychiatry was one specialty. The truth of
 4 the matter is that every specialty really
 5 needed to be looked at at one level or
 6 another. The acuteness of certain areas was
 7 clearly more severe than other areas, so, for
 8 example, pathology was, you know, on top of
 9 the hit parade at the time.
 10 COFFEY, Q.C.:
 11 Q. That's what I was going to--so was there
 12 actual conscious thought given to which one
 13 we'll go with first, which specialty?
 14 MR. RITTER:
 15 A. Oh, there was thought, but it wasn't a hard
 16 decision to sort of go with pathology first.
 17 And there was some work done subsequently on
 18 psychiatry. And the idea was that we would
 19 sort of go service by service over time and
 20 try to tackle each sort of medical specialty
 21 area, including primary health care in a case-
 22 by-case basis.
 23 COFFEY, Q.C.:
 24 Q. If we could, please, Exhibit P-1645? now,
 25 this is a letter on letterhead entitled

Page 54

1 "Service Coverage Committee," the SCC, signed
 2 by Dr. Jenkins.
 3 MR. RITTER:
 4 A. Um-hm.
 5 COFFEY, Q.C.:
 6 Q. As the chair. And it's addressed to the
 7 president of the Newfoundland Association of
 8 Pathologists, attention, Dr. Denic. "By way
 9 of this letter the SCC would like to
 10 officially request your assistance in helping
 11 us to conduct a thorough review of pathology
 12 issues. This issue was referred to us by the
 13 physician services liaison committee. To
 14 assist us in this work we would like you to
 15 select three of your members for participation
 16 on an SCC subcommittee that will deal directly
 17 with pathology issues. This is a province-
 18 wide review, so please ensure that you provide
 19 representation from more than one region.
 20 Thank you in advance." So that was the usage
 21 of these, or appointment of the three
 22 pathologists to the committee to help. If we
 23 could, please, look at Exhibit P-1653? Now
 24 here these are the pathology working group
 25 minutes of June 21st, 2005. The attendees are

Page 55

1 set out there, Doctors Williams, Denic,
 2 Dalton, Neil, Mr. Jerrett and Mr. Brown. And
 3 it notes here, "Given that this is the first
 4 meeting of the group, Dr. Williams introduced
 5 the members and thanked them for their
 6 participation." And there's a discussion of
 7 issues on the second page, please, "Probably
 8 solutions proposed for further investigation
 9 decision" and finally a work plan and there's
 10 an actual, I take it, a plan of attack, as it
 11 were, here actually spelled out, in the sense
 12 of on a go forward basis to how -
 13 MR. RITTER:
 14 A. Right.
 15 MR. RITTER:
 16 A. - would approach this. If I could please,
 17 Exhibit P-0928. This is again pathology
 18 working group minutes of July 20, 2005. The
 19 attendees are listed as generally the same
 20 individuals. There's a discussion of
 21 issues/draft report. Second paragraph, "there
 22 was a high degree of consensus on the content
 23 and basic tenor of the document. A few
 24 suggestions were made and agreed to", some
 25 minor modifications, but here in the second

Page 56

1 bullet it notes that "it was also agreed that
 2 we need a reference to the oncology bonus step
 3 payments thus, this will also be included in
 4 the appendix". Do you recall when the idea of
 5 utilizing or attempting to have the
 6 pathologists obtain what is here referred to
 7 as the oncology bonus first arose?
 8 MR. RITTER:
 9 A. Well, it arose in my head pretty early on. It
 10 seemed like a logical starting point, mostly
 11 because of the huge amount of work they do
 12 relates to cancer. And the concern -
 13 COFFEY, Q.C.:
 14 Q. Huge amount of work the pathologists do.
 15 MR. RITTER:
 16 A. The pathologists do relates to cancer. And so
 17 there was a logic to that particular argument.
 18 The other, sort of, to do some sort of, post
 19 mortem analysis. We also knew that we would
 20 be getting a lot of resistance from government
 21 to introduce any kind of increases for the
 22 group. And felt that the 60,000 would be
 23 helpful, but probably not enough to really
 24 solve the problem. And so we put that on the
 25 table hoping that that would be a starting

Page 57

1 point and that it would be easier to sell. It
 2 turned out it wasn't that easy to sell.
 3 COFFEY, Q.C.:
 4 Q. Why did you anticipate that there would be
 5 resistance by the government to giving the
 6 pathologists an increase?
 7 MR. RITTER:
 8 A. Because I think there's general resistance by
 9 the government to spending more money in
 10 health care or at least, in medical care.
 11 COFFEY, Q.C.:
 12 Q. Looking at this document, the second page of
 13 it and this is under the heading "discussion
 14 of issues/draft report". The last bullet
 15 reads, "lastly a letter recently received by
 16 Dr. Williams from Dr. P.K. Ganguly and Dr.
 17 Kara Laing will be appended to this document.
 18 In short, the letter stresses the absolute
 19 importance that radiation and medical
 20 oncologists place on adequate access to high
 21 quality pathology services. Any
 22 measures needed to ensure the services are
 23 both maintained and improved is clearly
 24 warranted from their point of view. So that,
 25 I gather, supports your assertion of the

Page 58

1 linkage between pathology and -
 2 MR. RITTER:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. - cancer treatment.
 6 MR. RITTER:
 7 A. I have to say, the group from the cancer
 8 centre were very, very supportive of the
 9 pathologists' campaign. And again, they
 10 understood the consequences of deficiencies in
 11 that particular area. But in fairness and
 12 they were very much at the forefront of
 13 supporting the pathologists, but so were many
 14 other groups.
 15 COFFEY, Q.C.:
 16 Q. And, in fact, the Commissioner, I believe, has
 17 seen letters, certainly one letter I will
 18 recall from, I think, the chair of surgery at
 19 the medical school.
 20 MR. RITTER:
 21 A. There were lots of letters of support that
 22 came in.
 23 COFFEY, Q.C.:
 24 Q. If we can look, please, at Exhibit P-1648.
 25 Now, this is a document entitled, "The looming

Page 59

1 pathology crisis in Newfoundland".
 2 MR. RITTER:
 3 A. Um-hm.
 4 COFFEY, Q.C.:
 5 Q. And there are various headings, "what
 6 pathologists do", "the national situation",
 7 and "the Newfoundland and Labrador situation".
 8 Do you recall or have any knowledge of who
 9 prepared this document?
 10 MR. RITTER:
 11 A. That was prepared in our office. Again, most
 12 of the work we do is done in a collaborative
 13 fashion. So, I would say it would have been
 14 done by Steve Jerrett, a former employee of
 15 ours who is now over in central, along with,
 16 clearly with some of the physicians involved.
 17 We rarely do any work without physician input,
 18 since none of us are physicians. So, we want
 19 to be sure that we get it right. We provide
 20 the expertise, sort of, on the systemic issues
 21 and they provide the technical information
 22 from a medical perspective. And yeah, so it
 23 was pretty much a team effort, but I would
 24 have, more than likely, assigned this to Steve
 25 Jerrett.

Page 60

1 COFFEY, Q.C.:
 2 Q. And Mr. Ritter, the purpose for which this was
 3 prepared?
 4 MR. RITTER:
 5 A. The purpose?
 6 COFFEY, Q.C.:
 7 Q. Yes.
 8 MR. RITTER:
 9 A. Was to educate.
 10 COFFEY, Q.C.:
 11 Q. Educate whom?
 12 MR. RITTER:
 13 A. Educate everyone who we thought needed to be
 14 educated. And that would have included
 15 certain people in the health authority
 16 structure, not necessarily medical people, as
 17 well as political folks.
 18 COFFEY, Q.C.:
 19 Q. And do you recall when this was prepared, at
 20 what stage?
 21 MR. RITTER:
 22 A. No, it's all part of, sort of, a continuum of
 23 effort and I mean, the reality is that as the
 24 process was unfolding, it was really also a
 25 process of continuously refining the material

Page 61

1 that we were developing. So, you know, if
 2 you've been tracking some of the
 3 documentation, you'll see that a lot of the
 4 messages are the same, they're just
 5 constructed differently and the products are a
 6 bit more refined.

7 COFFEY, Q.C.:

8 Q. Just on the point of educating people as to
 9 what actually the role of pathologist is, here
 10 it's what pathologists do and the first bullet
 11 says, "most people think the pathologists do
 12 nothing but conduct autopsies. This is
 13 incorrect. Autopsies make up very small
 14 percentage of the workload of most
 15 pathologists". The second bullet,
 16 "pathologists diagnose disease or lack there
 17 of. Other physicians rely on the expertise
 18 and proficiency of pathologists when
 19 determining how to best treat their patients,
 20 reduced access to pathology services could
 21 significantly impact patient wait times and
 22 pathologists are playing an ever growing role
 23 in diagnosing and treating cancer patients".
 24 From your perspective, does that fairly
 25 summarize the situation?

Page 62

1 MR. RITTER:
 2 A. Yes.

3 COFFEY, Q.C.:

4 Q. I'm not going to take you through the rest of
 5 this, I'm just going to ask you, in terms of
 6 the national situation and the Newfoundland
 7 and Labrador situation, as of the time that
 8 this would have been prepared, would you have
 9 understood this to be, the assertions in it to
 10 be accurate?

11 MR. RITTER:
 12 A. We always, whatever we produce needs to be
 13 accurate. So, yes, I stand behind any product
 14 that the NLMA produces in terms of accuracy.

15 COFFEY, Q.C.:

16 Q. If we could please, Exhibit P-1647. These are
 17 the service coverage committee minutes of
 18 September 8, 2005 and the list of attendees is
 19 slightly longer this time. And if we look at
 20 the second page, under (D) Pathology Services,
 21 it notes "a final meeting of the pathology
 22 working group was held on July 20, 2005, some
 23 minor changes to the draft report were
 24 approved and made to the document at that
 25 time. This document was then tabled before

Page 63

1 the SCC and reviewed at the meeting". I take
 2 it then if we look through rest of the minutes
 3 there into the next page, at this point the
 4 final alterations or amendments or
 5 modifications are being made to that service
 6 report.

7 MR. RITTER:
 8 A. Um-hm.

9 COFFEY, Q.C.:

10 Q. If we could please, Exhibit P-1286. Now, this
 11 is a document entitled medical services
 12 coverage committee, "pathology services
 13 report" September 15, 2005. And on the
 14 second--that's the cover page, second page is
 15 entitled "report to they physician services
 16 liaison committee regarding pathology services
 17 within Newfoundland and Labrador". And then
 18 the report follows and I gather it covers ten
 19 pages of text. You look at the bottom of each
 20 page, this is page 2 of 10. And it has
 21 appendices as well. So, this went to the
 22 physician service liaison committee of which
 23 you were a member.

24 MR. RITTER:
 25 A. Um-hm.

Page 64

1 COFFEY, Q.C.:

2 Q. And what did the liaison committee think of
 3 it?

4 MR. RITTER:
 5 A. They are supportive of it. Certainly, the
 6 deputy minister who is their senior
 7 representative was supportive of it.

8 COFFEY, Q.C.:

9 Q. And what then did the liaison committee do?

10 MR. RITTER:
 11 A. I think what happened at that point is the
 12 deputy minister was trying move or advance
 13 this issue inside the system. And I think,
 14 you know, looking back on it because we had a
 15 number of discussions about this, he felt very
 16 strongly, you know, he was very supportive of
 17 this, but kept running into--he was frustrated
 18 with it. That was my sense. He was
 19 frustrated. He tried to advance it and kept,
 20 sort of, getting blocked I think at the
 21 central agency level. And I remember
 22 contacting him and in my handwritten notes I
 23 remember him saying, look, we're going to deal
 24 with this as expeditiously as we can. I don't
 25 anticipate major stumbling blocks and, of

Page 65

1 course, he did run into some stumbling blocks
 2 along the way. And so we went through kind of
 3 one set of hoops and then another set of
 4 hoops. And then when we realized that he
 5 wasn't going to make the headway from inside
 6 the system, we started our campaign on a
 7 political level.
 8 COFFEY, Q.C.:
 9 Q. In terms of the report in September of 2005
 10 where it stood at that point, at page six of
 11 the exhibit, it's written, "that while in the
 12 near term we cannot expect to fully recruit
 13 and retain all of the pathologists we would
 14 hope to, there are several immediate steps
 15 that should be taken to ensure the best
 16 possible service available for the people of
 17 this province. Such steps includes, one, the
 18 introduction of a stipend similar to that
 19 introduced for oncology".
 20 MR. RITTER:
 21 A. Um-hm.
 22 COFFEY, Q.C.:
 23 Q. And then it notes that "this is a minimum
 24 requirement" -
 25 MR. RITTER:

Page 66

1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. - "which is in conjunction with an increase to
 4 the base salary in the next agreement, would
 5 move Newfoundland and Labrador's pathologists
 6 much closer to the national average although
 7 not quite all the way". And then paragraph
 8 two is "consideration of a block funding
 9 arrangement for pathology". And here it's
 10 noted, "with a stipend in place, it is
 11 suggested that the department and pathologists
 12 seriously consider some form of block funding
 13 arrangement. A block funding arrangement will
 14 be the best way to deal with several other
 15 issues related to pathology services. Some of
 16 these other issues include issues surrounding
 17 extra workload; specifically having to lose
 18 eight of the current sixteen pathologists in
 19 the city for the extra workload payments to
 20 kick in; the inability to recruit locums
 21 because of the comparatively low level paid
 22 here for locums as compared to that paid on a
 23 national basis". And the third bullet,
 24 "lesser issues surrounding sufficient medical
 25 education, on call payments, et cetera". Now,

Page 67

1 Mr. Ritter, you yesterday referred to this
 2 block funding arrangement possibly for
 3 pathology, is that--your comment yesterday, is
 4 that concept what's reflected here?
 5 MR. RITTER:
 6 A. That was certainly one of the avenues we were
 7 looking to explore further for sure. It
 8 typically is--whenever we--I would say that as
 9 we approach different service areas, we always
 10 look at that as one potential avenue. And
 11 again, it's not without its own difficulties
 12 and limitations, but it's something that's
 13 worth looking at and certainly an approach
 14 that other jurisdictions have begun to rely on
 15 more and more. Like I say, there is no
 16 perfect system.
 17 COFFEY, Q.C.:
 18 Q. So, I take it then that the plan overall at
 19 that point in September of '05 was, let's get
 20 the oncology stipend now, immediately and
 21 we'll work -
 22 MR. RITTER:
 23 A. Exactly.
 24 COFFEY, Q.C.:
 25 Q. - for the future as to how it might be

Page 68

1 handled.
 2 MR. RITTER:
 3 A. Yeah, the incremental approach was the way we
 4 were looking to, is what we were expecting to
 5 be following.
 6 COFFEY, Q.C.:
 7 Q. If we could look please at Exhibit P-1649. Do
 8 you recall--this involves Saskatchewan. I
 9 take it that this--this is a document which
 10 was provided to us by the NLMA--I take it then
 11 that there was some surveying being done by
 12 the NLMA of its counterparts throughout the
 13 country, as to where they were -
 14 MR. RITTER:
 15 A. Um-hm.
 16 COFFEY, Q.C.:
 17 Q. - in terms of remuneration. That's just an
 18 example of it. Exhibit P-1338. This is a
 19 letter address to both yourself and Mr. John
 20 Abbott and Dr. Williams. It's from Dr. Denic
 21 in his capacity as president of the
 22 Newfoundland Association of Pathologists,
 23 December 7, 2005. And it's re: "a joint
 24 statement Newfoundland Association of
 25 Pathologists and Laboratory Directors and

Page 69

1 Chiefs of Pathology Departments". And here he
 2 writes, "due to the current shortfall of
 3 pathologists in Newfoundland and Labrador and
 4 significant increase in workload and demand,
 5 it is our decision to restrict the daily
 6 maximum number of specimens that can be safely
 7 reported by each pathologist. The current
 8 workload is not sustainable and continuing to
 9 practice under present circumstances would
 10 jeopardize the patient care and pathology
 11 practice standards". And he does go on to
 12 say, "we do not expect that this decision will
 13 have an adverse affect to patient care.
 14 However, an increased turnaround time for
 15 reporting and providing the pathology
 16 diagnosis will be inevitable. Emergency cases
 17 will be treated as priorities and the
 18 restriction will commence on January 1, 2006
 19 and remain in effect until pathology manpower
 20 is restored to normal levels". Sir, what was
 21 this about?
 22 MR. RITTER:
 23 A. Well, this was sort of part of that chronic
 24 pattern that the labs were facing and that is
 25 an inability to deal with the workload levels

Page 70

1 given the compliment of staff that they had.
 2 I think it simply illustrates what we've been
 3 recurrent, you know, what pops up on a
 4 recurrent basis.
 5 COFFEY, Q.C.:
 6 Q. I take it then that the idea of pathologist
 7 shortages and those shortages affecting morale
 8 and those shortages at least not having a
 9 positive effect on patient care go back at
 10 least until 2005?
 11 MR. RITTER:
 12 A. Oh yeah, they go back to before 2005.
 13 COFFEY, Q.C.:
 14 Q. Exhibit P-0157, please? Now here, this is a
 15 letter of January 17th 2006. It's from Dr.
 16 Thomas Costello addressed to--and it's copied
 17 to Dr. Nash Denic. It's dated January 17th
 18 '06, and it's to Mr. Ottenheimer, and Dr.
 19 Costello writes "the NLMA is concerned about
 20 staffing levels of laboratory medicine
 21 specialists. At present, there are 24
 22 pathologists practising in our province, with
 23 the imminent retirement and resignation of an
 24 additional four to six physicians from this
 25 group. Historically, the province had 32

Page 71

1 salaried pathology positions." I'd suggest
 2 that, at that time, you were down by about 25
 3 percent.
 4 MR. RITTER:
 5 A. Yeah, roughly.
 6 COFFEY, Q.C.:
 7 Q. At that point. He notes, in the third
 8 paragraph, "recruitment efforts over the past
 9 year to fill vacant positions in St. John's
 10 have met with little, if any, success.
 11 There's a shortage of pathologists throughout
 12 the country and Canadian medical schools are
 13 not graduating sufficient numbers to fill
 14 these vacancies. The outlook for the next
 15 decade is grim and will precipitate
 16 increasingly aggressive competition among the
 17 provinces," and he notes "pathologists working
 18 in this province are among the lowest paid in
 19 the country."
 20 The next page, if I could, the top of the
 21 page, he writes "the NLMA is requesting that
 22 you," that would be Mr. Ottenheimer, "begin to
 23 address this problem immediately. A critical
 24 first step to any long-term solution will be
 25 to address the compensation deficiency. After

Page 72

1 lengthy discussions, the NLMA strongly
 2 recommends that these specialists receive the
 3 same bonuses now offered to oncologists and
 4 other salaried specialists providing
 5 significant services for cancer patients."
 6 MR. RITTER:
 7 A. If I may, Mr. Coffey, the subsequent sentence,
 8 just to underscore where we were at, was "this
 9 would be a helpful initial measure."
 10 COFFEY, Q.C.:
 11 Q. Yes, "in averting the looming provincial
 12 crisis with respect to laboratory services."
 13 So what do you recall about Mr. Ottenheimer's
 14 attitude toward this? Ever deal with him on
 15 it?
 16 MR. RITTER:
 17 A. Yeah, we had a discussion about it. I would
 18 say, to the best of my recollection, he was,
 19 as most Ministers of Health tended to be, not
 20 unsupportive, but basically would have said
 21 "well, this really depends on the Treasury
 22 Board and on Cabinet," and you know, that sort
 23 of thing. So that it would--a decision of
 24 this type was not within his own purview. He
 25 would have to get support from others to make

1 it happen.
 2 COFFEY, Q.C.:
 3 Q. If we could look, please, at Exhibit 1643, P-
 4 1643? Just to follow through on your own--
 5 your notes as to the chronology, in the fall
 6 of 2005, perhaps you could just take us
 7 through those, your notes there?
 8 MR. RITTER:
 9 A. Yeah.
 10 COFFEY, Q.C.:
 11 Q. Second one at the top of the page there, right
 12 there.
 13 MR. RITTER:
 14 A. You want me to start with fall 2005?
 15 COFFEY, Q.C.:
 16 Q. Yes, please.
 17 MR. RITTER:
 18 A. Okay. So we had released the report. It had
 19 support, as I suggested earlier, by pretty
 20 well anyone who had a hand in it.
 21 COFFEY, Q.C.:
 22 Q. That's that September 15th report?
 23 MR. RITTER:
 24 A. Yeah.
 25 COFFEY, Q.C.:

1 MR. RITTER:
 2 A. Okay, and then once the case was put together,
 3 we embarked on a process of lobbying, of
 4 trying to negotiate, you know, some kind of
 5 solution, and the word "targeted funding"
 6 here, again, I'm just--you know, based on my
 7 general way of thinking, would have had to do
 8 with our concern about relativity and the need
 9 to sort of always be mindful that there are
 10 some groups that are, you know, sort of out of
 11 whack, compared to other groups, but we kind
 12 of have to look after everybody. But in this
 13 particular instance, this was sort of top of
 14 mind. And then these were just notes to
 15 myself about, you know, things that we needed
 16 to emphasize and so, you know, the themes or
 17 the arguments that I would have put forward,
 18 the workload issues. I'm not sure what I
 19 meant there by out of province surplus -
 20 COFFEY, Q.C.:
 21 Q. Sample?
 22 MR. RITTER:
 23 A. Or sample, sorry. Samples, that's what it
 24 was. I can't read my own writing. You're
 25 doing a better job than I am reading my

1 Q. Go ahead.
 2 MR. RITTER:
 3 A. The human resource planning and the themes, of
 4 course, were the need to plan ahead, the issue
 5 of competitiveness and the marketing and
 6 promotion aspects of it.
 7 COFFEY, Q.C.:
 8 Q. In terms of that, marketing and promotion, I
 9 haven't taken you through the report in
 10 detail. There are references in the report
 11 to, in effect, marketing pathology to medical
 12 students, aren't there, in terms of--there's
 13 that aspect to it. The marketing and
 14 promotion otherwise, does that have any other
 15 significance?
 16 MR. RITTER:
 17 A. To be totally honest with you, I know those
 18 are my comments. I can't remember. It could
 19 well have referred to the marketing within the
 20 profession, within the student body or sort of
 21 the future generation, but it also probably
 22 included trying to market outside of the
 23 province and that sort of thing.
 24 COFFEY, Q.C.:
 25 Q. Okay. I'm sorry, go ahead, sir.

1 script. I'm impressed. The quality
 2 assurance, of course, was something we were
 3 pushing on an ongoing basis, and then we kind
 4 of looked at the Ontario model, which was--for
 5 a couple of reasons. One is it--well, a few
 6 reasons. First of all, the one argument we've
 7 been making with Government for a long, long
 8 time is that our competition--there's a
 9 tendency of comparing us to other Atlantic
 10 Provinces, but the reality of the world we're
 11 living in today is that we're competing with
 12 all of Canada. We're not competing
 13 necessarily with Nova Scotia. We're competing
 14 with pretty much every other province.
 15 Ontario was kind of interesting. This
 16 province tends to sort of be a bit symmetrical
 17 with Ontario in terms of how fee schedules are
 18 constructed and so on.
 19 So we looked at Ontario, and there was
 20 actually--the floor in Ontario, at the time,
 21 of 300,000 was \$100,000 more than our ceiling.
 22 So that was a pretty dramatic gap, from our
 23 perspective. But we also looked at the
 24 approach they were taking, which was to sort
 25 of have this top up kind of arrangement, and

Page 77

1 so those were--these were notes really to
 2 myself on things that we would want to be
 3 pushing.
 4 COFFEY, Q.C.:
 5 Q. What is a top-up arrangement?
 6 MR. RITTER:
 7 A. Well, the top up, basically the way I
 8 understood it was they have a particular
 9 salary scale in Ontario. Different people--
 10 and as well, I think there's some room there
 11 for some fee-for-service activity. But what
 12 they tried to do was establish a level playing
 13 field and what they did was at the end of each
 14 year, everybody would be brought up to sort of
 15 a standard level of income on a year-to-year
 16 basis. The salary scales and the compensation
 17 structures remained intact, and that was our
 18 understanding of it.
 19 COFFEY, Q.C.:
 20 Q. How would that work on--could you explain
 21 that?
 22 MR. RITTER:
 23 A. Well, my understanding of it is, at the end of
 24 a particular time frame, they look at
 25 everybody's sort of gross income and then

Page 78

1 raise everybody to a particular level. So
 2 some people's top ups might be different from
 3 other people's top ups, but at the end of the
 4 year, everybody pretty well ends up in the
 5 same place.
 6 THE COMMISSIONER:
 7 Q. How do you get there if everybody has a salary
 8 or obviously take into account their ability
 9 to earn outside?
 10 MR. RITTER:
 11 A. Well, I believe there's variation there
 12 because of the fact that they also have a fee-
 13 for-service component.
 14 THE COMMISSIONER:
 15 Q. Okay.
 16 COFFEY, Q.C.:
 17 Q. Okay. So okay, that's -
 18 THE COMMISSIONER:
 19 Q. Yes, all right.
 20 COFFEY, Q.C.:
 21 Q. And -
 22 THE COMMISSIONER:
 23 Q. Before we leave that though, is that directed
 24 to also the problems of perhaps attracting
 25 pathologists to different regions within a

Page 79

1 province? I mean, I can see that if you were
 2 in Ontario and you had young pathologists
 3 coming out of school all keen to do the best
 4 and brightest of things, they might not see
 5 that necessarily their opportunity to do that
 6 would be in the same place where there might
 7 be vacancies in more rural areas of Ontario.
 8 MR. RITTER:
 9 A. I would say that's--I didn't think of that,
 10 but yeah, that would make sense.
 11 COFFEY, Q.C.:
 12 Q. And if we could look, please, at Exhibit P-
 13 1644? This is a Cross Country Review of
 14 Pathology Compensation. Again, it's undated,
 15 but--at least the first page of it is, and
 16 then on the second page, there is a table
 17 entitled National Salary Rates for
 18 Pathologists, and this is dated at the bottom,
 19 January 30th 2006, and it's the various fiscal
 20 years compares--well, I gather all the
 21 Canadian provinces are set out there, I
 22 believe, perhaps except Quebec.
 23 I'll ask you the same question in
 24 relation to this. I take it that this was a
 25 document prepared to be utilized by the NLMA

Page 80

1 in the course of its efforts?
 2 MR. RITTER:
 3 A. Yeah.
 4 COFFEY, Q.C.:
 5 Q. On the first page, the third last bullet, it
 6 says "Ontario has recently conducted a review
 7 of laboratory services."
 8 MR. RITTER:
 9 A. Um-hm.
 10 COFFEY, Q.C.:
 11 Q. As well, the provincial government and Ontario
 12 Medical Association have just concluded a
 13 lengthy negotiation and investigation related
 14 to pathology payments. In December 2005, it
 15 was announced that pathologists in Ontario
 16 would be eligible for a minimum income
 17 guarantee of 300,000 for the 2004/05 fiscal
 18 year."
 19 MR. RITTER:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. And talks about then other years. Mr. Ritter,
 23 what's your understanding then--I take it then
 24 that that reflects the idea that Ontario, at
 25 least, looked at this in the mid 2000--I never

Page 81

1 know what to call our decade, but the middle
 2 of the 00's, as it were.
 3 MR. RITTER:
 4 A. Got you.
 5 COFFEY, Q.C.:
 6 Q. So there was a study in Ontario, and some kind
 7 of an agreement or resolution provided. How
 8 about other provinces? Are you aware of
 9 what's going on elsewhere?
 10 MR. RITTER:
 11 A. Again, I'm not as up to speed as some of my
 12 staff would be on these things. I'm more kind
 13 of higher level, but I think there's been a
 14 lot of activity across the country. I think
 15 everybody understands the very, very worrisome
 16 situation that's before us. You know, the
 17 system is not--is simply not producing enough
 18 pathologists to meet the need today, and it's
 19 going to be a lot worse ten years from now
 20 because even if they increased significantly
 21 the number of training opportunities, there's
 22 still sort of a prospective period of training
 23 that's required and so on. So you know, the
 24 other jurisdictions are as much aware of the
 25 really frightening circumstances as we are.

Page 82

1 COFFEY, Q.C.:
 2 Q. And just looking at Exhibit P-1644, I
 3 indicated it was undated, the first page of
 4 it, but it does conclude with the comment at
 5 the first page "see attached table" and that
 6 is the table with that January 30th 2006 date.
 7 So presumably the first page was prepared
 8 sometime around that time.
 9 MR. RITTER:
 10 A. My understanding is that the narrative on the
 11 first page, this is typically how we line
 12 things up, was actually drawn from the data on
 13 that second page.
 14 COFFEY, Q.C.:
 15 Q. And so as of that time, looking at the first
 16 bullet on the first page, for Newfoundland,
 17 "pathologists in Newfoundland are salaried
 18 employees of RIHAS." The first bullet then
 19 underneath that, it says "the current five-
 20 step scale ranges from 141,600 to \$169,920
 21 annually and then there are annual retention
 22 bonus payment ranges from 4,000 to 12,000, and
 23 12,000 to 36,000, depending on location and
 24 years of service." So that, as of that time,
 25 in early '06, that was the situation here?

Page 83

1 MR. RITTER:
 2 A. Correct.
 3 COFFEY, Q.C.:
 4 Q. And the situation elsewhere is spelled out in
 5 the numbers, elsewhere in this document. If
 6 we could look back, please, at Exhibit P-1643?
 7 Now this, midway down the page, in your
 8 handwriting, you've written "January '06,
 9 2006, letter to Ottenheimer" and I believe--I
 10 take it that that is the letter then that we
 11 saw.
 12 MR. RITTER:
 13 A. Yeah, I think that's the one, yeah.
 14 COFFEY, Q.C.:
 15 Q. The January 17th letter from Dr. Costello
 16 urging Mr. Ottenheimer to address this problem
 17 immediately. Commissioner, if we could take
 18 the morning break at this point?
 19 THE COMMISSIONER:
 20 Q. Yes, we can indeed.
 21 COFFEY, Q.C.:
 22 Q. Thank you.
 23 THE COMMISSIONER:
 24 Q. We'll take 15 minutes.
 25 (RECESS)

Page 84

1 THE COMMISSIONER:
 2 Q. Please be seated. Mr. Coffey.
 3 COFFEY, Q.C.:
 4 Q. Thank you, Commissioner. Could we look,
 5 please, at Exhibit P-1641? This is a document
 6 from Eastern Health. It's addressed to
 7 yourself as executive director of the NLMA,
 8 re: laboratory medicine pathologists, and it's
 9 from Dr. Kum, the co-clinical chief of
 10 Children and Women's Health Program, and I
 11 take it, you--it just opens, the doctor opens
 12 by saying "I would like to give my support to
 13 the Newfoundland and Labrador Medical
 14 Association, yourself and the Department of
 15 Laboratory Medicine in their efforts to try
 16 and fill the vacant positions that we have in
 17 St. John's primarily and also in the outlying
 18 areas. I understand the clinical chief of
 19 laboratory medicine, together with
 20 representatives from the NLMA, as well as the
 21 clinical chief of oncology and cancer
 22 treatment, will be meeting with the Deputy
 23 Minister to try and find a solution to this
 24 ongoing problem."
 25 This is one of those support letters, I

1 take it?
 2 MR. RITTER:
 3 A. Yeah, that's correct.
 4 COFFEY, Q.C.:
 5 Q. The reference to a "meeting with the Deputy
 6 Minister to try and find a solution to this
 7 ongoing problem," was there such a meeting at
 8 the time?
 9 MR. RITTER:
 10 A. There may well have been. It doesn't ring a--
 11 the specific meeting doesn't resonate with me,
 12 but there were numerous get togethers, so I
 13 could see that as having been in the works.

1 of pathology and laboratory medicine at the
 2 University of British Columbia and the
 3 director of pathology and laboratory medicine
 4 for the British Columbia Cancer Agency. And
 5 you'll note it's received in the minister's
 6 office February 9th, 2006. Mr. Ritter, and
 7 this, when one looks through it, it's
 8 obviously a letter written in support of the
 9 pathologists' efforts to obtain better
 10 remuneration in Newfoundland. Were you aware
 11 that Dr. Banerjee, the CAP president, was
 12 sending such a letter?
 13 MR. RITTER:
 14 A. No.
 15 COFFEY, Q.C.:
 16 Q. I take it, though, you wouldn't be surprised
 17 to learn that such a letter was -
 18 MR. RITTER:
 19 A. I wouldn't be surprised, not at all.
 20 COFFEY, Q.C.:
 21 Q. Did you know who Dr. Banerjee was at the time?
 22 MR. RITTER:
 23 A. Not sort of, not with the same infamous
 24 reputation as later on, no.
 25 COFFEY, Q.C.:

1 COFFEY, Q.C.:
 2 Q. Okay. If we could, please, Exhibit P-0165?
 3 Now, in particular I want to look at page 2 of
 4 it. I'm just going to--there, page 2. And
 5 this is a letter on Canadian Association of
 6 Pathologists letterhead, February 1st, 2006,
 7 it's addressed to the Honourable John
 8 Ottenheimer "RE: Laboratory Medicine
 9 Specialists, Pathologists in Newfoundland,"
 10 and it's from a Dr. Diponkar Banerjee, who was
 11 the president of the association at the time
 12 and is also the clinical, a clinical professor

1 Q. With all due respect to Dr. Banerjee, yes.
 2 MR. RITTER:
 3 A. With all due respect.
 4 COFFEY, Q.C.:
 5 Q. Yeah.
 6 MR. RITTER:
 7 A. I say it with total respect.
 8 COFFEY, Q.C.:
 9 Q. So at the time you didn't--you wouldn't have
 10 known who--if there was an external reviewer--
 11 did you know that there was an external review
 12 had been done by a pathologist of the lab?
 13 MR. RITTER:
 14 A. At that point I don't believe I was aware of
 15 it, no.
 16 COFFEY, Q.C.:
 17 Q. If we could, please, Exhibit P-0199? Sir,
 18 this is, this particular exhibit contains a
 19 number of pieces of correspondence, not all
 20 internal to the government, but some internal
 21 to the government and some involving the
 22 Newfoundland and Labrador Medical Association.
 23 On the first page, the easiest way is to look
 24 at it chronologically, just back up a bit, is
 25 a letter dated April 20th, 2006. It's

Page 88

1 addressed to John Abbott from the--or on
 2 behalf of the secretary of Treasury Board.
 3 And it says, "Your proposal," that is, Mr.
 4 Abbott's proposal dated March 14th, 2006
 5 "relating to approval in principle for an
 6 external review of the workload and
 7 compensation of salaried pathologists was
 8 considered at the" it's spelled the number,
 9 particular meeting of the Treasury Board.
 10 "The board agreed that a review of the
 11 recruitment and retention of pathologists in
 12 the province is warranted. The
 13 classification, organization and management
 14 division of the Public Service Secretariat is
 15 directed to work with the external consultant
 16 to be hired by the department to conduct a
 17 review of compensation and workload issues.
 18 Recommendations regarding the timing and
 19 amount of any salary adjustments are to be
 20 referred to Treasury Board for approval." So
 21 what had happened then in early 2006 in
 22 relation to this matter, do you recall?
 23 MR. RITTER:
 24 A. Sorry?
 25 COFFEY, Q.C.:

Page 89

1 Q. Do you recall what had happened in then early
 2 2006, how did this -
 3 MR. RITTER:
 4 A. You mean the launching of this review?
 5 COFFEY, Q.C.:
 6 Q. Yes.
 7 MR. RITTER:
 8 A. Yeah, we had been making our overtures to the
 9 government on the basis of the reports we had
 10 prepared through the service coverage
 11 committee. We clearly were not making any
 12 headway and so we continued to approach
 13 government, both at the deputy ministerial and
 14 the ministerial level, and I guess they
 15 decided that in order to even consider any
 16 kind of compensation adjustments, they would
 17 want to have an independent assessment of the
 18 situation. And that's what prompted the
 19 retaining of Dr. Maung to conduct his
 20 assessment.
 21 COFFEY, Q.C.:
 22 Q. Okay. If we could look, please, at Exhibit P-
 23 1643? And scrolling down there a little bit.
 24 Picking it up in, I think you've got a note
 25 there, February 2, 2006?

Page 90

1 MR. RITTER:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. And what is your handwriting there?
 5 MR. RITTER:
 6 A. Well, basically what I--what happened was I
 7 had met with John Abbott. He had again
 8 expressed support for what we were doing and
 9 reassured me that there would be a speedy
 10 solution. And that was, I think, after other
 11 attempts or other discussions where I was sort
 12 of told there would be a speedy solution. And
 13 -
 14 COFFEY, Q.C.:
 15 Q. Now -
 16 MR. RITTER:
 17 A. And of course, and as I was saying, I think,
 18 earlier when we were talking about the
 19 chronology, so from that point up to May I
 20 think he was trying to work inside the system
 21 and was running into some roadblocks, and
 22 that's when we decided to go directly to the
 23 minister.
 24 COFFEY, Q.C.:
 25 Q. Okay. And that resulted in the -

Page 91

1 MR. RITTER:
 2 A. Well, that, the letter of May, 2006 -
 3 COFFEY, Q.C.:
 4 Q. If we could, please, and we have several
 5 copies of that. I'll take you to Exhibit P-
 6 1372, please? Now, this is a letter dated May
 7 16th, 2006. It's from the NLMA to Tom Osborne
 8 and Loyola Sullivan, Mr. Osborne, in his
 9 capacity as Minister of Health and Loyola
 10 Sullivan in his capacity as Minister of
 11 Finance and President of Treasury Board. And
 12 we look at that, just going to take you to the
 13 very end of the letter, it's signed by Dr.
 14 Denic, President of the Newfoundland
 15 Association of Pathologists and yourself as
 16 Executive Director of the NLMA. So could you
 17 tell the Commissioner, please, what this
 18 letter was about, how did it come about and
 19 what was its purpose?
 20 MR. RITTER:
 21 A. Well, it was, it was again an attempt to
 22 engage the government after a period of time
 23 where we felt that there was no progress being
 24 made. It was an attempt on our part to
 25 reengage, and that's why we wrote to both

Page 92

1 ministers. In this instance we wanted to
 2 include Minister Sullivan, who at the time was
 3 Treasury Board and Finance Minister simply
 4 because it was clear to us at that point that
 5 the real decision making was going to be
 6 happening not at the level of the health
 7 minister, but more at the level of the finance
 8 minister or Treasury--or minister responsible
 9 for the Treasury Board.

10 COFFEY, Q.C.:

11 Q. And did you ever meet with Mr. Sullivan?

12 MR. RITTER:

13 A. We met with both of them at the same time.

14 COFFEY, Q.C.:

15 Q. Do you recall when that was?

16 MR. RITTER:

17 A. I think it was in July.

18 COFFEY, Q.C.:

19 Q. So it was after -

20 MR. RITTER:

21 A. Yeah, I think that's the reference to the
 22 meeting.

23 COFFEY, Q.C.:

24 Q. When we look at Exhibit P-1643, go to the
 25 bottom.

Page 93

1 MR. RITTER:

2 A. If you go to the very, very bottom.

3 COFFEY, Q.C.:

4 Q. Bottom of the page, I'll come down there.
 5 July 16th?

6 MR. RITTER:

7 A. I think that--yeah, I think that's the
 8 meeting.

9 COFFEY, Q.C.:

10 Q. That arose out of this May 16th, 2006 letter?

11 MR. RITTER:

12 A. Correct, yeah.

13 COFFEY, Q.C.:

14 Q. Could we go back, please, to 1372, please?
 15 And go ahead, sir, I'm sorry, so you were
 16 saying about the letter?

17 MR. RITTER:

18 A. So the letter, again, what we tried to do was
 19 in that letter to capture all of the issues
 20 and to try to underscore and appeal to the
 21 political powers that be that this was a very
 22 serious problem. I think if you look at some
 23 of the references in the letter, you know, we
 24 talk about just how significant the problem is
 25 and how, the extent to which it could have

Page 94

1 very serious long-term consequences. Again, I
 2 don't--you know, it's a fairly lengthy letter,
 3 so it goes into a lot of the specifics that we
 4 felt the decision makers needed to be apprised
 5 of.

6 COFFEY, Q.C.:

7 Q. Now, in relation to that, if we look to page 3
 8 of the letter, I'm just--to page 3. And I'm
 9 not going to take--because it is very, a very
 10 lengthy letter and it does set out, I gather
 11 from the NLMA and the Canadian--I'm sorry,
 12 Newfoundland Association of Pathologists'
 13 perspective, the history?

14 MR. RITTER:

15 A. Yeah.

16 COFFEY, Q.C.:

17 Q. Of the matter. At the bottom of page 3 the
 18 last paragraph begins with, "We are not
 19 opposed to a workload review. In fact, we
 20 believe that such a review is in the best
 21 interest of our pathologists provided that it
 22 examines all facets of the delivery of
 23 laboratory medicine in the province. We feel
 24 strongly that such a review is a complex
 25 undertaking that will require significant

Page 95

1 resources and time." And it concludes that
 2 paragraph by saying, "It is for this reason
 3 and the absence of national workload
 4 guidelines that other provinces have after
 5 prolonged attempts to wrestle with this
 6 ultimately recognize the need for a thorough
 7 prospective study with a long-term view in
 8 mind."

9 MR. RITTER:

10 A. Yeah.

11 COFFEY, Q.C.:

12 Q. And then it continues on, "Based on current
 13 Royal College recommendations and supported by
 14 preliminary Canadian academic research, our
 15 province requires approximately 27 fulltime
 16 laboratory positions to meet service needs
 17 along with a further 5 or 6 laboratory
 18 physicians for administrative requirements.
 19 We are currently well below these levels."
 20 And in the middle of the page, the second full
 21 paragraph begins "The pathologists in
 22 Newfoundland and Labrador feel under valued,
 23 unappreciated and demoralized. Pathologists
 24 diagnose disease and work with other
 25 physicians to develop the best treatment

Page 96

1 regimes for their patients." And concludes by
 2 saying, "The malaise among our pathologists
 3 has reached a critical point and needs to be
 4 addressed without further delay. If we are
 5 not treated with the respect and fairness we
 6 are entitled to, these services will no longer
 7 be sustainable in our province." So this is
 8 May 16th, 2006?
 9 MR. RITTER:
 10 A. Correct.
 11 COFFEY, Q.C.:
 12 Q. And at the bottom of the page you've written,
 13 "It is our responsibility to now forewarn you
 14 that the path your government has recently
 15 decided to embark upon will have serious
 16 consequences and risks. It is our opinion
 17 that the stability and breakdown of medical
 18 care in the province rests in the balance.
 19 While we would have preferred a collaborative
 20 solution and believe such a solution is
 21 possible, the proposed course of action from
 22 your government will lead to delay decisions
 23 and unfortunate consequences that could have
 24 been avoided. In the best interests of all
 25 concerned we respectfully ask to meet with you

Page 97

1 at your earliest convenience so that this
 2 crucial mater may be addressed without further
 3 delay." So this was then, I take it, a
 4 response to government's--well, what was the
 5 government's position at this point?
 6 MR. RITTER:
 7 A. Well, that was the problem, you know, we
 8 didn't know. What we felt, regardless,
 9 because we didn't really get any clear
 10 declaration. What we felt as foot dragging,
 11 that's, you know, to put it in a nutshell,
 12 that was how we perceived the situation. And
 13 you know, our frustration, I think, is clear
 14 from the tone of the letter. You know, the
 15 letter is a very stark message and I don't
 16 think one could have communicated our concerns
 17 any more clearly than we did in that letter.
 18 COFFEY, Q.C.:
 19 Q. And this letter is being written in May of '06
 20 which is, in fact, I take it, a full year
 21 before the Commission of Inquiry is announced?
 22 MR. RITTER:
 23 A. Yeah. And remember, it's the culmination of a
 24 lot of engagement. It's not the first time we
 25 made very strong overtures and sort of sounded

Page 98

1 the alarm bells and said, look, we got a
 2 serious issue going on here, you know. And I
 3 always worry about the issue or
 4 irreversibility. You know, when you have--
 5 when you know that there's a supply, it's one
 6 thing, but when the signs are that the supply
 7 may dry up, that's another story entirely.
 8 COFFEY, Q.C.:
 9 Q. And it would be yet a full year from this
 10 point before the stipend?
 11 MR. RITTER:
 12 A. I believe -
 13 COFFEY, Q.C.:
 14 Q. In May of '07 was announced. This is still a
 15 full year away?
 16 MR. RITTER:
 17 A. Correct. I guess so, yeah.
 18 COFFEY, Q.C.:
 19 Q. Sir, in particular on this, on page 4 of the
 20 exhibit, a phrase I just read to you at the
 21 top of that page I want to ask you about and
 22 explore with you a little bit.
 23 MR. RITTER:
 24 A. Yeah.
 25 COFFEY, Q.C.:

Page 99

1 Q. It says, "Our province requires approximately
 2 27 fulltime laboratory physicians," and
 3 that's, you know, based upon current
 4 recommendations and research, "to meet
 5 services along with a further 5 or 6
 6 laboratory physicians for administrative
 7 requirements." Okay. I want to ask you about
 8 this administrative requirements. Because
 9 yesterday, too, you were telling the
 10 Commissioner that the NLMA, one of its goals
 11 is to advocate for physicians involvement in
 12 administrative decisions within the health
 13 care system. On a more general level, what is
 14 the NLMA's view or position vis-a-vis the
 15 involvement of physicians in medical
 16 administration?
 17 MR. RITTER:
 18 A. Well, I think it's been, you know, fairly
 19 clear, we feel that there is an inadequate
 20 opportunity for physicians to have meaningful
 21 input into the decision making process into
 22 the process that brings to the attention of
 23 the decision makers issues of concern that
 24 need to be addressed. And you know, there--we
 25 need to make some fundamental changes to

Page 100

1 ensure that that deficiency, you know, is
 2 corrected. The--and again, if I can go back
 3 to something we talked about a little bit
 4 yesterday, but probably is worthy of more
 5 discussion, and that has to do, for example,
 6 with quality assurance. The biggest challenge
 7 we have when we talk about quality assurance
 8 is there's plenty of lip service, you know,
 9 there's plenty of talk about concepts and
 10 guidelines and everything else, but at the end
 11 of the day you need to have, you need to have
 12 a certain amount of discipline and you need to
 13 have a certain amount of supervision and
 14 vigilance, and somebody needs to be the
 15 caretaker, somebody needs to be the one who
 16 says, you know, here's the ten commandments
 17 that has to do with quality assurance and I'm
 18 here to enforce that exercise. And that's not
 19 happening, you know, it's just not happening.
 20 And if you look, for example, I think I did
 21 talk yesterday about, about, you know, job
 22 descriptions.
 23 COFFEY, Q.C.:
 24 Q. Yes.
 25 MR. RITTER:

Page 101

1 A. So if you look at, for example, and I think I
 2 may have brought the so-called generic job
 3 description in with me. But the references,
 4 for example, to -
 5 COFFEY, Q.C.:
 6 Q. Take your time, if it's there, take your time
 7 to find it, Mr. Ritter, please.
 8 MR. RITTER:
 9 A. Yeah.
 10 COFFEY, Q.C.:
 11 Q. Thank you.
 12 MR. RITTER:
 13 A. I'll--it's somewhere in here. Here we are.
 14 For example, in the generic job description
 15 that I was given for a generic clinical chief,
 16 the first accountability in this job
 17 description is quality initiatives and it goes
 18 on, for example, it says, "ensures the
 19 development and maintenance of quality patient
 20 focus care; ensures the development and
 21 evaluation of standards of care, as well as
 22 outcomes; ensures the provision of quality
 23 services through a process of continuous
 24 quality improvement." This is deficient, this
 25 is this kind of motherhood rhetoric isn't

Page 102

1 going to get us from words to behaviour. A
 2 person who is responsible for making these
 3 things happen has to spell out how those
 4 things are going to happen. That's not going
 5 on. That takes time. It's not something that
 6 you can ask somebody to do in their spare
 7 time. It's something that requires dedicated
 8 attention, serious dedicated attention and
 9 that applies, you know, not necessarily only,
 10 you know, to things like quality assurance.
 11 The other issue, for example, is planning,
 12 serious thoughtful analytical careful planning
 13 is not something you can do, you know, during
 14 your coffee break. It's something that needs
 15 undivided attention and careful consideration.
 16 It's not happening and unless you provide the
 17 kind of support for that to occur, it's not
 18 going to happen and I think what ends up
 19 taking place in places like our laboratory, is
 20 everybody is struggling on a day-to-day basis
 21 just to keep their heads afloat, just to deal
 22 with the onslaught of workload that you
 23 always, I mean, it's human nature to put aside
 24 the things that don't have to be addressed
 25 immediately. Well if you keep doing that over

Page 103

1 and over and over again, it's, you know, it's
 2 a very bad conundrum to be in and it's, you
 3 now, it's counterproductive. So that's why we
 4 feel so strongly about that sort of thing, and
 5 I think Dr. Maung in fact in his report
 6 subsequently, does recognize the importance of
 7 administration. And if I could just add to
 8 that, since I'm on a bit of a rant, the issue
 9 here is also about how you value activities of
 10 physicians. One of the activities we feel
 11 that has to be valued is the leadership and
 12 administration component. But equally and we
 13 don't feel that it's happening in the province
 14 now and it's applicable to the two program
 15 areas we're talking about, but more
 16 universally, are issues like education, like
 17 continuing education, like research, all of
 18 those things are crucially important and need
 19 to be recognized as valued activities, and
 20 that's not entirely what's going on right now.
 21 There is some recognition for education, for
 22 certain individuals, but apart from that, you
 23 know, it's just not well enough appreciated.
 24 Somebody who works in a scientific area, like
 25 laboratory medicine, must spend a lot of time,

Page 104

1 you know, looking through journals, keeping
 2 themselves up to date because we're in a world
 3 where technology is advancing at very rapid
 4 rates and we need to, our clinicians, our
 5 scientists need to be in pace with the, you
 6 know, state of the art in every area of
 7 medicine. So, you know, that's really why the
 8 administrative piece is so important.

9 THE COMMISSIONER:

10 Q. Mr. Ritter, you said a little earlier in the
 11 day, I think, or perhaps it was yesterday, one
 12 or the other, something about the reinstating
 13 of the role of physicians as leaders in the
 14 system. So using the word "reinstating" it
 15 would seem to me that you're suggesting that a
 16 role which physicians at one time played, has
 17 been removed, whether by a grand plan or for
 18 some other reason, and physicians are looking
 19 to get that role back? Am I misinterpreting,
 20 and if so, can you explain what happened in
 21 the view of the physicians?

22 MR. RITTER:

23 A. Well thanks for asking the question. I don't
 24 think you're misinterpreting it at all, but
 25 just to sort of add a little bit more

Page 105

1 information to the picture, over the years, I
 2 don't think it's a grand plan, I don't think
 3 it's been a grand plan, so to speak, but I
 4 think over the years it's evolved in a
 5 particular way and part of the pattern that I
 6 see having occurred here, is physicians, you
 7 know, shorter and shorter supply, should we be
 8 using physicians to do administrative work
 9 when we could be using somebody else to do the
 10 administrative work and what's gradually
 11 happened over the years, is that other types
 12 of individuals have assumed responsibility for
 13 managing a program, so to speak, so you have a
 14 cancer program or a surgical program and you
 15 have program managers who are in the hierarchy
 16 of the administration, the people who are in
 17 the decision-making roles. I--we don't have
 18 any objection to those kinds of people being
 19 there, I think they play an important role.
 20 Many of them, by the way, tend to be nurses
 21 who had extra training in administration or
 22 that sort of thing and that's okay, you know,
 23 no one is being critical of that. But at the
 24 same time if there's an erosion or dilution of
 25 the opportunity for physicians to raise their

Page 106

1 issues, which are, you know, a little more
 2 technical, a little more specialized than
 3 other, you know, players in the system, that
 4 has to be there somehow. And so, in many
 5 respects it's sort of the institutional
 6 composition that becomes important and so
 7 where there as a time, I think years ago and
 8 of course, things have changed radically on so
 9 many fronts, but years ago physicians were at
 10 the top of the administration of everything.
 11 Many executive directors of hospitals were
 12 physicians, today not so much, you'd have a
 13 medical director and then a CEO who would be
 14 not necessarily medical. Things have changed.
 15 You have clinical chiefs now and that's the
 16 role where I think we really need to focus on,
 17 is those physicians who are assigned the
 18 responsibility of looking after their
 19 particular area of a medical service. Their
 20 avenue today is pretty well limited to the
 21 role that they play within the Medical
 22 Advisory Committee, which is, as the title
 23 suggests, an advisory committee. The other
 24 thing to keep in mind here is that the Medical
 25 Advisory Committee and all of the structures

Page 107

1 within the health authority exists at the
 2 pleasure of the government. It's a
 3 hierarchial system that is accountable to the
 4 government and that's, of course, appropriate.
 5 But the checks and balances aren't there and
 6 if, for instance, the priority, the emphasis
 7 of the powers that be are on resource
 8 containment and perhaps not nearly
 9 commensurate in the area of quality assurance
 10 or, you know, equipment or what have you to
 11 run a health service, if you're sort of fairly
 12 low down on the totem pole, you're going to
 13 have, you know, it's a very difficult
 14 situation to have a meaningful say. And I can
 15 tell you I have met with many clinical chiefs
 16 in the last while, as I think it's been
 17 evident from my comments up to this point.
 18 I'm concerned. I'm concerned about the extent
 19 to which their voice has been compromised and
 20 I've met with them and I've asked them, how do
 21 you feel? How do you feel about all of this
 22 stuff? And they feel frustrated, they feel
 23 that they go to these MAC meetings and it's a
 24 big black hole, and you know, the answer is
 25 always there is no money, there is no money.

Page 108

1 And it has to go beyond the resource elements
 2 exclusively, it's got to be bigger than that.
 3 And like any, you know, any system, you have
 4 to have built in opportunities for what I
 5 would call healthy tension. You know,
 6 tension, you know, or disagreements or
 7 disputes don't have to be unhealthy things.
 8 You need to have checks and balances. I am
 9 fearful, I am fearful that the system today
 10 does not have the kinds of checks and balances
 11 that would enable some of the people who are
 12 responsible for the wellbeing of patients, but
 13 don't have the commensurate authority to do
 14 what has to be done, to look after them. That
 15 worries me.

16 COFFEY, Q.C.:

17 Q. Now when we're looking at here at P-1372,
 18 there's a reference here to or fulltime
 19 laboratory positions, which I gather in the
 20 context would suggest people who are doing
 21 clinical work, simpliciter, that's what
 22 they're doing and all they're doing. And
 23 there's a reference to, at least the
 24 equivalent of a further five or six laboratory
 25 physicians for administrative requirements, do

Page 109

1 you see that?

2 MR. RITTER:

3 A. Yeah.

4 COFFEY, Q.C.:

5 Q. Right there. Now the clinical chiefs, which
 6 is the generic description you have there,
 7 what is your understanding as to how the
 8 clinical chiefs, for example of pathology, are
 9 compensated for being clinical chiefs? I
 10 believe you referred to this briefly
 11 yesterday.

12 MR. RITTER:

13 A. Yeah, well actually when I looked at the
 14 Memorandum of Agreement there were some very
 15 precise provisions that were directly tied to
 16 certain positions and I can, if you give me
 17 one second, I can refer to the very specific
 18 references, but they identify administrative
 19 compensation for certain positions. I don't
 20 know if those are still where they are--they
 21 all refer to, I think, \$10,000 a year as an
 22 honorarium--here it is. On page 17 of the
 23 Salaried Physicians Quick Reference
 24 Guidelines, there's item No. 8(a) refers to
 25 clinical administrative benefit and it says

Page 110

1 "encompassed in the following list of
 2 designated salaried physician positions,
 3 (eliminated in 1989 to 1999 for specialists
 4 and 2001 for GPs)"--I'm not sure what that is--
 5 --"will be eligible to receive a clinical
 6 administrative benefit of \$10,000 per year."
 7 And they list the specific groups that are
 8 involved. Senior medical officer, and then
 9 they define what that is; director of
 10 pathology; assistant director of pathology;
 11 director of medical oncology; and director of
 12 radiation oncology. Those are the positions
 13 that are specifically identified to receive
 14 administrative benefits. Now that's not, as I
 15 understand it, that would not be the same--I
 16 guess it is the same as a clinical chief. Now
 17 I've approached clinical chiefs and in the
 18 interest--what I did was I surveyed a number
 19 of them, I brought them into a meeting, most
 20 of the ones here in Eastern and I asked them
 21 to share with me their job descriptions. And
 22 I got one job description, the one I talked
 23 about, and I asked them if they would be
 24 willing to share with me sort of
 25 confidentially what kind of compensation they

Page 111

1 were getting and the range--they didn't all
 2 respond, but the range is quite mixed. So I
 3 think there was one that was as high as 70 or
 4 \$80,000 and one that was a bit lower. And
 5 again, I don't have any objection necessarily
 6 to some diversity if it's based on some kind
 7 of principle. So, for example, yesterday when
 8 I was talking about it, I said look, if
 9 someone's income is typically--let's say for
 10 the purposes of discussion, \$300,000 a year
 11 and you're saying to them, we want you to
 12 spend 20 percent of your time doing
 13 administration, then you should pay them the
 14 equivalent of 20 percent of what they would
 15 lose in their income to pay that work, as
 16 opposed to some arbitrary number that I have
 17 no--it doesn't seem to have any rhyme or
 18 reason at the present time.

19 COFFEY, Q.C.:

20 Q. And in respect of and look at this, page 4 of
 21 P-1372, in the context of, I take it the
 22 clinical chiefs, for example, five or six
 23 laboratory physicians for administrative
 24 requirements, in this context the clinical
 25 chief would be an administrator possibly here

Page 112

1 in this context?

2 MR. RITTER:

3 A. The clinical chief would be performing certain

4 administrative functions, but would also be a

5 clinician.

6 COFFEY, Q.C.:

7 Q. And in respect of those functions, the

8 administrative functions, would they include

9 the quality assurance aspect of the job

10 description?

11 MR. RITTER:

12 A. Yes, I would certainly hope so and the generic

13 job description certainly suggests that.

14 COFFEY, Q.C.:

15 Q. And do I understand you correctly that one of

16 your concerns about, other than the fact that

17 it's the description, in terms of quality

18 assurance, you see as fairly generic in tone,

19 and non-specific in nature, the fact that

20 apparently there's no actual delineation of

21 how much of their time is to be spent doing

22 those, is that of any concern?

23 MR. RITTER:

24 A. That's a huge concern because, you know,

25 what's your frame of reference? Should you be

Page 113

1 spending 15 minutes a month on it or should

2 you be spending, you know, three hours a week

3 on it? Nobody knows for sure. I mean, I've

4 been in administrative jobs now for, oh, 25

5 years over the course of my career. I've had

6 people who've worked for me, I've worked in

7 bureaucracies and without fail, in every major

8 organization I've worked in, there's a

9 particular methodology, there's an

10 administrative practice that you use. A job

11 description typically lay out what people's

12 duties are, would put some kind of general

13 timeframe of what's expected of them in terms

14 of, you know, the overall areas of

15 responsibility and it would be a document that

16 would be read, that would be signed by the

17 incumbent and would have dates on it and would

18 include things like where they're supposed to

19 work, what their working hours ought to be and

20 so on. And, you know, that doesn't exist.

21 And I might add that in our last negotiation

22 we raised that point and in fact, it was

23 included in the Memorandum of Agreement--now

24 this is exclusively for salaried physicians,

25 but the same principle would apply to a

Page 114

1 clinical chief, whether they were fee for

2 service or whatever, but interestingly enough,

3 so Item 14 in the Salaried Physician Quick

4 Reference Guidelines, page 29, has a clause

5 that says, "Each salaried physician shall have

6 a written job description which accurately

7 reflects the duties and responsibilities of

8 the incumbent. The job description should be

9 signed and dated by the incumbent, the

10 immediate supervisor and the administrative

11 head." And then it goes on in a lot more

12 detail about what it ought to contain and so

13 on and so forth. Now I haven't gone out yet

14 and done an assessment on the extent to which

15 this has been implemented, but judging by the

16 sort of passing encounters I've had with

17 people and the sort of very preliminary

18 inquiries I've made, there's been very little

19 advancement in that particular area. And

20 these are fundamental administrative

21 practices. Again, to come back--and this, I

22 think also has some relevance to the exercise

23 we're going through when it comes to things,

24 like performance measurement or performance

25 appraisal, you can't appraise somebody, you

Page 115

1 can't assess their performance if they don't

2 have a clearly defined set of objectives that

3 have been, you know, articulated to them. I

4 know that there was some discussion about, you

5 know, annual performance appraisal of

6 physicians and so on, I don't know how you can

7 possibly have an appraisal or assess the

8 performance of anyone if that the beginning of

9 the period that you're assessing, you don't

10 agree on a set of criteria on what they're

11 going to be assessed about and we don't have

12 that.

13 COFFEY, Q.C.:

14 Q. If we could, please, exhibit P-0167? Sir,

15 this is a letter, it's to Tom Osborne, the

16 Minister of Health, June 15th, 2006. It's

17 from a Dr. Pollett, who is professor and chair

18 of Discipline of Surgery and it's copied to

19 Dr. Denic and yourself. And this is the

20 letter I alluded to earlier today and he tells

21 Minister Osborne, "I am writing with respect

22 to the current shortage of pathologists in the

23 province." And I take it this is one of those

24 support letters, but it went directly to the

25 minister.

Page 116

1 MR. RITTER:
 2 A. Uh-hm.
 3 COFFEY, Q.C.:
 4 Q. Were you involved in recruiting this letter?
 5 MR. RITTER:
 6 A. Not this particular one, I mean, there's no
 7 secret, there's no question that I would have
 8 been actively looking for support. In this
 9 particular instance, I don't recall asking
 10 this physician, Bill Pollett, I don't recall,
 11 myself, asking him--I may have, hard to say,
 12 but yeah, there's no secret in the fact that I
 13 would be soliciting that kind of support
 14 COFFEY, Q.C.:
 15 Q. If we could, please, exhibit P-1376? This is
 16 a letter on Government of Newfoundland and
 17 Labrador letterhead. It's from the Office of
 18 the Minister, dated June 28th, 2006. It's
 19 addressed to Drs. Laing, Ganguly and Siddiqui
 20 and yourself, each of those physicians in
 21 their capacity as either clinical chief, in
 22 Dr. Laing's case and Dr. Ganguly and Siddiqui
 23 as divisional chiefs. And it's re: provision
 24 of provincial oncology services. And he says,
 25 "I am writing in response to your

Page 117

1 correspondence dated May 12th, 2006, which
 2 outlined and summarized the various points of
 3 contention that your group has with the
 4 current alternate payment plan in place for
 5 radiology, oncology and other administrative
 6 issues, and as a follow up to my telephone
 7 conversation with Dr. Ganguly on June 22nd,
 8 2006." And then he talks about how the matter
 9 is being reviewed and then says he will
 10 address each of the issues in order and refers
 11 to Issue one, "Workload thresholds"; issue
 12 two, "The interpretation of the agreement";
 13 and issue three, "Recognition of
 14 administrative and teaching responsibilities".
 15 And concludes by saying "I trust that this
 16 clarifies the department's position on the
 17 various issues that you have regarding your
 18 current APP."
 19 MR. RITTER:
 20 A. Uh-hm.
 21 COFFEY, Q.C.:
 22 Q. Could you tell the Commissioner, please, what
 23 this was about?
 24 MR. RITTER:
 25 A. This last item, issue No. 3 or -

Page 118

1 COFFEY, Q.C.:
 2 Q. Well the whole of it first of all and then the
 3 last item, issue 3.
 4 MR. RITTER:
 5 A. Well essentially it was an effort to try to,
 6 again, revisit the whole question of workload
 7 thresholds, you know.
 8 COFFEY, Q.C.:
 9 Q. I take it the workload threshold, issue one,
 10 now that was dealt with at that point, "I've
 11 asked that Dr. Cathi Bradbury follow up with
 12 Mr." -
 13 MR. RITTER:
 14 A. Yeah, there was a bit of, there was some
 15 debate, if memory serves me well, there was a
 16 bit of a debate about whether the thresholds
 17 we were using were appropriate and that sort
 18 of thing, and that got resolved. So that
 19 wasn't sort of a bone of contention for very
 20 long.
 21 COFFEY, Q.C.:
 22 Q. In issue two, "The interpretation of
 23 agreement, Mr. Osborne notes, "The department
 24 is prepared to accept your proposal, the
 25 payments continue to be made on a quarterly

Page 119

1 basis and to be reconciled."
 2 MR. RITTER:
 3 A. Yeah, that was a big--that was a big kind of
 4 irritant for the physicians, when I spoke
 5 yesterday about this quarterly payment thing,
 6 that's what it got introduced was because
 7 there were all kinds of screw ups going on
 8 with respect to payment. So by going into
 9 that quarterly arrangement, that actually
 10 resolved a lot of the issues. The last issue
 11 was the one that sort of was fairly
 12 contentious and dragged on for quite some
 13 time.
 14 COFFEY, Q.C.:
 15 Q. Before I get to that -
 16 MR. RITTER:
 17 A. Sorry.
 18 COFFEY, Q.C.:
 19 Q. The one before that, the second paragraph
 20 under issue two, says, "I do not agree that we
 21 apply the additional workload policy to your
 22 group and the radiation, oncology, APP
 23 payments are made for patient services in
 24 excess of the fulltime equivalent threshold
 25 and as such, are viewed as a replacement

Page 120

1 policy. If and when your APP is discontinued
 2 at the request of one or more of the
 3 signatures"--
 4 MR. RITTER:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. What was that about?
 8 MR. RITTER:
 9 A. That was an attempt by certain individuals
 10 within that group to not only get the
 11 additional workload based on, you know,
 12 exceeding thresholds, but also to include that
 13 other workload policy I was talking about
 14 yesterday that's based on vacant positions.
 15 And so there was a request by one of them to
 16 ensure that both of those policies were in
 17 place simultaneously and it was in my opinion
 18 appropriately rejected.
 19 THE COMMISSIONER:
 20 Q. Are they not both designed to do the same
 21 thing, as it were?
 22 MR. RITTER:
 23 A. Well -
 24 THE COMMISSIONER:
 25 Q. May be different approaches, but aren't they -

Page 121

1 MR. RITTER:
 2 A. Exactly, they're different approaches to the
 3 same thing, so it would be sort of like double
 4 dipping to have them both at the same time,
 5 because in fact, the extra workload that's
 6 currently in place where they get paid more if
 7 they see, you know, beyond the threshold,
 8 accommodates the shortage factor, so you know,
 9 it was a bit too much to go for both.
 10 COFFEY, Q.C.:
 11 Q. And then Issue 3 is the one which, I believe,
 12 resurfaces in that January 2007 e-mail we
 13 looked at earlier involving Drs. Laing,
 14 Siddiqui and Ganguly.
 15 MR. RITTER:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. And here it's described as "recognition of
 19 administrative and teaching responsibilities",
 20 could you -
 21 MR. RITTER:
 22 A. Yeah, well as I was saying a little earlier,
 23 you know, there's a need to create more
 24 recognition and awareness about the importance
 25 of these other areas, other than pure clinical

Page 122

1 outputs. And in--one of the things to keep in
 2 mind here is that the cancer program which is
 3 housed under Eastern Health, is a province-
 4 wide program, it's not, you know, it is
 5 defined as a provincial service and it's a
 6 very big responsibility. It's not
 7 inconceivable that a program of that magnitude
 8 shouldn't have a fulltime medical director and
 9 at one point, they did have a more--I don't
 10 know if he was fulltime, but he was certainly
 11 half time, dedicated to running the cancer
 12 program. In this particular instance, the way
 13 the program is organized, you have the
 14 clinical chief who in this instance is Kara
 15 Laing, and two divisional chiefs, one, Dr.
 16 Siddiqui who is the division chief for medical
 17 oncology and Dr. P.K. Ganguly, who is the
 18 clinical--who is the division chief for
 19 radiation oncology. And essentially what was
 20 asked here is that the equivalent of one
 21 fulltime individual be distributed amongst
 22 those three individuals, and essentially what
 23 we were looking for was, point four, protected
 24 time for the clinical chief and then, point
 25 three respectively, for the two divisional

Page 123

1 chiefs. And ultimately that's what we did
 2 achieve. As well there's a need to recognize
 3 protected time for education. Somebody like
 4 Kara Laing, you know, is spread quite thin.
 5 She has responsibilities on the educational
 6 front and she has all of the administrative
 7 responsibilities, plus the clinical. So we
 8 were looking at, again, opening the door to
 9 recognition of these important activities.
 10 THE COMMISSIONER:
 11 Q. Just for clarification sake here, if you are a
 12 clinical chief and you have certain
 13 administrative duties, as clinical chief, and
 14 you are a fee for service specialist -
 15 MR. RITTER:
 16 A. Uh-hm.
 17 COFFEY, Q.C.:
 18 Q. Then presumably somebody would have to say,
 19 okay, because you are doing the job as
 20 clinical chief, we know that you will see this
 21 number less patients, and therefore your
 22 income would be impacted in that way and
 23 therefore, we'll make it up to you, is that
 24 the way it works?
 25 MR. RITTER:

Page 124

1 A. That, well no, that's not how it works right
 2 now. That's what I was trying to communicate
 3 a little earlier when I was talking about--
 4 that's where we need to be.
 5 THE COMMISSIONER:
 6 Q. All right.
 7 MR. RITTER:
 8 A. That's where we need to be, but we're not
 9 there yet.
 10 THE COMMISSIONER:
 11 Q. So right now clinical chiefs do get an amount,
 12 do they not? Or does it depend on what your
 13 clinical chief of?
 14 MR. RITTER:
 15 A. It's in my view, an ad hoc determination.
 16 THE COMMISSIONER:
 17 Q. Okay.
 18 MR. RITTER:
 19 A. Not based on any particular methodology or
 20 logic.
 21 THE COMMISSIONER:
 22 Q. Okay. All right, and if you were a clinical
 23 chief and you were a salaried physician, then
 24 presumably it becomes even a--well, I could
 25 say in some ways it could be simpler, as long

Page 125

1 as you're not expected to see the same number
 2 of patients as you would be if you did not
 3 have that responsibility.
 4 MR. RITTER:
 5 A. Exactly, that's correct.
 6 THE COMMISSIONER:
 7 Q. Okay, sorry, Mr. Coffey, I've interrupted
 8 again.
 9 COFFEY, Q.C.:
 10 Q. No, thank you, Commissioner. Now in relation
 11 to that, because Issue 3 here, I take it,
 12 relates in particular to Drs. Laing, Ganguly
 13 and Siddiqui?
 14 MR. RITTER:
 15 A. Correct.
 16 COFFEY, Q.C.:
 17 Q. And this is being discussed in the middle of
 18 '06 and certainly was still going on, at least
 19 in respect of Drs. Siddiqui and Ganguly in
 20 January of '07 because the e-mail refers to
 21 that.
 22 MR. RITTER:
 23 A. Yeah, again, I'm not good on dates, but
 24 certainly I recall sort of the way the thing
 25 unfolded as being, you know, fairly slow and

Page 126

1 somewhat frustrating.
 2 COFFEY, Q.C.:
 3 Q. Now, sir, with respect to this, here in this
 4 letter, Mr. Osborne addresses Dr. Laing as the
 5 clinical chief of the cancer program, okay, so
 6 if I could please, if we could just bring up
 7 again, please, exhibit P-1629? And this is
 8 that January 17th and 18th e-mails. And here
 9 at the bottom of that first page of 1629, the
 10 paragraph that Mr. Tilley has written is "The
 11 compensation we pay them for their
 12 administrative does not appear to be the
 13 issue." And -
 14 MR. RITTER:
 15 A. Sorry, where -
 16 COFFEY, Q.C.:
 17 Q. I'm sorry, right here at the bottom, this last
 18 paragraph, it's right there.
 19 MR. RITTER:
 20 A. Oh yeah.
 21 COFFEY, Q.C.:
 22 Q. The matter involving Drs. Laing, Ganguly and
 23 Siddiqui, did that, in this context, relate to
 24 their administrative duties as clinical chief
 25 and divisional chiefs?

Page 127

1 MR. RITTER:
 2 A. Sorry, what was -
 3 COFFEY, Q.C.:
 4 Q. The dispute, as it were, Issue 3 -
 5 MR. RITTER:
 6 A. Yeah, the point of contention here is the
 7 following, this is a kind of a hybrid group
 8 because they are salaried physicians, but in a
 9 sense they are also fee for service, because
 10 if they exceed their normal salary workload,
 11 then they get paid so much per additional
 12 payment. Their argument was that because 30
 13 percent--I'll use the example of one of the
 14 divisional chiefs, because 30 percent of their
 15 time is committed to administration, the
 16 threshold should be adjusted accordingly, and
 17 should therefore, they should be getting paid
 18 extra when they exceed -
 19 COFFEY, Q.C.:
 20 Q. Per patient.
 21 MR. RITTER:
 22 A. Per patient, when they exceed 70 percent of
 23 what the threshold is.
 24 COFFEY, Q.C.:
 25 Q. Okay. And the recognition, though, that, for

Page 128

1 example, that 30 percent of their time, their
 2 working time would be spent on administrative
 3 duties, apparently evolved then, was fine, it
 4 was agreed to and recognized at some point in
 5 this. I raise that because is there any, to
 6 your knowledge, any other such recognition for
 7 other clinical chiefs or divisional chiefs?
 8 MR. RITTER:
 9 A. To my knowledge the answer is no.
 10 COFFEY, Q.C.:
 11 Q. Okay, and can you help the Commissioner in any
 12 way in respect of enlightening us about why it
 13 is that it is recognized here for these
 14 particular divisional chiefs, two of them and
 15 the clinical chief here, but -
 16 MR. RITTER:
 17 A. Okay, let me take a step back, as I--just to
 18 be a hundred percent accurate, there is some
 19 recognition because of these sort of, these
 20 various honoraria that are given and we're not
 21 sure exactly who is getting how much or why
 22 they're reached the particular amount of
 23 money, whatever that happens to be. So that
 24 exists and it's, for the purposes of this
 25 discussion, it's arbitrary. The reality is,

Page 129

1 as I think the correspondence suggests, is
 2 that we're, in fact, breaking new ground here.
 3 We're this is in a way a first and will
 4 hopefully be precedent setting.
 5 COFFEY, Q.C.:
 6 Q. This is this structure involving the clinical
 7 chief -
 8 MR. RITTER:
 9 A. Well the concept of recognizing that a
 10 percentage of your time is administration and
 11 regardless of how you protect it, in this case
 12 it had a particular formula; in another case,
 13 it might have another formula. As the judge
 14 suggested, if someone is doing fee for
 15 service, for example, if they're going to
 16 reduce their activities by a day, you know,
 17 and would see so many less patients, there
 18 would have to be some form of compensation to
 19 accommodate that.
 20 COFFEY, Q.C.:
 21 Q. Okay.
 22 THE COMMISSIONER:
 23 Q. Mr. Coffey, a small administrative matter, the
 24 Registrar advises me that you have to enter
 25 that exhibit you've been referring to. That

Page 130

1 is 1629.
 2 COFFEY, Q.C.:
 3 Q. Oh.
 4 REGISTRAR:
 5 Q. Mr. Coffey, that one is not entered yet.
 6 That's for another witness.
 7 COFFEY, Q.C.:
 8 Q. Okay.
 9 THE COMMISSIONER:
 10 Q. It had been identified as one for a witness
 11 coming up shortly, I think, within our system.
 12 COFFEY, Q.C.:
 13 Q. Okay. Okay, if I could just -
 14 THE COMMISSIONER:
 15 Q. So I'm assuming you want it entered, since you
 16 just referred the witness to it.
 17 COFFEY, Q.C.:
 18 Q. Okay, 1629. I'm sorry, I--it's not -
 19 THE COMMISSIONER:
 20 Q. 1629 is the exhibit that you've just referred.
 21 COFFEY, Q.C.:
 22 Q. Okay, yes, could I ask that that be entered?
 23 We've seen other copies of this.
 24 THE COMMISSIONER:
 25 Q. Yes.

Page 131

1 COFFEY, Q.C.:
 2 Q. And Mr. Ritter, just to explain to you, we've
 3 seen sometimes multiple copies and because
 4 they come from different sources and so on,
 5 they end up being exhibited with different
 6 numbers.
 7 MR. RITTER:
 8 A. Okay.
 9 COFFEY, Q.C.:
 10 Q. Please, if we could, Commissioner.
 11 THE COMMISSIONER:
 12 Q. And sometimes what's happened is there's an
 13 additional e-mail added on to the first three.
 14 MR. RITTER:
 15 A. Yeah.
 16 THE COMMISSIONER:
 17 Q. It makes life more complicated for the poor
 18 person who's sitting here, but nobody cares
 19 about that. All right, we'll have that
 20 exhibit entered. Thank you.
 21 EXHIBIT ENTERED AND MARKED EXHIBIT P-1629
 22 COFFEY, Q.C.:
 23 Q. Thank you, Commissioner. If we could, please,
 24 then, Mr. Ritter, looking at 1372, that
 25 letter, I take it though that coming out of

Page 132

1 that letter, there was a meeting on July 6th?

2 MR. RITTER:

3 A. Yeah.

4 COFFEY, Q.C.:

5 Q. As best you can recall. Can you tell us what

6 you recall about how that meeting went? Who

7 was there and -

8 MR. RITTER:

9 A. Well, my recollection of that meeting was that

10 Nash Denic was there, Kara Laing was there,

11 and I was there. I can't remember whether our

12 president was there. I don't think our

13 president was there. And it included, I

14 believe, a formal presentation that was made

15 with slides and, you know, the typical kind of

16 presentation.

17 COFFEY, Q.C.:

18 Q. If we could, have we entered 1652? No? Okay,

19 so I'll--if we could bring that up on the

20 screen, please.

21 REGISTRAR:

22 Q. 1652 (inaudible).

23 COFFEY, Q.C.:

24 Q. I just want to be careful now, that's all.

25 THE COMMISSIONER:

Page 133

1 Q. Yes, in the list you gave us.

2 COFFEY, Q.C.:

3 Q. Oh yes, I'm being a bit facetious, but I do

4 stand corrected and admonished.

5 THE COMMISSIONER:

6 Q. Well, you know, we've gotten as far as 1653,

7 and I think that's only the second or third

8 time the Registrar has had to call a halt. So

9 that's not bad.

10 COFFEY, Q.C.:

11 Q. Thank you, Commissioner. I'm just going to--

12 it says "overview to define and explain our

13 practice needs and problems in delivering

14 services in Newfoundland, what pathologists

15 do, our issues, remuneration and" it goes on

16 at some length then. Would this be the slide

17 show, do you think?

18 MR. RITTER:

19 A. Yes, I believe that that's what it was.

20 COFFEY, Q.C.:

21 Q. Or the presentation.

22 MR. RITTER:

23 A. Yeah.

24 COFFEY, Q.C.:

25 Q. In the form of a slide show. So I'm sorry, I

Page 134

1 interrupted you.

2 MR. RITTER:

3 A. Well, in essence, if you go back to that

4 document, remember we talked about a two-page

5 narrative document. This is very much the

6 same kind of information, perhaps with a

7 little more detail, but you know, it basically

8 is an attempt to educate the decision makers

9 in more depth about what pathologists do, how

10 they're trained, how they compare to

11 colleagues and so on.

12 COFFEY, Q.C.:

13 Q. And I'm sorry, who was on the other side of

14 this?

15 MR. RITTER:

16 A. I know that Osborne and Sullivan were there.

17 I'm trying to remember--I think, I believe

18 Osborne's EA was there as well. I can't

19 remember his name.

20 COFFEY, Q.C.:

21 Q. Darrell Hynes?

22 MR. RITTER:

23 A. I think that's the one.

24 COFFEY, Q.C.:

25 Q. Okay.

Page 135

1 MR. RITTER:

2 A. I think he was there, and I believe the Deputy

3 Minister was there.

4 COFFEY, Q.C.:

5 Q. Mr. Abbott?

6 MR. RITTER:

7 A. Yeah.

8 COFFEY, Q.C.:

9 Q. And what kind of reception did you get? At

10 least, what was your interpretation of the

11 reception?

12 MR. RITTER:

13 A. It was civil. It was friendly enough, you

14 know, but it was again going--what was the

15 date of that meeting? That was July, right?

16 COFFEY, Q.C.:

17 Q. July 6th, yes.

18 MR. RITTER:

19 A. Yeah, and I think that's when we agreed that

20 we would go ahead--what was the date of when

21 the Treasury Board accepted or approved

22 engaging Maung? Was that before or after this

23 meeting?

24 COFFEY, Q.C.:

25 Q. Well, if we can, I'll bring up 1642, please,

Page 136

1 or the Registrar will? Thank you. This is a
 2 letter of July 27th, 2006. It's addressed to
 3 yourself.
 4 MR. RITTER:
 5 A. Okay, yeah.
 6 COFFEY, Q.C.:
 7 Q. Re: provincial pathologists, and this is from
 8 Mr. Abbott, copied to Dr. Hunt.
 9 MR. RITTER:
 10 A. Okay, yeah, so that was the sequence of
 11 events, and I guess that's when we were being
 12 told that we would go ahead and they were
 13 looking for us to sit down and figure out how
 14 we would proceed with this review.
 15 COFFEY, Q.C.:
 16 Q. So here, looking at the letter, you're advised
 17 by Mr. Abbott here that "this letter" his
 18 letter, "is in follow up to feedback my"
 19 that's Mr. Abbott's office, "as received from
 20 Treasury Board."
 21 MR. RITTER:
 22 A. Right, and that's that -
 23 COFFEY, Q.C.:
 24 Q. "Following a reconsideration of our proposal
 25 to address recruitment and retention concerns

Page 137

1 for the specialty of pathology." I won't take
 2 you through it, but apparently Mr. Abbott
 3 actually kind of appealed, as it were, their
 4 initial position and they reaffirmed their--as
 5 he points out here in the second paragraph,
 6 "Treasury Board has reaffirmed their decision
 7 to have an external consultant undertake a
 8 review of this specialty group."
 9 MR. RITTER:
 10 A. Right. So that came about, I guess, two weeks
 11 after this meeting, two and a half weeks after
 12 the meeting. They're informing us of the
 13 decision to go with this external consultant.
 14 COFFEY, Q.C.:
 15 Q. The third paragraph begins "the next step in
 16 the process is to contract with the external
 17 consultant. I understand that Departmental
 18 officials had some preliminary discussions
 19 with your organization as to who has the
 20 breadth of knowledge, experience and time to
 21 dedicate to this project so that it can be
 22 expedited as quickly as possible. Compliance
 23 from the physician group will be critical to
 24 this process," and it goes on from there.
 25 So having received that, how did your

Page 138

1 organization respond?
 2 MR. RITTER:
 3 A. My recollection is we engaged with, I think it
 4 was Cathi Bradbury. Steve, of my office, and
 5 Cathi Bradbury got together. They talked
 6 about, I think, two or three possible external
 7 consultants that might be approached and I
 8 think they came to an agreement. I think
 9 Cathi had recommended we go with this guy,
 10 Raymond Maung, and that's what we did.
 11 COFFEY, Q.C.:
 12 Q. Now, if I could, please, just one moment, if
 13 we could bring up, please, Exhibit P-0278?
 14 Now this is a document entitled "Pathology
 15 Workload Review: Newfoundland and Labrador"
 16 commissioned by Mr. John Abbott, Deputy
 17 Minister, review and report by Dr. Raymond
 18 Maung. To put it in some temporal context,
 19 it's the second page, top of the second page,
 20 top right-hand side, it's dated January 22nd
 21 2007. I take it that this is Dr. Maung's
 22 report.
 23 MR. RITTER:
 24 A. That's correct.
 25 COFFEY, Q.C.:

Page 139

1 Q. How did the--well, first of all, did your
 2 physicians from the NLMA and your organization
 3 participate and cooperate with Dr. Maung?
 4 MR. RITTER:
 5 A. Oh yes. Yes, there was certainly--he needed
 6 information and he needed someone on the
 7 ground to collect stuff for him, and we
 8 fulfilled some of that, and individual
 9 physicians as well, certain individual
 10 physicians pulled material together for him,
 11 and as did, I think, officials of the
 12 Department.
 13 COFFEY, Q.C.:
 14 Q. And having received the report, what was--and
 15 reviewed it, what was the NLMA's position vis-
 16 a-vis the report?
 17 MR. RITTER:
 18 A. Well, you know, we were satisfied. I think
 19 the report essentially reaffirmed what we'd
 20 been saying all along. What I particularly
 21 appreciated about the report was exactly the
 22 things I had just been speaking about a few
 23 minutes ago, recognition that, you know, that
 24 education is important, that administration is
 25 important, you know, and this was based on a

Page 140

1 very--sort of a formula that's beyond my
 2 comprehension, but it's a formula that's able
 3 to sort of measure workload and project
 4 staffing requirements, based on a number of
 5 formulas associated with different kinds of
 6 activities.
 7 COFFEY, Q.C.:
 8 Q. Do you recall -
 9 MR. RITTER:
 10 A. But I was happy that he acknowledged the
 11 importance of some of these other indirect
 12 activities.
 13 COFFEY, Q.C.:
 14 Q. Do you recall why it was that Dr. Maung was
 15 agreed to? I mean, what in particular about
 16 Dr. Maung?
 17 MR. RITTER:
 18 A. I think the reason Dr. Maung was selected was
 19 he had written a couple of papers that
 20 appeared in some journals and the papers that
 21 he had written, as far as I recall, had to do
 22 with this methodology. So he certainly,
 23 seemed within Canada, to be the most
 24 knowledgeable and most sort of interested in
 25 this kind of activity.

Page 141

1 COFFEY, Q.C.:
 2 Q. If we could look, please, at page--I'm just
 3 going to go to, if I could, page four of the
 4 report and paragraph entitled one,
 5 introduction/why? And he points out "there
 6 has been an intense interest in pathology
 7 manpower in recent years. There are ongoing
 8 studies in many provinces and the Canadian
 9 Association of Pathologists is currently
 10 drafting a position paper. This is mainly due
 11 to a pending crisis in pathology human
 12 resources in the near future," and I would
 13 point out that the words "pending crisis in
 14 pathology human resources" are italicized.
 15 He then asks, poses the question, "how
 16 has this crisis occurred? Basically, it is
 17 related to the unique nature of pathology
 18 practice and how the majority of pathologists
 19 are remunerated" and then he goes on then at
 20 some length about it.
 21 Again, I'm not going to take you through
 22 this in detail, and some aspects of it, I
 23 anticipate reviewing with people such as Dr.
 24 Denic, but what then did the NLMA and the
 25 Department of Health do with this report?

Page 142

1 MR. RITTER:
 2 A. We obviously used it to underscore the
 3 arguments that we had been putting forward,
 4 and at that point, I think then it became more
 5 of an internal stick handling situation. Now,
 6 I guess, John Abbott was in a better position.
 7 He had some, what I would say, external, the
 8 kind of information that Treasury Board said
 9 they needed in order to make a decision, and
 10 you know, and I don't recall, after that
 11 point, going to any great manoeuvres in terms
 12 of the advocacy. To me, it was sort of a
 13 slam--you know, kind of a slam dunk.
 14 COFFEY, Q.C.:
 15 Q. If we could, please, Exhibit P-0002?
 16 REGISTRAR:
 17 Q. What one was that, Mr. Coffey?
 18 COFFEY, Q.C.:
 19 Q. On the copy I have here, it's P-0002, 0002.
 20 REGISTRAR:
 21 Q. (Inaudible).
 22 COFFEY, Q.C.:
 23 Q. Yes, I was going to say, so just a second,
 24 please. That's obviously wrongly numbered
 25 here. It's P-0105, want to try? Okay, no,

Page 143

1 it's not--P-105, please.
 2 THE COMMISSIONER:
 3 Q. 0105 is one of our popular numbers. That's
 4 0125, I think. That's an excerpt from -
 5 COFFEY, Q.C.:
 6 Q. Yes, okay, just a moment. It's just on the--
 7 on the copy I have, it's--it's a letter dated
 8 March 8th, 2007. It's addressed to John
 9 Abbott from Dr. Denic, and this probably
 10 should be numbered P-1002, I suspect, and it's
 11 re: recruitment and retention of pathologists,
 12 and I'm open to assistance from people, such
 13 as Mr. Simmons.
 14 MR. SIMMONS:
 15 Q. Dr. Denic to John Abbott?
 16 COFFEY, Q.C.:
 17 Q. Yes.
 18 MR. SIMMONS:
 19 Q. Try P-0201.
 20 COFFEY, Q.C.:
 21 Q. Thank you.
 22 THE COMMISSIONER:
 23 Q. Sounds like a likely candidate.
 24 COFFEY, Q.C.:
 25 Q. That's good. Thank you, Mr. Simmons.

Page 144

1 MR. PIKE:
 2 Q. Master of the rolls.
 3 COFFEY, Q.C.:
 4 Q. Master of the computer, database, I can tell
 5 you that. This again, if I could, please, Mr.
 6 Ritter, is a letter to John Abbott. And you
 7 can see, I'll just take you to the second
 8 page, it's, of course, from Dr. Denic, but
 9 it's copied to Mr. Ross Wiseman, Premier Danny
 10 Williams, Thomas Marshall, Minister of
 11 Finance, I'm sorry, and yourself as Executive
 12 Director of the NLMA. And the--Dr. Denic
 13 opens by saying "As per our recent
 14 conversation, I am writing you and Minister
 15 Wiseman," that's Mr. Abbott and Mr. Wiseman,
 16 "to reinforce the issues regarding recruitment
 17 and retention of pathologists in Newfoundland.
 18 We have communicated this problem over the
 19 last three years to the Department of Health.
 20 A document generated by an external reviewer
 21 retained by government has also addressed this
 22 issue in detail." And he goes on to talk
 23 about vacancies in the second paragraph. And
 24 in the middle of the second paragraph he
 25 notes, "This will result in a shortfall of

Page 145

1 over 30 percent for St. John's hospitals. The
 2 situation outside St. John's is even more
 3 serious with only one pathologist left in
 4 Clarenville and one in Gander. There is a
 5 resignation in Corner Brook." And if I could,
 6 please, at that time when you received your
 7 copied, that copy of the letter, what did you
 8 anticipate was going to happen at that point?
 9 MR. RITTER:
 10 A. Well -
 11 COFFEY, Q.C.:
 12 Q. This is early March.
 13 MR. RITTER:
 14 A. Well, we're persistent and we were, you know,
 15 continuing to press to again go for that bare
 16 minimum which was the bonus, the cancer bonus.
 17 COFFEY, Q.C.:
 18 Q. If we could, please, Exhibit P-0205? This is
 19 a letter from Mr. Wiseman, as the Minister of
 20 Health, to Terry O'Grady, the President of the
 21 NLMA, dated May 18th, 2007. It's copied to
 22 Doctors Denic and Bradbury and to yourself,
 23 Mr. Ritter. Mr. Wiseman advises, "I am
 24 writing to advise that Treasury Board recently
 25 approved the department's proposal to extend

Page 146

1 the oncology stipend under the salaried
 2 physician policy to the provinces salaried
 3 pathologists. The effective date for this
 4 change in policy is February 26th, 2007." And
 5 he thanks yourself and Dr. Denic for assisting
 6 the department and the external consultant for
 7 bringing this matter to a successful
 8 conclusion. Now, sir, before May 18th, 2007
 9 do you recall, like, the last time before that
 10 you heard about this?
 11 MR. RITTER:
 12 A. No, I--in fact, the March letter, the one that
 13 Denic signed, I'm glad you raised it. You
 14 know, I just, I'd forgotten about it until you
 15 flagged it for me.
 16 COFFEY, Q.C.:
 17 Q. So -
 18 MR. RITTER:
 19 A. So the period between the completion of the
 20 Maung report -
 21 COFFEY, Q.C.:
 22 Q. Maung, in -
 23 MR. RITTER:
 24 A. - and the decision is pretty grey in my mind.
 25 COFFEY, Q.C.:

Page 147

1 Q. So Maung's report is available in late
 2 January?
 3 MR. RITTER:
 4 A. Correct.
 5 COFFEY, Q.C.:
 6 Q. 2007, Dr. Maung's report?
 7 MR. RITTER:
 8 A. Yeah.
 9 COFFEY, Q.C.:
 10 Q. February goes by, whatever went on. By March
 11 8th Dr. Denic is, well, saying what he is to
 12 the deputy minister of health, talking about
 13 crisis looming, and at least at a minimum
 14 looking for the oncology bonus, as he
 15 describes it. And then the next that you hear
 16 is this letter from Mr. Wiseman in mid May
 17 saying that the bonus is going to be given?
 18 MR. RITTER:
 19 A. What I would say, though, there was some
 20 conversation, there was unofficial
 21 conversation that it was going to be imminent,
 22 that we should anticipate a letter of this
 23 type, I do recall that.
 24 COFFEY, Q.C.:
 25 Q. Sir, with respect then to that, what was the

Page 148

1 reaction of the pathologists to it, to your
 2 knowledge?
 3 MR. RITTER:
 4 A. I think they were happy. You know, they
 5 certainly--I did receive a couple of phone
 6 calls, you know, expressing gratitude to us
 7 for our efforts on their behalf. And that was
 8 basically it.
 9 COFFEY, Q.C.:
 10 Q. And it was around that time that the story was
 11 run on CBC May 15th, 2007 and in effect here
 12 we are today since then. But in terms of the
 13 ER/PR matter, did the NLMA have any further
 14 involvement in that after the story broke in
 15 May?
 16 MR. RITTER:
 17 A. Not really, not--I mean, there would have been
 18 the odd reference to it in a conversation, but
 19 we really did not get actively involved in it
 20 other than the kind of involvement I had
 21 described to you earlier in my testimony.
 22 That's all I can--that's all I can recall.
 23 COFFEY, Q.C.:
 24 Q. Now, yesterday you were about to tell, at one
 25 point, about what had happened more recently

Page 149

1 in terms of the remuneration for pathologists.
 2 Can you tell us, please, about that, how that
 3 unfolded?
 4 MR. RITTER:
 5 A. You're talking about just this -
 6 COFFEY, Q.C.:
 7 Q. This year.
 8 MR. RITTER:
 9 A. - this last -
 10 COFFEY, Q.C.:
 11 Q. This past year.
 12 MR. RITTER:
 13 A. - month or so?
 14 COFFEY, Q.C.:
 15 Q. Yes.
 16 MR. RITTER:
 17 A. Yeah, essentially what happened was we had
 18 that meeting with the Premier on, I believe it
 19 was May the 8th.
 20 COFFEY, Q.C.:
 21 Q. Um-hm.
 22 MR. RITTER:
 23 A. The following day on May the 9th we met with
 24 Mr. Wiseman and with--and he had a couple, a
 25 number of officials with him. I had Dr. Denic

Page 150

1 with me, Simon Avis and Kara Laing came a bit
 2 later and Dr. Saltman. The idea here was we
 3 had the leaders both from the academia side
 4 and from the clinical side of both services at
 5 this meeting. We talked about where do we go
 6 from here. And we threw around a lot of very,
 7 very general ideas, including the whole idea
 8 of APPS and that sort of thing. But it was
 9 not a very focused discussion and we agreed,
 10 we agreed that NLMA would consult with the
 11 people involved and then we would come back
 12 with some proposals. The government would
 13 also look at sort of their, what they thought
 14 might be appropriate. And towards the end of
 15 the meeting--and we agreed to meet again.
 16 Towards the end of the meeting the minister
 17 said to--asked us if we would agree to keep
 18 all of the discussions confidential until such
 19 time as we arrived at a mutually agreeable
 20 solution. That would have been May 9th; I
 21 believe that was a Friday. And we agreed, we
 22 agreed that, you know, while there were
 23 discussions going on it was best kept quiet.
 24 I spent the next few days meeting with both
 25 the pathology group and the radiation and

Page 151

1 medical oncologists to look at the things, the
 2 issues that mattered to them, the things that
 3 they felt would be helpful. But the following
 4 Friday, I believe it was, I think it was May
 5 16th, if my arithmetic is correct, I sent
 6 over--the minister was out of town and I sent
 7 over three pages of bullets of things that we
 8 were putting on the table. And the--and I
 9 spoke to the minister, I phoned the minister
 10 later that day and I said, "I sent you this
 11 material, you know, we're ready to discuss all
 12 of those points. None of this is etched in
 13 stone. Let me know when we can talk about
 14 it." The minister said to me--this was in the
 15 evening, I had caught him in the office, he'd
 16 been back or I may have caught him on the cell
 17 phone, I don't know, but I spoke to him that
 18 evening, and he said he would take it up with
 19 the Premier over the weekend. It was the
 20 weekend before--it was the long weekend. And
 21 he, he said he would take it up with the
 22 Premier and he would be back to me before the
 23 weekend was out. On Tuesday morning I
 24 received a phone call from Cathi Bradbury
 25 saying--asking me a couple of questions,

Page 152

1 technical questions about the points we had
 2 submitted. And I asked her during that
 3 conversation, you know, when she anticipated
 4 that we would have some form of response, and
 5 she said she thought, she wasn't certain, but
 6 she thought that there was an interest in
 7 dealing with this and it would be, that we
 8 would hear back before the day was out or by
 9 the end of the day. The next morning, the
 10 next day there was an article in the paper
 11 indicating that the deputy minister, Don
 12 Keats, had been in a car accident and that as
 13 a result there was going to be a slight delay
 14 in addressing this issue. And on Thursday
 15 morning I was starting to get phone calls
 16 from, I got phone calls from Kara Laing, Dr.
 17 Hutchinson, Dr. Denic, who was up in Happy
 18 Valley-Goose Bay testifying at a trial, and a
 19 couple of others whose names escape me for the
 20 moment, but they were all approached by the
 21 minister. Kara Laing had a visit from the
 22 minister at her office, unexpected, and there
 23 was a sort of a very quick conversation. And
 24 then a number of people were summoned into
 25 Louise Jones' office and showed up not knowing

Page 153

1 that the minister was going to be there, and
 2 they were approached and somebody in the
 3 meeting said, "Well, where's the NLMA?" and
 4 they were told that this is a matter for
 5 Eastern Health and the person suggested that,
 6 "No, this is a provincial program, it's not
 7 just about Eastern Health." And I don't--
 8 again, there was sort of an abrupt answer,
 9 "This is for Eastern Health." Needless to
 10 say, by this time we were--and the people
 11 involved phoned me, Kara Laing phoned me and
 12 said, "Guess who just left my office?" And
 13 then I got a call from Nash Denic, who'd
 14 received a call from Ross Wiseman. So the
 15 minister was personally engaging a number of
 16 people in trying to cut a deal. And needless
 17 to say, this was very discomfoting for us,
 18 especially when we're getting all these phone
 19 calls. And I tried to reach the minister, I
 20 left several messages. In fact, during that
 21 week I had made several attempts to contact
 22 the minister by phone, but was never able to
 23 do so. On the Thursday, I can't remember if
 24 it was before the announcement or after the
 25 announcement, I expressed in fairly clear

Page 154

1 terms to the minister my displeasure about
 2 what was happening and he said that he would
 3 meet me on Friday, that this wasn't an attempt
 4 to bypass us, that, you know, that he would
 5 meet me on Friday. And then I got a call on
 6 Friday morning saying he wasn't available.
 7 And then I can't remember if I spoke to him
 8 again later Friday. But the long and short of
 9 it is that that Friday a whole bunch of them
 10 received letters, individual letters addressed
 11 to them individually with offers. We received
 12 copies of it because I was fairly angry. We
 13 received copies of it later Friday after the
 14 physicians--in fact, we received our original
 15 copies from physicians who had already
 16 received theirs. The pathology physicians
 17 received theirs in the morning and the others
 18 received theirs in the afternoon. In fact, we
 19 were at a meeting to talk to the radiation and
 20 medical oncologists because they were told
 21 their offers would be arriving, but they
 22 didn't arrive until about 3:30 that afternoon.
 23 And that's how we got there. The announcement
 24 on Thursday of what the deal was, on the
 25 Thursday afternoon, came as a surprise to us.

Page 155

1 Our first knowledge that there was an
 2 announcement came about as a result of a call
 3 from a reporter asking us to comment on the
 4 announcement and we didn't even know that
 5 there was an announcement.
 6 COFFEY, Q.C.:
 7 Q. And the NLMA has done what since?
 8 MR. RITTER:
 9 A. Well, we've met with both groups. What I did
 10 was I invited, I've had several meetings with
 11 the oncologists, with the pathologists on how
 12 to deal with this. Both groups reaffirmed
 13 that they would only agree to these
 14 arrangements through the NLMA, that they would
 15 not deal directly with the department, and
 16 that's indeed what has transpired. What I try
 17 to do--this became a very divisive issue
 18 amongst our membership, and so what I tried to
 19 do is to bring all the diverse people
 20 together. And it was pretty volatile. And it
 21 was an important wake-up call for me. You
 22 know, when you're dealing with a lot, a very
 23 diverse group of people and everybody is sort
 24 of in a tough situation, you know, you've got
 25 to look after everybody but you can't always

Page 156

1 look after everybody at the exact same time.
 2 And in a way bringing everybody together was
 3 very, was painful for me, but it was also very
 4 helpful for me because it sort of brought me
 5 back to reality of what we were dealing with.
 6 And so, you know -
 7 COFFEY, Q.C.:
 8 Q. Do you recall when that meeting was, the
 9 larger group?
 10 MR. RITTER:
 11 A. Oh, God, you know what, we were meeting groups
 12 in the morning and in the afternoon and so on.
 13 And the other things that were happening at
 14 the same time is we, over the last while,
 15 we've had real serious concerns about the
 16 wellbeing of our members, of particularly the
 17 pathologists and the medical and radiation
 18 oncologists. What distinguishes them, by the
 19 way, from every other group in this particular
 20 scenario is they were the ones who basically
 21 had to deal with the fallout of this crisis,
 22 because of the sort of loss of confidence, you
 23 know, all the new phone calls, you know, the
 24 cancer patients wanting to be retested or
 25 wanting reassurance that there wasn't an error

Page 157

1 in their particular case, you know, that whole
 2 mess of situations was weighing very, very
 3 heavily on them and it was traumatic. So we
 4 actually organized a number of sessions for
 5 the groups to get some support and that was
 6 going on during this period, as well. The--
 7 and I'll be making some comments at the
 8 conclusion if I have the opportunity about on
 9 a sort of a higher level, but the fallout of
 10 all of this, you know, is that instead of a
 11 situation within the medical community being
 12 improved, what's happened now is that there's
 13 been an erosion, and it's painful.
 14 COFFEY, Q.C.:
 15 Q. Sir, I gather, because can't give evidence but
 16 I do watch the news, there's the NLMA, I
 17 gather, sent a letter to its membership about
 18 this?
 19 MR. RITTER:
 20 A. Yes, we did.
 21 COFFEY, Q.C.:
 22 Q. Matter. When was that, who was it sent by,
 23 when was that?
 24 MR. RITTER:
 25 A. That was sent, I think, last week, at the

Page 158

1 beginning of last week. It would have been
 2 last Monday, probably.
 3 COFFEY, Q.C.:
 4 Q. And that was sent by whom?
 5 MR. RITTER:
 6 A. That was sent by the NLMA. It was under the--
 7 it was the president's letter, so it came
 8 signed by Joe Tumilty.
 9 COFFEY, Q.C.:
 10 Q. Okay.
 11 MR. RITTER:
 12 A. Who is our president. And I can tell you that
 13 it was not an easy letter to write. And
 14 needless to say, we spent many hours, you
 15 know, in some turmoil about, you know, how do
 16 we communicate to our members, how do we, you
 17 know, how do we sort of restore some sense of
 18 harmony within the medical community. And we
 19 felt that the best thing, the only thing we
 20 could do was to lay out the facts as clearly
 21 and as precisely as we possibly could. And
 22 that's what that letter was about.
 23 COFFEY, Q.C.:
 24 Q. Okay. And so I take it that that's more or
 25 less where it stands now?

Page 159

1 MR. RITTER:
 2 A. Yeah.
 3 COFFEY, Q.C.:
 4 Q. Is there anything -
 5 MR. RITTER:
 6 A. Well, I think we're at--you know, I think
 7 anyone who saw the news yesterday understands
 8 that we're at an impasse. It's a very sad
 9 state of affairs. It's sad for us, you know,
 10 it's sad for the province, it's sad for the
 11 people. And it, you know, it needs to be
 12 corrected. A couple of things that might be
 13 relevant here is there were some references,
 14 there were some references to correspondence
 15 being sent and not answered. One of the
 16 things, I had a conversation with the minister
 17 several weeks ago and at which time I
 18 expressed some frustration about things we had
 19 been dealing with on a friendly basis of a
 20 sort of day to--not day to day, but on a sort
 21 of informal face to face telephone
 22 conversations type of discussions. He had
 23 expressed, you know, an interest in the things
 24 we were raising. But what we were finding was
 25 that we were getting a lot of sort of positive

Page 160

1 responses to things sort of verbally, but
 2 there was no sort of implementation or
 3 execution on a lot of these outstanding
 4 matters. So I had proposed to him and he very
 5 willingly said--you know, I proposed that we,
 6 we formalize our relationship some more and
 7 that--and I told him that from here on in we
 8 would be addressing our issues through
 9 correspondence rather than through face to
 10 face conversations because I felt it was
 11 important to formalize and to ensure that
 12 there was some continuity to things that were
 13 being raised rather than just having sort of
 14 unofficial discussions. You know, informality
 15 can be very, very effective, but it can also
 16 be very ineffective. And in this case it was
 17 our judgment that we needed to formalize
 18 arrangements. Now, the thing that's kind of
 19 interesting in all of this is if you look at
 20 just some of the most recent questions you
 21 asked me where you referred to the PSLC and to
 22 the service coverage committee, that committee
 23 became dissolved some time ago at the request,
 24 at John Abbott's request, for reasons that I
 25 didn't quite understand because we certainly

Page 161

1 found it to be a very, a very effective way of
 2 keeping, you know, keeping issues that needed
 3 to be on the front burner where they belonged
 4 and also, you know, ensuring that we were
 5 recording our engagements and that, you know,
 6 decisions were being recorded and so on. And
 7 you know, that kind of regimentation, I think,
 8 was very, very healthy, and it's really
 9 unfortunate that it's gone. And perhaps
 10 amongst the things that the Commission might
 11 want to consider when you're sort of assessing
 12 all of this mountains of information, your
 13 honour, is something along those lines, is
 14 some kind of structured mechanism with some
 15 ground rules and some documentation to ensure
 16 that the business of the people when it comes
 17 to medical care is addressed by the people who
 18 have an obligation to address those issues and
 19 that it's done so in a responsible and an
 20 appropriate way.
 21 COFFEY, Q.C.:
 22 Q. I'm going to ask, Commissioner, because I do
 23 have one other question and then a final
 24 question for--one other topic and then a final
 25 question for Mr. Ritter, if we could break for

Page 162

1 lunch. I'll only be five minutes when we come
 2 back.
 3 COMMISSIONER:
 4 Q. All right. We'll break for lunch, meet again
 5 at 2:10.
 6 COFFEY, Q.C.:
 7 Q. Thank you.
 8 COMMISSIONER:
 9 Q. Thank you.
 10 (LUNCH BREAK)
 11 COMMISSIONER:
 12 Q. Please be seated. Mr. Coffey?
 13 COFFEY, Q.C.:
 14 Q. Thank you, Commissioner. Mr. Ritter, the
 15 external reviews that were conducted by Trish
 16 Wegrynowski and Dr. Banerjee, when did you
 17 first become aware of the contents of those
 18 reviews?
 19 MR. RITTER:
 20 A. Again, I'm having trouble in terms of
 21 positioning the exact date. What I can say is
 22 that I knew about it, I knew that it existed a
 23 fair while before it became, how do I put it,
 24 a subject of controversy.
 25 COFFEY, Q.C.:

Page 163

1 Q. Um-hm.
 2 MR. RITTER:
 3 A. Some of the pathologists had mentioned that
 4 there was a peer review report. And I never
 5 asked, I treated it as a peer review, I
 6 interpreted it as that and I preferred to keep
 7 myself uninformed on that matter.
 8 COFFEY, Q.C.:
 9 Q. And you would have eventually, then, become
 10 aware that there was--there were court
 11 proceedings relating to it?
 12 MR. RITTER:
 13 A. Correct.
 14 COFFEY, Q.C.:
 15 Q. Okay. And I take it then the actual reports
 16 themselves, have you seen them?
 17 MR. RITTER:
 18 A. I have.
 19 COFFEY, Q.C.:
 20 Q. Okay. They would have been after the court
 21 decision?
 22 MR. RITTER:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Okay. Have you had any discussions with any

Page 164

1 physicians concerning the actual contents of
 2 the reports? I appreciate it's a matter of
 3 public record as to the position taken by the
 4 NLMA during the proceedings, and I'm not going
 5 to ask you about that.

6 MR. RITTER:
 7 A. Yeah.

8 COFFEY, Q.C.:
 9 Q. But in terms of the actual contents and the
 10 observations by Ms. Wegrynowski and by Dr.
 11 Banerjee, has that been the subject of any
 12 discussions between yourself and any of the
 13 physicians?

14 MR. RITTER:
 15 A. Very minimal. The essence of it was without
 16 making light of it was sort of, I told you so.
 17 You know, to some of the physicians who were
 18 concerned about, you know, it becoming public
 19 information, you know, we--I wasn't concerned
 20 about what was in there, regardless of what
 21 was going to be in there. We felt, on a
 22 matter of principle, that we had to take a
 23 particular stand and the stand we took was
 24 primarily related to some concern we had in
 25 terms of what we thought was conflicting

Page 165

1 legislation between the Evidence Act and the
 2 Inquiries Act and so actually when Judge
 3 Dymond sort of delivered his judgment, we were
 4 quite satisfied with the outcome.

5 COFFEY, Q.C.:
 6 Q. And since that time has there been any
 7 discussion about, like -

8 MR. RITTER:
 9 A. No.

10 COFFEY, Q.C.:
 11 Q. - the observations made by -

12 MR. RITTER:
 13 A. I, to be honest, I skimmed the report. There
 14 was a lot of technical stuff in there that's,
 15 you know, not of great interest to me
 16 personally, and that was really the sum total
 17 of it.

18 COFFEY, Q.C.:
 19 Q. Sir, one final question then I have for you is
 20 in preparing to come here today and subsequent
 21 to the interview myself and Ms. Chaytor had
 22 with you and during that interview I advised
 23 you that I would ask you or Ms. Chaytor would
 24 ask you if you had any observations to make,
 25 thoughts to pass on to the Commissioner, and I

Page 166

1 gather you have some things you'd like to say?
 2 MR. RITTER:
 3 A. I did, I did prepare a few remarks. And a lot
 4 of the issues that I was hoping to raise in
 5 Part 2, which was the sort of the status we
 6 were looking for initially, I think it's come
 7 up in the course of our discussion, but I do
 8 intend, in addition to whatever remarks I've
 9 made here under Part 1, we do intend to offer
 10 some recommendations under Part 2 at some
 11 point when we can sort of catch our breath.
 12 But I did want to make a few general
 13 observations. They're somewhat personal, but
 14 they're also, I think, reflective of the
 15 medical community. So if I may?
 16 When Judge Cameron granted the NLMA
 17 standing for Part 2 of this Inquiry, she
 18 expressed an expectation that our organization
 19 would bring forward constructive
 20 recommendations and best practices in support
 21 of her quest to restore public confidence in
 22 the health care system. It is with these
 23 thoughts and expectations in mind that I make
 24 my concluding remarks today on behalf of the
 25 NLMA and our membership consisting of just

Page 167

1 under 1700 physicians, medical residents and
 2 medical students.
 3 I came to this province from the mainland
 4 roughly seven years ago. My wife, Shari, and
 5 I came with one-way tickets intending to make
 6 this our permanent home, our last stop, if you
 7 will. We are baby boomers, and like many
 8 other residents of our generation in this
 9 province, we are approaching a stage in our
 10 lives when we will be relying increasingly on
 11 the services of the health care system,
 12 hopefully for many, many years. And when that
 13 time comes, we all want to feel secure about
 14 the quality of care that we receive and we all
 15 want to feel reassured that this will endure,
 16 as well, for our children and our
 17 grandchildren. At the end of the day this
 18 Inquiry has the potential of helping us all
 19 realize these fundamental rights and
 20 aspirations.
 21 When a monumental undertaking such as
 22 this Inquiry takes place, one expects to
 23 become more enlightened and aware at the end
 24 of the journey than at the beginning. We are,
 25 after all, expending an enormous amount of

Page 168

1 money, energy and time. This is a strenuous
 2 process, not without emotional trauma and
 3 anguish for many, especially those patients
 4 and their families who suffered the
 5 consequences of the tragic circumstances that
 6 lead to this Inquiry. So there is no doubt
 7 that everyone in this province wants this
 8 process to be therapeutic and beneficial to
 9 the fullest extent possible.

10 As the Inquiry continues its
 11 investigation, many difficult truths are
 12 beginning to come to light. Some are more
 13 difficult to understand than others. Soon the
 14 time will come when we will collectively have
 15 to acknowledge and accept the realities that
 16 have brought us here, and we will need to
 17 channel our awareness to make things better.

18 I would like, if I may, to reflect on
 19 some of the facts that warrant our
 20 consideration as we look to the future.

21 During our lifetime medical care from a
 22 clinical perspective has made astonishing
 23 advances. We can accomplish things today that
 24 would have been considered nothing short of
 25 miraculous just 20 years ago. But along with

Page 169

1 the progress has come an ever more complex and
 2 intricate delivery system composed of highly
 3 sophisticated technology with much larger
 4 interdisciplinary teams that are needed to
 5 make the system work, and the more complicated
 6 the system gets, the greater the possibility
 7 of errors occurring. That is why we need well
 8 defined standards and procedures, to minimize
 9 the opportunity for error. As much as
 10 anything else, this is an exercise in
 11 protecting the public by managing or reducing
 12 risk and it is within this arena where there
 13 are important lessons being learned about
 14 human factors in patient safety.

15 All of the prescriptive guidelines in the
 16 world will have little utility if the working
 17 conditions of the front lines are inadequate,
 18 unstable or otherwise incompatible with safe
 19 practice.

20 We have now had a painful traumatic wake-
 21 up call in the laboratories. The alarm bells
 22 were sounded by the front-line physicians, the
 23 leadership of all the existing health
 24 authorities and the NLMA over years, but the
 25 response did not come until matters reached

Page 170

1 the boiling point in the media. It was a
 2 classic case of squeaky wheel syndrome or
 3 crisis management. We need to shift from this
 4 reactive approach to crisis prevention.

5 The predicament we are currently in is
 6 not a tempest in a teapot, it is the tip of an
 7 iceberg. Chronic under-staffing and high
 8 turnover are not unique to oncologists and
 9 pathologists. They are pervasive and they are
 10 a menace to every service area and every site
 11 in our province. They are the cause of deep
 12 stress, strain, fatigue and anxiety that
 13 frontline physicians are feeling increasingly.
 14 This is the fertile ground that fosters
 15 adverse events. This is the vicious cycle
 16 that has created a sense of despair and
 17 frustration among so many physicians and,
 18 indeed, other health care workers, as well.
 19 The people who care for you when the need
 20 arises want to do more than just barely keep
 21 the system afloat. They want to provide
 22 excellent and safe care, and they are
 23 demoralized because they are unable to do so
 24 under present conditions.

25 One of the facts we hope has become more

Page 171

1 apparent as these proceedings unfold is how
 2 interconnected all the parts of the medical
 3 care delivery system actually are. The whole
 4 is greater than the sum of its parts. While
 5 the mandate of this Inquiry has very precise
 6 boundaries, it cannot truly fulfil its mission
 7 without considering the broader context. It
 8 has become, by necessity, a forum for raising
 9 awareness and public consciousness and we will
 10 all be the better for it. How much better
 11 will be dependent not only on the words of the
 12 final report, but how the stakeholders,
 13 especially government, respond when the work
 14 of the Commissioner is finally said and done.

15 Those who have been most profoundly
 16 impacted by the events leading to this
 17 Inquiry, the patients and their families, have
 18 spoken out on many occasions. One of the
 19 dominant and recurrent themes they have
 20 expressed with respect to the importance of
 21 this Inquiry has been the hope that it will
 22 serve to prevent others from suffering the
 23 same fate that they have. I don't think that
 24 they intended to restrict their vision to only
 25 one area of care, but to the system as a

Page 172

1 whole. They want a system that will serve all
 2 patients safely, adequately and respectfully
 3 and we owe them nothing less than a determined
 4 effort to realizing that very dream.
 5 When it comes to safety and patient care,
 6 there's only one kind of error that is
 7 permissible, to error on the side of caution,
 8 no ifs, ands or buts, no shortcuts, no
 9 compromises and no excuses. Although we
 10 cannot undo the past, we must use the hard
 11 lessons learned to ensure a better future.
 12 When we see risk or compromised care, we are
 13 compelled to respond loudly and we must
 14 preserve until shortcomings are corrected.
 15 That is what the NLMA will continue to do with
 16 determination today, tomorrow, next month, as
 17 long as it takes. The public is entitled to
 18 nothing less. Thank you.
 19 COFFEY, Q.C.:
 20 Q. Thank you.
 21 COMMISSIONER:
 22 Q. Thank you.
 23 COFFEY, Q.C.:
 24 Q. Those are the questions. I thank you, very
 25 much, Mr. Ritter. Some other counsel may have

Page 173

1 questions for you.
 2 COMMISSIONER:
 3 Q. Mr. Pritchard?
 4 MR. PRITCHARD:
 5 Q. Thank you, Commissioner. I don't have any
 6 questions for this witness. Thank you for
 7 your evidence, Mr. Ritter.
 8 THE COMMISSIONER:
 9 Q. Mr. Simmons?
 10 MR. SIMMONS:
 11 Q. I have no questions either, thank you.
 12 THE COMMISSIONER:
 13 Q. Mr. Browne?
 14 MR. ROBERT RITTER, EXAMINATION BY MR. PETER BROWNE
 15 MR. BROWNE:
 16 Q. Just a couple of questions. Thank you, Mr.
 17 Ritter. Your comments are very profound and I
 18 follow with--hopefully my questions will be
 19 able to build on some of those points or go
 20 back and put some of those in context.
 21 You had mentioned several times today
 22 about physician shortages and as well turnover
 23 problems, especially in the areas of
 24 pathology, and I'd like to sort of just go
 25 back on that for a minute and hopefully draw

Page 174

1 upon your organization's institutional memory,
 2 and in order to do so, could the witness be
 3 shown first Exhibit P-0165? I think you were
 4 shown this exhibit this morning by Mr. Coffey,
 5 and Mr. Ritter, just take a moment now. We'll
 6 go down through this, if we could. You'll see
 7 here -
 8 COFFEY, Q.C.:
 9 Q. That's the response.
 10 MR. BROWNE:
 11 Q. That's the response, sorry. If we could -
 12 COFFEY, Q.C.:
 13 Q. It's the next page, page two.
 14 MR. BROWNE:
 15 Q. Sorry, we'll go to that. Thank you. You'll
 16 see--thank you, Mr. Coffey. Just that middle
 17 paragraph there or just actually if you could
 18 just--it's three paragraphs. Just take a
 19 moment and read that, then I'll ask you a
 20 question concerning the third paragraph there.
 21 MR. RITTER:
 22 A. Um-hm.
 23 MR. BROWNE:
 24 Q. Okay. The third paragraph talks about--I'll
 25 just read it verbatim, "historically, your

Page 175

1 province has relied heavily upon foreign-
 2 trained pathologists who are unlikely to stay
 3 on in the province as more attractive jobs
 4 come up elsewhere in the nation. Please break
 5 this cycle by promoting and protecting your
 6 best assets who have such a profound influence
 7 on the quality of patient care."
 8 And if we go back, you'll see the
 9 response then to Dr. Banerjee's letter, and
 10 just take a moment. I think the essence of
 11 that is in the third paragraph, but again,
 12 it's only three paragraphs. Take your time.
 13 MR. RITTER:
 14 A. Um-hm.
 15 MR. BROWNE:
 16 Q. Okay, and this seems to be in response, I
 17 would suggest, at least the third paragraph,
 18 in response to the suggestion by Dr. Banerjee
 19 of the reliance on foreign-trained
 20 specialists. Now if we could, please, and
 21 again I'll--to preface my question to you was
 22 to rely on your institutional memory. In
 23 light of those two pieces of correspondence,
 24 can the witness now be shown P-1648 and then
 25 page two?

Page 176

1 And Mr. Ritter, you'll see with the
 2 fourth bullet down, there are several bullets
 3 in succession there talking about the concept
 4 of IMGs and I understood that to be
 5 international medical graduates. Is that
 6 correct?
 7 MR. RITTER:
 8 A. Correct.
 9 MR. BROWNE:
 10 Q. And J2 or J1 Visas, can you just take a moment
 11 and just sort of review that there? This
 12 talks about, I guess, a situation that this
 13 province was relying on quite historically
 14 because the Commissioner--and if you can
 15 explain to the Commissioner, because one of
 16 the issues, I think, the Commissioner will
 17 look at, in terms of the evidence, it may be
 18 forthcoming from other witnesses on the
 19 medical technical side, but for a number of
 20 years, was this province relying heavily on
 21 foreign-trained physicians to--giving them
 22 positions, they'd come out of, say, a U.S.
 23 program in exchange for a job here, they would
 24 be given landed immigrant status and then they
 25 would work within the system, and can you

Page 177

1 advise the Commissioner about that system and
 2 how that--the changes that occurred within
 3 this province that sort of limited that?
 4 MR. RITTER:
 5 A. Well, there are a number of things going on.
 6 First of all, when you look at the marketplace
 7 and the supply and demand factors, it's an
 8 international marketplace. It's not just
 9 about Newfoundland. It's not just about
 10 Canada. It's not just about North America.
 11 It's about the whole world. And so everybody
 12 is--you know, these are scarce resources.
 13 Typically, foreign grads, western-trained
 14 foreign grads who have J1 Visas in the United
 15 States have restrictions on the extent of time
 16 and the circumstances under which they can
 17 stay within the United States. So what
 18 happens, on occasion, is they look for an
 19 option to come to Canada. We have typically
 20 been the province--we and Saskatchewan have
 21 typically been the provinces that have been
 22 most welcoming and receptive.
 23 MR. BROWNE:
 24 Q. And if I could stop you there, is that because
 25 of the provisional licensing structure within

Page 178

1 this province and Saskatchewan which allowed
 2 that?
 3 MR. RITTER:
 4 A. We had the least restrictive accessibility for
 5 foreign-trained, for international medical
 6 graduates of any of the other provinces.
 7 What's been happening, of course, is both in
 8 the United States and in most of the other
 9 provinces, the level of restriction has been
 10 lifted because everybody's desperate. So the
 11 options that, for example, a J1, a U.S. J1
 12 Visa holder had, say, five years ago, in terms
 13 of getting into Canada, are much more open now
 14 than they were then, and the same is applying,
 15 I believe, within the United States. Many of
 16 the restrictions that were there before are
 17 being, I guess, lifted or diluted and so the
 18 opportunities for people who are desirable,
 19 who are scarce resources, is far greater
 20 amongst our competition. So it's going to be
 21 harder and harder for us to bring in foreign,
 22 international medical grads.
 23 MR. BROWNE:
 24 Q. And that obviously has an effect. Sort of the
 25 end result of that is it puts a strain on

Page 179

1 recruitment and retention?
 2 MR. RITTER:
 3 A. It absolutely does. Now, at the end of the
 4 day, I've always--you know, my philosophy, my
 5 view of the world is that the best situation
 6 for us here in Canada is to train our own, is
 7 to be self reliant. It's going to take a long
 8 time for us to reach that point. There are
 9 measures now in a variety of areas of medicine
 10 where there are more seats being introduced to
 11 the various medical schools. Newfoundland and
 12 Labrador, certainly Memorial University is
 13 certainly one of those who are going to have
 14 more seats. The question is are the students
 15 going to want to go into pathology. What's
 16 going to attract them into pathology? And you
 17 know, what is the duration that it's going to
 18 take to produce pathologists? So all of those
 19 things come into play.
 20 MR. BROWNE:
 21 Q. Now as well, I think, today you mentioned, in
 22 speaking about the clinical chief generic job
 23 description, you wanted more emphasis on
 24 quality assurance, and I believe you also said
 25 a focus on patient safety. Can you explain

Page 180

1 what you meant by that?

2 MR. RITTER:

3 A. Well, not a whole lot more than what I said

4 this morning. Essentially, I think we need to

5 have very clear documentation with very

6 precise expectations. There needs to be more

7 clarity about how much time needs to be

8 invested in these various areas of activity.

9 I don't want to diminish the importance of

10 some of the other areas. I mean, quality

11 assurance is clearly right up there, as is

12 patient safety, but so are things like

13 planning and administration and, you know,

14 education and all the rest of it. All of

15 those things need to be much clearer if we are

16 going to be able to manage things in an

17 efficient and an effective fashion.

18 MR. BROWNE:

19 Q. Okay, and one last question, Mr. Ritter. If

20 the witness, Registrar, could be shown P-1643?

21 And those are your notes of the chronology of

22 events, Mr. Ritter.

23 MR. RITTER:

24 A. Yeah.

25 MR. BROWNE:

Page 181

1 Q. You were asked this morning about a meeting in

2 the fall of 2004, and if I'm correct on that,

3 if we'd just go up, there is a reference

4 there, if we could, and I believe this was

5 with Government officials. Is that correct?

6 MR. RITTER:

7 A. Where are we?

8 MR. BROWNE:

9 Q. The fall of 2004.

10 THE COMMISSIONER:

11 Q. The first entry.

12 MR. RITTER:

13 A. Oh, the very first entry?

14 MR. BROWNE:

15 Q. Yes. You'll see there -

16 MR. RITTER:

17 A. Yes.

18 MR. BROWNE:

19 Q. Okay, and among that, off to the right-hand

20 side, there's QA, which I'm assuming is

21 quality assurance.

22 MR. RITTER:

23 A. Yes.

24 MR. BROWNE:

25 Q. That wasn't--at least I didn't note any sort

Page 182

1 of exploration of that. Can you--do you

2 recall what was discussed around the quality

3 assurance issues?

4 MR. RITTER:

5 A. Well, again, quality assurance, in many

6 respects, has got to be tied to your resource

7 situation. So for example, I think we all

8 learned, those who read that Wall Street

9 article, with certain kinds of procedures and

10 laboratory tests that involve a degree of

11 subjectivity, a degree of judgment, it's

12 advisable to have second reads, to have your

13 work read by somebody else. That's an example

14 of a quality assurance measure.

15 When you're trying to keep your head

16 above water and the work is coming at you and

17 then suddenly someone says to you, you know,

18 now you've got to repeat--everything you do

19 has to be done twice, that again cuts into

20 your situation. That's an example of the kind

21 of quality assurance conundrums that we were

22 concerned about. That the circumstances made

23 it difficult to fulfil some of the quality

24 assurance or peer review activities that

25 should be part of everyday life for a

Page 183

1 physician.

2 MR. BROWNE:

3 Q. So if I understand you correctly, in the fall

4 of 2004, Mr. Ritter, your organization was

5 bringing it to the Department of Health the

6 notion that there needed to be more investment

7 in quality assurance?

8 MR. RITTER:

9 A. Oh yes.

10 MR. BROWNE:

11 Q. And this obviously predates anything that

12 relates to ER and PR.

13 MR. RITTER:

14 A. It was done in a more generic fashion.

15 MR. BROWNE:

16 Q. Yes.

17 MR. RITTER:

18 A. It wasn't done with any reference to ER/PR or

19 anything else.

20 MR. BROWNE:

21 Q. Thank you. That's all the questions I have

22 for this witness. Thank you, Commissioner.

23 THE COMMISSIONER:

24 Q. Thank you, Mr. Browne. Mr. Pritchett, is it?

25 Do I have your name right first?

Page 184

1 MR. PRITCHETT:
 2 Q. Yes, you do, Commissioner. We have no
 3 questions for this witness. Thank you.
 4 THE COMMISSIONER:
 5 Q. Thank you. Ms. Newbury?
 6 MS. NEWBURY:
 7 Q. No questions, thank you.
 8 THE COMMISSIONER:
 9 Q. Ms. Russell?
 10 MS. RUSSELL:
 11 Q. No questions, thank you.
 12 MR. PIKE:
 13 Q. No questions.
 14 THE COMMISSIONER:
 15 Q. No questions. Do you have anything arising,
 16 Mr. Coffey?
 17 COFFEY, Q.C.:
 18 Q. No, Commissioner.
 19 THE COMMISSIONER:
 20 Q. Thank you very much for your contribution. I
 21 appreciate your assisting us.
 22 MR. RITTER:
 23 A. Thank you, Commissioner.
 24 THE COMMISSIONER:
 25 Q. Now, would you like us to take a couple of

Page 185

1 minutes while you get the next witness ready?
 2 All right, we'll do that.
 3 (RECESS)
 4 THE COMMISSIONER:
 5 Q. Pleased be seated. Ms. Chaytor?
 6 CHAYTOR, Q.C.:
 7 Q. Thank you, Commissioner. Good afternoon, Ms.
 8 McCormack.
 9 MS. MCCORMACK:
 10 A. Good afternoon.
 11 CHAYTOR, Q.C.:
 12 Q. The next witness is Marilyn McCormack, if she
 13 could be sworn or asked to affirm, please?
 14 MS. MARILYN MCCORMACK (SWORN) EXAMINATION BY MS. SANDRA
 15 CHAYTOR, Q.C.
 16 Q. Commissioner, we have four new exhibits this
 17 afternoon. It's P-1635 through P-1638
 18 inclusive.
 19 THE COMMISSIONER:
 20 Q. Entered.
 21 EXHIBITS P-1635 THROUGH P-1638 ENTERED
 22 CHAYTOR, Q.C.:
 23 Q. Thank you. Ms. McCormack, could you tell us
 24 your educational background?
 25 MS. MCCORMACK:

Page 186

1 A. I have a Bachelors of Social Work from
 2 Memorial University and a Masters of Social
 3 Work from Memorial University.
 4 CHAYTOR, Q.C.:
 5 Q. Yes, and when would you have completed your
 6 Masters?
 7 MS. MCCORMACK:
 8 A. In 1986.
 9 CHAYTOR, Q.C.:
 10 Q. And you've provided us with a C.V., it's P-
 11 1638, if we could bring that up please,
 12 Registrar?
 13 MS. MCCORMACK:
 14 A. That's correct.
 15 CHAYTOR, Q.C.:
 16 Q. And it's quite an extensive document. I see
 17 most of your career was spent primarily in the
 18 child welfare area and you've also been
 19 involved in the Child Youth Advocate Office?
 20 MS. MCCORMACK:
 21 A. That's correct.
 22 CHAYTOR, Q.C.:
 23 Q. And you came to Cabinet Secretariat in
 24 February of 2006, is that correct?
 25 MS. MCCORMACK:

Page 187

1 A. That's correct.
 2 CHAYTOR, Q.C.:
 3 Q. And if we could just turn, please, to page 3
 4 of the document. I'm just going to
 5 concentrate on that portion of your C.V. And
 6 your position as Cabinet officer special
 7 projects, February 2006 through to September,
 8 2006?
 9 MS. MCCORMACK:
 10 A. That's correct.
 11 CHAYTOR, Q.C.:
 12 Q. So you joined Cabinet Secretariat at that
 13 time, February 2006, in special projects. And
 14 what did that involve, the special projects at
 15 that time?
 16 MS. MCCORMACK:
 17 A. Basically I was responsible for doing research
 18 and assembling information on a business
 19 continuity plan for the executive council
 20 offices. I also was involved in researching
 21 and developing a discussion paper on gambling
 22 in Newfoundland and Labrador for Cabinet
 23 consideration, and I provided supervision to a
 24 graduate student who conducted a study on the
 25 social and economic impacts of gambling, which

Page 188

1 was presented to Cabinet for consideration.
 2 And in addition to that, I assisted Cabinet
 3 Secretariat staff with Cabinet submission
 4 analysis, preparation of briefing notes or
 5 review of annual reports, strategic plans or
 6 business reports and other work of the central
 7 office.
 8 CHAYTOR, Q.C.:
 9 Q. Okay, so I take it at this period of time you
 10 were not assigned particular departments
 11 yourself, you didn't have responsibility over
 12 any particular departments?
 13 MS. MCCORMACK:
 14 A. That's correct.
 15 CHAYTOR, Q.C.:
 16 Q. Okay, did you, however, from time to time fill
 17 in or assist with departments, depending on if
 18 somebody was absent from the office?
 19 MS. MCCORMACK:
 20 A. Yes, I did.
 21 CHAYTOR, Q.C.:
 22 Q. Okay, and I take it you've had occasion then
 23 that you've had filled in for the Department
 24 of Health?
 25 MS. MCCORMACK:

Page 189

1 A. That's correct.
 2 CHAYTOR, Q.C.:
 3 Q. And when then, did you become assigned
 4 department yourself?
 5 MS. MCCORMACK:
 6 A. In September of '06.
 7 CHAYTOR, Q.C.:
 8 Q. Okay, and if we look then at page 2 of your
 9 C.V., your title stayed the same, Cabinet
 10 officer, but from September 2006 through to
 11 May, 2007 you're not assigned responsibility
 12 for a number of departments?
 13 MS. MCCORMACK:
 14 A. That's correct.
 15 CHAYTOR, Q.C.:
 16 Q. Were any of those departments the Department
 17 of Health?
 18 MS. MCCORMACK:
 19 A. No, not at that time.
 20 CHAYTOR, Q.C.:
 21 Q. Okay, so you, during your time at Cabinet
 22 Secretariat, never had direct responsibility
 23 yourself for the Department of Health?
 24 MS. MCCORMACK:
 25 A. That's correct.

Page 190

1 CHAYTOR, Q.C.:
 2 Q. You indicate under your responsibilities in
 3 this time period, from September 2006 to May
 4 2007, that you would have completed Cabinet
 5 Secretariat analysis recommendations of
 6 Cabinet submissions for assigned departments,
 7 ones that you were assigned to, I take it that
 8 means.
 9 MS. MCCORMACK:
 10 A. That's correct.
 11 CHAYTOR, Q.C.:
 12 Q. And agencies prior to presentation. What's
 13 involved in your analysis of any
 14 recommendations or Cabinet submissions? What
 15 would you actually have to do?
 16 MS. MCCORMACK:
 17 A. Basically you would be looking at the Cabinet
 18 submission which was seeking direction from
 19 Cabinet, of course, and doing an analysis of
 20 the recommendations and highlighting for
 21 Cabinet, in a summary format, issues that the
 22 ministers may wish to consider when they're
 23 looking at the Cabinet submission and making
 24 the decision, and making sure that any of the
 25 horizontal initiatives across government had

Page 191

1 been considered, for example, you know if
 2 there was gender issues or if there was rural
 3 verses urban issues, that kind of thing,
 4 making sure any particular issues of that sort
 5 would have been highlighted for the minister's
 6 consideration if it's a recommendation that
 7 could impact any particular group.
 8 CHAYTOR, Q.C.:
 9 Q. Okay. And you also--and this was true also in
 10 your description of your job duties before you
 11 were assigned departments, you indicate that
 12 you were responsible for reviewing and
 13 forwarding briefing notes. And at this point
 14 in your career, it's on behalf of assigned
 15 departments, but you also did that prior to
 16 September, 2006?
 17 MS. MCCORMACK:
 18 A. Yes, that's correct.
 19 CHAYTOR, Q.C.:
 20 Q. And what does it mean to review and forward
 21 briefing notes, as opposed to did you actually
 22 have part in drafting briefing notes?
 23 MS. MCCORMACK:
 24 A. Not at the Cabinet Secretariat. Normally what
 25 would happen is the note would come in from

Page 192

1 the department and in terms of the review,
 2 again it was very much for the same purpose,
 3 but we might add a section at the end of the
 4 note that said "action required" if it was a
 5 note that was going to the Premier, for
 6 example, that requested direction from the
 7 Premier. We may say, you know, this note is
 8 submitted for that purpose.

9 CHAYTOR, Q.C.:

10 Q. And so if it did, though, require revisions,
 11 who would make the revisions? Would you be
 12 involved in that?

13 MS. MCCORMACK:

14 A. I would be involved in going back to the
 15 department, if there was any questions about
 16 the note or if we felt there was any
 17 information that was left out, we would go
 18 back to the department to request
 19 clarification on the points, and to have them
 20 add or revise the note.

21 CHAYTOR, Q.C.:

22 Q. And in terms of looking for briefing notes or
 23 when would briefing notes be forwarded for you
 24 to review, under what circumstances?

25 MS. MCCORMACK:

Page 193

1 A. Well notes may be forwarded by a department if
 2 they thought there was an issue that required
 3 notification to the Cabinet Secretariat.
 4 Sometimes Cabinet secretariat would go to the
 5 department to look for a note as well. If
 6 there was an issue that we picked up on,
 7 probably through the media and thought that
 8 it's something that we should seek more
 9 information on in terms of alerting Cabinet of
 10 any pending issue that they might want to know
 11 about.

12 CHAYTOR, Q.C.:

13 Q. And on that note, would you be involved in
 14 monitoring the media for such issues?

15 MS. MCCORMACK:

16 A. Yes.

17 CHAYTOR, Q.C.:

18 Q. And so that was part of your job duties?

19 MS. MCCORMACK:

20 A. Yes.

21 CHAYTOR, Q.C.:

22 Q. And while you were a Cabinet officer, who did
 23 you report to?

24 MS. MCCORMACK:

25 A. I had both social policy departments, as well

Page 194

1 as economic policy. So for the social policy
 2 departments it would have been Gary Cake and
 3 for economic policy, it would have been Bill
 4 Parrott.

5 CHAYTOR, Q.C.:

6 Q. Okay, and that was throughout your time there?

7 MS. MCCORMACK:

8 A. That's correct.

9 CHAYTOR, Q.C.:

10 Q. From February, 2006 through to May, 2007?

11 MS. MCCORMACK:

12 A. That's correct.

13 CHAYTOR, Q.C.:

14 Q. So it was always Gary Cake who had social?

15 MS. MCCORMACK:

16 A. That's correct.

17 CHAYTOR, Q.C.:

18 Q. And if I can just continue on here with your
 19 C.V., the fourth bullet says, "Attended Social
 20 Policy Committee and Economic Policy Committee
 21 meetings and prepared short notes,
 22 recommendations, TBATS and"--what's TBATS?

23 MS. MCCORMACK:

24 A. They are any Treasury Board recommendations
 25 that had to be attached to any particular

Page 195

1 papers, if there was a specific recommendation
 2 or comment from Treasury Board, that would be
 3 attached to the submission.

4 CHAYTOR, Q.C.:

5 Q. Okay, and you would take minutes of those
 6 meetings?

7 MS. MCCORMACK:

8 A. That's correct.

9 CHAYTOR, Q.C.:

10 Q. How often did the Social Policy Committee
 11 meet? Is it Social Policy Committee and
 12 Economic Policy Committee or those are two
 13 separate committees?

14 MS. MCCORMACK:

15 A. They are two separate committees. Sometimes
 16 they may meet jointly, but usually they met
 17 separately and usually every week there would
 18 be committee meetings. On occasion, of
 19 course, they may be deferred, but it was a
 20 weekly thing. And I didn't attend all,
 21 because other Cabinet officers, depending on
 22 whether or not I had completed an analysis of
 23 an issue that was going to be considered by
 24 the committee, you tended to be invited and
 25 there were times submissions went forward

Page 196

1 from, say the departments I was assigned to,
 2 but another Cabinet officer might go to the
 3 meeting because there were other Cabinet
 4 submissions from other departments that might
 5 require the input of a particular Cabinet
 6 officer.
 7 CHAYTOR, Q.C.:
 8 Q. Yes, okay. Did the--while you were with
 9 Cabinet Secretariat, for that, I guess it's a
 10 bit over, a little bit over a year, from
 11 February '06 to May 2007, did the issue of
 12 ER/PR or the issue as we have been phrasing
 13 it, ER/PR, did that ever come up in the--in
 14 any meetings you attended?
 15 MS. MCCORMACK:
 16 A. No.
 17 CHAYTOR, Q.C.:
 18 Q. You also indicate here that you managed the
 19 commitment's database for assigned
 20 departments, what's the commitment's database?
 21 MS. MCCORMACK:
 22 A. Basically it was just projects or issues that
 23 departments were responsible for following, so
 24 it could be an issue, say like the poverty
 25 reduction strategy and just following the

Page 197

1 recommendations that were going forward on
 2 those initiatives that were broad government
 3 initiatives again.
 4 CHAYTOR, Q.C.:
 5 Q. So if an issue is brought to Cabinet
 6 Secretariat by a department or if Cabinet
 7 Secretariat goes looking for a briefing note
 8 from a department on a given issue, would that
 9 issue then be tracked through the commitment's
 10 database?
 11 MS. MCCORMACK:
 12 A. Yes, and sometimes they related to public
 13 commitments of the government.
 14 CHAYTOR, Q.C.:
 15 Q. Do you know whether or not the ER/PR issue was
 16 in the commitment's database for the
 17 Department of Health?
 18 MS. MCCORMACK:
 19 A. I do not know.
 20 CHAYTOR, Q.C.:
 21 Q. Okay. So we do know we'll get to you having
 22 had some involvement in a briefing note, the
 23 August 18th, 2006 briefing note. Would you
 24 have checked the commitment's database at that
 25 point in time--when you went to work on that

Page 198

1 briefing note, would you have checked that for
 2 the department at that time?
 3 MS. MCCORMACK:
 4 A. That would not be something I don't think that
 5 would be in it, but I'm not really sure.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. And again, you didn't have
 8 responsibility, you weren't the Cabinet
 9 officer responsible usually for the Department
 10 of Health?
 11 MS. MCCORMACK:
 12 A. That's correct.
 13 CHAYTOR, Q.C.:
 14 Q. You also say that you collated government wide
 15 briefing notes on "hot issues and
 16 accomplishments" for the Premier and Cabinet
 17 ministers as required. What did that involve?
 18 MS. MCCORMACK:
 19 A. Well basically if there were issues that were
 20 happening across the province and the Premier
 21 was going to visit, then we would coordinate
 22 so that we would have him up to date on any
 23 issues that he potentially might deal with in
 24 particular regions, so it could be issues
 25 across all government departments. So it

Page 199

1 would be a fairly lengthy briefing note that
 2 would highlight any issues that he may want to
 3 be aware of in his travels.
 4 CHAYTOR, Q.C.:
 5 Q. Okay, and how does something get defined as a
 6 "hot issue"?
 7 MS. MCCORMACK:
 8 A. Well usually things that departments would
 9 identify as being important in a particular
 10 region, if there was something happening at a
 11 particular point in time.
 12 CHAYTOR, Q.C.:
 13 Q. And do you know whether or not the ER/PR issue
 14 ever made its way onto one of those briefing
 15 notes?
 16 MS. MCCORMACK:
 17 A. Well those notes, in my experience, they
 18 weren't done a lot and it would probably
 19 relate to particular areas of the province, so
 20 I'm not aware that it would have been.
 21 CHAYTOR, Q.C.:
 22 Q. So any that you collated, the ER/PR issue
 23 wasn't included?
 24 MS. MCCORMACK:
 25 A. That's correct.

Page 200

1 CHAYTOR, Q.C.:

2 Q. And you're not aware of any, any other

3 briefing note which included it?

4 MS. MCCORMACK:

5 A. That's correct.

6 CHAYTOR, Q.C.:

7 Q. And you state on your last bullet here that

8 you provided follow up on Cabinet committee

9 recommendations and decisions as required. So

10 I take it if anything came out of Cabinet that

11 required any follow up, you would be

12 responsible for doing that, if it pertained to

13 your department.

14 MS. MCCORMACK:

15 A. If I was asked, yes. Yes, if I was asked by

16 the secretary for social policy or economic

17 policy, yes, I would.

18 CHAYTOR, Q.C.:

19 Q. And your new job, you're an assistant deputy

20 minister, temporary from May 10th, 2007 to the

21 present?

22 MS. MCCORMACK:

23 A. That's correct.

24 CHAYTOR, Q.C.:

25 Q. And after leaving Cabinet Secretariat in May

Page 201

1 2007, did you have any further involvement

2 with the ER/PR issue?

3 MS. MCCORMACK:

4 A. Only as it relates to preparing for the

5 appearance here today.

6 CHAYTOR, Q.C.:

7 Q. Okay. And we'll talk about that. Under your

8 strengths you indicate that you have

9 comprehensive knowledge of the Cabinet

10 decision making process and the role of the

11 Executive Council and the machinery of

12 government. Perhaps you could just tell us a

13 bit about that and in particular, the role of

14 the Executive Council and the machinery of

15 government.

16 MS. MCCORMACK:

17 A. Well basically, the Cabinet decision making

18 process, the Executive Council offices are

19 responsible for assisting Cabinet and, in

20 particular, the Cabinet Secretariat would

21 prepare the documents and information that

22 goes forward to the committees of Cabinet as

23 well as to the cabinet meets themselves. And

24 this staff in the Cabinet Secretariat, in

25 particular, would make sure that information

Page 202

1 was compiled for any of those meetings and

2 that any recommendations from the Premier's

3 office or from the Cabinet itself or from any

4 of the committees were followed through and

5 that information related to any of the

6 workings of government was put in its proper

7 directories or forms or filed appropriately so

8 that these records are maintained within

9 government.

10 CHAYTOR, Q.C.:

11 Q. Okay. In following an issue through or if an

12 issue came up in the media that caught your

13 attention and you felt that it warranted a

14 briefing note, what criteria would you apply

15 in making that determination?

16 MS. MCCORMACK:

17 A. Well, I guess if it was an issue that there

18 probably wasn't very much information about,

19 but had the potential to, I guess, be

20 concerning to the public or to the government,

21 we would see information from the respective

22 department on that issue and their knowledge

23 of what is actually happening around it.

24 CHAYTOR, Q.C.:

25 Q. And what kinds of issues would catch your

Page 203

1 attention? What would be of concern to the

2 government?

3 MS. MCCORMACK:

4 A. Oh, lots of different issues, but many of the

5 issues that were in the media were probably

6 already known and being worked on by various

7 departments, but we may pick up on a client

8 specific issue and refer it back to the

9 department. Or it could be a broader issue

10 like the ER/PR receptor tests when there was

11 an article related to problems with the

12 testing in the laboratory and the civil suit

13 by a particular resident of the province.

14 CHAYTOR, Q.C.:

15 Q. So, if it's an issue that's already ongoing,

16 Cabinet Secretariat may still look for an

17 update, is that -

18 MS. MCCORMACK:

19 A. Yes, that's correct.

20 CHAYTOR, Q.C.:

21 Q. So, it's not just a new issue that comes

22 forward. Even if it's an issue already being

23 worked on within a department -

24 MS. MCCORMACK:

25 A. That's right.

Page 204

1 CHAYTOR, Q.C.:

2 Q. - Cabinet Secretariat may go looking for an

3 updated briefing note.

4 MS. MCCORMACK:

5 A. That's right.

6 CHAYTOR, Q.C.:

7 Q. And is that unusual, for Cabinet Secretariat

8 to have to do? Is it more the norm that the

9 department would be bringing forward briefing

10 notes as updates?

11 MS. MCCORMACK:

12 A. Usually the departments did bring them

13 forward, but there were some occasions in

14 which the Cabinet Secretariat asked for a

15 briefing note and it could be one of the

16 Cabinet officers or someone else in the

17 Secretariat that may have seen the issue and

18 requested the information.

19 CHAYTOR, Q.C.:

20 Q. And once an issue is brought forward in a

21 briefing note, is there any requirement for

22 regular updates?

23 MS. MCCORMACK:

24 A. Not all the time. If there's any questions

25 related to the issue, it may come back through

Page 205

1 the clerk or the deputy clerk or the secretary

2 for the committees to request whatever

3 information they may be looking for.

4 CHAYTOR, Q.C.:

5 Q. Okay. And as Cabinet officer, once you

6 receive that briefing note and I realize in

7 this case that you weren't the person dealing

8 with the Department of Health, but you would

9 expect that briefing note to go into the

10 commitments database?

11 MS. MCCORMACK:

12 A. No, it would be the trim database which keeps

13 records of the briefing notes.

14 CHAYTOR, Q.C.:

15 Q. Okay.

16 MS. MCCORMACK:

17 A. And there's various directories in trim where

18 the notes would go.

19 CHAYTOR, Q.C.:

20 Q. Okay. And when would an issue go into the

21 commitments database?

22 MS. MCCORMACK:

23 A. Commitments database is just, like I said,

24 it's a public commitments database and is

25 really very general. So, detailed information

Page 206

1 like that really wouldn't be in it.

2 CHAYTOR, Q.C.:

3 Q. Okay. And if you put a briefing note then--it

4 goes into the trim database -

5 MS. MCCORMACK:

6 A. Yes.

7 CHAYTOR, Q.C.:

8 Q. - do you then have any responsibility for

9 follow up on that issue?

10 MS. MCCORMACK:

11 A. Not unless the issue comes back, if there's

12 any questions or direction provided, normally,

13 no.

14 CHAYTOR, Q.C.:

15 Q. So then you would wait for either the

16 department to come forward with an update for

17 something else to come to your attention

18 either through the media or otherwise and then

19 you'd go looking for an update from the

20 department?

21 MS. MCCORMACK:

22 A. Yes, or if the note came back through the

23 clerk or the deputy clerk asking for further

24 clarification or asking for us to get further

25 information, then we would do that.

Page 207

1 CHAYTOR, Q.C.:

2 Q. Okay. And after then the briefing note

3 arrives in Cabinet Secretariat or a draft of

4 the briefing note, you review it. I take it,

5 it goes back and forth until you're satisfied

6 with the note. What then happens to the

7 briefing note?

8 MS. MCCORMACK:

9 A. The note is--once it's prepared, it's reviewed

10 by the assistant secretary for the committee.

11 In this case, probably social policy. And

12 then if there's any questions--it has to be

13 approved by the assistant secretary before it

14 goes forward -

15 CHAYTOR, Q.C.:

16 Q. Okay.

17 MS. MCCORMACK:

18 A. - to any, to Cabinet or the Premier's office.

19 CHAYTOR, Q.C.:

20 Q. So, it goes to the committee first?

21 MS. MCCORMACK:

22 A. No, no, briefing notes don't generally go to

23 the committee. It would go to the, well,

24 usually briefing notes that come to Cabinet

25 Secretariat are for the Premier's attention or

Page 208

1 information.

2 CHAYTOR, Q.C.:

3 Q. Okay. So, it would just be signed off, the

4 only person above you who would look at it

5 would be the assistant secretary?

6 MS. MCCORMACK:

7 A. Yes, and I would assume the clerk or the

8 deputy clerk, if they wished to review it.

9 CHAYTOR, Q.C.:

10 Q. So, before it's signed off, the assistant

11 secretary to Cabinet would sign off on it and

12 perhaps the deputy clerk or clerk?

13 MS. MCCORMACK:

14 A. Usually just the assistant secretary, but I

15 think the deputy clerk and clerk would have

16 knowledge of the note. But I think once it's

17 approved and my experience has been once it's

18 approved by the assistant secretary, it went

19 forward at that point.

20 CHAYTOR, Q.C.:

21 Q. And is there a copy kept in Cabinet

22 Secretariat, a copy of the note?

23 MS. MCCORMACK:

24 A. In the trim database, yes.

25 CHAYTOR, Q.C.:

Page 209

1 Q. Okay. So, in the--I take it it's a shared

2 drive?

3 MS. MCCORMACK:

4 A. It is.

5 CHAYTOR, Q.C.:

6 Q. Okay. And who would have access then to the

7 note, within Cabinet Secretariat?

8 MS. MCCORMACK:

9 A. The majority of the Cabinet Secretariat staff.

10 CHAYTOR, Q.C.:

11 Q. And is there anyone who'd be excluded from

12 that?

13 MS. MCCORMACK:

14 A. Maybe some of the--I'm just thinking now--the

15 data entry people may not have access to all

16 directories, but I'm not certain of that.

17 CHAYTOR, Q.C.:

18 Q. Okay, and then it gets put on a distribution

19 list, I take it?

20 MS. MCCORMACK:

21 A. That's correct.

22 CHAYTOR, Q.C.:

23 Q. And goes to individuals within the Premier's

24 office?

25 MS. MCCORMACK:

Page 210

1 A. That's right.

2 CHAYTOR, Q.C.:

3 Q. Okay. What about drafts of the briefing note,

4 what happens to any drafts?

5 MS. MCCORMACK:

6 A. They would be destroyed.

7 CHAYTOR, Q.C.:

8 Q. Destroyed, and I take it that's except for any

9 drafts--we do know that we have drafts, for

10 example, of the August 18th. It doesn't

11 appear that we have all the drafts, but we

12 have some drafts. So I take it any drafts

13 that would still be as attachments to briefing

14 notes or, I'm sorry, attachments to e-mails,

15 those would still exist or may still exist?

16 MS. MCCORMACK:

17 A. May still exist, yes.

18 CHAYTOR, Q.C.:

19 Q. Well, the drafts that we have of that, do you

20 know how those still existed? Did they exist

21 somewhere in Cabinet Secretariat on a database

22 or did they exist as attachments to e-mails?

23 MS. MCCORMACK:

24 A. I'm not sure.

25 CHAYTOR, Q.C.:

Page 211

1 Q. Okay, and do you keep hard copies yourself of--

2 --do you keep a paper file?

3 MS. MCCORMACK:

4 A. No. Only when I was working on a note, I may

5 have it, but once there was a final note, then

6 everything was basically destroyed and that

7 became the official record and was available

8 through the database.

9 CHAYTOR, Q.C.:

10 Q. And what's your habit in terms of any

11 revisions that would have to be made? What

12 would you normally do? Would you be in

13 contact by phone to the person who sent you

14 the note?

15 MS. MCCORMACK:

16 A. Phone and e-mail.

17 CHAYTOR, Q.C.:

18 Q. Phone and e-mail, okay.

19 MS. MCCORMACK:

20 A. Usually.

21 CHAYTOR, Q.C.:

22 Q. And what would you do in terms of notes, if

23 you made any notes on a draft, would you

24 destroy those too at the end of the day?

25 MS. MCCORMACK:

Page 212

1 A. Yes, only the final note that went forward
 2 would be the official record of the Cabinet
 3 Secretariat.
 4 CHAYTOR, Q.C.:
 5 Q. And do you keep any records of who may have
 6 worked on the note other than yourself or any
 7 revisions that may have been made to the
 8 notes?
 9 MS. MCCORMACK:
 10 A. There may be records, in terms of the e-mails,
 11 but other than that, no.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and I take it if, for example, after
 14 you're finished with a note and you've sent it
 15 on to the assistant secretary for Cabinet, if
 16 Mr. Cake made any revisions to the note, there
 17 wouldn't be any record of that?
 18 MS. MCCORMACK:
 19 A. Not if it was the final note, no.
 20 CHAYTOR, Q.C.:
 21 Q. So the only thing, the only way of knowing who
 22 may have caused any revisions to any note
 23 would be through what you may recall on the
 24 issue?
 25 MS. MCCORMACK:

Page 213

1 A. That's correct.
 2 CHAYTOR, Q.C.:
 3 Q. Tell us then, when did you first hear about
 4 the ER/PR issue?
 5 MS. MCCORMACK:
 6 A. In August of 2006.
 7 CHAYTOR, Q.C.:
 8 Q. And we know that it was in the media in the
 9 fall of 2005, October 2nd 2005. Did you
 10 remember hearing anything about it at that
 11 point in time?
 12 MS. MCCORMACK:
 13 A. No, I don't.
 14 CHAYTOR, Q.C.:
 15 Q. Okay, and of course, that would have been
 16 before your time with Cabinet Secretariat?
 17 MS. MCCORMACK:
 18 A. That's correct.
 19 CHAYTOR, Q.C.:
 20 Q. So you wouldn't have been monitoring the media
 21 for issues at that time?
 22 MS. MCCORMACK:
 23 A. That's true.
 24 CHAYTOR, Q.C.:
 25 Q. Yourself personally, okay. So in August of

Page 214

1 2006, how did the issue first come to your
 2 attention?
 3 MS. MCCORMACK:
 4 A. I received an e-mail from the assistant
 5 secretary or copy of an e-mail that the
 6 assistant secretary, Gary Cake, had sent to
 7 John Abbott, the Deputy Minister of Health
 8 asking for a briefing note related to an
 9 article in "The Independent".
 10 CHAYTOR, Q.C.:
 11 Q. Okay. And if we could bring up please, P-
 12 0811. Okay. And this is an e-mail from Mr.
 13 Cake and it's actually dated July 31, 2006,
 14 10:05 in the morning from Mr. Abbott and
 15 you're copied on this.
 16 MS. MCCORMACK:
 17 A. That's correct.
 18 CHAYTOR, Q.C.:
 19 Q. So, this is your first notification, I take
 20 it, on the issue?
 21 MS. MCCORMACK:
 22 A. It is.
 23 CHAYTOR, Q.C.:
 24 Q. Okay. And Mr. Cake is asking Mr. Abbott if he
 25 would please have a briefing note prepared on

Page 215

1 the issue on the front page story in "The
 2 Independent" re: a lawsuit being launched by
 3 breast cancer patients. And he notes that the
 4 only note in the system was dated October 5,
 5 2005, "in our system", so I take it that means
 6 in Cabinet Secretariat's system?
 7 MS. MCCORMACK:
 8 A. That's correct.
 9 CHAYTOR, Q.C.:
 10 Q. And if we could look then please at 0815. And
 11 in being cc'd on the note that I just referred
 12 you to, July 31, did you understand that it,
 13 then it was your responsibility to prepare
 14 that note?
 15 MS. MCCORMACK:
 16 A. No, it was not.
 17 CHAYTOR, Q.C.:
 18 Q. Okay. Why would Mr. Cake be cc'ing you on
 19 this communication?
 20 MS. MCCORMACK:
 21 A. Well, there are two reasons; the Cabinet
 22 officer responsible for the Department of
 23 Health was on annual leave and the policy and
 24 practice at Cabinet Secretariat is that when a
 25 briefing note came in, it had to be reviewed

Page 216

1 by a Cabinet Officer and prepared to be routed
 2 to the appropriate people.
 3 CHAYTOR, Q.C.:
 4 Q. Okay. So, you're being cc'd because, I take
 5 it, the person normally responsible for the
 6 Department of Health is not there.
 7 MS. MCCORMACK:
 8 A. That's correct, she was on annual leave.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and who was she?
 11 MS. MCCORMACK:
 12 A. Paula Burt.
 13 CHAYTOR, Q.C.:
 14 Q. Paula Burt, okay. And so then you're going to
 15 be the person responsible for keeping an eye
 16 out to make sure you get a draft briefing note
 17 from the department?
 18 MS. MCCORMACK:
 19 A. That's right.
 20 CHAYTOR, Q.C.:
 21 Q. Okay. And if we look then at P-0815, this is
 22 an e-mail from Ms. Mundon to Mr. Cake and it's
 23 at 4:40 that same afternoon, July 31, and the
 24 subject is: "BN, briefing note, ER/PR. Gary
 25 as per John's request, please see attached

Page 217

1 briefing note prepared by Eastern Health
 2 regarding ER/PR. Thanks. Tansy". And if we
 3 look at this document, it's about a page and a
 4 half and it's prepared by Ms. Predham, dated
 5 July 31, 2006. And did you also then receive
 6 this document when it -
 7 MS. MCCORMACK:
 8 A. Yes, Gary would have sent that information to
 9 me and asked that--well, basically that note
 10 wasn't in the proper Cabinet Secretariat
 11 format or briefing note format. And I was
 12 asked by Gary to follow up on the note and put
 13 it in a proper format.
 14 CHAYTOR, Q.C.:
 15 Q. Okay. And if we could look then at 1635
 16 please and it's ten minutes later, I believe,
 17 that he sends it on to you at 4:50 and ask
 18 that you "please review it for sending to the
 19 8th floor. I don't think that this is in
 20 standard format and if not, it will require
 21 some work". And as you said, it wasn't in the
 22 normal format.
 23 MS. MCCORMACK:
 24 A. That's correct.
 25 CHAYTOR, Q.C.:

Page 218

1 Q. So, did you then take the note as presented
 2 from Ms. Predham and work with that note to
 3 put it in proper format?
 4 MS. MCCORMACK:
 5 A. I did after consulting with the Department of
 6 Health.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And who did you consult with at the
 9 Department of Health?
 10 MS. MCCORMACK:
 11 A. Moira Hennessey.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. What did you and Ms. Hennessey discuss?
 14 MS. MCCORMACK:
 15 A. Well, basically that the note had been
 16 received. By that time I had read the note
 17 and I had some questions related to the note.
 18 And I explained to her that--of course, Moira
 19 would have known that the note was not in its
 20 proper format and because she was travelling
 21 at the time and involved in another issue, we
 22 discussed that I would help format the note
 23 and send it back to her and she would get the
 24 information to the questions, answers to the
 25 questions that I had to incorporate into the

Page 219

1 note, so that we would prepare it in its
 2 proper format to go forward to the Premier's
 3 office.
 4 CHAYTOR, Q.C.:
 5 Q. Okay. So, you reviewed it enough to know not
 6 only was it not in the proper format, there
 7 were some questions that you had regarding the
 8 note and phoned, I take it you phoned Ms.
 9 Hennessey.
 10 MS. MCCORMACK:
 11 A. Yes, I did.
 12 CHAYTOR, Q.C.:
 13 Q. And you had a discussion with her around that.
 14 MS. MCCORMACK:
 15 A. That's right.
 16 CHAYTOR, Q.C.:
 17 Q. And you were seeking clarity on certain
 18 points.
 19 MS. MCCORMACK:
 20 A. That's correct.
 21 CHAYTOR, Q.C.:
 22 Q. Is that fair? Okay. And in reading what was
 23 prepared by Ms. Predham and I take it this is
 24 your first knowledge of this issue?
 25 MS. MCCORMACK:

Page 220

1 A. That's correct.

2 CHAYTOR, Q.C.:

3 Q. And she's talking about DCIS and retro-

4 converters. How much understanding did you

5 have of the issues based on what you read from

6 what Ms. Predham had prepared?

7 MS. MCCORMACK:

8 A. Not a lot. I found it confusing, so that's

9 why I went back. I felt that the way that the

10 note came in, it wasn't really clear, and if

11 they could clarify some of the points, it

12 would be easier to have it go forward and for

13 other people to understand as well. So I

14 communicated that to Moira in an e-mail

15 actually.

16 CHAYTOR, Q.C.:

17 Q. But you agreed yourself that you would work on

18 the formatting of the note?

19 MS. MCCORMACK:

20 A. Yes, because she was travelling. Normally it

21 would be to send it back to the Department and

22 say "please fix it up in its proper format and

23 resubmit." But in this case, because she was

24 travelling, the information had come directly

25 from Eastern Health to the Department of

Page 221

1 Health and had been sent over by the Deputy.

2 I had agreed to format it, send it back to the

3 Department of Health for approval before it

4 went forward.

5 CHAYTOR, Q.C.:

6 Q. Okay, and if we could just look back, please,

7 at 0815, page two? And I'll take you, in a

8 minute, to the final version of the briefing

9 note that goes forward, but there's actual

10 direct quotes taken out of this briefing note,

11 in particular with respect to, under legal

12 activity, the Hanlon claim and the Doucette

13 claim. Some of the sentences that we see here

14 are verbatim put into the August 18th briefing

15 note.

16 MS. MCCORMACK:

17 A. Yes.

18 CHAYTOR, Q.C.:

19 Q. So would you have done that?

20 MS. MCCORMACK:

21 A. Yes, I probably would have.

22 CHAYTOR, Q.C.:

23 Q. Okay. So anything that was used from this

24 note that we see directly put into August

25 18th, that would be you had done that in terms

Page 222

1 of formatting the note and taking the portions

2 that you thought were relevant?

3 MS. MCCORMACK:

4 A. Yes. However, everything in the note would

5 have been approved by the Department of Health

6 for inclusion in the note before it went

7 forward.

8 CHAYTOR, Q.C.:

9 Q. Okay. Did you have the sense that there was

10 any urgency around preparing this note?

11 MS. MCCORMACK:

12 A. Yes, I did, because most briefing notes that

13 came into Cabinet Secretariat went forward

14 within a day or two at the most. But in this

15 case, because it wasn't in its proper format

16 and the information was complex, it took

17 longer than that, and because the Department

18 of Health wasn't able to attend to the note

19 the way that normally they would, it was going

20 back and forth between myself and Moira

21 Hennessey for some time before it was ready to

22 move forward.

23 CHAYTOR, Q.C.:

24 Q. Okay, and ultimately, of course, it's August

25 18th. So it's from July 31st through to

Page 223

1 August 18th before the note is ultimately

2 forwarded on?

3 MS. MCCORMACK:

4 A. That's correct.

5 CHAYTOR, Q.C.:

6 Q. So it certainly took more than a couple of

7 days on this particular note?

8 MS. MCCORMACK:

9 A. Yes, it did.

10 CHAYTOR, Q.C.:

11 Q. Okay. But in terms of there being any sense

12 then of urgency to get the note done, I

13 understand how there was--by the time, I

14 guess, the middle of August is rolling around,

15 there's some sense of urgency that it's now

16 been over two weeks. But other than that, was

17 there any sense of urgency around the issue?

18 MS. MCCORMACK:

19 A. I think the problem that we had or I had with

20 this briefing note is that it needed

21 clarification. It needed some points

22 clarified, and I not only had questions, but

23 the assistant secretary also did. So until we

24 had the answer to those questions from the

25 Department of Health, and I think Moira was

Page 224

1 trying to correspond with Eastern Health while
 2 she was travelling as well to get the
 3 information and on times, she said to me to
 4 call Heather Predham directly, which I did, to
 5 try to clarify the points that I didn't
 6 understand and to put the note in a format
 7 that made sense really.

8 CHAYTOR, Q.C.:
 9 Q. And what was your concern with the content if
 10 you didn't understand it, what was your
 11 concern?

12 MS. MCCORMACK:
 13 A. I guess I really didn't understand--like I
 14 didn't understand a lot of the medical
 15 terminology, so I was trying to understand
 16 that. We also had some questions around the
 17 legal suits and like how many people were
 18 actually involved or could potentially be
 19 involved in the lawsuit. So we were going
 20 back and forth on questions like that.

21 CHAYTOR, Q.C.:
 22 Q. Okay, and were you concerned that you are--
 23 you're coming new to this issue -

24 MS. MCCORMACK:
 25 A. Yes.

Page 225

1 CHAYTOR, Q.C.:
 2 Q. - and hadn't had any background information, I
 3 take it, on it.

4 MS. MCCORMACK:
 5 A. That's true.

6 CHAYTOR, Q.C.:
 7 Q. Were you concerned then in terms of forwarding
 8 the note on that others may not have
 9 background information as well, or what did
 10 you understand to be the knowledge level on
 11 this issue for the people who would ultimately
 12 be the recipient of the note?

13 MS. MCCORMACK:
 14 A. Well, there was very little information in the
 15 Cabinet Secretariat database, with the
 16 exception of the one note in October of '05.
 17 So that was a concern for sure that this was
 18 the second note to update and the reason that
 19 Gary had sought the note in the beginning was
 20 because of the civil suit and the concern
 21 about what might be happening around the ER/PR
 22 issue. So assuming the Department of Health
 23 were following the issue, we were looking for
 24 very specific information from them on the
 25 progress of that particular issue.

Page 226

1 CHAYTOR, Q.C.:
 2 Q. Did you make any inquiries to determine what
 3 other people within either the Premier's
 4 office or Cabinet Secretariat already knew
 5 about the issue?

6 MS. MCCORMACK:
 7 A. Did I make any inquiries when I first got the
 8 note?

9 CHAYTOR, Q.C.:
 10 Q. Or at any point during the process of
 11 preparing the note?

12 MS. MCCORMACK:
 13 A. Well, the only information--no, I didn't,
 14 other than to know that we only had one note
 15 in the system and that's why it went back to
 16 the Department of Health to see if they had
 17 further information that they could give us
 18 around the ER/PR issue.

19 CHAYTOR, Q.C.:
 20 Q. Okay, and so did you ask Mr. Cake if he had--
 21 you know, there's the October note obviously.
 22 Did you ask Mr. Cake what his knowledge was on
 23 the issue?

24 MS. MCCORMACK:
 25 A. Well, he basically -

Page 227

1 CHAYTOR, Q.C.:
 2 Q. Or if he could fill in any gaps for you?

3 MS. MCCORMACK:
 4 A. - advised me in the e-mail to me that this is
 5 the only note in the issue, on this issue, and
 6 he hadn't indicated to me that he knew
 7 anything further on it.

8 CHAYTOR, Q.C.:
 9 Q. Okay, and you didn't ask him?

10 MS. MCCORMACK:
 11 A. No, not specifically.

12 CHAYTOR, Q.C.:
 13 Q. Okay. So did you have any discussions with
 14 him otherwise on the issue? Obviously you
 15 went back and forth to him. He had to approve
 16 the note.

17 MS. MCCORMACK:
 18 A. That's correct.

19 CHAYTOR, Q.C.:
 20 Q. So in those interactions with him, did he
 21 indicate that he knew anything about the issue
 22 other than what was in the October 5th 2005
 23 briefing note?

24 MS. MCCORMACK:
 25 A. No, he didn't indicate that he had any further

Page 228

1 information to share.
 2 CHAYTOR, Q.C.:
 3 Q. And did he indicate to you when he first
 4 became aware of the issue?
 5 MS. MCCORMACK:
 6 A. I don't think we talked about that, but we
 7 talked specifically about this particular
 8 note.
 9 CHAYTOR, Q.C.:
 10 Q. So obviously you're familiarity with the issue
 11 was quite limited, and so in preparing or
 12 getting--you know, getting ready to format the
 13 note and gather more information on it, I take
 14 it you checked the system to see what was
 15 available within Cabinet Secretariat?
 16 MS. MCCORMACK:
 17 A. Yes, I did.
 18 CHAYTOR, Q.C.:
 19 Q. Okay, and you found the October 5th briefing
 20 note?
 21 MS. MCCORMACK:
 22 A. I did.
 23 CHAYTOR, Q.C.:
 24 Q. Okay. Was there any other documentation
 25 available to you?

Page 229

1 MS. MCCORMACK:
 2 A. No, none that I could see.
 3 CHAYTOR, Q.C.:
 4 Q. And you said you went back to the Department.
 5 So you went back to Ms. Hennessey with
 6 questions?
 7 MS. MCCORMACK:
 8 A. Yes, I did.
 9 CHAYTOR, Q.C.:
 10 Q. Did you also ask her for any other briefing
 11 notes that she may have on the issue?
 12 MS. MCCORMACK:
 13 A. I didn't ask her if she had other briefing
 14 notes. I just said we needed a current up-to-
 15 date briefing note on this particular issue.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. So that's what you asked her for?
 18 MS. MCCORMACK:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And she indicated she was going to be
 22 travelling and then you said you'd work with
 23 what came from Eastern Health?
 24 MS. MCCORMACK:
 25 A. That's right. I said I would draft up or edit

Page 230

1 the note and put it in its proper format and
 2 send it back for her review and Health's
 3 approval.
 4 CHAYTOR, Q.C.:
 5 Q. So you didn't ask for the latest briefing note
 6 from the Department?
 7 MS. MCCORMACK:
 8 A. No, this would have been the latest briefing
 9 note, as I seen it. This was a note that came
 10 to Cabinet Secretariat at the request of the
 11 assistant secretary, which would or should
 12 have included all of the current information,
 13 as I saw it.
 14 CHAYTOR, Q.C.:
 15 Q. So what you would have expected, rather than
 16 getting something that Ms. Predham had
 17 drafted, an Eastern Health briefing note, you
 18 would have expected to get a briefing note
 19 from the Department formatted by the
 20 Department, including the background
 21 information and this updated information from
 22 Ms. Predham?
 23 MS. MCCORMACK:
 24 A. That's right. I would have expected Health
 25 would have taken the information from Eastern

Page 231

1 Health and put it in its proper format and
 2 sent it to the Cabinet Secretariat in the
 3 format that they would usually do.
 4 CHAYTOR, Q.C.:
 5 Q. Okay, and when you didn't receive that, did
 6 you make any inquiries of the Department as to
 7 any briefing note that they had, a
 8 departmental briefing note on the matter?
 9 MS. MCCORMACK:
 10 A. No, because I seen this as a departmental
 11 briefing note. That's what was put forward by
 12 the Deputy Minister and it was supposed to be
 13 a current update, as requested by Mr. Cake.
 14 CHAYTOR, Q.C.:
 15 Q. So when you went looking for what may have
 16 existed in Cabinet Secretariat on the issue,
 17 how did you go about doing that?
 18 MS. MCCORMACK:
 19 A. I just checked the Trim database, which is
 20 where all notes would have been kept in
 21 relation to any issues that Cabinet
 22 Secretariat was dealing with.
 23 CHAYTOR, Q.C.:
 24 Q. So you go into the Trim database and then is
 25 there a particular file folder for the

Page 232

1 Department of Health or how does that work?
 2 MS. MCCORMACK:
 3 A. Not a particular--well, not a particular file
 4 folder for Department of Health, but there
 5 would have been--I would have been able to
 6 search the database, like based on the issue.
 7 So I could enter ER/PR and any information
 8 that would be in the database anywhere would
 9 come up on the screen and I could then recall
 10 that information, or breast cancer, you know.
 11 I could search by word.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and is that what you did?
 14 MS. MCCORMACK:
 15 A. Yes, I did.
 16 CHAYTOR, Q.C.:
 17 Q. You put in breast cancer, ER/PR?
 18 MS. MCCORMACK:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And the only thing that came up was the
 22 October 5th briefing note?
 23 MS. MCCORMACK:
 24 A. That's right.
 25 CHAYTOR, Q.C.:

Page 233

1 Q. Okay, and there's a July 20th 2005 briefing
 2 note which was prepared by Eastern Health.
 3 Did you, at any point, see that?
 4 MS. MCCORMACK:
 5 A. No, I did not.
 6 CHAYTOR, Q.C.:
 7 Q. Was there a physical paper file in existence
 8 on this issue in Cabinet Secretariat?
 9 MS. MCCORMACK:
 10 A. There was no indication that there was, and
 11 usually if there was additional documents, it
 12 would be entered into the Trim database. We
 13 relied very heavily on that.
 14 THE COMMISSIONER:
 15 Q. You mean the document would be or the fact
 16 that there were additional documents?
 17 MS. MCCORMACK:
 18 A. If there were additional documents, they
 19 would--it would indicate in the Trim database
 20 usually that there are hard copies or reports
 21 available.
 22 THE COMMISSIONER:
 23 Q. Oh, okay.
 24 CHAYTOR, Q.C.:
 25 Q. So when you go into the Trim database and put

Page 234

1 in ER/PR or breast cancer and the one briefing
 2 note came up, how did you know that was it?
 3 How did you know it wasn't something else on
 4 the topic that may be under some other key
 5 words?
 6 MS. MCCORMACK:
 7 A. I don't. I just assume that was all that was
 8 there and Gary had indicated that was the only
 9 note that we had, so I assumed that that was
 10 all that was available in the Cabinet
 11 Secretariat.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. So after speaking then to Ms. Hennessey
 14 and asking a few more questions, and working,
 15 I take it, in the meantime on what you had,
 16 working to reformat what had come from Ms.
 17 Predham, I take it not directly, but what then
 18 happened? What was your next involvement?
 19 MS. MCCORMACK:
 20 A. Well, over the period of time from, say, the
 21 1st of August or the 31st of July until the
 22 time that the note was submitted, I had
 23 correspondence with Moira through e-mail and
 24 telephone to discuss information related to
 25 the note, the formatting of it and their

Page 235

1 review and approval of the information, and
 2 Moira also advised, like as the notes were
 3 going back and forth, any information that she
 4 needed added or wanted to be removed, I
 5 actually did those, most of that. But she
 6 also edited on the other end. So the note was
 7 going back and forth between myself and Moira.
 8 CHAYTOR, Q.C.:
 9 Q. And if we could look then at 0817, please?
 10 And this is quite some time later now, Ms.
 11 McCormack, it's August 11th, so it, you know,
 12 11 days, anyhow, later. And you write to Ms.
 13 Hennessey at 2:37 in the afternoon that day
 14 and you ask her, "Any luck concluding the
 15 briefing note on ER/PR receptor testing,
 16 etcetera?" And then she comes back to you
 17 shortly thereafter with that she's just
 18 received the information from Eastern, "It is
 19 in draft as their senior staff are not
 20 available to review it until Monday. I will
 21 review it on the weekend and we can conclude
 22 the note on Monday." So what happened in
 23 those intervening 10, 11 days?
 24 MS. MCCORMACK:
 25 A. I guess a lot of different things. She

Page 236

1 formatted the information or got the
 2 information, answered the questions and sent
 3 the note, we sent the note back and forth
 4 until it was approved finally to go forward.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. So there was, I take it, she's
 7 formatting but you formatted what you had
 8 received?
 9 MS. MCCORMACK:
 10 A. That's right.
 11 CHAYTOR, Q.C.:
 12 Q. The same note from Eastern Health, so you
 13 formatted that. So then did you send that
 14 back to Ms. Hennessey?
 15 MS. MCCORMACK:
 16 A. Yes, I did.
 17 CHAYTOR, Q.C.:
 18 Q. You did?
 19 MS. MCCORMACK:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. And do we have any record of that?
 23 MS. MCCORMACK:
 24 A. I'm not sure if there's a record, but we would
 25 have--I would have definitely sent the note

Page 237

1 back before she approved of it.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. So what did--so you had two or three
 4 questions, though, for her?
 5 MS. MCCORMACK:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. So did she get back to you by telephone or
 9 through e-mail, what happened?
 10 MS. MCCORMACK:
 11 A. In both ways, really. She was editing on her
 12 end, as well, so that if she changed
 13 something, or sometimes if she was travelling,
 14 and she was in Corner Brook at one point, she
 15 e-mailed back and, you know, made suggestions
 16 about what needed to be changed, like, remove
 17 a percentage or add.
 18 CHAYTOR, Q.C.:
 19 Q. Yes, and we'll see that coming up, but that
 20 happens later.
 21 MS. MCCORMACK:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. So I'm just wondering, this 10 day or 11 day
 25 period, because we don't seem to have any

Page 238

1 record of anything happening or transpiring
 2 between yourself and Ms. Hennessey, so -
 3 MS. MCCORMACK:
 4 A. Well, I think I had basically sent it back to
 5 Moira at that point and she was corresponding
 6 with health to get the answers or to get the
 7 information that she needed to put in the note
 8 or answer any of the questions that Cabinet
 9 Secretariat had.
 10 CHAYTOR, Q.C.:
 11 Q. Okay.
 12 MS. MCCORMACK:
 13 A. So I was waiting for her to send it back to me
 14 at that point.
 15 CHAYTOR, Q.C.:
 16 Q. Right. And when you sent it back to Ms.
 17 Hennessey, did it have any content other than
 18 the content that you had received from Ms.
 19 Predham?
 20 MS. MCCORMACK:
 21 A. No.
 22 CHAYTOR, Q.C.:
 23 Q. So that's, you just put it in format?
 24 MS. MCCORMACK:
 25 A. That's correct.

Page 239

1 CHAYTOR, Q.C.:
 2 Q. And sent it back to her?
 3 MS. MCCORMACK:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. And what did you do, how did you format what
 7 was given to you by Ms. Predham, what does
 8 that mean, like, what did you do with it?
 9 MS. MCCORMACK:
 10 A. Well, basically there's a standard format
 11 which basically gives a title for the briefing
 12 note, you know, has briefing note on the top.
 13 It would say what the issue is, what the
 14 background is, would identify any particular
 15 areas that we were trying to highlight and
 16 then would have any action required. And it
 17 would be then signed at the bottom by the
 18 department and approved by the department,
 19 signed at the bottom by the department and
 20 approved by the department, signed and
 21 reviewed by the Cabinet Secretariat and is
 22 signed and approved by Cabinet Secretariat's
 23 secretary.
 24 CHAYTOR, Q.C.:
 25 Q. So I take it you would have used the October

Page 240

1 5th briefing note and you would have used the
 2 one that was already in existence to give you
 3 background information?
 4 MS. MCCORMACK:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. And then you would have used Ms. Predham's
 8 note and you would have taken that, formatted
 9 it and sent it back to Ms. Hennessey?
 10 MS. MCCORMACK:
 11 A. That's right. But primarily the information
 12 that came in currently, which would have been
 13 in the note that Mr. Abbott had sent to
 14 Cabinet Secretariat, to Gary Cake.
 15 CHAYTOR, Q.C.:
 16 Q. Okay. So then if we can just go back for a
 17 moment and look at that? I think it was 0811,
 18 maybe, or 0815, is it? Yeah, 0815. Okay,
 19 here we go, page 2, yes. So now this is a
 20 list of information on DCIS patients?
 21 MS. MCCORMACK:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. And then we have several paragraphs on the
 25 retroconverters. Then we have a title "The

Page 241

1 Deceased" and then "Legal Activity"?
 2 MS. MCCORMACK:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. So when you sent it back to Ms. Hennessey, and
 6 unfortunately we have no, we have no written
 7 record or e-mail traffic between you in those
 8 10 or 11 days, so I'd just like to know what
 9 got sent back, did you send back all of this
 10 information with certain headings, and if so,
 11 how did you head the document? Like what in
 12 here, for example, would have been action
 13 required, would there have been a title
 14 "Action Required"?
 15 MS. MCCORMACK:
 16 A. The action required from the Cabinet
 17 Secretariat's point of view was whether or not
 18 it required any decision.
 19 CHAYTOR, Q.C.:
 20 Q. Yes.
 21 MS. MCCORMACK:
 22 A. Or if the note was sent forward for
 23 information purposes only. Because lots of
 24 times information was requested that didn't
 25 require a decision by anyone in Cabinet or

Page 242

1 from the Premier's office. So the formatting
 2 I would have done would have included the
 3 information from health and the action
 4 required was, I'm certain, was just to
 5 provide information to the Premier's office
 6 around the issue.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And that's what you would have stated?
 9 MS. MCCORMACK:
 10 A. That's it.
 11 CHAYTOR, Q.C.:
 12 Q. And what would your background information
 13 have been?
 14 MS. MCCORMACK:
 15 A. All of the information that was there, because
 16 there was specific questions about the number
 17 of people affected, what was happening, the
 18 legal suits, was all of that information would
 19 have been incorporated into the note or most
 20 of it.
 21 CHAYTOR, Q.C.:
 22 Q. And that would have all been called background
 23 information?
 24 MS. MCCORMACK:
 25 A. Yes, or it might have gone under other

Page 243

1 headings, as well.
 2 CHAYTOR, Q.C.:
 3 Q. Okay.
 4 COMMISSIONER:
 5 Q. Ms. Chaytor, wherever you can find a spot,
 6 we'll take the afternoon break.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. Well, then, if we could look then,
 9 please, at 0819? So I take it as of August
 10 11th Ms. Hennessey had just received further
 11 information from Eastern Health at that point
 12 in time. And she's indicating to you she's
 13 going to work on it over the weekend and get
 14 back to you, hopefully be able to conclude the
 15 note on Monday?
 16 MS. MCCORMACK:
 17 A. That's correct.
 18 CHAYTOR, Q.C.:
 19 Q. Okay. And then the next correspondence that
 20 we find on this is August 14th, so this is the
 21 Monday. And you follow up with her at 2:43 in
 22 the afternoon. You haven't heard from her.
 23 You say, "Any conclusion to the note yet?"
 24 And she responds, "Sorry for the delay today."
 25 And it's late at night, 10:33 at night, she's

Page 244

1 writing back, she got sidetracked on another
 2 issue. "I have reviewed the note and would
 3 suggest a couple of changes." So under
 4 "Background" third bullet, she's saying,
 5 "Delete the reference to the 20 percent test
 6 results are erroneous as I can't confirm
 7 this." Now, there would be nothing in the,
 8 what I just showed you which came from Ms.
 9 Predham to indicate that there had been any
 10 reference to 20 percent test results are
 11 erroneous. So do you know where that
 12 information came from?
 13 MS. MCCORMACK:
 14 A. I'm not sure, unless she put it in the note
 15 initially and then decided to take it out.
 16 Because she was going back and forth between
 17 Eastern Health and the--you know, Moira and
 18 Heather correcting that information or
 19 clarifying the information in the note.
 20 CHAYTOR, Q.C.:
 21 Q. So you're saying that Ms. Hennessey was also
 22 having discussions with Ms. Predham on the
 23 note?
 24 MS. MCCORMACK:
 25 A. Yes.

Page 245

1 CHAYTOR, Q.C.:
 2 Q. And then -
 3 MS. MCCORMACK:
 4 A. And other, and possibly other staff in health.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. Do you know if there were anyone else
 7 in the Department of Health work on this note?
 8 MS. MCCORMACK:
 9 A. I think she had Yvonne Power also adding
 10 things for her, who would have been
 11 administrative staff to her.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. Well, was she adding things or--she's
 14 an assistant?
 15 MS. MCCORMACK:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. An administrative assistant?
 19 MS. MCCORMACK:
 20 A. That's correct. So she probably would type up
 21 any additions Moira had asked her to make if
 22 she sent information to put in.
 23 CHAYTOR, Q.C.:
 24 Q. Yeah. So the idea of this is now Ms.
 25 Hennessey asking you to delete that reference

Page 246

1 because she can't confirm this -
 2 MS. MCCORMACK:
 3 A. That's right.
 4 CHAYTOR, Q.C.:
 5 Q. - you're suggesting you didn't put that in in
 6 the first place, that must have come from Ms.
 7 Hennessey and then she decided to take it out?
 8 MS. MCCORMACK:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. And under "Current Status, Pathology
 12 Reports," "I have prepared a couple of bullets
 13 to replace what is in the note. The
 14 information provides a lot of detail on the
 15 status of the 939 patients and their test
 16 results." And then she indicates that "Yvonne
 17 Power is making the final changes early
 18 tomorrow and I asked her to send it to you as
 19 soon as it is done." She's en route to
 20 Labrador with the minister then at that point.
 21 MS. MCCORMACK:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. And she's suggesting, "You may wish to
 25 highlight the Myrtle Lewis situation, given

Page 247

1 the media attention. And if you have any
 2 questions, e-mail me as I have the note from
 3 Heather P. and the Blackberry with me."
 4 MS. MCCORMACK:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. So what you're saying is that you didn't
 8 include anything in the note other than what
 9 was originally provided to you by, ultimately,
 10 Heather Predham, which went to the department
 11 and forwarded on to you?
 12 MS. MCCORMACK:
 13 A. That's correct.
 14 CHAYTOR, Q.C.:
 15 Q. So any -
 16 MS. MCCORMACK:
 17 A. This note was not a note that was a Cabinet
 18 Secretariat note, it wasn't a note that I was
 19 preparing. This was a Department of Health
 20 note. All of the information in that note
 21 really was the Department of Health's
 22 information to go forward, so anything that
 23 they requested to be in it or taken out of it
 24 was done. If I asked some questions, they
 25 found the answers to those questions and

Page 248

1 included it in the note. So I consider that
 2 note not a Cabinet Secretariat note, as such,
 3 but a Department of Health note.
 4 CHAYTOR, Q.C.:
 5 Q. Other than Ms. Hennessey, did you have any
 6 discussions with anyone else from the
 7 Department of Health on the note?
 8 MS. MCCORMACK:
 9 A. I'm trying to think. I'm not certain. Most
 10 of my correspondence was with Moira. I did
 11 have discussion with Heather Predham -
 12 CHAYTOR, Q.C.:
 13 Q. Yes, and we'll come to that.
 14 MS. MCCORMACK:
 15 A. - when--yes.
 16 CHAYTOR, Q.C.:
 17 Q. We'll come to that. But anyone else at the
 18 Department of Health, did you discuss the note
 19 with anyone else there?
 20 MS. MCCORMACK:
 21 A. I'm not sure if I talked to Bev Griffiths at
 22 one point, because I think Moira asked her to
 23 do some follow-up, as well.
 24 CHAYTOR, Q.C.:
 25 Q. Okay.

Page 249

1 MS. MCCORMACK:
 2 A. But I can't be certain on that.
 3 CHAYTOR, Q.C.:
 4 Q. Okay. And so the best you can tell us is that
 5 in the intervening 10 days you would have
 6 formatted what was sent to you, the Heather
 7 Predham note, formatted that, sent it on to -
 8 MS. MCCORMACK:
 9 A. Moira.
 10 CHAYTOR, Q.C.:
 11 Q. - Ms. Hennessey?
 12 MS. MCCORMACK:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. Under "Action" you would have indicated that
 16 it was for information purposes only?
 17 MS. MCCORMACK:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. And it would have went to Ms. Predham--sorry,
 21 Ms. Hennessey. Then you would have received
 22 something back with more information in it?
 23 MS. MCCORMACK:
 24 A. That's correct.
 25 CHAYTOR, Q.C.:

Page 250

1 Q. Okay.
 2 MS. MCCORMACK:
 3 A. Or clarified information, you know, the format
 4 that they--information that they wanted to be
 5 in the note.
 6 CHAYTOR, Q.C.:
 7 Q. Yes.
 8 MS. MCCORMACK:
 9 A. Clarification.
 10 CHAYTOR, Q.C.:
 11 Q. And I take it you must have went back then
 12 again, once again, to Ms. Hennessey?
 13 MS. MCCORMACK:
 14 A. Yes.
 15 CHAYTOR, Q.C.:
 16 Q. Asking for more clarifications?
 17 MS. MCCORMACK:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. And then you're getting back to her on the
 21 14th asking any conclusion to the note yet?
 22 MS. MCCORMACK:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. So that's three more days after August

Page 251

1 11th, she's going to work on it over the
 2 weekend, and she's getting back to you with
 3 those changes?
 4 MS. MCCORMACK:
 5 A. That's correct.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. And in terms of any e-mail traffic
 8 between the two of you in that time period, do
 9 you delete your e-mail?
 10 MS. MCCORMACK:
 11 A. I recovered some of the e-mails, some of the
 12 e-mails may have been deleted when I left the
 13 Cabinet Secretariat. But we did find, I
 14 think, the--I'm not sure if we found them
 15 all, but we found some.
 16 CHAYTOR, Q.C.:
 17 Q. Well, if this is all we have in that 10 day
 18 period, there's nothing, would you agree with
 19 me there must have been more and for whatever
 20 reason we don't have them now?
 21 MS. MCCORMACK:
 22 A. That's possible. However, I think she
 23 required that time because she was out of the-
 24 -like, not out of the province, but out of the
 25 office and was relying on other people to send

Page 252

1 her the information, so it may actually have
 2 taken her that long to get it together.
 3 CHAYTOR, Q.C.:
 4 Q. But, Ms. McCormack, this idea of there being
 5 somewhere in the briefing note 20 percent test
 6 results being erroneous, do you have a copy of
 7 any briefing note or any draft of the briefing
 8 note with that in it?
 9 MS. MCCORMACK:
 10 A. I personally don't, no.
 11 CHAYTOR, Q.C.:
 12 Q. Have you seen it?
 13 MS. MCCORMACK:
 14 A. I may have seen it earlier because obviously
 15 she asked me to delete it.
 16 CHAYTOR, Q.C.:
 17 Q. Yes. Have you seen it at any point since this
 18 whole issue has come up?
 19 MS. MCCORMACK:
 20 A. No, I have not.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. So any back and forth to you, between
 23 you and Ms. Hennessey with a briefing note
 24 with such a reference in it, we don't have a
 25 written record of that?

Page 253

1 MS. MCCORMACK:
 2 A. Not that I'm aware of.
 3 CHAYTOR, Q.C.:
 4 Q. Okay. Can we take a break, please?
 5 COMMISSIONER:
 6 Q. All right, then, we'll take the afternoon
 7 break.
 8 (RECESS)
 9 COMMISSIONER:
 10 Q. Please be seated. Ms. Chaytor.
 11 CHAYTOR, Q.C.:
 12 Q. Thank you, Commissioner. Registrar, if we
 13 could have, please, P-1447? Ms. McCormack,
 14 this is an e-mail correspondence from Heather
 15 Predham to Ms. Hennessey and copied to Ms.
 16 Pilgrim and Ms. Elliott within Eastern Health.
 17 It's dated August 11, 2006 at 1:57 p.m., and
 18 it's a draft briefing note. And Ms. Predham
 19 writes "Hi Moria, Please find the briefing
 20 note as attached. I have left it draft as Dr.
 21 Williams and Dr. Denic had not see it as of
 22 yet. If you have any questions, please do not
 23 hesitate to call me." And then when we look
 24 at what's been forwarded, at page 2, and we
 25 have somewhat of a table and then a section on

Page 254

1 DCIS, a section on retroconverters and a
 2 section on the deceased. And these sections,
 3 I would suggest to you, are similar, the DCIS,
 4 retroconverters and the deceased similar to
 5 what you would have had in your possession.
 6 MS. MCCORMACK:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. This document that was forwarded by Ms.
 10 Predham now on August 11th to Ms. Hennessey,
 11 did you ever see that document? And you'll
 12 see here there's a table confirmed negative
 13 and there's a table with breakdown from
 14 regions, St. John's, Corner Brook, etcetera.
 15 Did you ever see this document?
 16 MS. MCCORMACK:
 17 A. No.
 18 COMMISSIONER:
 19 Q. Ms. McCormack, there's a--if you want to
 20 scroll down through it, there's a mouse in
 21 front of you which you can -
 22 MS. MCCORMACK:
 23 A. Thank you. No, I didn't see this document.
 24 CHAYTOR, Q.C.:
 25 Q. Okay.

Page 255

1 MS. MCCORMACK:
 2 A. I'm sure some of that information was included
 3 in the note by Moira at some point.
 4 CHAYTOR, Q.C.:
 5 Q. Okay.
 6 MS. MCCORMACK:
 7 A. The tables.
 8 CHAYTOR, Q.C.:
 9 Q. Yes. And I think in particular the part here,
 10 the table that comes under the heading,
 11 "Patients That Required Review by the Panel."
 12 MS. MCCORMACK:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And then this portion her of the table,
 16 "Category, Number, and Comments"?
 17 MS. MCCORMACK:
 18 A. Yes, I think that ended up in the briefing
 19 note.
 20 CHAYTOR, Q.C.:
 21 Q. Or a version of it?
 22 MS. MCCORMACK:
 23 A. Yes, that's correct.
 24 CHAYTOR, Q.C.:
 25 Q. It's our understanding that she, in fact, took

Page 256

1 that and made her own table from some of this
 2 information or most of this information. But
 3 this actual document was never forwarded to
 4 you?
 5 MS. MCCORMACK:
 6 A. No, it was not.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And if you note again, the date she's
 9 receiving this is August 11th at about 2 p.m.
 10 And if we just go back then to 0819, and this
 11 is on-sorry, it's not 0819, then, it's -
 12 COFFEY, Q.C.:
 13 Q. 0817?
 14 CHAYTOR, Q.C.:
 15 Q. 0817, let's try 0817. Thank you, that's right.
 16 This is on the same date, at 11, and she
 17 indicates that she's just received the
 18 information from Eastern and it's in draft as
 19 their senior staff are not available. And
 20 you'll recall that Ms. Predham mentioned the
 21 physicians weren't available to review it?
 22 MS. MCCORMACK:
 23 A. That's correct.
 24 CHAYTOR, Q.C.:
 25 Q. But this is on the same date, so presumably

Page 257

1 it's the document that I just showed you that
 2 she had just received from Ms. Predham?
 3 MS. MCCORMACK:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. Okay, now what's your next recollection of
 7 your involvement in the drafting of this note?
 8 MS. MCCORMACK:
 9 A. I guess at some point she would have sent
 10 that, you know, her revised note back to me.
 11 CHAYTOR, Q.C.:
 12 Q. Okay. And if we go then to 0820? And at 0820
 13 the next record we have is on the 15th. And
 14 you'll recall that at 0819 I had showed you
 15 correspondence to her, between you on the
 16 14th. So then the next day you're back to her
 17 again saying that, "Hope your trip to Labrador
 18 is going well and the weather is as nice there
 19 as it is here. Sorry to bother you again on
 20 the note, but I'm trying to ensure I'm reading
 21 the information correctly. You had reviewed
 22 the briefing note from Yvonne. As you
 23 directed, I still have a few questions." So I
 24 take it sometime between the 14th, your last
 25 e-mail exchange with her and now the 15th you

Page 258

1 had, in fact, received a further draft of the
 2 briefing note from Yvonne?
 3 MS. MCCORMACK:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. And again, in terms of where that
 7 record might be and what you received, we
 8 don't have that. Would you know or do you
 9 have any record of that or why we -
 10 MS. MCCORMACK:
 11 A. No, I don't.
 12 CHAYTOR, Q.C.:
 13 Q. Or why it would no longer exist?
 14 MS. MCCORMACK:
 15 A. I would think it wouldn't exist because once
 16 the briefing note was in its final format, the
 17 drafts would have been destroyed.
 18 CHAYTOR, Q.C.:
 19 Q. Would you have received that in terms of--how
 20 would you have received it then from Ms.
 21 Power, would it have been -
 22 MS. MCCORMACK:
 23 A. Very likely by e-mail.
 24 CHAYTOR, Q.C.:
 25 Q. By e-mail?

Page 259

1 MS. MCCORMACK:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. Okay. And you would have destroyed some of
 5 your e-mail afterward?
 6 MS. MCCORMACK:
 7 A. When I left Cabinet Secretariat, the e-mail
 8 didn't follow me to my new position. So I
 9 think at some point they did find some of the
 10 e-mail and the systems people brought them up
 11 and we were able to copy some of them.
 12 CHAYTOR, Q.C.:
 13 Q. Okay.
 14 MS. MCCORMACK:
 15 A. But I'm not sure that everything was there.
 16 CHAYTOR, Q.C.:
 17 Q. Yes, okay. Well, there certainly seems to be
 18 gaps in the communication that we received,
 19 anyhow. All right. So on this day then, on
 20 the 15th, and you'll see attached here to
 21 this, and it's attached to the exhibit, not
 22 necessarily what was attached to the--any e-
 23 mail, because we don't have that. But
 24 attached to the exhibit at page 3 is a chart
 25 which we understand from Ms. Hennessey was her

Page 260

1 summary of the information provided from Ms.
 2 Predham. And then you'll see again this is
 3 the original at page 4 and 5, it's the
 4 original note that was received from Ms.
 5 Predham?
 6 MS. MCCORMACK:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. This chart that we have here at page 3 of P-
 10 0820, do you recall having received the chart
 11 in this format?
 12 MS. MCCORMACK:
 13 A. Yes, I do.
 14 CHAYTOR, Q.C.:
 15 Q. Okay. Now, was it already within the body of
 16 an e-mail or within the body of a briefing
 17 note or did you insert it into the body?
 18 MS. MCCORMACK:
 19 A. It was in the briefing note when it came back.
 20 CHAYTOR, Q.C.:
 21 Q. It was in the briefing note?
 22 MS. MCCORMACK:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. So did you ever receive a document with just

Page 261

1 this chart?
 2 MS. MCCORMACK:
 3 A. No.
 4 CHAYTOR, Q.C.:
 5 Q. Okay. So the first time you see this chart,
 6 it's already in the body of the briefing note
 7 or the draft of the briefing note?
 8 MS. MCCORMACK:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. And the questions then that you had for
 12 Ms. Hennessey on the 15th at 11:22 in the
 13 morning you still had a few questions. And
 14 secondly here you note "The note indicates 28
 15 patients test results confirmed negative by
 16 the Newfoundland panel. Were these tests also
 17 sent to Mount Sinai or not, and if so, I
 18 assume the results were the same for Mount
 19 Sinai as found by the Newfoundland panel."
 20 And if we look at the 28 that it would appear
 21 you're referring to, it's this block here,
 22 "Patient test results confirmed negative by
 23 Newfoundland panel," there's 28. And the
 24 comments are "Patients whose original test
 25 results were considered negative by" that

Page 262

1 should be "treating physician" and treated
 2 appropriately, there was a slight change in
 3 ER/PR status but review by panel confirmed
 4 negative ER/PR status." So that caught your
 5 attention and you asked question regarding
 6 those 28?
 7 MS. MCCORMACK:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. And Ms. Hennessey's answer to you on that was
 11 that "the 28 test results confirmed as
 12 negative by the Newfoundland Labrador panel
 13 were sent to Mount Sinai. The panel chose to
 14 review these results because there was a
 15 slight change on the patient's ER/PR status
 16 from time of original diagnosis to retesting."
 17 And she sends her answers to you the next
 18 morning at 7:44 a.m. Did that clarify that
 19 issue for you, the answer you received from
 20 Ms. Hennessey?
 21 MS. MCCORMACK:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. And what did you understand her to be telling
 25 you in that answer?

Page 263

1 MS. MCCORMACK:
 2 A. Well actually I think I also had a
 3 conversation with Heather about that and they
 4 were explaining to me or she explained to me,
 5 as best she could, about the change in the
 6 status or the percentage of ER/PR and how that
 7 had changed over time. I really didn't, you
 8 know, the details or the technical details of
 9 the testing I wasn't clear on, but I was
 10 trying to get an understanding of what the
 11 role of the panel was and why some were
 12 retested and what changes--what difference
 13 that may have made to these particular women.
 14 CHAYTOR, Q.C.:
 15 Q. Okay, and did you understand in any
 16 explanation provided by Ms. Predham or Ms.
 17 Hennessey that these people may be affected by
 18 what definition Mount Sinai gives to positive,
 19 verses what St. John's may be using?
 20 MS. MCCORMACK:
 21 A. Yes, I think there was some discussion about
 22 that, that there was--I'm not sure about
 23 whether or not there was a difference--I don't
 24 think we talked about a difference between
 25 Newfoundland and Mount Sinai, I think she

Page 264

1 talked about a change over time in terms of a
 2 medical practice of what would be considered
 3 negative at one point in time was probably,
 4 had to be a higher percentage at this point in
 5 time.
 6 CHAYTOR, Q.C.:
 7 Q. So the threshold.
 8 MS. MCCORMACK:
 9 A. But the actual technical, I really did not
 10 understand.
 11 CHAYTOR, Q.C.:
 12 Q. So a threshold cutoff over time that we
 13 understand -
 14 MS. MCCORMACK:
 15 A. Exactly.
 16 CHAYTOR, Q.C.:
 17 Q. - went from 30 percent to 10 percent in
 18 Newfoundland?
 19 MS. MCCORMACK:
 20 A. That's right.
 21 CHAYTOR, Q.C.:
 22 Q. That's what was explained to you?
 23 MS. MCCORMACK:
 24 A. That's right.
 25 CHAYTOR, Q.C.:

Page 265

1 Q. Okay, and whether or not it had anything to do
 2 with Mount Sinai calling a positive anything
 3 above one percent and Newfoundland anything,
 4 ten percent or more, that wasn't discussed?
 5 MS. MCCORMACK:
 6 A. No.
 7 CHAYTOR, Q.C.:
 8 Q. And again, here where it says, "I received a
 9 briefing note from Yvonne, as you directed"--
 10 and again, we don't have any copy of any
 11 communications between you and Ms. Power on
 12 this, but you do believe it would have been by
 13 e-mail?
 14 MS. MCCORMACK:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. Then the next point you had, number three,
 18 "The patients whose ER/PR status changed from
 19 negative to positive, 208, but with no
 20 treatment recommendations. The comment
 21 section advises some of these patients were
 22 considered low risk, who previously could not
 23 tolerate or did not want Tamoxifen or has
 24 since been placed on Tamoxifen for metastatic
 25 disease. Does this mean that these patients

Page 266

1 all have metastatic disease or do we know how
 2 many of the 208 do, and would this the result
 3 of them not having been given Tamoxifen
 4 because their original test results were
 5 negative, when they should have been given
 6 Tamoxifen. The note says no recommendation
 7 for treatment, yet the comments indicate there
 8 has been changes in the treatment being
 9 provided. Can you clarify? I find the
 10 information confusing." And so these were
 11 questions that you had arising from -
 12 MS. MCCORMACK:
 13 A. From my review of the note, yes.
 14 CHAYTOR, Q.C.:
 15 Q. From what was provided to you.
 16 MS. MCCORMACK:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And the answer from Ms. Hennessey on that is
 20 "There are only 13 of the 208 who are being
 21 treated with Tamoxifen for metastatic disease.
 22 Because this treatment was started since their
 23 original diagnosis and before the test results
 24 were reviewed by Mount Sinai and the
 25 Newfoundland panel, there are no treatment

Page 267

1 recommendations since the retesting." Now,
 2 did you find that that answered your question
 3 satisfactorily or did you have to require any
 4 further explanation on that?
 5 MS. MCCORMACK:
 6 A. I don't recall requiring any further
 7 explanation of that.
 8 CHAYTOR, Q.C.:
 9 Q. And you ask a question as well about in No. 4,
 10 about the patients with DCIS and you're
 11 asking, there's reference to 14 who are yet to
 12 be reviewed and you're asking by who. You
 13 say, "It says the patients have been notified,
 14 I assume this includes the 14 women whose test
 15 results are still pending the review, is that
 16 right?" So you're wondering are the 14 DCIS
 17 patients who are still under review, whether
 18 or not they've been notified and the answer
 19 back to you on that point from Ms. Hennessey
 20 is "I don't know when the reviews will be
 21 completed or if these patients have been
 22 notified. And if you need this info today,
 23 you can check with Heather Predham directly."
 24 And in terms of that, did you then check with
 25 Ms. Predham on that issue as to whether or not

Page 268

1 those 14 -

2 MS. MCCORMACK:

3 A. I'm sure that I did have a discussion with her

4 after I received that information from Moira.

5 CHAYTOR, Q.C.:

6 Q. If those 14 had been notified or not?

7 MS. MCCORMACK:

8 A. Yes, I'm sure I would have asked that

9 question.

10 CHAYTOR, Q.C.:

11 Q. All right and do you recall what response you

12 received?

13 MS. MCCORMACK:

14 A. I can't clearly recall, I do think though

15 after I had the discussion with Heather that I

16 understood it a bit better at that time.

17 CHAYTOR, Q.C.:

18 Q. Yes, and do you recall any discussion around

19 whether or not the 14 with DCIS who were still

20 under review, whether they had been notified?

21 Do you recall that specific issue being

22 discussed with Ms. Predham?

23 MS. MCCORMACK:

24 A. I'm sure I would have talked to her about all

25 of those things, but I can't tell you right

Page 269

1 now that I can remember what her response was.

2 CHAYTOR, Q.C.:

3 Q. Okay, and what we see here in the chart, which

4 I believe does go forward in the note

5 ultimately on the DCIS, the same wording that

6 I just referred you to in the e-mail and it

7 does say patients have been notified and

8 that's what went forward?

9 MS. MCCORMACK:

10 A. Yes.

11 CHAYTOR, Q.C.:

12 Q. So if you did check that point, I take it the

13 answer you received was that all those

14 patients had been notified?

15 MS. MCCORMACK:

16 A. Yes.

17 CHAYTOR, Q.C.:

18 Q. And you note that "I made the changes you

19 recommended, hopefully we can conclude soon."

20 What changes would you be referring to?

21 MS. MCCORMACK:

22 A. Whatever she may have sent to me in an e-mail

23 or advised me to change.

24 CHAYTOR, Q.C.:

25 Q. Okay, so on the 14th, for example the bullet

Page 270

1 regarding the 20 percent that she wanted

2 changed -

3 MS. MCCORMACK:

4 A. That's correct.

5 CHAYTOR, Q.C.:

6 Q. You would have made those changes?

7 MS. MCCORMACK:

8 A. I would have.

9 CHAYTOR, Q.C.:

10 Q. So you are drafting or making the revisions to

11 the draft?

12 MS. MCCORMACK:

13 A. On her advice.

14 CHAYTOR, Q.C.:

15 Q. At this point in time?

16 MS. MCCORMACK:

17 A. Yes.

18 CHAYTOR, Q.C.:

19 Q. So I'm just trying to figure out then how that

20 works because you're indicating to her that

21 you still have a--she sent you a draft, you

22 have a number of questions for her, but you

23 have made the changes that she asked for the

24 day before, so do you see what I'm asking?

25 Who has the draft? Where is it sitting? Is

Page 271

1 it in the Department of Health, is it with

2 Moira?

3 MS. MCCORMACK:

4 A. It was probably going back and forth between

5 the two of us and I would assume Health was

6 corresponding with Eastern Health around the

7 note to clarify the information and get the

8 note in a format that made sense to them

9 before they sent it over.

10 CHAYTOR, Q.C.:

11 Q. So you're indicating to her that you've made

12 the changes that she recommended the day

13 before, presumably.

14 MS. MCCORMACK:

15 A. Yes. And I would have sent the note back to

16 her with those changes in it, so that she

17 could again see it to make sure she was

18 satisfied that the note was what they wanted

19 to go forward.

20 CHAYTOR, Q.C.:

21 Q. And she indicates here "If you need any

22 further information or if you need that

23 information, you can check with Ms. Predham

24 directly." Now would that have been your

25 first time, you indicated that you did in fact

Page 272

1 call Ms. Predham. Would that have been the
 2 first time that you communicated with her on
 3 this issue?
 4 MS. MCCORMACK:
 5 A. I'm not sure if that was the first time. I
 6 know during the drafting of the briefing note
 7 I had several conversations with Heather. I
 8 always communicated with Moira first and if
 9 she directed me to Heather, I spoke to Heather
 10 and often if Moira was travelling or if she
 11 was away, she said, you know, Heather knows
 12 the issue well, go ahead and call her
 13 directly. Because it would be very unusual, I
 14 mean, never before had I contacted regional
 15 staff in assisting with a note, but similarly
 16 we didn't draft notes for departments normally
 17 either, so this was unusual. But with the
 18 direction provided to me by the assistant
 19 secretary to put it in its proper format, I
 20 was doing just that, making sure that what was
 21 there was actually the health information.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, and in directing you in this e-mail that
 24 you can check with Heather Predham directly,
 25 do you know if that's the first time that Ms.

Page 273

1 Hennessey suggested that you do that?
 2 MS. MCCORMACK:
 3 A. I don't think that it was because we had
 4 telephone conversations, you know, throughout
 5 the processing of this particular note and I
 6 may have talked to Heather before that.
 7 CHAYTOR, Q.C.:
 8 Q. Okay, and is there any other information that
 9 you can point to that Ms. Predham would have
 10 provided you with?
 11 MS. MCCORMACK:
 12 A. I think just a general discussion on some of
 13 the issues, like I wasn't sure about the
 14 treatment, for example, like the questions I
 15 had asked about the Tamoxifen and who should
 16 have gotten it or what impact that may have
 17 had on the patients, so I was asking some of
 18 those questions more for my clarification so
 19 that I understood the note. And so I'm sure
 20 that I had some discussions with Heather like
 21 that.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, and when we bring the note up, perhaps
 24 you can point out anything there that you
 25 think may have been--that Ms. Predham may have

Page 274

1 been the source of the information. Other
 2 than Ms. Predham, did you have any discussions
 3 with anyone else at Eastern Health around the
 4 note?
 5 MS. MCCORMACK:
 6 A. No.
 7 CHAYTOR, Q.C.:
 8 Q. And you believe there may have been some point
 9 that you had a discussion with Ms. Griffiths
 10 or you're not sure?
 11 MS. MCCORMACK:
 12 A. I think I may have because I recall at one
 13 point that Moira had asked Bev Griffiths to, I
 14 don't know if it was to look at the note or
 15 make sure it got over to me or whatever her
 16 role was, I may have had a discussion with her
 17 verbally, I'm not--I can't say exactly when.
 18 CHAYTOR, Q.C.:
 19 Q. In your discussions--and nobody else in the
 20 department, I take it, other than Ms.
 21 Hennessey?
 22 MS. MCCORMACK:
 23 A. No, other than--Moira was my primary contact.
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and it looks like you had some

Page 275

1 communication that at least forwarding drafts
 2 back and forth with her assistant, Ms. Power,
 3 Yvonne Power?
 4 MS. MCCORMACK:
 5 A. She would have prepared, you know, the note
 6 for Moira, at Moira's direction and then
 7 forwarded it to me.
 8 CHAYTOR, Q.C.:
 9 Q. Yes. Did any of your discussions with Ms.
 10 Predham, did she indicate any concern about
 11 the purpose of the note or where the note may
 12 be going?
 13 MS. MCCORMACK:
 14 A. No, in fact, she knew where the note was
 15 going.
 16 CHAYTOR, Q.C.:
 17 Q. And in terms of the content of the note and it
 18 including numbers, did Ms. Predham indicate
 19 any concern about any--in limiting the
 20 distribution of the note in any way because it
 21 contained numbers?
 22 MS. MCCORMACK:
 23 A. Not at all.
 24 CHAYTOR, Q.C.:
 25 Q. And so I take it there was no reservation

Page 276

1 expressed by Ms. Predham about anything
 2 contained in the note or how widely that may
 3 be distributed?
 4 MS. MCCORMACK:
 5 A. Not at all, I mean she would have been aware
 6 because I was calling from Cabinet Secretariat
 7 and in fact, I apologized to her for calling
 8 because normally we would not go to Eastern
 9 Health for any information, but I told her I
 10 had been asked by Moira to call her and
 11 because Moira was travelling and explained the
 12 purpose of the note, why I was formatting it
 13 and doing it, and she never indicated at all
 14 any anxiety about discussing the matter with
 15 me at all or any of the information.
 16 CHAYTOR, Q.C.:
 17 Q. Was that the first time you ever had a
 18 discussion with Ms. Predham or did you already
 19 know her?
 20 MS. MCCORMACK:
 21 A. Oh, I don't know her, I don't know her now,
 22 other than those conversations. If she walked
 23 in here, you'd have to introduce me, I've
 24 never seen her.
 25 CHAYTOR, Q.C.:

Page 277

1 Q. Okay, well if she comes, I'll let you know.
 2 And in terms of briefing notes for Cabinet
 3 Secretariat, to your knowledge are they given
 4 any particular protection from disclosure?
 5 MS. MCCORMACK:
 6 A. I think that they are, I think that most
 7 Cabinet information is confidential. I'm not
 8 aware that it would be disclosed.
 9 CHAYTOR, Q.C.:
 10 Q. For example, with respect to any ATIPP
 11 request, is it your understanding that a note
 12 for Cabinet Secretariat would be protected
 13 from such a request?
 14 MS. MCCORMACK:
 15 A. My understanding is that anything that was in
 16 those directories were confidential because it
 17 was for the purpose of Cabinet or the
 18 Premier's office, so yes, I would have assumed
 19 everything there would have been confidential.
 20 CHAYTOR, Q.C.:
 21 Q. And if we can look then, please, at P-0192?
 22 And I believe this may be at least the written
 23 record, this is the next contact we have
 24 between yourself and Ms. Hennessey with
 25 respect to the note and you're writing to her

Page 278

1 on August 17th at 11:26 in the morning. "Hi
 2 Moira, I was able to clarify the information
 3 on the Newfoundland panel and their role with
 4 Heather Predham. I included an extra bullet
 5 under background (last bullet) to describe the
 6 Newfoundland panel and their role. In the
 7 introduction to the chart, I made reference
 8 again to the panel. In my opinion the note is
 9 clear now and with your approval, I will
 10 forward it to Gary. Please advise." So I
 11 take it it appears you've had at least another
 12 conversation with Ms. Predham to clarify the
 13 role of the panel, the review panel?
 14 MS. MCCORMACK:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. And then Ms. Hennessey--by the way, you don't-
 18 -there's nobody copied on the note from what
 19 we see here, anyhow, on your note, and then
 20 Ms. Hennessey e-mails it to Debbie Humphries
 21 asking to put it in Eastern's directory and we
 22 understand Ms. Humphries works within the
 23 department. If we could go back though,
 24 please, to P-0171, and this is your e-mail
 25 again and on the bottom here, we see the same

Page 279

1 e-mail to Ms. Hennessey, but on the bottom it
 2 is copied Beverley Griffiths, Tansy Mundon,
 3 John Rumboldt. Now this is an e-mail being
 4 forwarded from Ms. Hennessey then to Mr.
 5 Abbott at 12:41 for his review. "This note
 6 will likely go to the Premier's office later
 7 today or tomorrow." And did you know, did you
 8 copy Ms. Griffiths, Ms. Mundon and John
 9 Rumboldt on your e-mail?
 10 MS. MCCORMACK:
 11 A. I don't think so, I think I sent mine directly
 12 to Moira.
 13 CHAYTOR, Q.C.:
 14 Q. Okay, so the cc on this would be somebody
 15 else's?
 16 MS. MCCORMACK:
 17 A. Again, maybe I did if she had involved them at
 18 that point or had asked me to do that, but I
 19 don't think that I did because most of my
 20 communication was with Moira.
 21 CHAYTOR, Q.C.:
 22 Q. Okay, and other than clarification on the role
 23 of the Newfoundland panel, is there anything
 24 else that you recall Ms. Predham helped you
 25 clarify in your last discussion with her?

Page 280

1 MS. MCCORMACK:
 2 A. Not specifically, but as I said, she explained
 3 to me some of the information, like around
 4 Tamoxifen and the use of Tamoxifen, that kind
 5 of thing.
 6 CHAYTOR, Q.C.:
 7 Q. Yes, okay. And do you know after this date,
 8 August 17th, did you have any further
 9 discussions with Ms. Predham on the note?
 10 MS. MCCORMACK:
 11 A. No, I didn't.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. Mr. Rumboldt and Ms. Mundon, did you
 14 have any dealings with them in the preparation
 15 of the note?
 16 MS. MCCORMACK:
 17 A. Definitely not.
 18 CHAYTOR, Q.C.:
 19 Q. And we see from this exchange between Ms.
 20 Hennessey and Mr. Abbott that she forwarded it
 21 on to Mr. Abbott for his approval, were you
 22 aware that that had happened?
 23 MS. MCCORMACK:
 24 A. No, I would have assumed Moira would have sent
 25 it to her deputy for approval, that would be

Page 281

1 normal process, just as I would have sent it
 2 to Gary Cake for approval before it left
 3 Cabinet Secretariat.
 4 CHAYTOR, Q.C.:
 5 Q. But along the way was there ever any
 6 discussion between yourself and Ms. Hennessey
 7 as to getting Mr. Abbott's approval or waiting
 8 on Mr. Abbott's approval?
 9 MS. MCCORMACK:
 10 A. No, I would assume that was her responsibility
 11 to make sure her deputy had signed off on the
 12 note before she agreed for it to go forward.
 13 CHAYTOR, Q.C.:
 14 Q. Now if we could look, please, then back to P-
 15 0192? And this is a draft of the note and as
 16 you're aware, there's two or three different
 17 drafts. Two I believe drafted the 18th and
 18 we'll get to those and this is the only one we
 19 have which is dated--or dated, I should say,
 20 August 17th, 2006. So this appears to be the
 21 version of the note that went forward on
 22 August 17th?
 23 MS. MCCORMACK:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

Page 282

1 Q. And the background section here, the issue is
 2 identified as "current status of pathology
 3 testing and legal claims related to women
 4 diagnosed with breast cancer"?
 5 MS. MCCORMACK:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. Who would have written that?
 9 MS. MCCORMACK:
 10 A. I think it may have been me, it may have been
 11 Moira. It was the purpose of the note was to
 12 follow up on the pathology testing and the
 13 legal claims.
 14 CHAYTOR, Q.C.:
 15 Q. Okay and under "background" these are shown as
 16 dollar signs, but I believe they're bullets.
 17 MS. MCCORMACK:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. There's four bullets. Who would have drafted
 21 this or where would this information have come
 22 from?
 23 MS. MCCORMACK:
 24 A. It would have come from the previous notes or,
 25 yeah, I'm pretty sure they would have. The

Page 283

1 background note, there may have been reference
 2 to May '05.
 3 CHAYTOR, Q.C.:
 4 Q. And who would have put this together, the
 5 background piece? Would that have been you or
 6 Ms. Hennessey?
 7 MS. MCCORMACK:
 8 A. Probably both again because the note was
 9 Health's note, so anything that they included
 10 back and forth, I formatted it, like I put the
 11 title, the issue, the background and inserted
 12 the appropriate information under it.
 13 CHAYTOR, Q.C.:
 14 Q. And so might you have taken some of this
 15 information from the October 5th briefing note
 16 and included it here?
 17 MS. MCCORMACK:
 18 A. That's possible.
 19 CHAYTOR, Q.C.:
 20 Q. Okay, so the best answer you can tell me is
 21 that somewhere between yourself and Ms.
 22 Hennessey this background piece got drafted?
 23 MS. MCCORMACK:
 24 A. That's correct.
 25 CHAYTOR, Q.C.:

Page 284

1 Q. And then under "Current Status", we looked at
 2 an e-mail where you said that you inserted a
 3 reference before the table, again to the
 4 Newfoundland panel and we see that here.
 5 MS. MCCORMACK:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. We see a reference to "422 tests results with
 9 changes that were reviewed by the Newfoundland
 10 panel upon receipt from Mount Sinai". So I
 11 assume this reference to the Newfoundland
 12 panel, that sentence at least was drafted by
 13 you?
 14 MS. MCCORMACK:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. Okay, and we had seen in the e-mail exchanges
 18 that you had clarified the role of the
 19 Newfoundland panel after discussions with Ms.
 20 Predham?
 21 MS. MCCORMACK:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, so I assume in the background where we
 25 see the reference to "the panel of

Page 285

1 professionals" -
 2 MS. MCCORMACK:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. I assume you drafted at least that portion of
 6 the background?
 7 MS. MCCORMACK:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. And then we have the table, which I assume is
 11 what Ms. Hennessey inserted?
 12 MS. MCCORMACK:
 13 A. Inserted in the note, yes.
 14 CHAYTOR, Q.C.:
 15 Q. And the current status is currently two legal
 16 claims and then there's reference to recent
 17 media report identifying Myrtle Lewis and
 18 you'll recall Ms. Predham had asked that you
 19 might want to highlight Ms. Lewis' case.
 20 MS. MCCORMACK:
 21 A. Actually it was Moira who had recommended
 22 that.
 23 CHAYTOR, Q.C.:
 24 Q. Ms. Hennessey, yes, I'm sorry, what did I say?
 25 I'm sorry, yes, Ms. Hennessey, right. She had

Page 286

1 recommended that you do that.
 2 MS. MCCORMACK:
 3 A. That's right.
 4 CHAYTOR, Q.C.:
 5 Q. So did you draft this part here about Ms.
 6 Lewis?
 7 MS. MCCORMACK:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. And the part about Ms. Hanlon and Ms.
 11 Doucette's claim, some of that, not all of it,
 12 but some of it are direct quotes from what Ms.
 13 Predham had forwarded originally.
 14 MS. MCCORMACK:
 15 A. That's right.
 16 CHAYTOR, Q.C.:
 17 Q. And where did the rest of the information
 18 there come from?
 19 MS. MCCORMACK:
 20 A. I'm not sure if it came through Moira or
 21 through Eastern Health to Moira.
 22 CHAYTOR, Q.C.:
 23 Q. And who actually wrote what's written there?
 24 MS. MCCORMACK:
 25 A. Again, I'm not really sure if it was me or if

Page 287

1 it was Moira.
 2 CHAYTOR, Q.C.:
 3 Q. Okay, so between the two of you again, you
 4 would have drafted this portion of the note?
 5 MS. MCCORMACK:
 6 A. That's correct.
 7 CHAYTOR, Q.C.:
 8 Q. And the impacts of treatment with Tamoxifen,
 9 is that what you talked to Ms. Predham about,
 10 you indicated a few minutes ago?
 11 MS. MCCORMACK:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. So this would have been drafted by you based
 15 on information provided to you by Ms. Predham?
 16 MS. MCCORMACK:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And the reasons for erroneous results and
 20 steps taken to prevent recurrence, it says,
 21 "Eastern Health has engaged external
 22 consultants to review the procedures at the
 23 laboratory. When all reports are received,
 24 they will be reviewed and the recommendations
 25 will be implemented. The goal is to have the

Page 288

1 laboratory accredited. Until these processes
 2 are completed, all samples will continue to be
 3 retested at Mount Sinai." Who drafted that?
 4 MS. MCCORMACK:
 5 A. I probably drafted that, having a discussion
 6 with Moira and Heather Predham.
 7 CHAYTOR, Q.C.:
 8 Q. Okay, and are you able to say that you
 9 discussed this with Ms. Hennessey?
 10 MS. MCCORMACK:
 11 A. Yes, I'm sure that we did, the note went back
 12 and forth and that was my understanding of
 13 what was happening from Health's perspective.
 14 CHAYTOR, Q.C.:
 15 Q. Okay, and you also recall discussing it with
 16 Ms. Predham?
 17 MS. MCCORMACK:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. Okay, and what did you understand was the
 21 stage of the external consultant's review?
 22 MS. MCCORMACK:
 23 A. That it was ongoing and that there was no
 24 concern at that point regarding current
 25 patients because the samples were being

Page 289

1 tested--retested or tested outside the
 2 province.
 3 CHAYTOR, Q.C.:
 4 Q. And who told you that the review was ongoing?
 5 MS. MCCORMACK:
 6 A. Heather.
 7 CHAYTOR, Q.C.:
 8 Q. And did she indicate to you that the reviewers
 9 had been back in the spring?
 10 MS. MCCORMACK:
 11 A. No, I understood that the review was ongoing
 12 as we talked.
 13 CHAYTOR, Q.C.:
 14 Q. Okay, and did you understand that was true of
 15 all of it or was there just some piece of it
 16 that they were waiting on? What exactly did
 17 she tell you?
 18 MS. MCCORMACK:
 19 A. I understood that the review was ongoing, that
 20 they were waiting for a report which would
 21 provide them with recommendations to accredit
 22 the lab and that they intended to implement
 23 the recommendations and at the current time
 24 there was no concern about the present testing
 25 because it was being done out of province.

Page 290

1 CHAYTOR, Q.C.:
 2 Q. And what, did she tell you there was one
 3 report they were waiting on or did she tell
 4 you they had already received certain reports?
 5 MS. MCCORMACK:
 6 A. I wasn't told that there was any reports ever
 7 received. My understanding was the actual
 8 review and the consultants were currently
 9 involved in reviewing the procedures at the
 10 laboratory.
 11 CHAYTOR, Q.C.:
 12 Q. So were you told that they had actually
 13 already been in twice and gone and that there
 14 were reports within Eastern Health?
 15 MS. MCCORMACK:
 16 A. No, I was not.
 17 CHAYTOR, Q.C.:
 18 Q. And based on your discussion with Ms. Predham,
 19 does that surprise you if that's the case?
 20 MS. MCCORMACK:
 21 A. Well I've since heard that they had actually
 22 received some reports, but I was not told
 23 that.
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and based on your discussion that you

Page 291

1 did have with her, does that surprise you?
 2 MS. MCCORMACK:
 3 A. Yes, I would have thought if they had reports
 4 that she would have said the consultants had
 5 finished their work or finished part of their
 6 work and they had, you know--and shared the
 7 findings. But I did not know that and
 8 obviously, I don't know of Moira knew it, but
 9 she reviewed the note and I would assume if
 10 she looked at that and said--and was aware
 11 that there had been external consultant's
 12 reports received internal or otherwise, that
 13 she would have corrected that information
 14 because she would have known that the
 15 information was going forward to the Premier's
 16 office. I would be very disappointed if I
 17 thought that she had known that--and I don't
 18 know if she did know it, but if she did know
 19 it and had not shared that with me, because
 20 that would be sending forward incorrect
 21 information.
 22 CHAYTOR, Q.C.:
 23 Q. And do you specifically remember discussing
 24 this portion of the note with Ms. Hennessey?
 25 MS. MCCORMACK:

Page 292

1 A. I don't specifically recall discussing that
 2 particular part of the note, but as I said, I
 3 mean when the note was in its final stage, it
 4 was sent to Moira for approval and sign off
 5 before I forwarded it on. I was of the
 6 understanding that every bit of information in
 7 that note was correct and that Health was
 8 signing off on the note and were satisfied
 9 that it was appropriate to go forward to the
 10 Premier's office.
 11 CHAYTOR, Q.C.:
 12 Q. So what you're saying is that you drafted this
 13 portion of the note based on information given
 14 to you by Ms. Predham.
 15 MS. MCCORMACK:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. That it was sent back to Ms. Hennessey for
 19 review?
 20 MS. MCCORMACK:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. There was no discussion back from Ms.
 24 Hennessey as to any inaccuracy in that portion
 25 of the note.

Page 293

1 MS. MCCORMACK:
 2 A. Or in any other part of the note at this
 3 point.
 4 CHAYTOR, Q.C.:
 5 Q. Okay. So you assumed this was accurate
 6 information?
 7 MS. MCCORMACK:
 8 A. I assumed that it was totally accurate
 9 information and that they were all aware it
 10 was going to the Premier's office and would
 11 have been sure to make sure that it was
 12 accurate.
 13 CHAYTOR, Q.C.:
 14 Q. If we could look at--I'll come back to this
 15 note in a second. If we could just look at
 16 0124, please, page six? Now this, Ms.
 17 McCormack, is the--I'll just show you the end
 18 here, is the briefing note of October 5th
 19 2005, which would, from what you've told us,
 20 have been the only documentation that you had
 21 at your disposal when you're drafting or
 22 involved in the drafting of the August 18th
 23 briefing note?
 24 MS. MCCORMACK:
 25 A. Yes.

Page 294

1 CHAYTOR, Q.C.:
 2 Q. And this briefing note makes reference to
 3 external reviews. Just find that portion for
 4 you. Here we go. Second last bullet, "an
 5 external peer review by the chief pathologist
 6 of the British Columbia Cancer Institute and
 7 the chief technologist from Mount Sinai
 8 Hospital was conducted September 15th to the
 9 22nd, 2005, to review current practices and
 10 procedures within the laboratory service.
 11 Debriefing was held after each review and a
 12 full report from each is expected within the
 13 next few weeks." Now do you remember reading
 14 that at the time?
 15 MS. MCCORMACK:
 16 A. I'm sure I read it at the time, because I did
 17 read the note.
 18 CHAYTOR, Q.C.:
 19 Q. Okay, and did you connect that to what is
 20 being said in terms of the reviews, what's
 21 being told to you in August 2006?
 22 MS. MCCORMACK:
 23 A. I didn't connect that. Actually, I thought
 24 that review had to do with the change in the
 25 equipment in the lab, and I know that that

Page 295

1 would probably be part of it, but I didn't
 2 really connect that. I thought that the
 3 review that was referenced in the note that I
 4 was involved in was ongoing at the current
 5 time.
 6 CHAYTOR, Q.C.:
 7 Q. There's also in this note, under background,
 8 the fourth bullet refers to a representative
 9 from Ventana having visited the lab in July
 10 and found everything to be in order. So when
 11 you're--if we can go back then, please, to
 12 0192, so the reference to external consultants
 13 reviewing procedures at the lab, you didn't
 14 connect those two?
 15 MS. MCCORMACK:
 16 A. I didn't. I assumed, from the conversation
 17 with Heather, that there were external
 18 consultants currently doing a review of the
 19 laboratory.
 20 CHAYTOR, Q.C.:
 21 Q. Okay, and if we just look then, the next part
 22 is the action required, and you indicated that
 23 you told us earlier you would have written
 24 this note as provided for information purposes
 25 only.

Page 296

1 MS. MCCORMACK:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. The next portion "should the Premier require
 5 further detail, officials from Eastern Health,
 6 as well as their legal counsel, will be
 7 available for an in-person briefing." Did you
 8 write that sentence?
 9 MS. MCCORMACK:
 10 A. I think Health put that sentence in, and I
 11 think it probably--I'm not sure if it was
 12 Moira or the Deputy may have wanted that in
 13 there.
 14 CHAYTOR, Q.C.:
 15 Q. So you didn't put that in?
 16 MS. MCCORMACK:
 17 A. No.
 18 CHAYTOR, Q.C.:
 19 Q. Okay. Do you know, are there--other than the
 20 August 18th versions of the note, do you know
 21 were there any other--or the drafts that there
 22 was obviously some drafts back and forth
 23 before that. Were the drafts similar to what
 24 we see here or do you know whether or not
 25 there was any draft that ever existed which

Page 297

1 was substantially different from this?
 2 MS. MCCORMACK:
 3 A. Other than the first one that had been
 4 forwarded by Mr. Abbott to Gary Cake,
 5 everything I seen after that would have been
 6 similar in format with probably some
 7 information changed or deleted at the request
 8 of health.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and as of the 17th, there's no summary
 11 portion to this note, and I'll take you to
 12 that, because ultimately there's a summary
 13 portion inserted. At the end of the note, it
 14 says that it's prepared by, approved by,
 15 Heather Predham, Eastern Health, Moira
 16 Hennessey, Department of Health--I'm sorry,
 17 Eastern Health and Department of Health,
 18 reviewed by Marilyn McCormack, Gary Cake,
 19 Cabinet Secretariat. Would you have sent this
 20 version, the August 17th version, to Mr. Cake
 21 for review?
 22 MS. MCCORMACK:
 23 A. Yes, we were back and forth on the note. He
 24 would have been aware of the information and
 25 raising any questions he may have.

Page 298

1 CHAYTOR, Q.C.:
 2 Q. And did Mr. Cake ever make any revisions to
 3 the note or draft any portions of it?
 4 MS. MCCORMACK:
 5 A. He didn't actually draft any portions of it.
 6 He may have, as I said, raised some questions
 7 and wanted information included on a
 8 particular area. For example, I think the
 9 details around the legal cases, he had asked
 10 that question of me at one point, and I went
 11 back to Health for that information.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and the indication that it's been
 14 reviewed by you, as opposed to prepared by
 15 you, what does that mean?
 16 MS. MCCORMACK:
 17 A. Well usually, Cabinet Secretariat would review
 18 the note and as I said earlier, the note is--
 19 even though I formatted this note, that was
 20 very unusual, because normally we would have
 21 just sent it back to the Department, asked
 22 them to put it in the proper format and send
 23 it forward, and Cabinet Secretariat's role
 24 would have been to review and Gary actually
 25 approves it. So approved probably should be

Page 299

1 in there as well. But the information in it,
 2 came from Heather Predham and Moira Hennessey,
 3 and it was considered by us as a Health note.
 4 CHAYTOR, Q.C.:
 5 Q. Right, and so at any point, did you ever send
 6 any draft of this note to Ms. Predham for her
 7 review?
 8 MS. MCCORMACK:
 9 A. No, I would have felt that that was Department
 10 of Health's responsibility, because they were
 11 the one collecting the information directly
 12 from the Eastern Health Board.
 13 CHAYTOR, Q.C.:
 14 Q. But you collected some of it directly from Ms.
 15 Predham yourself?
 16 MS. MCCORMACK:
 17 A. At Moira's direction, and that went back to
 18 Health for verification. So I assumed Moira
 19 and Heather would have both been satisfied or
 20 Moira would have been satisfied with the
 21 information that was in the note.
 22 CHAYTOR, Q.C.:
 23 Q. But in particular, and I'm sure you're aware,
 24 this section regarding the reasons for
 25 erroneous results and steps taken to prevent

Page 300

1 recurrence, which has caused some discussion,
 2 you received that information directly from
 3 Ms. Predham?
 4 MS. MCCORMACK:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. And the note was never, to your knowledge,
 8 sent to Ms. Predham for her review?
 9 MS. MCCORMACK:
 10 A. Not that I'm aware of, unless Moira did it. I
 11 would not have sent the note to Eastern
 12 Health, and it wouldn't be unusual for
 13 departments to get information from other
 14 sources and include it in a departmental note.
 15 CHAYTOR, Q.C.:
 16 Q. It's not unusual?
 17 MS. MCCORMACK:
 18 A. Well, the information would obviously come
 19 from Eastern Health, the information, the bulk
 20 of the information there around the lab and
 21 whatever would have come from Eastern Health
 22 to Health.
 23 CHAYTOR, Q.C.:
 24 Q. How usual is it to see the name of somebody
 25 from outside Government on a briefing note for

Page 301

1 Cabinet Secretariat?
 2 MS. MCCORMACK:
 3 A. I have seen it before, but always after it
 4 goes through the department.
 5 CHAYTOR, Q.C.:
 6 Q. Okay.
 7 MS. MCCORMACK:
 8 A. Usually however, as I said, the notes are
 9 drafted by the department.
 10 CHAYTOR, Q.C.:
 11 Q. What was it primarily that Cabinet Secretariat
 12 was trying to be updated on with respect to
 13 this briefing note?
 14 MS. MCCORMACK:
 15 A. Primarily around the legal suits, because I
 16 think that's what--the reason the note was
 17 requested, as a result of the article in The
 18 Independent.
 19 CHAYTOR, Q.C.:
 20 Q. Okay, and so was it--why would that be of
 21 concern to Cabinet Secretariat?
 22 MS. MCCORMACK:
 23 A. Well, any major issue like that would
 24 obviously be concern to the Government, I
 25 guess, and when the article came up, Mr. Cake

Page 302

1 felt that we should have information on what
 2 was happening there and wondering what
 3 information the Department of Health would
 4 have had.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. Were they trying to find out how many
 7 people might commence legal action or be
 8 involved in the litigation?
 9 MS. MCCORMACK:
 10 A. Yes, I'm sure that was part of the reason for
 11 looking at the issue.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and did you have any discussions with
 14 Ms. Predham around that issue?
 15 MS. MCCORMACK:
 16 A. I did.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, and what were you told?
 19 MS. MCCORMACK:
 20 A. Well, basically, I guess for me, I was trying
 21 to figure out if people had been incorrectly
 22 treated or had gotten the wrong treatment, and
 23 also, whether or not--like how many would
 24 actually or could, not how many would, but how
 25 many could actually initiate a lawsuit, and I

Page 303

1 recall her saying to me that any or all of
 2 them, given the circumstances and certainly in
 3 my discussion with her, that made sense to me
 4 personally, because people had gone through
 5 tremendous stress related to this issue, and
 6 then even knowing that their tests had to be
 7 retested, I'm sure was stressful for patients
 8 in that situation. So I do recall having that
 9 conversation with Heather, for sure.
 10 CHAYTOR, Q.C.:
 11 Q. Okay, and did you ever have any discussions
 12 with Mr. Abbott around the note?
 13 MS. MCCORMACK:
 14 A. No, I have not.
 15 CHAYTOR, Q.C.:
 16 Q. And the numbers or the chart that we see here,
 17 the category number, the comments, and I've
 18 taken you to a document that Ms. Hennessey
 19 drafted which was inserted in here. Did you
 20 make any changes to the content of the chart?
 21 MS. MCCORMACK:
 22 A. No.
 23 CHAYTOR, Q.C.:
 24 Q. And if I'd just take you back down to the
 25 heading here, "reasons for the erroneous

Page 304

1 results and steps taken to prevent recurrence"

2

3 MS. MCCORMACK:

4 A. Yes.

5 CHAYTOR, Q.C.:

6 Q. Who drafted that heading?

7 MS. MCCORMACK:

8 A. I'm not sure. It could have been me.

9 CHAYTOR, Q.C.:

10 Q. Was that a question, Ms. McCormack, that you

11 were asking, what happened, why would there be

12 erroneous results?

13 MS. MCCORMACK:

14 A. Yes, I'm sure.

15 CHAYTOR, Q.C.:

16 Q. Okay, and did you have any--in your

17 discussions with Ms. Hennessey or Ms. Predham,

18 did you ask them that question?

19 MS. MCCORMACK:

20 A. I'm sure that I did and I understood that they

21 were looking for the reasons through this

22 external review. That was my understanding of

23 it.

24 CHAYTOR, Q.C.:

25 Q. And did Ms. Predham offer any other

Page 305

1 explanation as to what may have went wrong?

2 MS. MCCORMACK:

3 A. No.

4 CHAYTOR, Q.C.:

5 Q. And really, there's no answer to the question

6 in what's put forward here. There's no

7 answer.

8 MS. MCCORMACK:

9 A. Well, my understanding is they were looking at

10 it at that particular time.

11 CHAYTOR, Q.C.:

12 Q. Okay. So as we know here, it's now coming on

13 late in--mid to late August 2006 and it was

14 your understanding, from your discussions with

15 Ms. Predham, that they were still seeking

16 information to answer that question, and they

17 had no information in their possession which

18 may shed light on that issue?

19 MS. MCCORMACK:

20 A. If they did, it wasn't shared with me. I had

21 no knowledge whatsoever that there was reports

22 already filed.

23 CHAYTOR, Q.C.:

24 Q. And you specifically asked the question?

25 MS. MCCORMACK:

Page 306

1 A. I didn't specifically ask if there was any

2 reports filed.

3 CHAYTOR, Q.C.:

4 Q. No, but you specifically asked for any reasons

5 for the erroneous results?

6 MS. MCCORMACK:

7 A. I don't even know if I asked that question.

8 What I was trying to find out is what the

9 current status was and my understanding was

10 that there was an external review taking place

11 and that in the interim, the testing was being

12 done outside the province and that the goal of

13 Eastern Health was to have the external review

14 and to accreditate the lab. That's what I

15 understood from that discussion.

16 CHAYTOR, Q.C.:

17 Q. Okay, and in asking or having that discussion

18 with Ms. Predham, you were trying to figure

19 out what went wrong?

20 MS. MCCORMACK:

21 A. Well, I understood they were trying to figure

22 out what went wrong, and that's why they had

23 these external consultants, but I think it

24 gave me a little bit of comfort to know they

25 were doing something to try to figure out what

Page 307

1 went wrong.

2 CHAYTOR, Q.C.:

3 Q. And what did you understand then was the stage

4 of their investigation in trying to figure out

5 that?

6 MS. MCCORMACK:

7 A. That it was ongoing, that the consultants were

8 engaged and were looking at the procedures in

9 the lab.

10 CHAYTOR, Q.C.:

11 Q. And did -

12 MS. MCCORMACK:

13 A. No one had told me, at any point, that there

14 had been any interim report or that any

15 recommendations had been made or that they

16 partially implemented them. I had no

17 knowledge whatsoever of any interim or final

18 external consultants report. I thought the

19 process was currently ongoing -

20 CHAYTOR, Q.C.:

21 Q. Okay, and did you -

22 MS. MCCORMACK:

23 A. - at the point of that note being written.

24 CHAYTOR, Q.C.:

25 Q. And did you know whether or not they had any

Page 308

1 answers to the question at that point?
 2 MS. MCCORMACK:
 3 A. I assumed not. I assumed that they were
 4 waiting to get the external consultants
 5 report?
 6 CHAYTOR, Q.C.:
 7 Q. And what was that assumption based on?
 8 MS. MCCORMACK:
 9 A. Just the fact that they--I had been advised
 10 that they were engaged reviewing it and that
 11 the intent was to accreditate the lab. I did
 12 not ask, however, specifically, you know, "do
 13 you have any idea of why?" I just assumed
 14 that they were in control of the situation and
 15 were actually--had a process in place where
 16 they're trying to find those answers.
 17 CHAYTOR, Q.C.:
 18 Q. So you're the person who's linking the
 19 external consultants review to the possibility
 20 of finding out what went wrong? That's you
 21 making that connection?
 22 MS. MCCORMACK:
 23 A. No, that information came from Heather to me,
 24 like "we have engaged external consultants.
 25 The purpose of that is to review the lab and

Page 309

1 that any recommendations that are received, we
 2 will be implementing for the purposes of
 3 accrediting the lab."
 4 CHAYTOR, Q.C.:
 5 Q. But you see, my point is that it comes under
 6 the heading "reasons for the erroneous results
 7 -
 8 MS. MCCORMACK:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. - and steps taken to prevent reoccurrence."
 12 MS. MCCORMACK:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. So you were linking that, the external
 16 consultants report, to being able to answer
 17 reasons for the erroneous results and steps
 18 taken to prevent reoccurrence.
 19 MS. MCCORMACK:
 20 A. And in terms of the progress of this note,
 21 what it was saying is that we're looking for
 22 the reasons.
 23 CHAYTOR, Q.C.:
 24 Q. And that's what you understood from Ms.
 25 Predham?

Page 310

1 MS. MCCORMACK:
 2 A. And that's what I understood, absolutely.
 3 CHAYTOR, Q.C.:
 4 Q. Okay. Why would the answer to that question
 5 be important in this briefing note?
 6 MS. MCCORMACK:
 7 A. Well, obviously, you know, it was a very
 8 serious situation and to know that something
 9 was being done about it was very important.
 10 It wasn't just a matter of saying that, you
 11 know, people had received incorrect treatment,
 12 but also that they were doing something about
 13 it and that the problem wasn't continuing in
 14 the sense that people's samples were now being
 15 tested out of province.
 16 CHAYTOR, Q.C.:
 17 Q. And the reasons for the erroneous results, why
 18 is that an important issue to include in this
 19 particular briefing note?
 20 MS. MCCORMACK:
 21 A. I guess some assurance that we know what went
 22 wrong and that it's being dealt with or that
 23 we're looking for the answers.
 24 CHAYTOR, Q.C.:
 25 Q. And bearing in mind what you told us about the

Page 311

1 reason that originated the note being that
 2 there's news coverage at that point in time
 3 regarding potential litigation or litigation
 4 around the issue, the answer to that question
 5 might affect whether or not there could be any
 6 legal liability flowing? So is that why -
 7 MS. MCCORMACK:
 8 A. Absolutely.
 9 CHAYTOR, Q.C.:
 10 Q. And that's why that would be relevant to what
 11 you're putting together here?
 12 MS. MCCORMACK:
 13 A. Absolutely.
 14 CHAYTOR, Q.C.:
 15 Q. So I take it in terms of you didn't make the
 16 connection between what was referred to as
 17 external reviews in the October 5th note, some
 18 nine months or so beforehand, and what's being
 19 told to you now, so you didn't make any
 20 inquiry as to what's taking so long, because
 21 you didn't link those two things?
 22 MS. MCCORMACK:
 23 A. I didn't link those two things. I understood,
 24 as I said, that the external consultants
 25 review was currently under way.

Page 312

1 CHAYTOR, Q.C.:

2 Q. In your discussions with either Ms. Hennessey

3 or anyone in the Department of Health, if Ms.

4 Griffiths was in fact included, but Ms.

5 Hennessey for sure and Ms. Predham, were you

6 provided any answer as to what may have caused

7 the problem? Did anyone suggest anything to

8 you?

9 MS. MCCORMACK:

10 A. No. No, really the only thing I understood is

11 that they were currently reviewing it, that

12 they had engaged the external consultants.

13 CHAYTOR, Q.C.:

14 Q. Okay. Were you told anything about any change

15 in equipment?

16 MS. MCCORMACK:

17 A. I may have been told something about the

18 change of equipment and then--but the fact

19 that they were being retested outside or

20 tested outside the province and they were

21 waiting for this review with the intention to

22 accredit the lab.

23 CHAYTOR, Q.C.:

24 Q. And so waiting for a review to--so

25 accreditation was being discussed with you at

Page 313

1 this stage?

2 MS. MCCORMACK:

3 A. Yes, that was my understanding the goal to be

4 -

5 CHAYTOR, Q.C.:

6 Q. Oh, the goal.

7 MS. MCCORMACK:

8 A. Before, yes, the goal was to credit the lab -

9 CHAYTOR, Q.C.:

10 Q. Which is what you -

11 MS. MCCORMACK:

12 A. After they had the external consultant's

13 recommendations.

14 CHAYTOR, Q.C.:

15 Q. Okay. But you understood that to be two

16 different things, the accreditation was

17 something different than the external

18 consultants?

19 MS. MCCORMACK:

20 A. Oh, yes, I would have assumed that the

21 external review would bring forward what

22 someone found in terms of the difficulties or

23 problems with the lab and then that they would

24 eventually correct those problems so that

25 their lab would be accredited so that it was

Page 314

1 appropriate for future treatment, you know, or

2 future lab work.

3 CHAYTOR, Q.C.:

4 Q. Okay. And in terms of any issue about the

5 equipment, who talked to you about that?

6 MS. MCCORMACK:

7 A. I think I might have asked a question about

8 that related to the two different types of

9 equipment that were listed, two different

10 machines. But at this point, at the point

11 that I was writing this note, they weren't

12 using the lab, anyway, for that purpose.

13 CHAYTOR, Q.C.:

14 Q. Okay. Was it ever suggested to you that

15 somehow the equipment or the technology may be

16 the cause of the problem?

17 MS. MCCORMACK:

18 A. Not specifically. I think they just said that

19 they were reviewing everything and just as a

20 safeguard they wouldn't be using the lab until

21 it was, this report was found and the

22 recommendations were implemented.

23 CHAYTOR, Q.C.:

24 Q. Okay. And who told you that?

25 MS. MCCORMACK:

Page 315

1 A. That was my understanding from the discussion

2 with Heather.

3 CHAYTOR, Q.C.:

4 Q. If we could look then please at 0172? And

5 this is your e-mail back then to Ms. Hennessey

6 on August 18th, so the next day shortly before

7 11 a.m. "Briefing note for Premier on ER/PR

8 receptor tests." "Hi, Moira," and you

9 indicate in final, "Attached is the FINAL," in

10 bold letters, capital letters, "FINAL copy of

11 the above noted briefing note if you approve

12 of same. I had to go back to Heather to ask

13 how many women were most impacted by the

14 change in results of the ER/PR receptor

15 testing. She gave me the number 22 and it's

16 indicated on the third page of the briefing

17 note. Gary also wanted to know how many were

18 likely to initiate legal action and according

19 to Heather, any and all of the 939 women (or

20 their families) could do so. Exact numbers

21 would not be known at this time. She

22 explained that even if the results were

23 correct from the initial testing to the

24 retesting at Mount Sinai, the stress caused to

25 some women/families by knowing that they were

Page 316

1 being retested, how long they had to wait for
 2 information, etcetera, could be a basis to
 3 initiate an action or to participate in the
 4 class action if that's the way this proceeds.
 5 If you are okay with this note, Gary has
 6 approved it and it will go as is. Please
 7 advise as soon as possible. Marilyn." So at
 8 this point in time it appears you've had
 9 another conversation with Ms. Predham. And
 10 you indicated that to us in your answers
 11 earlier that -
 12 MS. MCCORMACK:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. - Mr. Cake had asked you to inquire about how
 16 many women or patients may initiate action?
 17 MS. MCCORMACK:
 18 A. That's correct.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. And do you recall, was there any other
 21 discussion with Ms. Predham or is this
 22 basically -
 23 MS. MCCORMACK:
 24 A. I think that was the last conversation for
 25 sure.

Page 317

1 CHAYTOR, Q.C.:
 2 Q. Okay. And idea of how many women were most
 3 impacted, you had to go back and ask her that.
 4 Whose idea was that?
 5 MS. MCCORMACK:
 6 A. I think it was a question that came to me by
 7 Gary.
 8 CHAYTOR, Q.C.:
 9 Q. Okay, all right. And if look then at what's
 10 now attached here. Scroll down, this is now
 11 dated August 18, 2006 and if we just look
 12 through, you'll see--I'm sorry, I'll take you
 13 back to the beginning--briefing note, the
 14 issue, the background, the current status, the
 15 chart, current activity. We have the
 16 reference to the two claims, reference to Ms.
 17 Myrtle Lewis' claim and we now have a summary
 18 section. And we still have the impacts of
 19 treatment with Tamoxifen, the reasons for
 20 erroneous results, action required. So, this
 21 appears to be a new section, this summary
 22 section and it refers to the 22 women. So,
 23 did you draft this portion of the note too,
 24 Ms. McCormack?
 25 MS. MCCORMACK:

Page 318

1 A. I think that I did, yes.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. And that's based on what Mr. Cake asked
 4 you to find out -
 5 MS. MCCORMACK:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. - and information you received from Ms.
 9 Predham?
 10 MS. MCCORMACK:
 11 A. That's correct.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. And you write that "the legal action
 14 initiated by Ms. Myrtle Lewis is a result of a
 15 misdiagnosis and is not linked to the problems
 16 described in this note with the ER/PR receptor
 17 test which had to be repeated". Where did you
 18 get that information?
 19 MS. MCCORMACK:
 20 A. I think I had a discussion with both Heather
 21 and Moira about that issue.
 22 CHAYTOR, Q.C.:
 23 Q. Okay. And that that was not connected to the
 24 ER/PR issue?
 25 MS. MCCORMACK:

Page 319

1 A. That's correct.
 2 CHAYTOR, Q.C.:
 3 Q. And above there, the part about "recent media
 4 reports identify Myrtle Lewis has joined other
 5 women who have signed on to take part in the
 6 class action lawsuit. Myrtle Lewis was
 7 completed misdiagnosed and as a result of an
 8 individual pathologist who read her test
 9 results wrong, she has undergone radical
 10 surgery and extensive chemotherapy" and it
 11 goes on from there. Who gave you that
 12 information or where did -
 13 MS. MCCORMACK:
 14 A. I think it came--I'm not sure if it came from
 15 Eastern or from Health, one of the two.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. And then about the 22 women, "Eastern
 18 Health advises 22 women were greatly impacted
 19 by the change in status of the ER/PR receptor
 20 test. These women had changes in the progress
 21 of their disease from the initial confirmation
 22 of the disease in the beginning of their
 23 treatment to the retesting done at Mount
 24 Sinai". And so, I take it, you drafted that
 25 based on what -

Page 320

1 MS. MCCORMACK:
 2 A. Heather had provided. -
 3 CHAYTOR, Q.C.:
 4 Q. Ms. Predham indicated to you.
 5 MS. MCCORMACK:
 6 A. That's correct.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And your purpose in using the word
 9 greatly was what?
 10 MS. MCCORMACK:
 11 A. I think that's how it was presented to me.
 12 CHAYTOR, Q.C.:
 13 Q. By whom?
 14 MS. MCCORMACK:
 15 A. By Heather Predham.
 16 CHAYTOR, Q.C.:
 17 Q. So, she would have used the word "greatly"?
 18 Your question to her, I take it, from your e-
 19 mail to -
 20 MS. MCCORMACK:
 21 A. Was how many were most impacted?
 22 CHAYTOR, Q.C.:
 23 Q. Were most impact.
 24 MS. MCCORMACK:
 25 A. That's correct.

Page 321

1 CHAYTOR, Q.C.:
 2 Q. Yes.
 3 MS. MCCORMACK:
 4 A. And I think perhaps what she said was the ones
 5 that had the greatest impact were these 22
 6 women.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And that's what you're intending to
 9 convey here, that they're the ones who were
 10 most impacted -
 11 MS. MCCORMACK:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. - by saying "greatly impacted".
 15 MS. MCCORMACK:
 16 A. Exactly.
 17 CHAYTOR, Q.C.:
 18 Q. "However, all of the 939 patients (or families
 19 of those who have died) whose test results
 20 were reviewed" and then you have in bold,
 21 "could potentially become applicants in a
 22 class action lawsuit". What was your purpose
 23 in putting those words in bold?
 24 MS. MCCORMACK:
 25 A. Because it wasn't know, I mean, at the time, I

Page 322

1 there was only two cases that were actually
 2 included, was my understanding, but that many
 3 others could probably join the class action
 4 lawsuit.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. "The basis of their claims may differ
 7 depending on the criteria established. The
 8 lawyer initiating the suit has included in his
 9 claim for damages, not only the problem with
 10 the lab where test results were inaccurate,
 11 but also the stress suffered by those who were
 12 told in advance the testing was being repeated
 13 and the time they were required to wait before
 14 information was available to them on their
 15 individual cases. And currently counsel for
 16 Eastern Health is reviewing the legal position
 17 for Eastern Health", currently, sorry, legal
 18 counsel. So you put this section in, this
 19 summary section based on your discussions with
 20 Ms. Predham and -
 21 MS. MCCORMACK:
 22 A. You.
 23 CHAYTOR, Q.C.:
 24 Q. - you believe you also discussed it with Ms.
 25 Hennessey?

Page 323

1 MS. MCCORMACK:
 2 A. Yes, or she would have definitely seen it. If
 3 she had any concerns, she would have advised,
 4 I'm sure.
 5 CHAYTOR, Q.C.:
 6 Q. Okay.
 7 THE COMMISSIONER:
 8 Q. Ms. Chaytor, wherever you can find a
 9 convenient spot, we'll break for the day.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. Well, perhaps, we'll leave it at that,
 12 Commissioner because we're about to go into
 13 the final version of the note.
 14 THE COMMISSIONER:
 15 Q. All right then, 9:30 in the morning. Thank
 16 you.
 17 Upon conclusion at 4:52 p.m.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

CERTIFICATE

I, Judy Moss, hereby certify that the foregoing is a true and correct transcript in the matter of the Commission of Inquiry on Hormone Receptor Testing, heard on the 12th day of June, A.D., 2008 before the Honourable Justice Margaret A. Cameron, Commissioner, at the Commission of Inquiry, St. John's, Newfoundland and Labrador and was transcribed by me to the best of my ability by means of a sound apparatus.

Dated at St. John's, Newfoundland and Labrador this 12th day of June, A.D., 2008

Judy Moss

<p style="text-align: center;">-\$-</p> <p>\$10,000 [2] 109:21 110:6 \$100,000 [1] 76:21 \$100,000.00 [1] 45:5 \$169,920 [1] 82:20 \$184,000 [1] 44:22 \$261,000 [1] 44:25 \$300,000 [1] 111:10 \$80,000 [1] 111:4</p>	<p>256:9 12 [1] 1:4 12,000 [2] 82:22,23 12:11 [1] 36:13 12:41 [1] 279:5 12th [3] 117:1 324:9,17 13 [1] 266:20 131 [1] 3:2 1372 [3] 91:6 93:14 131:24 14 [7] 114:3 267:11,14,16 268:1,6,19 141,600 [1] 82:20 14th [7] 44:1 88:4 243:20 250:21 257:16,24 269:25 15 [4] 51:10 63:13 83:24 113:1 15th [9] 43:24 73:22 115:16 148:11 257:13,25 259:20 261:12 294:8 1629 [4] 126:9 130:1,18 130:20 1635 [1] 217:15 1638 [1] 186:11 1642 [1] 135:25 1643 [4] 38:4 73:3,4 89:23 1644 [1] 79:13 1652 [2] 132:18,22 1653 [1] 133:6 16th [5] 91:7 93:5,10 96:8 151:5 17 [1] 109:22 1700 [1] 167:1 173 [2] 2:3,4 17th [11] 32:6 70:15,17 83:15 126:8 278:1 280:8 281:20,22 297:10,20 18 [1] 317:11 183 [1] 2:4 185 [2] 2:7 3:3 18th [14] 43:10 126:8 145:21 146:8 197:23 210:10 221:14,25 222:25 223:1 281:17 293:22 296:20 315:6 1986 [1] 186:8 1989 [1] 110:3 1999 [1] 110:3 1:57 [1] 253:17 1st [4] 4:16 36:13 86:6 234:21</p>	<p>2002 [2] 4:18 39:21 2004 [4] 38:17 181:2,9 183:4 2004/05 [1] 80:17 2005 [32] 4:19,25 13:19 19:2 24:17 43:10,21,24 44:2 46:4 48:22 50:19 51:10 54:25 55:18 62:18 62:22 63:13 65:9 68:23 70:10,12 73:6,14 80:14 213:9 215:5 227:22 233:1 293:19 294:9 2006 [41] 28:13 30:18 69:18 70:15 79:19 82:6 83:9 86:6,6 87:25 88:4 88:21 89:2,25 91:2,7 93:10 96:8 115:16 116:18 117:1,8 136:2 186:24 187:7,8,13 189:10 190:3 191:16 194:10 197:23 213:6 214:1,13 217:5 253:17 281:20 294:21 305:13 317:11 2007 [16] 32:6 36:13 121:12 138:21 143:8 145:21 146:4,8 147:6 148:11 189:11 190:4 194:10 196:11 200:20 201:1 2008 [3] 1:4 324:9,17 2009 [1] 4:17 208 [3] 265:19 266:2,20 20th [2] 87:25 233:1 21st [1] 54:25 22 [5] 315:15 317:22 319:17,18 321:5 22nd [3] 117:7 138:20 294:9 24 [1] 70:21 24th [1] 43:21 25 [2] 71:2 113:4 25th [1] 4:25 26th [1] 146:4 27 [2] 95:15 99:2 27th [1] 136:2 28 [5] 261:14,20,23 262:6 262:11 28th [1] 116:18 29 [2] 50:19 114:4 2:10 [1] 162:5 2:37 [1] 235:13 2:43 [1] 243:21 2nd [1] 213:9</p>	<p>31st [2] 222:25 234:21 32 [1] 70:25 323 [1] 2:7 36,000 [1] 82:23 3:30 [1] 154:22 3:38 [1] 4:25</p> <p style="text-align: center;">-4-</p> <p>4 [5] 2:3 98:19 111:20 260:3 267:9 4,000 [1] 82:22 422 [1] 284:8 4:40 [1] 216:23 4:50 [1] 217:17 4:52 [1] 323:17</p> <p style="text-align: center;">-5-</p> <p>5 [4] 95:17 99:5 215:4 260:3 50 [1] 46:14 5:32 [1] 32:7 5th [7] 227:22 228:19 232:22 240:1 283:15 293:18 311:17</p> <p style="text-align: center;">-6-</p> <p>6 [2] 95:17 99:5 60,000 [1] 56:22 6th [3] 19:2 132:1 135:17</p> <p style="text-align: center;">-7-</p> <p>7 [1] 68:23 70 [2] 111:3 127:22 7:44 [1] 262:18 7th [1] 28:12</p> <p style="text-align: center;">-8-</p> <p>8 [2] 62:18 109:24 8th [4] 143:8 147:11 149:19 217:19</p> <p style="text-align: center;">-9-</p> <p>939 [3] 246:15 315:19 321:18 9:30 [1] 323:15 9th [3] 86:6 149:23 150:20</p> <p style="text-align: center;">-A-</p> <p>a-vis [1] 139:16 A.D [2] 324:9,17 a.m [4] 19:3 28:13 262:18 315:7 Abbott [37] 4:24 5:6,8,8 9:11,20 10:3,6,19,25 11:24 32:12,13,21 46:19 68:20 88:1 90:7 135:5 136:8,17 137:2 138:16 142:6 143:9,15 144:6,15 214:7,14,24 240:13 279:5</p>	<p>280:20,21 297:4 303:12 Abbott's [5] 88:4 136:19 160:24 281:7,8 ABC [1] 19:15 ability [2] 78:8 324:13 able [13] 24:19 38:10 140:2 153:22 173:19 180:16 222:18 232:5 243:14 259:11 278:2 288:8 309:16 above [6] 45:22 182:16 208:4 265:3 315:11 319:3 abrupt [1] 153:8 absence [1] 95:3 absent [1] 188:18 absolute [1] 57:18 absolutely [5] 35:4 179:3 310:2 311:8,13 academia [1] 150:3 academic [1] 95:14 accept [2] 118:24 168:15 accepted [1] 135:21 access [5] 17:5 57:20 61:20 209:6,15 accessibility [1] 178:4 accident [1] 152:12 accommodate [1] 129:19 accommodates [1] 121:8 accomplish [1] 168:23 accomplishments [1] 198:16 according [1] 315:18 accordingly [1] 127:16 account [1] 78:8 accountability [1] 101:16 accountable [1] 107:3 accredit [2] 289:21 312:22 accreditate [2] 306:14 308:11 accreditation [2] 312:25 313:16 accredited [4] 19:15,16 288:1 313:25 accrediting [1] 309:3 accuracy [1] 62:14 accurate [7] 29:5 62:10 62:13 128:18 293:5,8,12 accurately [1] 114:6 achieve [1] 123:2 acknowledge [1] 168:15 acknowledged [1] 140:10 acknowledges [1] 28:2 acquire [2] 36:3 37:15 Act [2] 165:1,2 action [22] 1:13 45:15,23 96:21 192:4 239:16 241:12,14,16 242:3 249:15 295:22 302:7</p>
<p style="text-align: center;">-?-</p> <p>'05 [5] 4:16 24:1 67:19 225:16 283:2 '06 [8] 29:16 70:18 82:25 83:8 97:19 125:18 189:6 196:11 '07 [3] 37:4 98:14 125:20</p>	<p>15th [9] 43:24 73:22 115:16 148:11 257:13,25 259:20 261:12 294:8 1629 [4] 126:9 130:1,18 130:20 1635 [1] 217:15 1638 [1] 186:11 1642 [1] 135:25 1643 [4] 38:4 73:3,4 89:23 1644 [1] 79:13 1652 [2] 132:18,22 1653 [1] 133:6 16th [5] 91:7 93:5,10 96:8 151:5 17 [1] 109:22 1700 [1] 167:1 173 [2] 2:3,4 17th [11] 32:6 70:15,17 83:15 126:8 278:1 280:8 281:20,22 297:10,20 18 [1] 317:11 183 [1] 2:4 185 [2] 2:7 3:3 18th [14] 43:10 126:8 145:21 146:8 197:23 210:10 221:14,25 222:25 223:1 281:17 293:22 296:20 315:6 1986 [1] 186:8 1989 [1] 110:3 1999 [1] 110:3 1:57 [1] 253:17 1st [4] 4:16 36:13 86:6 234:21</p>	<p>2002 [2] 4:18 39:21 2004 [4] 38:17 181:2,9 183:4 2004/05 [1] 80:17 2005 [32] 4:19,25 13:19 19:2 24:17 43:10,21,24 44:2 46:4 48:22 50:19 51:10 54:25 55:18 62:18 62:22 63:13 65:9 68:23 70:10,12 73:6,14 80:14 213:9 215:5 227:22 233:1 293:19 294:9 2006 [41] 28:13 30:18 69:18 70:15 79:19 82:6 83:9 86:6,6 87:25 88:4 88:21 89:2,25 91:2,7 93:10 96:8 115:16 116:18 117:1,8 136:2 186:24 187:7,8,13 189:10 190:3 191:16 194:10 197:23 213:6 214:1,13 217:5 253:17 281:20 294:21 305:13 317:11 2007 [16] 32:6 36:13 121:12 138:21 143:8 145:21 146:4,8 147:6 148:11 189:11 190:4 194:10 196:11 200:20 201:1 2008 [3] 1:4 324:9,17 2009 [1] 4:17 208 [3] 265:19 266:2,20 20th [2] 87:25 233:1 21st [1] 54:25 22 [5] 315:15 317:22 319:17,18 321:5 22nd [3] 117:7 138:20 294:9 24 [1] 70:21 24th [1] 43:21 25 [2] 71:2 113:4 25th [1] 4:25 26th [1] 146:4 27 [2] 95:15 99:2 27th [1] 136:2 28 [5] 261:14,20,23 262:6 262:11 28th [1] 116:18 29 [2] 50:19 114:4 2:10 [1] 162:5 2:37 [1] 235:13 2:43 [1] 243:21 2nd [1] 213:9</p>	<p>31st [2] 222:25 234:21 32 [1] 70:25 323 [1] 2:7 36,000 [1] 82:23 3:30 [1] 154:22 3:38 [1] 4:25</p> <p style="text-align: center;">-4-</p> <p>4 [5] 2:3 98:19 111:20 260:3 267:9 4,000 [1] 82:22 422 [1] 284:8 4:40 [1] 216:23 4:50 [1] 217:17 4:52 [1] 323:17</p> <p style="text-align: center;">-5-</p> <p>5 [4] 95:17 99:5 215:4 260:3 50 [1] 46:14 5:32 [1] 32:7 5th [7] 227:22 228:19 232:22 240:1 283:15 293:18 311:17</p> <p style="text-align: center;">-6-</p> <p>6 [2] 95:17 99:5 60,000 [1] 56:22 6th [3] 19:2 132:1 135:17</p> <p style="text-align: center;">-7-</p> <p>7 [1] 68:23 70 [2] 111:3 127:22 7:44 [1] 262:18 7th [1] 28:12</p> <p style="text-align: center;">-8-</p> <p>8 [2] 62:18 109:24 8th [4] 143:8 147:11 149:19 217:19</p> <p style="text-align: center;">-9-</p> <p>939 [3] 246:15 315:19 321:18 9:30 [1] 323:15 9th [3] 86:6 149:23 150:20</p> <p style="text-align: center;">-A-</p> <p>a-vis [1] 139:16 A.D [2] 324:9,17 a.m [4] 19:3 28:13 262:18 315:7 Abbott [37] 4:24 5:6,8,8 9:11,20 10:3,6,19,25 11:24 32:12,13,21 46:19 68:20 88:1 90:7 135:5 136:8,17 137:2 138:16 142:6 143:9,15 144:6,15 214:7,14,24 240:13 279:5</p>	<p>280:20,21 297:4 303:12 Abbott's [5] 88:4 136:19 160:24 281:7,8 ABC [1] 19:15 ability [2] 78:8 324:13 able [13] 24:19 38:10 140:2 153:22 173:19 180:16 222:18 232:5 243:14 259:11 278:2 288:8 309:16 above [6] 45:22 182:16 208:4 265:3 315:11 319:3 abrupt [1] 153:8 absence [1] 95:3 absent [1] 188:18 absolute [1] 57:18 absolutely [5] 35:4 179:3 310:2 311:8,13 academia [1] 150:3 academic [1] 95:14 accept [2] 118:24 168:15 accepted [1] 135:21 access [5] 17:5 57:20 61:20 209:6,15 accessibility [1] 178:4 accident [1] 152:12 accommodate [1] 129:19 accommodates [1] 121:8 accomplish [1] 168:23 accomplishments [1] 198:16 according [1] 315:18 accordingly [1] 127:16 account [1] 78:8 accountability [1] 101:16 accountable [1] 107:3 accredit [2] 289:21 312:22 accreditate [2] 306:14 308:11 accreditation [2] 312:25 313:16 accredited [4] 19:15,16 288:1 313:25 accrediting [1] 309:3 accuracy [1] 62:14 accurate [7] 29:5 62:10 62:13 128:18 293:5,8,12 accurately [1] 114:6 achieve [1] 123:2 acknowledge [1] 168:15 acknowledged [1] 140:10 acknowledges [1] 28:2 acquire [2] 36:3 37:15 Act [2] 165:1,2 action [22] 1:13 45:15,23 96:21 192:4 239:16 241:12,14,16 242:3 249:15 295:22 302:7</p>
<p style="text-align: center;">---</p> <p>-do [1] 211:2 -like [1] 251:24 -there's [1] 278:18</p>	<p>15th [9] 43:24 73:22 115:16 148:11 257:13,25 259:20 261:12 294:8 1629 [4] 126:9 130:1,18 130:20 1635 [1] 217:15 1638 [1] 186:11 1642 [1] 135:25 1643 [4] 38:4 73:3,4 89:23 1644 [1] 79:13 1652 [2] 132:18,22 1653 [1] 133:6 16th [5] 91:7 93:5,10 96:8 151:5 17 [1] 109:22 1700 [1] 167:1 173 [2] 2:3,4 17th [11] 32:6 70:15,17 83:15 126:8 278:1 280:8 281:20,22 297:10,20 18 [1] 317:11 183 [1] 2:4 185 [2] 2:7 3:3 18th [14] 43:10 126:8 145:21 146:8 197:23 210:10 221:14,25 222:25 223:1 281:17 293:22 296:20 315:6 1986 [1] 186:8 1989 [1] 110:3 1999 [1] 110:3 1:57 [1] 253:17 1st [4] 4:16 36:13 86:6 234:21</p>	<p>2002 [2] 4:18 39:21 2004 [4] 38:17 181:2,9 183:4 2004/05 [1] 80:17 2005 [32] 4:19,25 13:19 19:2 24:17 43:10,21,24 44:2 46:4 48:22 50:19 51:10 54:25 55:18 62:18 62:22 63:13 65:9 68:23 70:10,12 73:6,14 80:14 213:9 215:5 227:22 233:1 293:19 294:9 2006 [41] 28:13 30:18 69:18 70:15 79:19 82:6 83:9 86:6,6 87:25 88:4 88:21 89:2,25 91:2,7 93:10 96:8 115:16 116:18 117:1,8 136:2 186:24 187:7,8,13 189:10 190:3 191:16 194:10 197:23 213:6 214:1,13 217:5 253:17 281:20 294:21 305:13 317:11 2007 [16] 32:6 36:13 121:12 138:21 143:8 145:21 146:4,8 147:6 148:11 189:11 190:4 194:10 196:11 200:20 201:1 2008 [3] 1:4 324:9,17 2009 [1] 4:17 208 [3] 265:19 266:2,20 20th [2] 87:25 233:1 21st [1] 54:25 22 [5] 315:15 317:22 319:17,18 321:5 22nd [3] 117:7 138:20 294:9 24 [1] 70:21 24th [1] 43:21 25 [2] 71:2 113:4 25th [1] 4:25 26th [1] 146:4 27 [2] 95:15 99:2 27th [1] 136:2 28 [5] 261:14,20,23 262:6 262:11 28th [1] 116:18 29 [2] 50:19 114:4 2:10 [1] 162:5 2:37 [1] 235:13 2:43 [1] 243:21 2nd [1] 213:9</p>	<p>31st [2] 222:25 234:21 32 [1] 70:25 323 [1] 2:7 36,000 [1] 82:23 3:30 [1] 154:22 3:38 [1] 4:25</p>	

<p>315:18 316:3,4,16 317:20 318:13 319:6 321:22 322:3</p> <p>actively [2] 116:8 148:19</p> <p>activities [8] 103:9,10 103:19 123:9 129:16 140:6,12 182:24</p> <p>activity [7] 77:11 81:14 140:25 180:8 221:12 241:1 317:15</p> <p>actual [13] 4:12 26:23 51:15 53:12 55:10 112:20 163:15 164:1,9 221:9 256:3 264:9 290:7</p> <p>acuteness [1] 53:6</p> <p>ad [1] 124:15</p> <p>add [6] 103:7 104:25 113:21 192:3,20 237:17</p> <p>added [3] 47:16 131:13 235:4</p> <p>adding [3] 47:7 245:9,13</p> <p>addition [6] 21:17 24:9 36:19 49:8 166:8 188:2</p> <p>additional [9] 36:3 70:24 119:21 120:11 127:11 131:13 233:11,16 233:18</p> <p>additions [1] 245:21</p> <p>address [9] 29:12 49:16 68:19 71:23,25 83:16 117:10 136:25 161:18</p> <p>addressed [18] 43:10,11 48:22 54:6 70:16 84:6 86:7 88:1 96:4 97:2 99:24 102:24 116:19 136:2 143:8 144:21 154:10 161:17</p> <p>addresses [1] 126:4</p> <p>addressing [4] 11:12 42:3 152:14 160:8</p> <p>adequate [2] 47:12 57:20</p> <p>adequately [1] 172:2</p> <p>adjourned [1] 52:17</p> <p>adjusted [1] 127:16</p> <p>adjustments [2] 88:19 89:16</p> <p>ADM [1] 41:1</p> <p>administration [11] 99:16 103:7,12 105:16 105:21 106:10 111:13 127:15 129:10 139:24 180:13</p> <p>administrative [34] 32:23 33:2 35:1,10 95:18 99:6,8,12 104:8 105:8 105:10 108:25 109:18,25 110:6,14 111:23 112:4,8 113:4,10 114:10,20 117:5 117:14 121:19 123:6,13 126:12,24 128:2 129:23 245:11,18</p> <p>administrator [1] 111:25</p> <p>admiration [1] 8:18</p> <p>admonished [1] 133:4</p> <p>adopted [1] 39:25</p>	<p>advance [4] 54:20 64:12 64:19 322:12</p> <p>advancement [1] 114:19</p> <p>advances [1] 168:23</p> <p>advancing [1] 104:3</p> <p>adverse [2] 69:13 170:15</p> <p>advice [2] 48:14 270:13</p> <p>advisable [1] 182:12</p> <p>advise [5] 20:9 145:24 177:1 278:10 316:7</p> <p>advised [8] 9:5 136:16 165:22 227:4 235:2 269:23 308:9 323:3</p> <p>advises [4] 129:24 145:23 265:21 319:18</p> <p>advisory [3] 106:22,23 106:25</p> <p>advocacy [1] 142:12</p> <p>advocate [2] 99:11 186:19</p> <p>affairs [2] 19:17 159:9</p> <p>affect [4] 20:8 45:20 69:13 311:5</p> <p>affected [4] 20:17 21:6 242:17 263:17</p> <p>affecting [1] 70:7</p> <p>affirm [1] 185:13</p> <p>afloat [2] 102:21 170:21</p> <p>aftermath [1] 16:9</p> <p>afternoon [12] 154:18 154:22,25 156:12 185:7 185:10,17 216:23 235:13 243:6,22 253:6</p> <p>afterward [2] 31:8 259:5</p> <p>again [66] 5:15,23 6:5 7:5 8:1 10:5 11:15,22 18:14 27:6 28:10 31:16 36:9 55:17 58:9 59:11 67:11 75:6 79:14 81:11 90:7 91:21 93:18 94:1 100:2 103:1 111:5 114:21 118:6 123:8 125:8,23 126:7 135:14 141:21 144:5 145:15 150:15 153:8 154:8 162:4,20 175:11 175:21 182:5,19 192:2 197:3 198:7 250:12,12 256:8 257:17,19 258:6 260:2 265:8,10 271:17 278:8,25 279:17 283:8 284:3 286:25 287:3</p> <p>agencies [1] 190:12</p> <p>agency [2] 64:21 86:4</p> <p>aggressive [2] 48:10 71:16</p> <p>ago [9] 106:7,9 139:23 159:17 160:23 167:4 168:25 178:12 287:10</p> <p>agree [5] 115:10 119:20 150:17 155:13 251:18</p> <p>agreeable [1] 150:19</p> <p>agreed [15] 48:11 55:24 56:1 88:10 128:4 135:19 140:15 150:9,10,15,21 150:22 220:17 221:2</p>	<p>281:12</p> <p>agreement [11] 4:15,17 4:18 39:21 66:4 81:7 109:14 113:23 117:12 118:23 138:8</p> <p>agrees [1] 29:1</p> <p>ahead [9] 26:12 45:5 74:1,4,25 93:15 135:20 136:12 272:12</p> <p>aid [2] 38:9,18</p> <p>al [2] 1:9 32:25</p> <p>alarm [2] 98:1 169:21</p> <p>Alberta [1] 45:4</p> <p>alerted [1] 11:9</p> <p>alerting [1] 193:9</p> <p>allowed [1] 178:1</p> <p>alluded [1] 115:20</p> <p>almost [2] 15:18 29:20</p> <p>along [11] 10:23 11:2 27:11 59:15 65:2 95:17 99:5 139:20 161:13 168:25 281:5</p> <p>Alteen [2] 40:13 50:20</p> <p>alterations [1] 63:4</p> <p>alternate [1] 117:4</p> <p>always [13] 6:19 11:20 62:12 67:9 75:9 98:3 102:23 107:25 155:25 179:4 194:14 272:8 301:3</p> <p>amendments [1] 63:4</p> <p>America [1] 177:10</p> <p>among [5] 71:16,18 96:2 170:17 181:19</p> <p>amongst [4] 122:21 155:18 161:10 178:20</p> <p>amount [10] 15:14 34:25 56:11,14 88:19 100:12 100:13 124:11 128:22 167:25</p> <p>analysis [6] 56:19 188:4 190:5,13,19 195:22</p> <p>analytical [1] 102:12</p> <p>ands [1] 172:8</p> <p>angry [1] 154:12</p> <p>anguish [1] 168:3</p> <p>announced [3] 80:15 97:21 98:14</p> <p>announcement [6] 153:24,25 154:23 155:2 155:4,5</p> <p>annual [6] 44:19 82:21 115:5 188:5 215:23 216:8</p> <p>annually [1] 82:21</p> <p>answer [19] 107:24 128:9 153:8 223:24 238:8 262:10,19,25 266:19 267:18 269:13 283:20 305:5,7,16 309:16 310:4 311:4 312:6</p> <p>answered [3] 159:15 236:2 267:2</p> <p>answers [9] 20:14 218:24 238:6 247:25 262:17 308:1,16 310:23 316:10</p>	<p>anticipate [5] 57:4 64:25 141:23 145:8 147:22</p> <p>anticipated [2] 12:19 152:3</p> <p>anticipating [1] 21:14</p> <p>anxieties [1] 12:24</p> <p>anxiety [3] 38:23 170:12 276:14</p> <p>anyhow [4] 39:24 235:12 259:19 278:19</p> <p>anyway [1] 314:12</p> <p>apart [2] 31:13 103:22</p> <p>apologize [3] 17:11 18:2 18:11</p> <p>apologized [1] 276:7</p> <p>APP [3] 117:18 119:22 120:1</p> <p>apparatus [1] 324:14</p> <p>apparent [3] 13:9,16 171:1</p> <p>appeal [1] 93:20</p> <p>appealed [1] 137:3</p> <p>appear [3] 126:12 210:11 261:20</p> <p>appearance [1] 201:5</p> <p>Appearances [1] 1:5</p> <p>appeared [1] 140:20</p> <p>appended [2] 44:18 57:17</p> <p>appendices [1] 63:21</p> <p>appendix [1] 56:4</p> <p>applicable [3] 52:4,24 103:14</p> <p>applicants [1] 321:21</p> <p>applied [1] 35:14</p> <p>applies [1] 102:9</p> <p>apply [3] 113:25 119:21 202:14</p> <p>applying [1] 178:14</p> <p>appointment [1] 54:21</p> <p>appraisal [3] 114:25 115:5,7</p> <p>appraise [1] 114:25</p> <p>appreciate [5] 16:16 23:11 26:22 164:2 184:21</p> <p>appreciated [3] 39:3 103:23 139:21</p> <p>appreciation [1] 47:12</p> <p>apprised [1] 94:4</p> <p>approach [9] 45:8 46:8 55:16 67:9,13 68:3 76:24 89:12 170:4</p> <p>approached [6] 35:3 39:11 110:17 138:7 152:20 153:2</p> <p>approaches [2] 120:25 121:2</p> <p>approaching [1] 167:9</p> <p>appropriate [8] 107:4 118:17 150:14 161:20 216:2 283:12 292:9 314:1</p> <p>appropriately [3] 120:18 202:7 262:2</p>	<p>approval [12] 88:5,20 221:3 230:3 235:1 278:9 280:21,25 281:2,7,8 292:4</p> <p>approve [2] 227:15 315:11</p> <p>approved [15] 62:24 135:21 145:25 207:13 208:17,18 222:5 236:4 237:1 239:18,20,22 297:14 298:25 316:6</p> <p>approves [1] 298:25</p> <p>APPs [1] 150:8</p> <p>April [5] 43:10 44:1 48:22 50:18 87:25</p> <p>arbitrary [2] 111:16 128:25</p> <p>arbitration [1] 39:23</p> <p>area [13] 8:6 28:2 53:21 58:11 103:24 104:6 106:19 107:9 114:19 170:10 171:25 186:18 298:8</p> <p>areas [14] 53:6,7 67:9 79:7 84:18 103:15 113:14 121:25 173:23 179:9 180:8,10 199:19 239:15</p> <p>arena [1] 169:12</p> <p>argument [4] 35:6 56:17 76:6 127:12</p> <p>arguments [3] 12:23 75:17 142:3</p> <p>arises [1] 170:20</p> <p>arising [2] 184:15 266:11</p> <p>arithmetic [1] 151:5</p> <p>arose [4] 44:2 56:7,9 93:10</p> <p>arrangement [7] 66:9 66:13,13 67:2 76:25 77:5 119:9</p> <p>arrangements [2] 155:14 160:18</p> <p>arrive [1] 154:22</p> <p>arrived [1] 150:19</p> <p>arrives [1] 207:3</p> <p>arriving [1] 154:21</p> <p>art [2] 7:9 104:6</p> <p>article [6] 152:10 182:9 203:11 214:9 301:17,25</p> <p>articulated [1] 115:3</p> <p>aside [1] 102:23</p> <p>asks [1] 141:15</p> <p>aspect [4] 14:17 39:1 74:13 112:9</p> <p>aspects [2] 74:6 141:22</p> <p>aspirations [1] 167:20</p> <p>assembling [1] 187:18</p> <p>assertion [1] 57:25</p> <p>assertions [1] 62:9</p> <p>assess [2] 115:1,7</p> <p>assessed [1] 115:11</p> <p>assessing [2] 115:9 161:11</p> <p>assessment [3] 89:17,20</p>
--	---	---	---	---

<p>114:14 assets [1] 175:6 assigned [13] 40:3,4 59:24 106:17 188:10 189:3,11 190:6,7 191:11 191:14 196:1,19 assignment [1] 42:19 assist [3] 22:7 54:14 188:17 assistance [2] 54:10 143:12 assistant [19] 41:3 49:1 110:10 200:19 207:10,13 208:5,10,14,18 212:15 214:4,6 223:23 230:11 245:14,18 272:18 275:2 assisted [1] 188:2 assisting [4] 146:5 184:21 201:19 272:15 associated [1] 140:5 association [15] 1:14 16:17 44:20 52:8 54:7 68:22,24 80:12 84:14 86:5,11 87:22 91:15 94:12 141:9 assume [12] 24:15 208:7 234:7 261:18 267:14 271:5 281:10 284:11,24 285:5,10 291:9 assumed [12] 105:12 234:9 277:18 280:24 293:5,8 295:16 299:18 308:3,3,13 313:20 assuming [3] 130:15 181:20 225:22 assumption [1] 308:7 assurance [19] 39:15 76:2 100:6,7,17 102:10 107:9 112:9,18 179:24 180:11 181:21 182:3,5 182:14,21,24 183:7 310:21 astounding [1] 168:22 ATIPP [1] 277:10 Atlantic [2] 45:2 76:9 attached [13] 45:25 46:1 82:5 194:25 195:3 216:25 253:20 259:20,21,22,24 315:9 317:10 attachments [3] 210:13 210:14,22 attack [1] 55:10 attempt [5] 91:21,24 120:9 134:8 154:3 attempting [1] 56:5 attempts [3] 90:11 95:5 153:21 attend [2] 195:20 222:18 attended [2] 194:19 196:14 attendees [4] 50:19 54:25 55:19 62:18 attention [15] 19:23 27:7 49:16 54:8 99:22 102:8 102:8,15 202:13 203:1 206:17 207:25 214:2</p>	<p>247:1 262:5 attitude [2] 46:16 72:14 attract [2] 49:12 179:16 attracting [2] 45:14 78:24 attractive [1] 175:3 attrition [1] 39:12 August [31] 28:12 29:16 36:12 197:23 210:10 213:6,25 221:14,24 222:24 223:1,14 234:21 235:11 243:9,20 250:25 253:17 254:10 256:9 278:1 280:8 281:20,22 293:22 294:21 296:20 297:20 305:13 315:6 317:11 authorities [8] 1:17 28:1 40:10 43:6 47:23 49:25 50:6 169:24 authority [5] 1:11 49:2 60:15 107:1 108:13 autopsies [2] 61:12,13 available [18] 16:20 23:5 23:9,15 38:3 65:16 147:1 154:6 211:7 228:15,25 233:21 234:10 235:20 256:19,21 296:7 322:14 avenue [2] 67:10 106:20 avenues [1] 67:6 average [3] 44:24,24 66:6 averting [1] 72:11 Avis [1] 150:1 avoided [1] 96:24 aware [22] 25:8 81:8,24 86:10 87:14 162:17 163:10 167:23 199:3,20 200:2 228:4 253:2 276:5 277:8 280:22 281:16 291:10 293:9 297:24 299:23 300:10 awareness [4] 31:15 121:24 168:17 171:9 away [2] 98:15 272:11 awhile [1] 39:22</p> <hr/> <p style="text-align: center;">-B-</p> <hr/> <p>b [1] 51:6 baby [1] 167:7 Bachelors [1] 186:1 background [21] 37:15 185:24 225:2,9 230:20 239:14 240:3 242:12,22 244:4 278:5 282:1,15 283:1,5,11,22 284:24 285:6 295:7 317:14 bad [2] 103:2 133:9 badly [1] 15:21 bag [1] 24:12 balance [1] 96:18 balances [3] 107:5 108:8 108:10 bandaids [1] 16:1</p>	<p>Banerjee [7] 86:10,11 86:21 87:1 162:16 164:11 175:18 Banerjee's [1] 175:9 bare [1] 145:15 barely [1] 170:20 Barter [10] 19:7,7,9,13 19:15 22:21 25:15 28:22 29:24 30:9 base [1] 66:4 based [21] 5:19 31:16 75:6 95:12 99:3 111:6 120:11,14 124:19 139:25 140:4 220:5 232:6 287:14 290:18,25 292:13 308:7 318:3 319:25 322:19 basic [1] 55:23 basis [14] 8:23 41:10 53:22 55:12 66:23 70:4 76:3 77:16 89:9 102:20 119:1 159:19 316:2 322:6 Bay [1] 152:18 bearing [1] 310:25 beaten [1] 15:22 became [11] 12:9 13:18 14:2,11 15:1 142:4 155:17 160:23 162:23 211:7 228:4 become [8] 13:16 162:17 163:9 167:23 170:25 171:8 189:3 321:21 becomes [3] 34:23 106:6 124:24 becoming [2] 16:10 164:18 beforehand [1] 311:18 began [1] 39:20 begin [1] 71:22 beginning [9] 46:11 51:17 115:8 158:1 167:24 168:12 225:19 317:13 319:22 begins [8] 20:5 32:19,20 44:5,17 94:18 95:21 137:15 begun [1] 67:14 behalf [4] 88:2 148:7 166:24 191:14 behaviour [1] 102:1 behind [1] 62:13 bells [2] 98:1 169:21 belonged [1] 161:3 below [1] 95:19 beneficial [1] 168:8 benefit [2] 109:25 110:6 benefits [1] 110:14 Bernard [3] 1:6 2:3 4:3 best [22] 6:20,23 30:11 41:12 61:19 65:15 66:14 72:18 79:3 94:20 95:25 96:24 132:5 150:23 158:19 166:20 175:6 179:5 249:4 263:5 283:20 324:13 better [11] 30:3,4 49:14</p>	<p>75:25 86:9 142:6 168:17 171:10,10 172:11 268:16 between [24] 40:1 41:19 58:1 146:19 164:12 165:1 222:20 235:7 238:2 241:7 244:16 251:8 252:22 257:15,24 263:24 265:11 271:4 277:24 280:19 281:6 283:21 287:3 311:16 Bev [2] 248:21 274:13 Beverley [1] 279:2 beyond [4] 27:1 108:1 121:7 140:1 bi [1] 42:7 big [7] 6:4,14 34:23 107:24 119:3,3 122:6 bigger [2] 46:23 108:2 biggest [1] 100:6 bilateral [1] 40:1 Bill [2] 116:10 194:3 bit [26] 16:6 17:3,7 22:16 27:21,22 61:6 76:16 87:24 89:23 98:22 100:3 103:8 104:25 111:4 118:14,16 121:9 133:3 150:1 196:10,10 201:13 268:16 292:6 306:24 black [1] 107:24 Blackberry [1] 247:3 Blair [1] 1:16 blank [1] 30:23 blended [1] 28:6 block [5] 66:8,12,13 67:2 261:21 blocked [1] 64:20 blocks [2] 64:25 65:1 blurry [2] 27:21,22 BN [1] 216:24 board [17] 47:7 72:22 88:2,9,10,20 91:11 92:3 92:9 135:21 136:20 137:6 142:8 145:24 194:24 195:2 299:12 Bob [4] 5:2,17 9:16 12:1 body [5] 74:20 260:15,16 260:17 261:6 boiling [1] 170:1 bold [3] 315:10 321:20 321:23 bone [1] 118:19 Bonnell [6] 19:11,19 28:12,20 36:13,16 bonus [8] 17:5 56:2,7 82:22 145:16,16 147:14 147:17 bonuses [1] 72:3 boomers [1] 167:7 bordering [1] 15:18 bother [1] 257:19 bottom [15] 19:18 45:17 63:19 79:18 92:25 93:2 93:4 94:17 96:12 126:9 126:17 239:17,19 278:25</p>	<p>279:1 boundaries [1] 171:6 Bradbury [7] 41:5 47:6 118:11 138:4,5 145:22 151:24 breadth [1] 137:20 break [12] 17:12 18:3 83:18 102:14 161:25 162:4,10 175:4 243:6 253:4,7 323:9 breakdown [2] 96:17 254:13 breaking [1] 129:2 breast [7] 1:12 21:15 215:3 232:10,17 234:1 282:4 breath [1] 166:11 briefing [97] 5:5 9:18 11:15,17 30:19 188:4 191:13,21,22 192:22,23 197:7,22,23 198:1,15 199:1,14 200:3 202:14 204:3,9,15,21 205:6,9 205:13 206:3 207:2,4,7 207:22,24 210:3,13 214:8 214:25 215:25 216:16,24 217:1,11 221:8,10,14 222:12 223:20 227:23 228:19 229:10,13,15 230:5,8,17,18 231:7,8 231:11 232:22 233:1 234:1 235:15 239:11,12 240:1 252:5,7,7,23 253:18,19 255:18 257:22 258:2,16 260:16,19,21 261:6,7 265:9 272:6 277:2 283:15 293:18,23 294:2 296:7 300:25 301:13 310:5,19 315:7 315:11,16 317:13 briefly [1] 109:10 brightest [1] 79:4 bring [16] 17:23 18:24 48:11,21 126:6 132:19 135:25 138:13 155:19 166:19 178:21 186:11 204:12 214:11 273:23 313:21 bringing [6] 5:8 18:5 146:7 156:2 183:5 204:9 brings [1] 99:22 British [4] 45:4 86:2,4 294:6 broad [1] 197:2 broader [2] 171:7 203:9 broke [2] 21:21 148:14 broken [1] 20:10 Brook [3] 145:5 237:14 254:14 brought [10] 37:7 49:15 77:14 101:2 110:19 156:4 168:16 197:5 204:20 259:10 Brown [3] 50:21 52:5 55:2 Browne [23] 2:4 173:13 173:14,15 174:10,14,23</p>
--	--	---	---	---

<p>175:15 176:9 177:23 178:23 179:20 180:18,25 181:8,14,18,24 183:2,10 183:15,20,24 Browne/Jane [1] 1:9 build [2] 17:4 173:19 built [1] 108:4 bulk [1] 300:19 bullet [17] 56:1 57:14 61:10,15 66:23 80:5 82:16,18 176:2 194:19 200:7 244:4 269:25 278:4 278:5 294:4 295:8 bulletin [1] 18:17 bullets [5] 151:7 176:2 246:12 282:16,20 bunch [1] 154:9 bureaucracies [1] 113:7 burner [1] 161:3 burnout [1] 49:7 Burt [2] 216:12,14 business [6] 7:6 19:16 51:6 161:16 187:18 188:6 but [1] 172:8 by-case [1] 53:22 bypass [1] 154:4</p>	<p>Canadian [9] 1:15 44:20 44:24 71:12 79:21 86:5 94:11 95:14 141:8 cancer [28] 1:12,15 17:5 21:15,17,20 32:23 33:4 56:12,16 58:5,7 61:23 72:5 84:21 86:4 105:14 122:2,11 126:5 145:16 156:24 215:3 232:10,17 234:1 282:4 294:6 candidate [1] 143:23 cannot [3] 65:12 171:6 172:10 CAP [1] 86:11 capacity [5] 35:2 68:21 91:9,10 116:21 capital [1] 315:10 capture [2] 44:1 93:19 car [1] 152:12 care [27] 32:23 33:4 39:4 43:18 53:21 57:10,10 69:10,13 70:9 96:18 99:13 101:20,21 161:17 166:22 167:11,14 168:21 170:18,19,22 171:3,25 172:5,12 175:7 career [4] 45:11 113:5 186:17 191:14 careful [3] 102:12,15 132:24 cares [1] 131:18 caretaker [1] 100:15 case [18] 35:4 40:4,16 47:15 53:21 75:2 116:22 129:11,12 157:1 160:16 170:2 205:7 207:11 220:23 222:15 285:19 290:19 cases [4] 69:16 298:9 322:1,15 catch [2] 166:11 202:25 category [2] 255:16 303:17 Cathi [8] 41:5 47:6,14 118:11 138:4,5,9 151:24 caught [4] 151:15,16 202:12 262:4 caused [4] 212:22 300:1 312:6 315:24 caution [1] 172:7 CBC [3] 12:14 36:15 148:11 CBC's [1] 36:19 cc [1] 279:14 cc'd [2] 215:11 216:4 cc'ing [1] 215:18 ceiling [1] 76:21 cell [1] 151:16 central [5] 1:16 40:14 59:15 64:21 188:6 centre [2] 20:6 58:8 CEO [2] 36:2 106:13 certain [23] 16:25 18:15 34:25 53:6 60:15 100:12 100:13 103:22 109:16,19</p>	<p>112:3 120:9 123:12 139:9 152:5 182:9 209:16 219:17 241:10 242:4 248:9 249:2 290:4 certainly [27] 8:23 15:11 16:6 25:13 31:21,23 38:23 46:19 47:6 58:17 64:5 67:6,13 112:12,13 122:10 125:18,24 139:5 140:22 148:5 160:25 179:12,13 223:6 259:17 303:2 certainty [1] 10:5 Certificate [2] 2:8 324:3 certify [1] 324:6 cetera [1] 66:25 chair [4] 43:13 54:6 58:18 115:17 challenge [2] 47:11 100:6 challenged [1] 26:9 challenges [1] 46:24 challenging [1] 44:8 change [14] 20:22,23 21:17 146:4 262:2,15 263:5 264:1 269:23 294:24 312:14,18 315:14 319:19 changed [8] 106:8,14 237:12,16 263:7 265:18 270:2 297:7 changes [17] 62:23 99:25 177:2 244:3 246:17 251:3 263:12 266:8 269:18,20 270:6,23 271:12,16 284:9 303:20 319:20 channel [1] 168:17 chart [10] 259:24 260:9 260:10 261:1,5 269:3 278:7 303:16,20 317:15 Chaytor [403] 1:7 2:7 165:21,23 185:5,6,11,15 185:22 186:4,9,15,22 187:2,11 188:8,15,21 189:2,7,15,20 190:1,11 191:8,19 192:9,21 193:12 193:17,21 194:5,9,13,17 195:4,9 196:7,17 197:4 197:14,20 198:6,13 199:4 199:12,21 200:1,6,18,24 201:6 202:10,24 203:14 203:20 204:1,6,19 205:4 205:14,19 206:2,7,14 207:1,15,19 208:2,9,20 208:25 209:5,10,17,22 210:2,7,18,25 211:9,17 211:21 212:4,12,20 213:2 213:7,14,19,24 214:10 214:18,23 215:9,17 216:3 216:9,13,20 217:14,25 218:7,12 219:4,12,16,21 220:2,16 221:5,18,22 222:8,23 223:5,10 224:8 224:21 225:1,6 226:1,9 226:19 227:1,8,12,19 228:2,9,18,23 229:3,9 229:16,20 230:4,14 231:4 231:14,23 232:12,16,20 232:25 233:6,24 234:12</p>	<p>235:8 236:5,11,17,21 237:2,7,18,23 238:10,15 238:22 239:1,5,24 240:6 240:15,23 241:4,19 242:7 242:11,21 243:2,5,7,18 244:20 245:1,5,12,17,23 246:4,10,23 247:6,14 248:4,12,16,24 249:3,10 249:14,19,25 250:6,10 250:15,19,24 251:6,16 252:3,11,16,21 253:3,10 253:11 254:8,24 255:4,8 255:14,20,24 256:7,14 256:24 257:5,11 258:5 258:12,18,24 259:3,12 259:16 260:8,14,20,24 261:4,10 262:9,23 263:14 264:6,11,16,21,25 265:7 265:16 266:14,18 267:8 268:5,10,17 269:2,11,17 269:24 270:5,9,14,18 271:10,20 272:22 273:7 273:22 274:7,18,24 275:8 275:16,24 276:16,25 277:9,20 278:16 279:13 279:21 280:6,12,18 281:4 281:13,25 282:7,14,19 283:3,13,19,25 284:7,16 284:23 285:4,9,14,23 286:4,9,16,22 287:2,7 287:13,18 288:7,14,19 289:3,7,13 290:1,11,17 290:24 291:22 292:11,17 292:22 293:4,13 294:1 294:18 295:6,20 296:3 296:14,18 297:9 298:1 298:12 299:4,13,22 300:6 300:15,23 301:5,10,19 302:5,12,17 303:10,15 303:23 304:5,9,15,24 305:4,11,23 306:3,16 307:2,10,20,24 308:6,17 309:4,10,14,23 310:3,16 310:24 311:9,14 312:1 312:13,23 313:5,9,14 314:3,13,23 315:3 316:14 316:19 317:1,8 318:2,7 318:12,22 319:2,16 320:3 320:7,12,16,22 321:1,7 321:13,17 322:5,23 323:5 323:8,10 check [5] 267:23,24 269:12 271:23 272:24 checked [4] 197:24 198:1 228:14 231:19 checks [3] 107:5 108:8 108:10 chemotherapy [1] 319:10 chief [26] 15:10 84:9,18 84:21 101:15 110:16 111:25 112:3 114:1 116:21 122:14,16,18,24 123:12,13,20 124:13,23 126:5,24 128:15 129:7 179:22 294:5,7 chiefs [18] 33:18 69:1 106:15 107:15 109:5,8,9 110:17 111:22 116:23 122:15 123:1 124:11 126:25 127:14 128:7,7</p>	<p>128:14 child [2] 186:18,19 children [2] 84:10 167:16 choose [1] 52:9 chose [1] 262:13 chronic [3] 28:8 69:23 170:7 chronological [1] 38:13 chronologically [2] 26:9 87:24 chronology [5] 13:8 38:8 73:5 90:19 180:21 circulate [1] 52:13 circumstances [7] 69:9 81:25 168:5 177:16 182:22 192:24 303:2 city [1] 66:19 civil [3] 135:13 203:12 225:20 claim [5] 221:12,13 286:11 317:17 322:9 claims [5] 282:3,13 285:16 317:16 322:6 Clareville [1] 145:4 clarification [7] 123:11 192:19 206:24 223:21 250:9 273:18 279:22 clarifications [1] 250:16 clarified [3] 223:22 250:3 284:18 clarifies [1] 117:16 clarify [9] 29:10 220:11 224:5 262:18 266:9 271:7 278:2,12 279:25 clarifying [1] 244:19 clarity [2] 180:7 219:17 class [5] 1:13 316:4 319:6 321:22 322:3 classic [1] 170:2 classification [1] 88:13 clause [1] 114:4 clear [10] 47:5 92:4 97:9 97:13 99:19 153:25 180:5 220:10 263:9 278:9 clearer [1] 180:15 clearly [11] 15:13 31:10 53:7 57:23 59:16 89:11 97:17 115:2 158:20 180:11 268:14 clerk [10] 205:1,1 206:23 206:23 208:7,8,12,12,15 208:15 cliche [1] 6:16 client [1] 203:7 clinical [40] 45:18 84:18 84:21 86:12,12 101:15 106:15 107:15 108:21 109:5,8,9,25 110:5,16 110:17 111:22,24 112:3 114:1 116:21 121:25 122:14,18,24 123:7,12 123:13,20 124:11,13,22 126:5,24 128:7,15 129:6 150:4 168:22 179:22</p>	
<p>-C-</p>					
<p>C.V [4] 186:10 187:5 189:9 194:19 cabinet [96] 72:22 186:23 187:6,12,22 188:1,2,3 189:9,21 190:4,6,14,17 190:19,21,23 191:24 193:3,4,9,22 195:21 196:2,3,5,9 197:5,6 198:8,16 200:8,10,25 201:9,17,19,20,22,23,24 202:3 203:16 204:2,7,14 204:16 205:5 207:3,18 207:24 208:11,21 209:7 209:9 210:21 212:2,15 213:16 215:6,21,24 216:1 217:10 222:13 225:15 226:4 228:15 230:10 231:2,16,21 233:8 234:10 238:8 239:21,22 240:14 241:16,25 247:17 248:2 251:13 259:7 276:6 277:2 277:7,12,17 281:3 297:19 298:17,23 301:1,11,21 Cake [20] 194:2,14 212:16 214:6,13,24 215:18 216:22 226:20,22 231:13 240:14 281:2 297:4,18,20 298:2 301:25 316:15 318:3 calls [5] 148:6 152:15,16 153:19 156:23 Cameron [3] 1:3 166:16 324:10 campaign [8] 17:5 27:11 35:13 46:7 47:8 51:17 58:9 65:6 Canada [6] 76:12 140:23 177:10,19 178:13 179:6</p>					

Inquiry on Hormone Receptor Testing

<p>clinician [1] 112:5 clinicians [1] 104:4 close [1] 48:18 closely [1] 49:10 closer [1] 66:6 Co-chair [1] 48:24 co-clinical [1] 84:9 Co-counsel [2] 1:6,7 coffee [1] 102:14 Coffey [299] 1:6 2:3 4:2 4:3,5,20 7:17 8:10 9:9 9:14 10:1,11,17 11:3,7 12:3,10 13:2,7,15 14:1 14:19,25 15:4 16:7,13 17:10,16,20,21 18:1,18 18:22 19:6,10 21:9 22:15 22:19 23:1,10,20,24 24:16,24 25:3,7,12,23 26:11,15,21 27:2,13 28:9 28:18 29:19,23 30:15,24 31:5 32:3,11 34:6 35:16 36:7 37:10,19 38:2,7 40:17,21 41:13,18,23 42:2,9,13,20,24 43:8,17 46:12 48:19 49:20 50:1 50:8,12,16,24 51:4,14 52:22 53:10,23 54:5 56:13 57:3,11 58:4,15 58:23 59:4 60:1,6,10,18 61:7 62:3,15 63:9 64:1,8 65:8,22 66:2 67:17,24 68:6,16 70:5,13 71:6 72:7,10 73:2,10,15,21 73:25 74:7,24 75:20 77:4 77:19 78:16,20 79:11 80:4,10,21 81:5 82:1,14 83:3,14,21 84:2,3 85:4 86:1,15,20,25 87:4,8,16 88:25 89:5,21 90:3,14 90:24 91:3 92:10,14,18 92:23 93:3,9,13 94:6,16 95:11 96:11 97:18 98:8 98:13,18,25 100:23 101:5 101:10 108:16 109:4 111:19 112:6,14 115:13 116:3,14 117:21 118:1,8 118:21 119:14,18 120:6 121:10,17 123:17 125:7 125:9,16 126:2,16,21 127:3,19,24 128:10 129:5 129:20,23 130:2,5,7,12 130:17,21 131:1,9,22 132:4,17,23 133:2,10,20 133:24 134:12,20,24 135:4,8,16,24 136:6,15 136:23 137:14 138:11,25 139:13 140:7,13 141:1 142:14,17,18,22 143:5 143:16,20,24 144:3 145:11,17 146:16,21,25 147:5,9,24 148:9,23 149:6,10,14,20 155:6 156:7 157:14,21 158:3,9 158:23 159:3 161:21 162:6,12,13,25 163:8,14 163:19,24 164:8 165:5 165:10,18 172:19,23 174:4,8,12,16 184:16,17 256:12 collaborative [2] 59:12</p>	<p>96:19 collapse [1] 39:8 collated [2] 198:14 199:22 colleagues [1] 134:11 collect [1] 139:7 collected [1] 299:14 collecting [1] 299:11 collectively [1] 168:14 College [1] 95:13 Columbia [4] 45:4 86:2 86:4 294:6 comfort [2] 14:9 306:24 coming [9] 38:24 49:16 79:3 130:11 131:25 182:16 224:23 237:19 305:12 commandments [1] 100:16 commence [2] 69:18 302:7 commensurate [2] 107:9 108:13 comment [5] 67:3 82:4 155:3 195:2 265:20 commentary [1] 44:6 commenting [1] 37:17 comments [12] 6:22 18:8 44:1 45:25 74:18 107:17 157:7 173:17 255:16 261:24 266:7 303:17 Commission [7] 1:1,6 1:7 97:21 161:10 324:8 324:11 commissioned [1] 138:16 Commissioner [94] 1:3 4:1,6 13:9 17:11,14,19 17:22 19:20 26:13 32:16 34:7 38:13 51:18 58:16 78:6,14,18,22 83:17,19 83:23 84:1,4 91:17 99:10 104:9 117:22 120:19,24 123:10 124:5,10,16,21 125:6,10 128:11 129:22 130:9,14,19,24 131:10 131:11,16,23 132:25 133:5,11 143:2,22 161:22 162:3,8,11,14 165:25 171:14 172:21 173:2,5,8 173:12 176:14,15,16 177:1 181:10 183:22,23 184:2,4,8,14,18,19,23 184:24 185:4,7,16,19 233:14,22 243:4 253:5,9 253:12 254:18 323:7,12 323:14 324:11 commitment's [5] 196:19,20 197:9,16,24 commitments [5] 197:13 205:10,21,23,24 committed [1] 127:15 committee [46] 39:18 40:6,7,18 41:14 42:3,10 42:15 43:14,22 46:2,5,6 46:13,13 48:25 50:9,18 50:25 51:22 54:1,13,22</p>	<p>62:17 63:12,16,22 64:2 64:9 89:11 106:22,23,25 160:22,22 194:20,20 195:10,11,12,18,24 200:8 207:10,20,23 committees [5] 195:13 195:15 201:22 202:4 205:2 common [1] 8:21 communicate [6] 22:13 29:6,9 30:21 124:2 158:16 communicated [5] 97:16 144:18 220:14 272:2,8 communicating [3] 9:15 22:7 28:25 communication [9] 10:2 24:9,12,14 27:18 215:19 259:18 275:1 279:20 communications [14] 18:3 19:9,17 23:7 25:14 25:18,19 26:1 27:16,25 28:5,19,22 265:11 communicator [1] 19:16 community [3] 157:11 158:18 166:15 comparatively [1] 66:21 compare [1] 134:10 compared [2] 66:22 75:11 compares [2] 52:14 79:20 comparing [1] 76:9 compatible [1] 44:22 compelled [1] 172:13 compelling [1] 47:17 compensated [1] 109:9 compensation [15] 33:2 33:14 45:1 49:9,11 71:25 77:16 79:14 88:7,17 89:16 109:19 110:25 126:11 129:18 competing [3] 76:11,12 76:13 competition [4] 45:13 71:16 76:8 178:20 competitive [1] 39:13 competitiveness [1] 74:5 compiled [1] 202:1 complain [1] 27:24 complete [1] 8:2 completed [6] 186:5 190:4 195:22 267:21 288:2 319:7 completion [1] 146:19 complex [3] 94:24 169:1 222:16 Compliance [1] 137:22 complicated [2] 131:17 169:5</p>	<p>compliment [1] 70:1 component [2] 78:13 103:12 composed [1] 169:2 composition [1] 106:6 comprehension [1] 140:2 comprehensive [1] 201:9 comprised [3] 40:22,24 42:25 compromised [2] 107:19 172:12 compromises [1] 172:9 computer [2] 24:11 144:4 concentrate [1] 187:5 concept [3] 67:4 129:9 176:3 concepts [1] 100:9 concern [17] 56:12 75:8 99:23 112:22,24 164:24 203:1 224:9,11 225:17 225:20 275:10,19 288:24 289:24 301:21,24 concerned [14] 14:12 31:10,12,23 39:1 70:19 96:25 107:18,18 164:18 164:19 182:22 224:22 225:7 concerning [8] 16:21 20:9 27:16 37:3 43:24 164:1 174:20 202:20 concerns [10] 13:21 20:18 27:17 38:15 42:25 97:16 112:16 136:25 156:15 323:3 conclude [4] 82:4 235:21 243:14 269:19 concluded [1] 80:12 concludes [6] 45:3,16 45:24 95:1 96:1 117:15 concluding [2] 166:24 235:14 conclusion [5] 146:8 157:8 243:23 250:21 323:17 concurrently [1] 13:11 condition [1] 28:8 conditions [2] 169:17 170:24 conduct [4] 54:11 61:12 88:16 89:19 conducted [4] 80:6 162:15 187:24 294:8 confidence [2] 156:22 166:21 confidential [4] 150:18 277:7,16,19 confidentially [1] 110:25 confirm [2] 244:6 246:1 confirmation [1] 319:21 confirmed [5] 254:12 261:15,22 262:3,11</p>	<p>conflict [1] 11:18 conflicted [1] 7:3 conflicting [1] 164:25 conflicts [1] 8:25 confusing [2] 220:8 266:10 conjunction [1] 66:3 connect [4] 294:19,23 295:2,14 connected [1] 318:23 connection [5] 9:2 13:17 13:20 308:21 311:16 conscious [1] 53:12 consciousness [1] 171:9 consensus [1] 55:22 consequences [5] 58:10 94:1 96:16,23 168:5 consider [6] 11:16 66:12 89:15 161:11 190:22 248:1 consideration [6] 66:8 102:15 168:20 187:23 188:1 191:6 considered [8] 88:8 168:24 191:1 195:23 261:25 264:2 265:22 299:3 considering [1] 171:7 considers [1] 45:8 consisting [1] 166:25 constructed [2] 61:5 76:18 constructive [1] 166:19 consult [3] 25:21 150:10 218:8 consultant [7] 40:25 48:12 88:15 137:7,13,17 146:6 consultant's [3] 288:21 291:11 313:12 consultants [16] 138:7 287:22 290:8 291:4 295:12,18 306:23 307:7 307:18 308:4,19,24 309:16 311:24 312:12 313:18 consultation [1] 39:16 consulting [1] 218:5 Cont'd [1] 2:3 contact [9] 5:5 8:12 9:17 9:20 26:4 153:21 211:13 274:23 277:23 contacted [4] 14:20 20:14,22 272:14 contacting [1] 64:22 contacts [1] 15:5 contain [1] 114:12 contained [2] 275:21 276:2 containment [1] 107:8 contains [1] 87:18 content [6] 55:22 224:9 238:17,18 275:17 303:20 contention [3] 117:3</p>
---	---	--	---	--

<p>118:19 127:6 contentious [1] 119:12 contents [4] 2:1 162:17 164:1,9 context [10] 6:5 8:3 108:20 111:21,24 112:1 126:23 138:18 171:7 173:20 continue [5] 4:7 118:25 172:15 194:18 288:2 continued [2] 4:4 89:12 continues [4] 33:11 43:25 95:12 168:10 continuing [6] 20:21 24:18 69:8 103:17 145:15 310:13 continuity [2] 160:12 187:19 continuous [1] 101:23 continuously [2] 48:2 60:25 continuum [1] 60:22 contract [2] 4:10 137:16 contrast [1] 44:23 contribution [1] 184:20 control [1] 308:14 control/confidence [1] 29:14 controversy [1] 162:24 conundrum [1] 103:2 conundrums [1] 182:21 convenience [1] 97:1 convenient [1] 323:9 conversation [27] 5:17 5:25 6:10 7:19 8:3 10:9 10:18,22 11:8 15:12 28:21 29:2 34:3 117:7 144:14 147:20,21 148:18 152:3,23 159:16 263:3 278:12 295:16 303:9 316:9,24 conversations [7] 15:16 30:8 159:22 160:10 272:7 273:4 276:22 convert [1] 21:15 converters [1] 220:4 convey [1] 321:9 Cook [2] 15:13 26:5 cooperate [1] 139:3 coordinate [1] 198:21 copied [12] 32:8 36:14 70:16 115:18 136:8 144:9 145:7,21 214:15 253:15 278:18 279:2 copies [8] 91:5 130:23 131:3 154:12,13,15 211:1 233:20 copy [13] 18:25 20:2 142:19 143:7 145:7 208:21,22 214:5 252:6 259:11 265:10 279:8 315:10 Corner [3] 145:5 237:14 254:14</p>	<p>Corporation [1] 43:18 correct [68] 23:23 41:22 83:2 85:3 93:12 96:10 98:17 125:5,15 138:24 147:4 151:5 163:13 176:6 176:8 181:2,5 186:14,21 186:24 187:1,10 188:14 189:1,14,25 190:10 191:18 194:8,12,16 195:8 198:12 199:25 200:5,23 203:19 209:21 213:1,18 214:17 215:8 216:8 217:24 219:20 220:1 223:4 227:18 238:25 243:17 245:20 247:13 249:24 251:5 255:23 256:23 270:4 283:24 287:6 292:7 313:24 315:23 316:18 318:11 319:1 320:6,25 324:7 corrected [5] 100:2 133:4 159:12 172:14 291:13 correcting [2] 18:4 244:18 corrections [1] 18:7 corrective [1] 49:6 correctly [3] 112:15 183:3 257:21 correspond [1] 224:1 correspondence [11] 87:19 117:1 129:1 159:14 160:9 175:23 234:23 243:19 248:10 253:14 257:15 corresponding [2] 238:5 271:6 Costello [4] 18:10 70:16 70:19 83:15 council [4] 187:19 201:11,14,18 counsel [4] 172:25 296:6 322:15,18 counterparts [1] 68:12 counterproductive [1] 103:3 country [6] 44:11 68:13 71:12,19 79:13 81:14 couple [17] 18:7 19:2 20:11 32:17 43:4 76:5 140:19 148:5 149:24 151:25 152:19 159:12 173:16 184:25 223:6 244:3 246:12 course [21] 10:21 16:16 39:14 48:8 65:1 74:4 76:2 80:1 90:17 96:21 106:8 107:4 113:5 144:8 166:7 178:7 190:19 195:19 213:15 218:18 222:24 court [2] 163:10,20 cover [2] 4:12 63:14 coverage [13] 40:6 42:10 43:14 46:2,6 50:18,25 54:1 62:17 63:12 89:10 160:22 311:2 covers [1] 63:18</p>	<p>create [2] 14:9 121:23 created [1] 170:16 credit [1] 313:8 crisis [10] 39:1 59:1 72:12 141:11,13,16 147:13 156:21 170:3,4 criteria [3] 115:10 202:14 322:7 critical [5] 39:8 71:23 96:3 105:23 137:23 criticism [1] 35:24 Cross [1] 79:13 crossed [1] 6:16 crucial [1] 97:2 crucially [1] 103:18 culmination [1] 97:23 curiosity [1] 11:22 current [26] 4:15 5:9 44:23 66:18 69:2,7 82:19 95:12 99:3 115:22 117:4 117:18 229:14 230:12 231:13 246:11 282:2 284:1 285:15 288:24 289:23 294:9 295:4 306:9 317:14,15 cut [1] 153:16 cutoff [1] 264:12 cuts [1] 182:19 cycle [2] 170:15 175:5 cynicism [1] 35:24</p> <hr/> <p style="text-align: center;">-D-</p> <p>D [1] 62:20 daily [1] 69:5 Dalton [1] 55:2 damages [1] 322:9 Daniel [1] 1:10 Dankwa [2] 48:25 49:17 Danny [1] 144:9 Darlene [1] 1:12 Darrell [1] 134:21 data [3] 44:23 82:12 209:15 database [23] 144:4 196:19,20 197:10,16,24 205:10,12,21,23,24 206:4 208:24 210:21 211:8 225:15 231:19,24 232:6 232:8 233:12,19,25 date [17] 5:7,9,16,24 18:5 82:6 104:2 135:15,20 146:3 162:21 198:22 229:15 256:8,16,25 280:7 dated [20] 43:21 70:17 79:18 87:25 88:4 91:6 114:9 116:18 117:1 138:20 143:7 145:21 214:13 215:4 217:4 253:17 281:19,19 317:11 324:16 dates [3] 4:12 113:17 125:23 day-to-day [1] 102:20 days [10] 20:11 26:5 50:2</p>	<p>150:24 223:7 235:12,23 241:8 249:5 250:25 DCIS [8] 220:3 240:20 254:1,3 267:10,16 268:19 269:5 deal [16] 38:25 42:7 51:24 52:11 54:16 64:23 66:14 69:25 72:14 102:21 153:16 154:24 155:12,15 156:21 198:23 dealing [11] 11:19,20 14:17 37:2 38:14 152:7 155:22 156:5 159:19 205:7 231:22 dealings [1] 280:14 dealt [4] 33:12 38:16 118:10 310:22 Dear [2] 19:25 43:19 debate [2] 118:15,16 Debbie [1] 278:20 Deborah [1] 19:22 Debriefing [1] 294:11 decade [2] 71:15 81:1 deceased [3] 241:1 254:2 254:4 December [3] 30:18 68:23 80:14 decided [6] 51:23 89:15 90:22 96:15 244:15 246:7 decision [22] 36:4 38:24 53:16 55:9 69:5,12 72:23 92:5 94:4 99:21,23 134:8 137:6,13 142:9 146:24 163:21 190:24 201:10,17 241:18,25 decision-making [1] 105:17 decisions [4] 96:22 99:12 161:6 200:9 declaration [1] 97:10 dedicate [1] 137:21 dedicated [3] 102:7,8 122:11 deep [1] 170:11 deeply [1] 15:20 deferred [1] 195:19 deficiencies [1] 58:10 deficiency [2] 71:25 100:1 deficient [1] 101:24 define [2] 110:9 133:12 defined [4] 115:2 122:5 169:8 199:5 definitely [3] 236:25 280:17 323:2 definition [1] 263:18 degree [4] 45:10 55:22 182:10,11 delay [5] 96:4,22 97:3 152:13 243:24 delete [4] 244:5 245:25 251:9 252:15 deleted [2] 251:12 297:7 delicate [2] 31:25 32:1</p>	<p>delineation [1] 112:20 delivered [1] 165:3 delivering [1] 133:13 delivery [5] 39:5 45:20 94:22 169:2 171:3 demand [3] 39:14 69:4 177:7 demonstrated [1] 15:13 demoralized [4] 14:14 15:21 95:23 170:23 Denic [22] 15:8 26:5 54:8 55:1 68:20 70:17 91:14 115:19 132:10 141:24 143:9,15 144:8,12 145:22 146:5,13 147:11 149:25 152:17 153:13 253:21 department [83] 27:25 39:11,17 40:2 41:19 43:5 46:15 47:4,19 66:11 84:14 88:16 118:23 139:12 141:25 144:19 146:6 155:15 183:5 188:23 189:4,16,23 192:1 192:15,18 193:1,5 197:6 197:8,17 198:2,9 200:13 202:22 203:9,23 204:9 205:8 206:16,20 215:22 216:6,17 218:5,9 220:21 220:25 221:3 222:5,17 223:25 225:22 226:16 229:4 230:6,19,20 231:6 232:1,4 239:18,18,19,20 245:7 247:10,19,21 248:3 248:7,18 271:1 274:20 278:23 297:16,17 298:21 299:9 301:4,9 302:3 312:3 department's [2] 117:16 145:25 departmental [4] 137:17 231:8,10 300:14 departments [21] 69:1 188:10,12,17 189:12,16 190:6 191:11,15 193:25 194:2 196:1,4,20,23 198:25 199:8 203:7 204:12 272:16 300:13 depend [1] 124:12 dependent [2] 39:4 171:11 depending [4] 82:23 188:17 195:21 322:7 depression [1] 15:20 depth [1] 134:9 deputy [23] 40:25 41:4 64:6,12 84:22 85:5 89:13 135:2 138:16 147:12 152:11 200:19 205:1 206:23 208:8,12,15 214:7 221:1 231:12 280:25 281:11 296:12 describe [1] 278:5 described [5] 11:8 43:13 121:18 148:21 318:16 describes [1] 147:15 description [13] 101:3 101:14,17 109:6 110:22 112:10,13,17 113:11</p>
--	---	--	--	--

<p>114:6,8 179:23 191:10 descriptions [2] 100:22 110:21 designated [1] 110:2 designed [1] 120:20 desirable [1] 178:18 despair [1] 170:16 desperate [1] 178:10 destroy [1] 211:24 destroyed [5] 210:6,8 211:6 258:17 259:4 detail [9] 11:18 44:25 74:10 114:12 134:7 141:22 144:22 246:14 296:5 detailed [1] 205:25 details [4] 44:3 263:8,8 298:9 determination [3] 124:15 172:16 202:15 determine [1] 226:2 determined [1] 172:3 determining [1] 61:19 develop [1] 95:25 developing [2] 61:1 187:21 development [2] 101:19 101:20 diagnose [2] 61:16 95:24 diagnosed [1] 282:4 diagnosing [1] 61:23 diagnosis [3] 69:16 262:16 266:23 dialogue [1] 17:7 died [1] 321:19 differ [1] 322:6 difference [2] 263:12,24 different [21] 8:20 33:15 41:2 67:9 77:9 78:2,25 120:25 121:2 131:4,5 140:5 203:4 235:25 263:23 281:16 297:1 313:16,17 314:8,9 differently [1] 61:5 difficult [6] 47:21 49:12 107:13 168:11,13 182:23 difficulties [3] 41:11 67:11 313:22 dilemma [4] 6:11,12,25 11:19 diluted [1] 178:17 dilution [1] 105:24 diminish [1] 180:9 Diponkar [1] 86:10 dipping [1] 121:4 direct [5] 20:18 37:21 189:22 221:10 286:12 directed [5] 78:23 88:15 257:23 265:9 272:9 directing [1] 272:23 direction [7] 51:16 190:18 192:6 206:12 272:18 275:6 299:17</p>	<p>directly [20] 4:8 20:16 21:6 54:16 90:22 109:15 115:24 155:15 220:24 221:24 224:4 234:17 267:23 271:24 272:13,24 279:11 299:11,14 300:2 director [17] 18:3 19:9 19:16 23:8 28:23 49:1 50:7 84:7 86:3 91:16 106:13 110:9,10,11,11 122:8 144:12 directories [4] 202:7 205:17 209:16 277:16 directors [5] 40:9 44:2 47:22 68:25 106:11 directory [1] 278:21 disagreements [1] 108:6 disappointed [1] 291:16 discipline [4] 45:11 52:2 100:12 115:18 discipline-specific [1] 52:19 disciplines [1] 45:18 disclose [1] 6:13 disclosed [1] 277:8 disclosure [3] 6:13 7:6 277:4 discomfort [1] 15:14 discomforting [1] 153:17 discontinued [1] 120:1 discuss [4] 151:11 218:13 234:24 248:18 discussed [8] 125:17 182:2 218:22 265:4 268:22 288:9 312:25 322:24 discussing [4] 276:14 288:15 291:23 292:1 discussion [39] 2:5 17:3 46:1 51:20 55:6,20 57:13 72:17 100:5 111:10 115:4 128:25 150:9 165:7 166:7 187:21 219:13 248:11 263:21 268:3,15,18 273:12 274:9,16 276:18 279:25 281:6 288:5 290:18,25 292:23 300:1 303:3 306:15,17 315:1 316:21 318:20 discussions [27] 33:17 47:3 64:15 72:1 90:11 137:18 150:18,23 159:22 160:14 163:25 164:12 227:13 244:22 248:6 273:20 274:2,19 275:9 280:9 284:19 302:13 303:11 304:17 305:14 312:2 322:19 disease [7] 61:16 95:24 265:25 266:1,21 319:21 319:22 displeasure [1] 154:1 disposal [1] 293:21 dispute [1] 127:4 disputes [1] 108:7</p>	<p>disruptions [1] 45:19 dissolved [1] 160:23 distinctly [1] 47:14 distinguishes [1] 156:18 distributed [3] 21:23 122:21 276:3 distribution [5] 22:12 24:3,5 209:18 275:20 diverse [2] 155:19,23 diversity [1] 111:6 division [5] 1:15 33:18 88:14 122:16,18 divisional [7] 116:23 122:15,25 126:25 127:14 128:7,14 divisive [1] 155:17 doctor [2] 32:12 84:11 doctors [6] 1:9 20:9 24:2 29:3 55:1 145:22 document [33] 52:13,15 55:23 57:12,17 58:25 59:9 62:24,25 63:11 68:9 79:25 83:5 84:5 113:15 134:4,5 138:14 144:20 186:16 187:4 217:3,6 233:15 241:11 254:9,11 254:15,23 256:3 257:1 260:25 303:18 documentary [1] 36:20 documentation [7] 31:1 45:25 61:3 161:15 180:5 228:24 293:20 documents [4] 201:21 233:11,16,18 doesn't [5] 85:10,11 111:17 113:20 210:10 dollar [1] 282:16 dominant [1] 171:19 dominated [1] 15:17 Don [1] 152:11 done [24] 53:17 59:12,14 68:11 87:12 108:14 114:14 155:7 161:19 171:14 182:19 183:14,18 199:18 221:19,25 223:12 242:2 246:19 247:24 289:25 306:12 310:9 319:23 door [1] 123:8 double [1] 121:3 doubt [3] 7:1 13:25 168:6 Doucette [1] 221:12 Doucette's [1] 286:11 down [12] 36:11 71:2 83:7 89:23 93:4 107:12 136:13 174:6 176:2 254:20 303:24 317:10 Dr [91] 6:1 7:19,20 8:9 8:12,17 9:19 11:4,9,16 11:21 15:8,13 19:12,21 20:1 21:10 22:5 23:13 26:4,5 32:21,25 33:13 36:14 40:10,11,12,13 43:11,19 45:16 48:14,25 49:17 52:6,6 54:2,8 55:4 57:16,16,16 68:20,20</p>	<p>70:15,17,18 83:15 84:9 86:10,11,21 87:1 89:19 91:13 103:5 115:17,19 116:22,22 117:7 118:11 122:15,17 126:4 136:8 138:17,21 139:3 140:14 140:16,18 141:23 143:9 143:15 144:8,12 146:5 147:6,11 149:25 150:2 152:16,17 162:16 164:10 175:9,18 253:20,21 draft [24] 52:6 62:23 207:3 211:23 216:16 229:25 235:19 252:7 253:18,20 256:18 258:1 261:7 270:11,21,25 272:16 281:15 286:5 296:25 298:3,5 299:6 317:23 drafted [16] 23:13 230:17 281:17 282:20 283:22 284:12 285:5 287:4,14 288:3,5 292:12 301:9 303:19 304:6 319:24 drafting [7] 141:10 191:22 257:7 270:10 272:6 293:21,22 drafts [14] 210:3,4,9,9 210:11,12,12,19 258:17 275:1 281:17 296:21,22 296:23 dragged [3] 14:11 16:3 119:12 dragging [1] 97:10 dramatic [1] 76:22 draw [1] 173:25 drawn [1] 82:12 dream [1] 172:4 drive [1] 209:2 Drs [8] 33:4,20 50:19 116:19 121:13 125:12,19 126:22 dry [1] 98:7 due [4] 69:2 87:1,3 141:10 dunk [1] 142:13 Dunn [1] 19:22 duration [1] 179:17 during [13] 18:2 30:7 32:24 102:13 152:2 153:20 157:6 164:4 165:22 168:21 189:21 226:10 272:6 duties [8] 32:23 113:12 114:7 123:13 126:24 128:3 191:10 193:18 Dymond [1] 165:3</p>	<p>227:4 234:23 237:9 241:7 247:2 251:7,9 253:14 257:25 258:23,25 259:5 259:7,10 260:16 265:13 269:6,22 272:23 278:24 279:1,3,9 284:2,17 315:5 e-mailed [4] 5:1 9:16 23:21 237:15 e-mails [10] 19:2 32:5 36:9 126:8 210:14,22 212:10 251:11,12 278:20 e-update [2] 19:14 23:17 EA [1] 134:18 earliest [1] 97:1 early [10] 13:19 21:22 26:5 46:23 56:9 82:25 88:21 89:1 145:12 246:17 earn [2] 35:2 78:9 easier [2] 57:1 220:12 easiest [1] 87:23 Eastern [53] 1:10 5:10 6:7 8:5 18:16 19:24 21:1 22:4,7,11 25:8,16 27:18 28:14 35:8 40:12 84:6 110:20 122:3 153:5,7,9 217:1 220:25 224:1 229:23 230:17,25 233:2 235:18 236:12 243:11 244:17 253:16 256:18 271:6 274:3 276:8 286:21 287:21 290:14 296:5 297:15,17 299:12 300:11 300:19,21 306:13 319:15 319:17 322:16,17 Eastern's [1] 278:21 easy [2] 57:2 158:13 economic [6] 187:25 194:1,3,20 195:12 200:16 edit [1] 229:25 edited [1] 235:6 editing [1] 237:11 educate [4] 60:9,11,13 134:8 educated [1] 60:14 educating [1] 61:8 education [7] 66:25 103:16,17,21 123:3 139:24 180:14 educational [2] 123:5 185:24 effect [8] 31:1 43:1 51:15 69:19 70:9 74:11 148:11 178:24 effective [5] 4:15 146:3 160:15 161:1 180:17 Effectively [1] 29:20 efficient [1] 180:17 effort [4] 59:23 60:23 118:5 172:4 efforts [6] 26:24 71:8 80:1 84:15 86:9 148:7 eight [2] 41:14 66:18 either [9] 8:25 27:25 116:21 173:11 206:15,18 226:3 272:17 312:2</p>
---	--	--	--	--

-E-

<p>elements [1] 108:1 eligible [2] 80:16 110:5 eliminated [1] 110:3 Elliott [1] 253:16 elsewhere [5] 49:14 81:9 83:4,5 175:4 embark [1] 96:15 embarked [1] 75:3 Emergency [1] 69:16 emotional [1] 168:2 emphasis [2] 107:6 179:23 emphasize [1] 75:16 employee [1] 59:14 employees [1] 82:18 en [1] 246:19 enable [1] 108:11 encompassed [1] 110:1 encounters [1] 114:16 end [2] 33:21 35:21 77:13,23 78:3 91:13 100:10 131:5 150:14,16 152:9 167:17,23 178:25 179:3 192:3 211:24 235:6 237:12 293:17 297:13 ended [1] 255:18 ends [2] 78:4 102:18 endure [1] 167:15 energy [1] 168:1 enforce [1] 100:18 engage [1] 91:22 engaged [6] 138:3 287:21 307:8 308:10,24 312:12 engagement [3] 12:8 17:1 97:24 engagements [1] 161:5 engaging [2] 135:22 153:15 enlightened [1] 167:23 enlightening [1] 128:12 enormous [1] 167:25 ensure [13] 29:13 34:19 35:9,14 54:18 57:22 65:15 100:1 120:16 160:11 161:15 172:11 257:20 ensures [3] 101:18,20 101:22 ensuring [1] 161:4 enter [2] 129:24 232:7 entered [9] 130:5,15,22 131:20,21 132:18 185:20 185:21 233:12 enthusiasm [1] 35:23 entirely [3] 10:21 98:7 103:20 entitled [11] 19:25 38:9 53:25 58:25 63:11,15 79:17 96:6 138:14 141:4 172:17 entry [3] 181:11,13 209:15</p>	<p>environment [1] 12:21 environments [1] 12:24 equally [1] 103:12 equipment [7] 107:10 294:25 312:15,18 314:5 314:9,15 equivalent [5] 41:1 108:24 111:14 119:24 122:20 ER [3] 20:10 21:18 183:12 ER/PR [43] 4:8 5:10,13 6:3 12:4 14:22 17:1 26:6 27:3 30:2 31:6 33:12,17 36:21 37:21 148:13 183:18 196:12,13 197:15 199:13,22 201:2 203:10 213:4 216:24 217:2 225:21 226:18 232:7,17 234:1 235:15 262:3,4,15 263:6 265:18 315:7,14 318:16,24 319:19 erosion [2] 105:24 157:13 erroneous [12] 244:6,11 252:6 287:19 299:25 303:25 304:12 306:5 309:6,17 310:17 317:20 error [4] 156:25 169:9 172:6,7 errors [1] 169:7 escape [1] 152:19 especially [4] 153:18 168:3 171:13 173:23 essence [7] 5:25 6:9,21 11:18 134:3 164:15 175:10 essentially [7] 22:6 118:5 122:19,22 139:19 149:17 180:4 establish [1] 77:12 established [1] 322:7 et [3] 1:9 32:25 66:25 et cetera [3] 235:16 254:14 316:2 etched [1] 151:12 evaluation [1] 101:21 evening [2] 151:15,18 event [1] 5:21 events [4] 136:11 170:15 171:16 180:22 eventually [2] 163:9 313:24 everybody [13] 23:9 75:12 77:14 78:1,4,7 81:15 102:20 155:23,25 156:1,2 177:11 everybody's [2] 77:25 178:10 everyday [1] 182:25 evidence [5] 4:8 157:15 165:1 173:7 176:17 evident [1] 107:17 evolved [2] 105:4 128:3 evolving [1] 7:7</p>	<p>exact [5] 6:17 7:8 156:1 162:21 315:20 exactly [9] 67:23 121:2 125:5 128:21 139:21 264:15 274:17 289:16 321:16 Examination [6] 2:3,4 2:7 4:3 173:14 185:14 examined [1] 49:11 examines [1] 94:22 example [29] 24:25 53:8 68:18 100:5,20 101:1,4 101:14,18 102:11 109:8 111:7,22 127:13 128:1 129:15 178:11 182:7,13 182:20 191:1 192:6 210:10 212:13 241:12 269:25 273:14 277:10 298:8 exceed [3] 127:10,18,22 exceeding [1] 120:12 excellent [2] 29:8 170:22 except [2] 79:22 210:8 exception [1] 225:16 excerpt [1] 143:4 excess [1] 119:24 exchange [3] 176:23 257:25 280:19 exchanges [1] 284:17 excluded [1] 209:11 exclusively [2] 108:2 113:24 excuses [1] 172:9 execution [1] 160:3 executive [9] 49:1 84:7 91:16 106:11 144:11 187:19 201:11,14,18 executives [1] 8:19 exercise [5] 22:10 46:11 100:18 114:22 169:10 exhibit [49] 3:2 17:24 19:24 22:20 25:25 28:10 32:4 36:8 38:3 43:9 48:21 50:17 53:24 54:23 55:17 58:24 62:16 63:10 65:11 68:7,18 70:14 73:3 79:12 82:2 83:6 84:5 86:2 87:17,18 89:22 91:5 92:24 98:20 115:14 116:15 126:7 129:25 130:20 131:20,21,21 138:13 142:15 145:18 174:3,4 259:21,24 exhibited [1] 131:5 exhibits [5] 3:1,3 38:10 185:16,21 exist [8] 113:20 210:15 210:15,17,20,22 258:13 258:15 existed [4] 162:22 210:20 231:16 296:25 existence [2] 233:7 240:2 existing [2] 40:10 169:23 exists [2] 107:1 128:24 expect [3] 65:12 69:12</p>	<p>205:9 expectation [1] 166:18 expectations [2] 166:23 180:6 expected [6] 113:13 125:1 230:15,18,24 294:12 expecting [1] 68:4 expects [1] 167:22 expedited [1] 137:22 expeditiously [1] 64:24 expending [1] 167:25 experience [5] 21:16 47:24 137:20 199:17 208:17 expertise [2] 59:20 61:17 expires [1] 4:16 explain [6] 77:20 104:20 131:2 133:12 176:15 179:25 explained [6] 218:18 263:4 264:22 276:11 280:2 315:22 explaining [1] 263:4 explanation [4] 263:16 267:4,7 305:1 explicit [1] 9:3 exploration [1] 182:1 exploratory [1] 37:14 explore [3] 22:16 67:7 98:22 exposure [1] 5:18 express [2] 35:22,23 expressed [7] 90:8 153:25 159:18,23 166:18 171:20 276:1 expressing [1] 148:6 expressions [1] 30:12 extend [1] 145:25 extended [1] 13:22 extensive [2] 186:16 319:10 extent [5] 93:25 107:18 114:14 168:9 177:15 external [35] 48:14 87:10 87:11 88:6,15 137:7,13 137:16 138:6 142:7 144:20 146:6 162:15 287:21 288:21 291:11 294:3,5 295:12,17 304:22 306:10,13,23 307:18 308:4,19,24 309:15 311:17,24 312:12 313:12 313:17,21 extra [6] 66:17,19 105:21 121:5 127:18 278:4 extremely [1] 49:12 eye [1] 216:15</p>	<p>facets [1] 94:22 facing [2] 46:24 69:24 fact [31] 7:3 8:7 24:18 25:13 30:25 34:13 38:21 58:16 78:12 94:19 97:20 103:5 112:16,19 113:22 116:12 121:5 129:2 146:12 153:20 154:14,18 233:15 255:25 258:1 271:25 275:14 276:7 308:9 312:4,18 factor [2] 39:13 121:8 factors [3] 45:22 169:14 177:7 facts [3] 158:20 168:19 170:25 factual [1] 31:16 fail [1] 113:7 fair [4] 17:3,7 162:23 219:22 fairly [17] 6:1 11:17 14:13 25:20 35:19,20 41:8 61:24 94:2 99:18 107:11 112:18 119:11 125:25 153:25 154:12 199:1 fairness [2] 58:11 96:5 faith [1] 11:21 fall [10] 24:1,17 32:24 38:17 73:5,14 181:2,9 183:3 213:9 fallout [2] 156:21 157:9 familiarity [1] 228:10 familiarize [1] 51:22 families [4] 168:4 171:17 315:20 321:18 family [4] 28:19,25 29:3 30:1 far [6] 12:8 14:8 21:13 133:6 140:21 178:19 fashion [4] 34:14 59:13 180:17 183:14 fate [1] 171:23 fatigue [1] 170:12 favour [2] 36:1,2 fearful [2] 108:9,9 February [10] 86:6,6 89:25 146:4 147:10 186:24 187:7,13 194:10 196:11 fee [6] 76:17 78:12 114:1 123:14 127:9 129:14 fee-for-service [1] 77:11 feedback [2] 43:21 136:18 feeling [6] 15:21 33:10 34:1 46:18 47:2 170:13 felt [22] 11:15 34:15 39:2 39:2,9 51:25 52:1 56:22 64:15 91:23 94:4 97:8 97:10 151:3 158:19 160:10 164:21 192:16 202:13 220:9 299:9 302:1 fertile [1] 170:14</p>
--	--	---	---	--

-F-

Inquiry on Hormone Receptor Testing

<p>few [13] 15:8 44:10 55:23 76:5 139:22 150:24 166:3 166:12 234:14 257:23 261:13 287:10 294:13</p> <p>field [3] 33:8,25 77:13</p> <p>figure [7] 136:13 270:19 302:21 306:18,21,25 307:4</p> <p>figuring [1] 41:11</p> <p>file [4] 211:2 231:25 232:3 233:7</p> <p>filed [3] 202:7 305:22 306:2</p> <p>fill [5] 71:9,13 84:16 188:16 227:2</p> <p>filled [1] 188:23</p> <p>final [18] 62:21 63:4 161:23,24 165:19 171:12 211:5 212:1,19 221:8 246:17 258:16 292:3 307:17 315:9,9,10 323:13</p> <p>finally [3] 55:9 171:14 236:4</p> <p>finance [4] 91:11 92:3,7 144:11</p> <p>financial [1] 34:24</p> <p>finding [3] 29:11 159:24 308:20</p> <p>findings [1] 291:7</p> <p>fine [1] 128:3</p> <p>finished [3] 212:14 291:5 291:5</p> <p>fire [1] 14:15</p> <p>first [56] 4:23 5:12,15,18 12:18 33:22 35:12 36:12 42:18 53:13,16 55:3 56:7 61:10 71:24 76:6 79:15 80:5 82:3,5,7,11,15,16 82:18 87:23 97:24 101:16 118:2 126:9 129:3 131:13 139:1 155:1 162:17 174:3 177:6 181:11,13 183:25 207:20 213:3 214:1,19 219:24 226:7 228:3 246:6 261:5 271:25 272:2,5,8 272:25 276:17 297:3</p> <p>fiscal [2] 79:19 80:17</p> <p>five [6] 17:15 82:19 108:24 111:22 162:1 178:12</p> <p>fix [2] 48:1 220:22</p> <p>flagged [1] 146:15</p> <p>Fleming [1] 50:20</p> <p>floor [2] 76:20 217:19</p> <p>flowing [1] 311:6</p> <p>focus [3] 101:20 106:16 179:25</p> <p>focused [1] 150:9</p> <p>folder [2] 231:25 232:4</p> <p>folks [1] 60:17</p> <p>follow [16] 6:19 28:21 43:20,22 73:4 117:6 118:11 136:18 173:18 200:8,11 206:9 217:12 243:21 259:8 282:12</p>	<p>follow-up [1] 248:23</p> <p>followed [1] 202:4</p> <p>following [10] 68:5 110:1 127:7 136:24 149:23 151:3 196:23,25 202:11 225:23</p> <p>follows [1] 63:18</p> <p>foot [1] 97:10</p> <p>for-service [1] 78:13</p> <p>forefront [1] 58:12</p> <p>foregoing [1] 324:6</p> <p>foreign [4] 175:1 177:13 177:14 178:21</p> <p>foreign-trained [3] 175:19 176:21 178:5</p> <p>forewarn [1] 96:13</p> <p>forgetful [1] 18:23</p> <p>forgive [1] 18:13</p> <p>forgotten [2] 18:24 146:14</p> <p>form [4] 66:12 129:18 133:25 152:4</p> <p>formal [1] 132:14</p> <p>formalize [3] 160:6,11 160:17</p> <p>format [29] 190:21 217:11,11,13,20,22 218:3 218:20,22 219:2,6 220:22 221:2 222:15 224:6 228:12 230:1 231:1,3 238:23 239:6,10 250:3 258:16 260:11 271:8 272:19 297:6 298:22</p> <p>formatted [9] 230:19 236:1,7,13 240:8 249:6 249:7 283:10 298:19</p> <p>formatting [6] 220:18 222:1 234:25 236:7 242:1 276:12</p> <p>former [1] 59:14</p> <p>forms [2] 24:15 202:7</p> <p>formula [4] 129:12,13 140:1,2</p> <p>formulas [1] 140:5</p> <p>forth [16] 114:13 207:5 222:20 224:20 227:15 235:3,7 236:3 244:16 252:22 271:4 275:2 283:10 288:12 296:22 297:23</p> <p>forthcoming [1] 176:18</p> <p>forum [1] 171:8</p> <p>forward [41] 33:17 35:6 55:12 75:17 142:3 166:19 191:20 195:25 197:1 201:22 203:22 204:9,13 204:20 206:16 207:14 208:19 212:1 219:2 220:12 221:4,9 222:7,13 222:22 231:11 236:4 241:22 247:22 269:4,8 271:19 278:10 281:12,21 291:15,20 292:9 298:23 305:6 313:21</p> <p>forwarded [14] 19:21 192:23 193:1 223:2</p>	<p>247:11 253:24 254:9 256:3 275:7 279:4 280:20 286:13 292:5 297:4</p> <p>forwarding [3] 191:13 225:7 275:1</p> <p>fosters [1] 170:14</p> <p>found [10] 161:1 220:8 228:19 247:25 251:14,15 261:19 295:10 313:22 314:21</p> <p>four [10] 40:9,10 43:1 47:22,23 70:24 122:23 141:3 185:16 282:20</p> <p>fourth [5] 21:4,12 176:2 194:19 295:8</p> <p>frame [2] 77:24 112:25</p> <p>frames [1] 29:15</p> <p>free [1] 20:19</p> <p>frequently [4] 8:23 10:7 10:7 25:22</p> <p>Friday [8] 150:21 151:4 154:3,5,6,8,9,13</p> <p>friendly [3] 24:11 135:13 159:19</p> <p>frightening [1] 81:25</p> <p>front [5] 123:6 161:3 169:17 215:1 254:21</p> <p>front-line [1] 169:22</p> <p>frontline [1] 170:13</p> <p>fronts [1] 106:9</p> <p>frustrated [4] 46:22 64:17,19 107:22</p> <p>frustrating [1] 126:1</p> <p>frustration [4] 30:12 97:13 159:18 170:17</p> <p>fulfil [2] 171:6 182:23</p> <p>fulfilled [1] 139:8</p> <p>full [7] 8:2 33:16 95:20 97:20 98:9,15 294:12</p> <p>fullest [1] 168:9</p> <p>fulltime [7] 95:15 99:2 108:18 119:24 122:8,10 122:21</p> <p>fully [1] 65:12</p> <p>functions [3] 112:4,7,8</p> <p>fundamental [3] 99:25 114:20 167:19</p> <p>funding [5] 66:8,12,13 67:2 75:5</p> <p>future [7] 67:25 74:21 141:12 168:20 172:11 314:1,2</p>	<p>216:24 217:8,12 225:19 234:8 240:14 278:10 281:2 297:4,18 298:24 315:17 316:5 317:7</p> <p>gasoline [1] 14:15</p> <p>gather [10] 45:1 57:25 63:18 79:20 94:10 108:19 157:15,17 166:1 228:13</p> <p>geared [1] 27:7</p> <p>gender [1] 191:2</p> <p>general [13] 8:6 20:9,24 29:2 51:20 57:8 75:7 99:13 113:12 150:7 166:12 205:25 273:12</p> <p>generally [8] 23:5,5,15 26:3 29:11 48:17 55:19 207:22</p> <p>generated [1] 144:20</p> <p>generation [2] 74:21 167:8</p> <p>generic [9] 34:14 101:2 101:14,15 109:6 112:12 112:18 179:22 183:14</p> <p>George [2] 4:25 9:15</p> <p>given [20] 8:1 11:15 45:7 45:21 51:16 53:12 55:3 70:1 101:15 128:20 147:17 176:24 197:8 239:7 246:25 266:3,5 277:3 292:13 303:2</p> <p>giving [3] 22:8 57:5 176:21</p> <p>glad [1] 146:13</p> <p>goal [5] 287:25 306:12 313:3,6,8</p> <p>goals [1] 99:10</p> <p>God [1] 156:11</p> <p>goes [25] 5:3 20:8 29:14 33:19 37:1 39:19 44:25 94:3 101:17 114:11 133:15 137:24 141:19 144:22 147:10 197:7 201:22 206:4 207:5,14 207:20 209:23 221:9 301:4 319:11</p> <p>gone [8] 10:25 24:13,15 114:13 161:9 242:25 290:13 303:4</p> <p>good [11] 22:6,25 35:4,9 47:7,15 49:4 125:23 143:25 185:7,10</p> <p>government [36] 39:3 40:24 41:6 48:2 56:20 57:5,9 76:7 80:11 87:20 87:21 89:9,13 91:22 96:14,22 107:2,4 116:16 144:21 150:12 171:13 181:5 190:25 197:2,13 198:14,25 201:12,15 202:6,9,20 203:2 300:25 301:24</p> <p>government's [2] 97:4 97:5</p> <p>GPs [3] 28:24 29:6 110:4</p> <p>grads [3] 177:13,14 178:22</p> <p>gradually [1] 105:10</p>	<p>graduate [1] 187:24</p> <p>graduates [3] 45:12 176:5 178:6</p> <p>graduating [1] 71:13</p> <p>grand [3] 104:17 105:2 105:3</p> <p>grandchildren [1] 167:17</p> <p>granted [1] 166:16</p> <p>gratitude [1] 148:6</p> <p>gravity [1] 46:25</p> <p>great [7] 10:5 15:9 35:8 35:22,23 142:11 165:15</p> <p>greater [3] 169:6 171:4 178:19</p> <p>greatest [1] 321:5</p> <p>greatly [4] 319:18 320:9 320:17 321:14</p> <p>Grenfell [2] 40:11 49:2</p> <p>grey [1] 146:24</p> <p>Griffiths [6] 248:21 274:9,13 279:2,8 312:4</p> <p>grim [1] 71:15</p> <p>gross [1] 77:25</p> <p>ground [5] 49:5 129:2 139:7 161:15 170:14</p> <p>group [24] 14:14 15:12 15:23 17:9 25:20 28:24 54:24 55:4,18 56:22 58:7 62:22 70:25 117:3 119:22 120:10 127:7 137:8,23 150:25 155:23 156:9,19 191:7</p> <p>groups [8] 58:14 75:10 75:11 110:7 155:9,12 156:11 157:5</p> <p>growing [1] 61:22</p> <p>guarantee [1] 80:17</p> <p>guess [21] 8:19 15:17 89:14 98:17 110:16 136:11 137:10 142:6 153:12 176:12 178:17 196:9 202:17,19 223:14 224:13 235:25 257:9 301:25 302:20 310:21</p> <p>guidance [1] 22:9</p> <p>guidelines [5] 95:4 100:10 109:24 114:4 169:15</p> <p>guy [1] 138:9</p>
<p>-H-</p>				
<p>habit [1] 211:10</p> <p>Haggie [1] 50:20</p> <p>half [3] 122:11 137:11 217:4</p> <p>halt [1] 133:8</p> <p>hand [1] 73:20</p> <p>handle [1] 32:2</p> <p>handled [1] 68:1</p> <p>handling [1] 142:5</p> <p>handwriting [2] 83:8 90:4</p>	<p>gambling [2] 187:21,25</p> <p>Gander [1] 145:4</p> <p>Ganguly [13] 32:13,21 33:5,20 57:16 116:19,22 117:7 121:14 122:17 125:12,19 126:22</p> <p>gap [1] 76:22</p> <p>gaps [2] 227:2 259:18</p> <p>Gary [17] 194:2,14 214:6</p>	<p>-G-</p>	<p>habit [1] 211:10</p> <p>Haggie [1] 50:20</p> <p>half [3] 122:11 137:11 217:4</p> <p>halt [1] 133:8</p> <p>hand [1] 73:20</p> <p>handle [1] 32:2</p> <p>handled [1] 68:1</p> <p>handling [1] 142:5</p> <p>handwriting [2] 83:8 90:4</p>	

<p>handwritten [4] 5:19 26:20 38:4 64:22</p> <p>Hanlon [2] 221:12 286:10</p> <p>happening [16] 92:6 100:19,19 102:16 103:13 154:2 156:13 178:7 198:20 199:10 202:23 225:21 238:1 242:17 288:13 302:2</p> <p>happy [3] 140:10 148:4 152:17</p> <p>hard [6] 15:22 53:15 116:11 172:10 211:1 233:20</p> <p>harder [2] 178:21,21</p> <p>harmony [1] 158:18</p> <p>he'd [1] 151:15</p> <p>head [5] 28:24 56:9 114:11 182:15 241:11</p> <p>heading [5] 57:13 255:10 303:25 304:6 309:6</p> <p>headings [3] 59:5 241:10 243:1</p> <p>heads [1] 102:21</p> <p>headway [2] 65:5 89:12</p> <p>health [122] 1:11,17 5:10 6:7 8:5 18:16 19:24 20:6 21:1 22:4,7,12 25:8,16 27:18 28:1,15 35:8 39:4 40:10,12 43:18 47:23 49:24 50:5 53:21 57:10 60:15 72:19 84:6,10 91:9 92:6 99:12 107:1,11 115:16 122:3 141:25 144:19 145:20 147:12 153:5,7,9 166:22 167:11 169:23 170:18 183:5 188:24 189:17,23 197:17 198:10 205:8 214:7 215:23 216:6 217:1 218:6 218:9 220:25 221:1,3 222:5,18 223:25 224:1 225:22 226:16 229:23 230:17,24 231:1 232:1,4 233:2 236:12 238:6 242:3 243:11 244:17 245:4,7 247:19 248:3,7,18 253:16 271:1,5,6 272:21 274:3 276:9 286:21 287:21 290:14 292:7 296:5,10 297:8,15,16,17,17 298:11 299:3,12,18 300:12,19 300:21,22 302:3 306:13 312:3 319:15,18 322:16 322:17</p> <p>Health's [5] 230:2 247:21 283:9 288:13 299:10</p> <p>healthy [2] 108:5 161:8</p> <p>hear [7] 5:13 8:8 11:25 12:1 147:15 152:8 213:3</p> <p>heard [9] 5:15 8:9 10:13 13:19 35:21 146:10 243:22 290:21 324:9</p> <p>hearing [3] 29:4 30:1 213:10</p> <p>Heather [32] 224:4</p>	<p>244:18 247:3,10 248:11 249:6 253:14 263:3 267:23 268:15 272:7,9,9 272:11,24 273:6,20 278:4 288:6 289:6 295:17 297:15 299:2,19 303:9 308:23 315:2,12,19 318:20 320:2,15</p> <p>heavily [4] 157:3 175:1 176:20 233:13</p> <p>held [2] 62:22 294:11</p> <p>hell [1] 11:1</p> <p>help [6] 29:6 49:6,13 54:22 128:11 218:22</p> <p>helped [2] 47:8 279:24</p> <p>helpful [5] 52:15 56:23 72:9 151:3 156:4</p> <p>helping [3] 36:2 54:10 167:18</p> <p>Hennebury [1] 1:9</p> <p>Hennessey [55] 218:11 218:13 219:9 222:21 229:5 234:13 235:13 236:14 238:2,17 240:9 241:5 243:10 244:21 245:25 246:7 248:5 249:11,21 250:12 252:23 253:15 254:10 259:25 261:12 262:20 263:17 266:19 267:19 273:1 274:21 277:24 278:17,20 279:1,4 280:20 281:6 283:6,22 285:11,24,25 288:9 291:24 292:18,24 297:16 299:2 303:18 304:17 312:2,5 315:5 322:25</p> <p>Hennessey's [1] 262:10</p> <p>hereby [1] 324:6</p> <p>hesitate [1] 253:23</p> <p>Hi [3] 253:19 278:1 315:8</p> <p>hierarchical [1] 107:3</p> <p>hierarchy [1] 105:15</p> <p>high [5] 42:7 55:22 57:20 111:3 170:7</p> <p>high-level [1] 11:17</p> <p>higher [3] 81:13 157:9 264:4</p> <p>highlight [4] 199:2 239:15 246:25 285:19</p> <p>highlighted [1] 191:5</p> <p>highlighting [1] 190:20</p> <p>highly [2] 7:9 169:2</p> <p>hired [1] 88:16</p> <p>historically [3] 70:25 174:25 176:13</p> <p>history [1] 94:13</p> <p>hit [1] 53:9</p> <p>hoc [1] 124:15</p> <p>holder [1] 178:12</p> <p>hole [1] 107:24</p> <p>home [1] 167:6</p> <p>honest [3] 7:24 74:17 165:13</p> <p>honoraria [1] 128:20</p>	<p>honorarium [1] 109:22</p> <p>honour [1] 161:13</p> <p>Honourable [3] 1:3 86:7 324:10</p> <p>hoops [2] 65:3,4</p> <p>hope [7] 6:19 38:13 65:14 112:12 170:25 171:21 257:17</p> <p>hopefully [6] 129:4 167:12 173:18,25 243:14 269:19</p> <p>hoping [3] 35:13 56:25 166:4</p> <p>horizontal [1] 190:25</p> <p>hormone [3] 1:2 21:19 324:8</p> <p>Hospital [1] 294:8</p> <p>hospitals [2] 106:11 145:1</p> <p>host [1] 10:7</p> <p>hot [2] 198:15 199:6</p> <p>hours [3] 113:2,19 158:14</p> <p>housed [1] 122:3</p> <p>Howell [4] 32:8,25 33:13 36:14</p> <p>huge [4] 15:14 56:11,14 112:24</p> <p>human [5] 74:3 102:23 141:11,14 169:14</p> <p>Humphries [2] 278:20 278:22</p> <p>hundred [1] 128:18</p> <p>Hunt [1] 136:8</p> <p>Hutchinson [1] 152:17</p> <p>hybrid [1] 127:7</p> <p>Hynes [1] 134:21</p> <hr/> <p style="text-align: center;">-I-</p> <hr/> <p>iceberg [1] 170:7</p> <p>idea [14] 35:25 41:9 42:6 53:18 56:4 70:6 80:24 150:2,7 245:24 252:4 308:13 317:2,4</p> <p>ideas [1] 150:7</p> <p>identified [3] 110:13 130:10 282:2</p> <p>identify [4] 109:18 199:9 239:14 319:4</p> <p>identifying [1] 285:17</p> <p>ifs [1] 172:8</p> <p>illustrates [1] 70:2</p> <p>imagine [2] 16:5 31:24</p> <p>IMGs [1] 176:4</p> <p>immediate [5] 16:9 41:7 48:23 65:14 114:10</p> <p>immediately [4] 67:20 71:23 83:17 102:25</p> <p>immigrant [1] 176:24</p> <p>imminent [2] 70:23 147:21</p> <p>impact [6] 35:1 61:21 191:7 273:16 320:23</p>	<p>321:5</p> <p>impacted [10] 21:20 36:24 123:22 171:16 315:13 317:3 319:18 320:21 321:10,14</p> <p>impacts [3] 187:25 287:8 317:18</p> <p>impasse [1] 159:8</p> <p>implement [1] 289:22</p> <p>implementation [1] 160:2</p> <p>implemented [4] 114:15 287:25 307:16 314:22</p> <p>implementing [1] 309:2</p> <p>importance [6] 57:19 103:6 121:24 140:11 171:20 180:9</p> <p>important [14] 103:18 104:8 105:19 106:6 123:9 139:24,25 155:21 160:11 169:13 199:9 310:5,9,18</p> <p>impressed [1] 76:1</p> <p>impression [1] 7:13</p> <p>improved [3] 28:3 57:23 157:12</p> <p>improvement [1] 101:24</p> <p>in-person [1] 296:7</p> <p>inability [2] 66:20 69:25</p> <p>inaccuracy [1] 292:24</p> <p>inaccurate [1] 322:10</p> <p>inadequate [2] 99:19 169:17</p> <p>inaudible [2] 132:22 142:21</p> <p>include [8] 66:16 92:2 112:8 113:18 120:12 247:8 300:14 310:18</p> <p>included [19] 44:17 56:3 60:14 74:22 113:23 132:13 199:23 200:3 230:12 242:2 248:1 255:2 278:4 283:9,16 298:7 312:4 322:2,8</p> <p>includes [2] 65:17 267:14</p> <p>including [5] 28:15 53:21 150:7 230:20 275:18</p> <p>inclusion [1] 222:6</p> <p>inclusive [1] 185:18</p> <p>income [8] 44:19,24 77:15,25 80:16 111:9,15 123:22</p> <p>incomes [2] 44:21 45:6</p> <p>incompatible [1] 169:18</p> <p>inconceivable [1] 122:7</p> <p>incorporate [1] 218:25</p> <p>incorporated [1] 242:19</p> <p>incorrect [3] 61:13 291:20 310:11</p> <p>incorrectly [1] 302:21</p> <p>increase [3] 57:6 66:3 69:4</p>	<p>increased [2] 69:14 81:20</p> <p>increases [1] 56:21</p> <p>increasingly [3] 71:16 167:10 170:13</p> <p>incremental [1] 68:3</p> <p>incumbent [3] 113:17 114:8,9</p> <p>indeed [4] 49:4 83:20 155:16 170:18</p> <p>independent [5] 12:13 89:17 214:9 215:2 301:18</p> <p>independently [1] 48:13</p> <p>indicate [14] 190:2 191:11 196:18 201:8 227:21,25 228:3 233:19 244:9 266:7 275:10,18 289:8 315:9</p> <p>indicated [14] 6:2,3 82:3 227:6 229:21 234:8 249:15 271:25 276:13 287:10 295:22 315:16 316:10 320:4</p> <p>indicates [7] 9:10 20:4 51:7 246:16 256:17 261:14 271:21</p> <p>indicating [5] 6:6 152:11 243:12 270:20 271:11</p> <p>indication [4] 33:7,24 233:10 298:13</p> <p>indirect [1] 140:11</p> <p>individual [6] 122:21 139:8,9 154:10 319:8 322:15</p> <p>individually [1] 154:11</p> <p>individuals [7] 28:14 55:20 103:22 105:12 120:9 122:22 209:23</p> <p>ineffective [1] 160:16</p> <p>inevitable [1] 69:16</p> <p>infamous [1] 86:23</p> <p>influence [1] 175:6</p> <p>info [1] 267:22</p> <p>inform [2] 20:7 30:10</p> <p>informal [1] 159:21</p> <p>informality [1] 160:14</p> <p>informality [137] 16:20 18:6 20:15 22:13 31:14 31:16 37:9,15 40:15 44:4 44:18 45:7 59:21 105:1 134:6 139:6 142:8 161:12 164:19 187:18 192:17 193:9 201:21,25 202:5 202:18,21 204:18 205:3 205:25 206:25 208:1 217:8 218:24 220:24 222:16 224:3 225:2,9,14 225:24 226:13,17 228:1 228:13 230:12,21,21,25 232:7,10 234:24 235:1,3 235:18 236:1,2 238:7 240:3,11,20 241:10,23 241:24 242:3,5,12,15,18 242:23 243:11 244:12,18 244:19 245:22 246:14 247:20,22 249:16,22 250:3,4 252:1 255:2</p>
--	--	---	--	---

<p>256:2,2,18 257:21 260:1 266:10 268:4 271:7,22 271:23 272:21 273:8 274:1 276:9,15 277:7 278:2 280:3 282:21 283:12,15 286:17 287:15 291:13,15,21 292:6,13 293:6,9 295:24 297:7,24 298:7,11 299:1,11,21 300:2,13,18,19,20 302:1 302:3 305:16,17 308:23 316:2 318:8,18 319:12 322:14</p> <p>informed [2] 30:3,4 informing [1] 137:12 inherent [1] 46:10 initial [4] 72:9 137:4 315:23 319:21 initiate [4] 302:25 315:18 316:3,16 initiated [1] 318:14 initiating [1] 322:8 initiatives [4] 101:17 190:25 197:2,3 input [4] 35:10 59:17 99:21 196:5 inquire [1] 316:15 inquiries [5] 114:18 165:2 226:2,7 231:6 inquiry [13] 1:1 97:21 166:17 167:18,22 168:6 168:10 171:5,17,21 311:20 324:8,11 insert [1] 260:17 inserted [6] 283:11 284:2 285:11,13 297:13 303:19 inside [3] 64:13 65:5 90:20 instance [6] 75:13 92:1 107:6 116:9 122:12,14 instead [1] 157:10 Institute [1] 294:6 institutional [3] 106:5 174:1 175:22 instruction [1] 9:4 intact [1] 77:17 Integrated [2] 1:10,17 integration [2] 49:24 50:5 intend [2] 166:8,9 intended [2] 171:24 289:22 intending [2] 167:5 321:8 intense [2] 6:1 141:6 intent [1] 308:11 intention [1] 312:21 interactions [1] 227:20 interconnected [1] 171:2 interdisciplinary [1] 169:4 interest [10] 15:9 37:16 45:10 52:9 94:21 110:18 141:6 152:6 159:23</p>	<p>165:15 interested [1] 140:24 interesting [2] 76:15 160:19 interestingly [2] 33:5 114:2 interests [2] 8:21 96:24 interim [3] 306:11 307:14,17 interject [1] 18:1 intermittently [1] 43:6 internal [4] 87:20,20 142:5 291:12 internally [2] 27:7 31:12 international [4] 176:5 177:8 178:5,22 interpretation [3] 117:12 118:22 135:10 interpreted [1] 163:6 interrupted [2] 125:7 134:1 intervening [2] 235:23 249:5 interview [4] 36:16,24 165:21,22 intricate [1] 169:2 introduce [3] 34:18 56:21 276:23 introduced [4] 55:4 65:19 119:6 179:10 introduction [2] 65:18 278:7 introduction/why [1] 141:5 invested [1] 180:8 investigation [4] 55:8 80:13 168:11 307:4 investment [1] 183:6 invited [2] 155:10 195:24 involve [3] 182:10 187:14 198:17 involved [28] 14:8 16:14 16:19 21:25 25:19 30:20 40:3 43:7 59:16 110:8 116:4 148:19 150:11 153:11 186:19 187:20 190:13 192:12,14 193:13 218:21 224:18,19 279:17 290:9 293:22 295:4 302:8 involvement [12] 14:4 26:6 31:8 37:23 99:11 99:15 148:14,20 197:22 201:1 234:18 257:7 involves [2] 26:23 68:8 involving [6] 4:8 33:20 87:21 121:13 126:22 129:6 ironing [1] 41:10 irreversibility [1] 98:4 irritant [1] 119:4 issue [125] 5:18 13:9 16:23 18:14,16 20:25 30:9,17 33:1,14 34:16 34:24 38:25 39:9,14,25 39:25 40:1 42:4,16,21</p>	<p>46:16 49:10 54:12 64:13 74:4 98:2,3 102:11 103:8 117:11,11,13,25 118:3,9 118:22 119:10,20 121:11 125:11 126:13 127:4 144:22 152:14 155:17 193:2,6,10 195:23 196:11 196:12,24 197:5,8,9,15 199:6,13,22 201:2 202:11 202:12,17,22 203:8,9,15 203:21,22 204:17,20,25 205:20 206:9,11 212:24 213:4 214:1,20 215:1 218:21 219:24 223:17 224:23 225:11,22,23,25 226:5,18,23 227:5,5,14 227:21 228:4,10 229:11 229:15 231:16 232:6 233:8 239:13 242:6 244:2 252:18 262:19 267:25 268:21 272:3,12 282:1 283:11 301:23 302:11,14 303:5 305:18 310:18 311:4 314:4 317:14 318:21,24 issues [58] 8:21,24 10:8 33:12 36:22 37:4 39:11 42:7 49:15 51:8,20,25 52:12 54:12,17 55:7 59:20 66:15,16,16,24 75:18 88:17 93:19 99:23 103:16 106:1 117:6,10 117:17 119:10 133:15 144:16 151:2 160:8 161:2 161:18 166:4 176:16 182:3 190:21 191:2,3,4 193:14 196:22 198:15,19 198:23,24 199:2 202:25 203:4,5 213:21 220:5 231:21 273:13 issues/draft [2] 55:21 57:14 issues/recommendations [2] 52:4,23 it'll [2] 7:8 13:16 italicized [1] 141:14 item [4] 109:24 114:3 117:25 118:3 itself [6] 4:8 20:4 27:3 37:22 46:13 202:3</p>	<p>113:10 114:6,8 123:19 176:23 179:22 191:10 193:18 200:19 jobs [2] 113:4 175:3 Joe [1] 158:8 John [24] 4:24 5:6,7 9:10 9:20 10:18 11:24 32:12 32:20 46:18,20 68:19 86:7 88:1 90:7 138:16 142:6 143:8,15 144:6 160:24 214:7 279:3,8 John's [10] 36:20 71:9 84:17 145:1,2 216:25 254:14 263:19 324:12,16 join [1] 322:3 joined [2] 187:12 319:4 joint [1] 68:23 jointly [1] 195:16 Jones [1] 36:15 Jones' [1] 152:25 Jong [2] 40:11 50:20 journals [2] 104:1 140:20 journey [1] 167:24 judge [3] 129:13 165:2 166:16 judging [1] 114:15 judgment [4] 7:16 160:17 165:3 182:11 Judy [2] 324:6,21 July [18] 4:25 5:21 55:18 62:22 92:17 93:5 132:1 135:15,17 136:2 214:13 215:12 216:23 217:5 222:25 233:1 234:21 295:9 June [7] 1:4 54:25 115:16 116:18 117:7 324:9,17 jurisdictions [3] 44:11 67:14 81:24 Justice [2] 1:3 324:10</p>	<p>42:15 45:15 56:21 65:2 75:4,11 76:3,15,25 81:6 81:12 89:16 101:25 102:17 110:25 111:6 113:12 116:13 119:3 127:7 132:15 134:6 135:9 137:3 140:25 142:8,13 148:20 160:18 161:7,14 172:6 182:20 191:3 280:4 kinds [8] 16:4 48:6 105:18 108:10 119:7 140:5 182:9 202:25 King [2] 48:23 50:20 knew [8] 56:19 162:22 162:22 226:4 227:6,21 275:14 291:8 knowing [4] 152:25 212:21 303:6 315:25 knowledge [17] 24:19 59:8 128:6,9 137:20 148:2 155:1 201:9 202:22 208:16 219:24 225:10 226:22 277:3 300:7 305:21 307:17 knowledgeable [1] 140:24 known [7] 25:15 87:10 203:6 218:19 291:14,17 315:21 knows [2] 113:3 272:11 Kum [1] 84:9</p>
-L-				
<p>lab [21] 10:14 16:10 87:12 289:22 294:25 295:9,13 300:20 306:14 307:9 308:11,25 309:3 312:22 313:8,23,25 314:2,12,20 322:10 laboratories [1] 169:21 laboratory [30] 20:6,20 39:6 68:25 70:20 72:12 80:7 84:8,15,19 86:8,1,3 94:23 95:16,17 99:2,6 102:19 103:25 108:19,24 111:23 182:10 203:12 287:23 288:1 290:10 294:10 295:19 Labrador [18] 40:11 49:2 59:7 62:7 63:17 69:3 84:13 87:22 95:22 116:17 138:15 179:12 187:22 246:20 257:17 262:12 324:12,16 Labrador's [1] 66:5 Labrador-Grenfell [1] 1:16 labs [3] 11:1 38:22 69:24 lack [2] 27:18 61:16 Laing [16] 1:9 33:5,14 57:17 116:19 121:13 122:15 123:4 125:12 126:4,22 132:10 150:1 152:16,21 153:11 Laing's [1] 116:22 landed [1] 176:24 large [1] 42:7</p>				
-K-				
<p>Kara [10] 1:9 33:14 57:17 122:14 123:4 132:10 150:1 152:16,21 153:11 Keats [1] 152:12 keen [1] 79:3 keep [12] 15:25 102:21 102:25 106:24 122:1 150:17 163:6 170:20 182:15 211:1,2 212:5 keeping [5] 9:1 104:1 161:2,2 216:15 keeps [1] 205:12 Ken [3] 40:12 43:11,20 kept [5] 64:17,19 150:23 208:21 231:20 key [1] 234:4 kick [1] 66:20 kind [46] 8:8 12:23,23 14:17 24:20 27:10 28:6 28:7 31:22 35:14 39:9</p>				
-J-				
<p>J1 [4] 176:10 177:14 178:11,11 J2 [1] 176:10 January [13] 32:6 69:18 70:15,17 79:19 82:6 83:8 83:15 121:12 125:20 126:8 138:20 147:2 Jenkins [4] 40:12 43:11 50:19 54:2 Jennifer [1] 1:15 jeopardize [1] 69:10 Jerrett [5] 50:21 52:12 55:2 59:14,25 job [19] 47:7 75:25 100:21 101:2,14,16 110:21,22 112:9,13</p>				

<p>larger [3] 35:13 156:9 169:3 Larry [1] 40:13 last [27] 20:13 21:4,12 57:14 80:5 94:18 107:16 113:21 117:25 118:3 119:10 126:17 144:19 146:9 149:9 156:14 157:25 158:1,2 167:6 180:19 200:7 257:24 278:5 279:25 294:4 316:24 lastly [1] 57:15 late [4] 147:1 243:25 305:13,13 lateral [1] 42:8 latest [2] 230:5,8 launched [1] 215:2 launching [1] 89:4 lawsuit [6] 215:2 224:19 302:25 319:6 321:22 322:4 lawyer [1] 322:8 lay [2] 113:11 158:20 lead [2] 96:22 168:6 leader [1] 15:11 leaders [3] 34:17 104:13 150:3 leadership [2] 103:11 169:23 leading [1] 171:16 learn [2] 32:21 86:17 learned [3] 169:13 172:11 182:8 least [22] 18:4 24:1 26:2 32:17 36:5 57:10 70:8 70:10 79:15 80:25 108:23 125:18 135:10 147:13 175:17 178:4 181:25 275:1 277:22 278:11 284:12 285:5 leave [6] 31:11 37:21 78:23 215:23 216:8 323:11 leaving [1] 200:25 led [1] 48:8 left [11] 7:12 11:21 33:18 145:3 153:12,20 192:17 251:12 253:20 259:7 281:2 legal [16] 221:11 224:17 241:1 242:18 282:3,13 285:15 296:6 298:9 301:15 302:7 311:6 315:18 318:13 322:16,17 legislation [1] 165:1 length [3] 44:14 133:16 141:20 lengthy [5] 72:1 80:13 94:2,10 199:1 less [6] 21:14 123:21 129:17 158:25 172:3,18 lesser [1] 66:24 lessons [2] 169:13 172:11 letter [66] 19:12 20:1,4</p>	<p>23:12 26:2 29:7 32:16 43:10 44:17 48:22 49:3 52:6 53:25 54:9 57:15 57:18 58:17 68:19 70:15 83:9,10,15 86:5,8,12,17 87:25 91:2,6,13,18 93:10 93:16,18,19,23 94:2,8 94:10 97:14,15,17,19 115:15,20 116:4,16 126:4 131:25 132:1 136:2,16 136:17,18 143:7 144:6 145:7,19 146:12 147:16 147:22 157:17 158:7,13 158:22 175:9 letterhead [4] 19:25 53:25 86:6 116:17 letters [9] 16:24 58:17 58:21 84:25 115:24 154:10,10 315:10,10 level [17] 42:8 47:13 53:5 64:21 65:7 66:21 77:12 77:15 78:1 81:13 89:14 92:6,7 99:13 157:9 178:9 225:10 levels [7] 13:10,22 45:1 69:20,25 70:20 95:19 Lewis [6] 246:25 285:17 286:6 318:14 319:4,6 Lewis' [2] 285:19 317:17 liability [1] 311:6 liaison [15] 39:18 40:18 41:19,19 42:3 43:22 46:5 46:13 48:24 50:9 54:13 63:16,22 64:2,9 liberty [1] 18:4 licensing [1] 177:25 life [3] 18:12 131:17 182:25 lifetime [1] 168:21 lifted [2] 178:10,17 light [4] 164:16 168:12 175:23 305:18 likely [5] 59:24 143:23 258:23 279:6 315:18 limit [1] 27:3 limitations [1] 67:12 limited [4] 23:4 106:20 177:3 228:11 limiting [1] 275:19 line [3] 4:24 21:11 82:11 lines [4] 11:2 27:12 161:13 169:17 link [2] 311:21,23 linkage [1] 58:1 linked [1] 318:15 linking [2] 308:18 309:15 lip [1] 100:8 list [8] 3:1 24:3 62:18 110:1,7 133:1 209:19 240:20 listed [2] 55:19 314:9 listened [1] 35:20 literate [1] 24:11 litigation [3] 302:8 311:3 311:3</p>	<p>lives [1] 167:10 living [1] 76:11 lobbying [1] 75:3 locate [1] 17:22 location [1] 82:23 locum [1] 49:13 locums [4] 49:11,13 66:20,22 loggerheads [1] 48:8 logic [2] 56:17 124:20 logical [1] 56:10 long-term [3] 71:24 94:1 95:7 longer [4] 62:19 96:6 222:17 258:13 look [64] 18:19 39:25 47:25 48:12 54:23 58:24 62:19 63:2,19 64:23 67:10 68:7 73:3 75:12 77:24 79:12 83:6 84:4 86:3 87:23 89:22 91:12 92:24 93:22 94:7 98:1 100:20 101:1 108:14 111:8,20 141:2 150:13 151:1 155:25 156:1 160:19 168:20 176:17 177:6,18 189:8 193:5 203:16 208:4 215:10 216:21 217:3,15 221:6 235:9 240:17 243:8 253:23 261:20 274:14 277:21 281:14 293:14,15 295:21 315:4 317:9,11 looked [10] 28:3 53:5 76:4,19,23 80:25 109:13 121:13 284:1 291:10 looking [42] 22:20 23:7 27:1 44:16 45:10 46:7 46:22 51:5 57:12 64:14 67:7,13 68:4 82:2,15 104:1,18 106:18 108:17 116:8 122:23 123:8 131:24 136:13,16 147:14 166:6 190:17,23 192:22 197:7 204:2 205:3 206:19 225:23 231:15 302:11 304:21 305:9 307:8 309:21 310:23 looks [2] 86:7 274:25 looming [3] 58:25 72:11 147:13 lose [2] 66:17 111:15 loss [1] 156:22 losses [1] 49:7 lost [1] 44:9 lots [3] 58:21 203:4 241:23 loudly [1] 172:13 Louise [2] 36:15 152:25 low [3] 66:21 107:12 265:22 lower [1] 111:4 lowest [1] 71:18 Loyola [2] 91:8,9 luck [1] 235:14 lunch [5] 34:11,11 162:1</p>	<p>162:4,10 Lynn [6] 19:7,7,9,15 28:22 30:9 Lynn's [1] 30:13 <hr/> <p style="text-align: center;">-M-</p> <hr/> MAC [1] 107:23 machinery [2] 201:11 201:14 machines [1] 314:10 magnitude [1] 122:7 mail [5] 20:3 24:10 28:12 259:23 320:19 mainland [1] 167:3 maintained [2] 57:23 202:8 maintenance [1] 101:19 Majesty [1] 1:8 major [5] 42:18 45:19 64:25 113:7 301:23 majority [2] 141:18 209:9 makers [3] 94:4 99:23 134:8 makes [2] 131:17 294:2 malaise [1] 96:2 malignment [1] 31:22 manage [1] 180:16 managed [1] 196:18 management [2] 88:13 170:3 managers [1] 105:15 managing [4] 22:5,5 105:13 169:11 mandate [1] 171:5 manoeuvres [1] 142:11 manpower [2] 69:19 141:7 March [8] 43:21,23 51:10 88:4 143:8 145:12 146:12 147:10 Margaret [1] 324:10 Marilyn [5] 2:6 185:12 185:14 297:18 316:7 mark [2] 1:14 48:18 MARKED [1] 131:21 market [1] 74:22 marketing [5] 74:5,8,11 74:13,19 marketplace [2] 177:6 177:8 Marshall [1] 144:10 Master [2] 144:2,4 Masters [2] 186:2,6 mater [1] 97:2 material [5] 47:8 52:15 60:25 139:10 151:11 matter [38] 5:10,15 8:7 11:12,13 14:21,22 16:15 16:21 20:10 21:21 25:24 26:7 27:19 29:20 33:19 37:22,24 38:14,22 44:5</p>	<p>53:4 88:22 94:17 117:8 126:22 129:23 146:7 148:13 153:4 157:22 163:7 164:2,22 231:8 276:14 310:10 324:7 mattered [1] 151:2 matters [2] 160:4 169:25 Maung [11] 89:19 103:5 135:22 138:10,18 139:3 140:14,16,18 146:20,22 Maung's [4] 48:15 138:21 147:1,6 maximum [1] 69:6 may [105] 5:23 9:7 20:7 20:13,17,18,25 21:16 29:3 43:4 52:4,15,24 72:7 85:10 90:19 91:2,6 93:10 96:8 97:2,19 98:7 98:14 101:2 116:11 117:1 120:25 145:21 146:8 147:16 148:11,15 149:19 149:23 150:20 151:4,16 166:15 168:18 172:25 176:17 189:11 190:3,22 192:7 193:1 194:10 195:16,19 196:11 199:2 200:20,25 203:7,16 204:2 204:17,25 205:3 209:15 210:15,17 211:4 212:5,7 212:10,22,23 225:8 229:11 231:15 234:4 246:24 251:12 252:1,14 263:13,17,19 269:22 273:6,16,25,25 274:8,12 274:16 275:11 276:2 277:22 282:10,10 283:1 283:2 296:12 297:25 298:6 305:1,18 312:6,17 314:15 316:16 322:6 McCormack [403] 2:6 185:8,9,12,14,23,25 186:7,13,20,25 187:9,16 188:13,19,25 189:5,13 189:18,24 190:9,16 191:17,23 192:13,25 193:15,19,24 194:7,11 194:15,23 195:7,14 196:15,21 197:11,18 198:3,11,18 199:7,16,24 200:4,14,22 201:3,16 202:16 203:3,18,24 204:4 204:11,23 205:11,16,22 206:5,10,21 207:8,17,21 208:6,13,23 209:3,8,13 209:20,25 210:5,16,23 211:3,15,19,25 212:9,18 212:25 213:5,12,17,22 214:3,16,21 215:7,15,20 216:7,11,18 217:7,23 218:4,10,14 219:10,14 219:19,25 220:7,19 221:16,20 222:3,11 223:3 223:8,18 224:12,24 225:4 225:13 226:6,12,24 227:3 227:10,17,24 228:5,16 228:21 229:1,7,12,18,24 230:7,23 231:9,18 232:2 232:14,18,23 233:4,9,17 234:6,19 235:11,24 236:9 236:15,19,23 237:5,10 237:21 238:3,12,20,24</p>
--	--	---	---	--

Inquiry on Hormone Receptor Testing

<p>239:3,9 240:4,10,21 241:2,15,21 242:9,14,24 243:16 244:13,24 245:3 245:8,15,19 246:2,8,21 247:4,12,16 248:8,14,20 249:1,8,12,17,23 250:2 250:8,13,17,22 251:4,10 251:21 252:4,9,13,19 253:1,13 254:6,16,19,22 255:1,6,12,17,22 256:5 256:22 257:3,8 258:3,10 258:14,22 259:1,6,14 260:6,12,18,22 261:2,8 262:7,21 263:1,20 264:8 264:14,19,23 265:5,14 266:12,16 267:5 268:2,7 268:13,23 269:9,15,21 270:3,7,12,16 271:3,14 272:4 273:2,11 274:5,11 274:22 275:4,13,22 276:4 276:20 277:5,14 278:14 279:10,16 280:1,10,16 280:23 281:9,23 282:5,9 282:17,23 283:7,17,23 284:5,14,21 285:2,7,12 285:20 286:2,7,14,19,24 287:5,11,16 288:4,10,17 288:22 289:5,10,18 290:5 290:15,20 291:2,25 292:15,20 293:1,7,17,24 294:15,22 295:15 296:1 296:9,16 297:2,18,22 298:4,16 299:8,16 300:4 300:9,17 301:2,7,14,22 302:9,15,19 303:13,21 304:3,7,10,13,19 305:2 305:8,19,25 306:6,20 307:6,12,22 308:2,8,22 309:8,12,19 310:1,6,20 311:7,12,22 312:9,16 313:2,7,11,19 314:6,17 314:25 316:12,17,23 317:5,24,25 318:5,10,19 318:25 319:13 320:1,5 320:10,14,20,24 321:3 321:11,15,24 322:21 323:1 mean [24] 8:7 12:22 14:24 31:11 46:22 48:9 60:23 79:1 89:4 102:23 113:3 116:6 140:15 148:17 180:10 191:20 233:15 239:8 265:25 272:14 276:5 292:3 298:15 321:25 meaning [1] 41:19 meaningful [3] 34:20 99:20 107:14 means [3] 190:8 215:5 324:14 meant [2] 75:19 180:1 meantime [2] 29:5 234:15 measure [3] 72:9 140:3 182:14 measurement [1] 114:24 measures [4] 34:19 49:6 57:22 179:9 mechanism [2] 39:16</p>	<p>161:14 media [15] 20:11 21:22 30:19 33:13 170:1 193:7 193:14 202:12 203:5 206:18 213:8,20 247:1 285:17 319:3 medical [54] 1:14 33:8 33:25 34:21 35:10 39:5 40:9,25 44:2 47:22 49:1 50:7 53:20 57:10,19 58:19 59:22 60:16 63:11 66:24 71:12 74:11 80:12 84:13 87:22 96:17 99:15 106:13,14,19,21,24 110:8 110:11 122:8,16 151:1 154:20 156:17 157:11 158:18 161:17 166:15 167:1,2 168:21 171:2 176:5,19 178:5,22 179:11 224:14 264:2 Medicals [1] 43:1 medicine [12] 39:7 70:20 84:8,15,19 86:8,1,3 94:23 103:25 104:7 179:9 meet [12] 39:18 81:18 92:11 95:16 96:25 99:4 150:15 154:3,5 162:4 195:11,16 meeting [34] 34:11 44:2 46:3 51:10 52:17 55:4 62:21 63:1 84:22 85:5,7 85:11 88:9 92:22 93:8 110:19 132:1,6,9 135:15 135:23 137:11,12 149:18 150:5,15,16,24 153:3 154:19 156:8,11 181:1 196:3 meetings [7] 107:23 155:10 194:21 195:6,18 196:14 202:1 meets [1] 201:23 member [3] 23:21 50:9 63:23 members [11] 1:12 16:17 16:18 19:14 23:17 41:15 52:10 54:15 55:5 156:16 158:16 membership [16] 16:21 21:24 22:14 23:4,16 24:7 24:21 26:1 27:9,16 31:13 31:19 46:15 155:18 157:17 166:25 memo [1] 9:3 Memorandum [2] 109:14 113:23 Memorial [4] 45:12 179:12 186:2,3 memory [4] 26:6 118:15 174:1 175:22 menace [1] 170:10 mentioned [10] 7:24 10:24 18:14 36:10 37:7 52:11 163:3 173:21 179:21 256:20 mess [1] 157:2 message [1] 97:15 messages [4] 29:1,25 61:4 153:20</p>	<p>messaging [1] 30:13 met [11] 32:25 33:6,23 71:10 90:7 92:13 107:15 107:20 149:23 155:9 195:16 metastatic [3] 265:24 266:1,21 method [1] 24:8 methodologies [1] 24:13 methodology [3] 113:9 124:19 140:22 Michael [1] 40:10 mid [3] 80:25 147:16 305:13 middle [7] 52:18 81:1 95:20 125:17 144:24 174:16 223:14 midway [1] 83:7 might [29] 8:25 10:23,24 31:17 52:2,18 67:25 78:2 79:4,6 113:21 129:13 138:7 150:14 159:12 161:10 192:3 193:10 196:2,4 198:23 225:21 242:25 258:7 283:14 285:19 302:7 311:5 314:7 Mills [1] 1:8 mind [16] 5:24 6:16 7:2 7:13 13:20,25 26:18 37:6 47:25 75:14 95:8 106:24 122:2 146:24 166:23 310:25 mindful [1] 75:9 mine [1] 279:11 minimal [1] 164:15 minimize [1] 169:8 minimum [4] 65:23 80:16 145:16 147:13 minister [42] 40:25 41:4 64:6,12 84:23 85:6 90:23 91:9,10 92:2,3,7,8,8 115:16,21,25 116:18 135:3 138:17 144:10,14 145:19 147:12 150:16 151:6,9,9,14 152:11,21 152:22 153:1,15,19,22 154:1 159:16 200:20 214:7 231:12 246:20 minister's [2] 86:5 191:5 ministerial [2] 89:13,14 ministers [4] 72:19 92:1 190:22 198:17 minor [2] 55:25 62:23 minute [4] 17:13 18:2 173:25 221:8 minutes [16] 32:13 50:18 51:15,19 54:25 55:18 62:17 63:2 83:24 113:1 139:23 162:1 185:1 195:5 217:16 287:10 miraculous [1] 168:25 misdiagnosed [1] 319:7 misdiagnosis [1] 318:15 misinterpreting [2] 104:19,24</p>	<p>mission [1] 171:6 mixed [5] 24:12 29:2 30:1 46:18 111:2 model [1] 76:4 modifications [2] 55:25 63:5 Moira [44] 218:11,18 220:14 222:20 223:25 234:23 235:2,7 238:5 244:17 245:21 248:10,22 249:9 255:3 268:4 271:2 272:8,10 274:13,23 275:6 276:10,11 278:2 279:12 279:20 280:24 282:11 285:21 286:20,21 287:1 288:6 291:8 292:4 296:12 297:15 299:2,18,20 300:10 315:8 318:21 Moira's [2] 275:6 299:17 moment [9] 18:2 138:12 143:6 152:20 174:5,19 175:10 176:10 240:17 moments [2] 18:13,23 Monday [7] 4:24 28:12 158:2 235:20,22 243:15 243:21 money [6] 35:2 57:9 107:25,25 128:23 168:1 monitoring [2] 193:14 213:20 month [4] 39:19 113:1 149:13 172:16 months [1] 311:18 monumental [1] 167:21 morale [1] 70:7 Moria [1] 253:19 morning [16] 28:21 83:18 151:23 152:9,15 154:6,17 156:12 174:4 180:4 181:1 214:14 261:13 262:18 278:1 323:15 mortem [1] 56:19 Moss [2] 324:6,21 most [26] 27:6 59:11 61:11,14 72:19 110:19 140:23,24 160:20 171:15 177:22 178:8 186:17 222:12,14 235:5 242:19 248:9 256:2 277:6 279:19 315:13 317:2 320:21,23 321:10 mostly [1] 56:10 motherhood [1] 101:25 MOU [1] 49:16 Mount [13] 6:8 261:17 261:18 262:13 263:18,25 265:2 266:24 284:10 288:3 294:7 315:24 319:23 mountains [1] 161:12 mouse [1] 254:20 move [3] 64:12 66:5 222:22 moved [1] 33:17 Ms [551] 2:6 19:12,19,21</p>	<p>19:22 22:20 25:15 28:20 29:24 36:13,16 164:10 165:21,23 184:5,6,9,10 185:5,7,9,14,14,23,25 186:7,13,20,25 187:9,16 188:13,19,25 189:5,13 189:18,24 190:9,16 191:17,23 192:13,25 193:15,19,24 194:7,11 194:15,23 195:7,14 196:15,21 197:11,18 198:3,11,18 199:7,16,24 200:4,14,22 201:3,16 202:16 203:3,18,24 204:4 204:11,23 205:11,16,22 206:5,10,21 207:8,17,21 208:6,13,23 209:3,8,13 209:20,25 210:5,16,23 211:3,15,19,25 212:9,18 212:25 213:5,12,17,22 214:3,16,21 215:7,15,20 216:7,11,18,22 217:4,7 217:23 218:2,4,10,13,14 219:8,10,14,19,23,25 220:6,7,19 221:16,20 222:3,11 223:3,8,18 224:12,24 225:4,13 226:6 226:12,24 227:3,10,17 227:24 228:5,16,21 229:1 229:5,7,12,18,24 230:7 230:16,22,23 231:9,18 232:2,14,18,23 233:4,9 233:17 234:6,13,16,19 235:10,12,24 236:9,14 236:15,19,23 237:5,10 237:21 238:2,3,12,16,18 238:20,24 239:3,7,9 240:4,7,9,10,21 241:2,5 241:15,21 242:9,14,24 243:5,10,16 244:8,13,21 244:22,24 245:3,8,15,19 245:24 246:2,6,8,21 247:4,12,16 248:5,8,14 248:20 249:1,8,11,12,17 249:20,21,23 250:2,8,12 250:13,17,22 251:4,10 251:21 252:4,9,13,19,23 253:1,10,13,15,16,18 254:6,9,10,16,19,22 255:1,6,12,17,22 256:5 256:20,22 257:2,3,8 258:3,10,14,20,22 259:1 259:6,14,25 260:1,4,6 260:12,18,22 261:2,8,12 262:7,10,20,21 263:1,16 263:16,20 264:8,14,19 264:23 265:5,11,14 266:12,16,19 267:5,19 267:25 268:2,7,13,22,23 269:9,15,21 270:3,7,12 270:16 271:3,14,23 272:1 272:4,25 273:2,9,11,25 274:2,5,9,11,20,22 275:2 275:4,9,13,18,22 276:1 276:4,18,20 277:5,14,24 278:12,14,17,20,22 279:1 279:4,8,8,10,16,24 280:1 280:9,10,13,16,19,23 281:6,9,23 282:5,9,17 282:23 283:6,7,17,21,23 284:5,14,19,21 285:2,7 285:11,12,18,19,20,24 285:25 286:2,5,7,10,10</p>
--	---	---	---	--

<p>286:12,14,19,24 287:5,9 287:11,15,16 288:4,9,10 288:16,17,22 289:5,10 289:18 290:5,15,18,20 291:2,24,25 292:14,15 292:18,20,23 293:1,7,16 293:24 294:15,22 295:15 296:1,9,16 297:2,22 298:4,16 299:6,8,14,16 300:3,4,8,9,17 301:2,7 301:14,22 302:9,14,15 302:19 303:13,18,21 304:3,7,10,13,17,19 304:25 305:2,8,15,19,25 306:6,18,20 307:6,12,22 308:2,8,22 309:8,12,19 309:24 310:1,6,20 311:7 311:12,22 312:2,3,4,5,9 312:16 313:2,7,11,19 314:6,17,25 315:5 316:9 316:12,17,21,23 317:5 317:16,24,25 318:5,8,10 318:14,19,25 319:13 320:1,4,5,10,14,20,24 321:3,11,15,24 322:20 322:21,24 323:1,8</p> <p>multi-tiered [1] 24:6 multiple [1] 131:3 Mundon [4] 216:22 279:2,8 280:13 music [1] 6:24 must [10] 9:23,23,23 45:22 103:25 172:10,13 246:6 250:11 251:19 mutually [1] 150:19 Myrtle [6] 246:25 285:17 317:17 318:14 319:4,6</p>	<p>needed [20] 33:16 39:9 53:5 57:22 60:13 75:15 94:4 139:5,6 142:9 160:17 161:2 169:4 183:6 223:20,21 229:14 235:4 237:16 238:7 needing [1] 34:18 needless [3] 153:9,16 158:14 needs [13] 22:9 28:3 49:10 62:12 95:16 96:3 100:14,15 102:14 133:13 159:11 180:6,7 negative [10] 21:16 254:12 261:15,22,25 262:4,12 264:3 265:19 266:5 negotiate [1] 75:4 negotiation [2] 80:13 113:21 negotiations [2] 33:10 34:1 Neil [1] 55:2 neither [2] 4:22 36:9 network [2] 22:13 25:18 never [10] 7:8 80:25 153:22 163:4 189:22 256:3 272:14 276:13,24 300:7 new [9] 51:6 129:2 156:23 185:16 200:19 203:21 224:23 259:8 317:21 Newbury [3] 1:15 184:5 184:6 Newfoundland [44] 23:14 44:22 54:7 59:1,7 62:6 63:17 66:5 68:22 68:24 69:3 82:16,17 84:13 86:9,10 87:22 91:14 94:12 95:22 116:16 133:14 138:15 144:17 177:9 179:11 187:22 261:16,19,23 262:12 263:25 264:18 265:3 266:25 278:3,6 279:23 284:4,9,11,19 324:12,16 news [3] 157:16 159:7 311:2 newsletter [1] 44:21 next [31] 12:4,7,7 26:6 44:13 46:2 63:3 66:4 71:14,20 137:15 147:15 150:24 152:9,10 172:16 174:13 185:1,12 234:18 243:19 257:6,13,16 262:17 265:17 277:23 294:13 295:21 296:4 315:6 nice [1] 257:18 night [2] 243:25,25 nine [2] 41:14 311:18 NL [3] 1:8,14,15 NLMA [50] 7:20 11:10 11:11 13:12 14:4,20 16:14,19 19:18 21:23 24:19 25:14,25 28:23</p>	<p>30:20 32:25 37:24 41:8 41:24 48:23 52:13 62:14 68:10 12 70:19 71:21 72:1 79:25 84:7,20 91:7 91:16 94:11 99:10 139:2 141:24 144:12 145:21 148:13 150:10 153:3 155:7,14 157:16 158:6 164:4 166:16,25 169:24 172:15 NLMA's [3] 31:7 99:14 139:15 nobody [4] 113:3 131:18 274:19 278:18 nomenclature [1] 41:3 non-specific [1] 112:19 nondescript [1] 35:20 none [3] 59:18 151:12 229:2 nor [3] 4:22 35:23 36:10 norm [1] 204:8 normal [4] 69:20 127:10 217:22 281:1 normally [9] 191:24 206:12 211:12 216:5 220:20 222:19 272:16 276:8 298:20 North [1] 177:10 note [269] 38:16 51:19 86:5 89:24 181:25 191:25 192:4,5,7,16,20 193:5 193:13 197:7,22,23 198:1 199:1 200:3 202:14 204:3 204:15,21 205:6,9 206:3 206:22 207:2,4,6,7,9 208:16,22 209:7 210:3 211:4,5,14 212:1,6,14 212:16,19,22 214:8,25 215:4,11,14,25 216:16 216:24 217:1,9,11,12 218:1,2,15,16,17,19,22 219:1,8 220:10,18 221:9 221:10,15,24 222:1,4,6 222:10,18 223:1,7,12,20 224:6 225:8,12,16,18,19 226:8,11,14,21 227:5,16 227:23 228:8,13,20 229:15 230:1,5,9,9,17 230:18 231:7,8,11 232:22 233:2 234:2,9,22,25 235:6,15,22 236:3,3,12 236:25 238:7 239:12,12 240:1,8,13 241:22 242:19 243:15,23 244:2,14,19 244:23 245:7 246:13 247:2,8,17,17,18,18,20 247:20 248:1,2,2,3,7,18 249:7 250:5,21 252:5,7 252:8,23 253:18,20 255:3 255:19 256:8 257:7,10 257:20,22 258:2,16 260:4 260:17,19,21 261:6,7,14 261:14 265:9 266:6,13 269:4,18 271:7,8,15,18 272:6,15 273:5,19,23 274:4,14 275:5,11,11,14 275:17,20 276:2,12 277:11,25 278:8,18,19 279:5 280:9,15 281:12 281:15,21 282:11 283:1</p>	<p>283:8,9,15 285:13 287:4 288:11 291:9,24 292:2,3 292:7,8,13,25 293:2,15 293:18,23 294:2,17 295:3 295:7,24 296:20 297:11 297:13,23 298:3,18,18 298:19 299:3,6,21 300:7 300:11,14,25 301:13,16 303:12 307:23 309:20 310:5,19 311:1,17 314:11 315:7,11,17 316:5 317:13 317:23 318:16 323:13 noted [2] 66:10 315:11 notes [49] 5:19 26:14,20 38:4 39:10 55:3 56:1 62:21 64:22 65:23 71:7 71:17 73:5,7 75:14 77:1 118:23 144:25 180:21 188:4 191:13,21,22 192:22,23 193:1 194:21 198:15 199:15,17 204:10 205:13,18 207:22,24 210:14 211:22,23 212:8 215:3 222:12 229:11,14 231:20 235:2 272:16 277:2 282:24 301:8 nothing [6] 61:12 168:24 172:3,18 244:7 251:18 notification [2] 193:3 214:19 notified [7] 267:13,18 267:22 268:6,20 269:7 269:14 notion [1] 183:6 Nova [1] 76:13 November [1] 33:11 now [101] 6:13 9:18 18:19 19:13 20:12 21:21 22:21 23:25 28:11 30:16 32:4 36:8 37:7,20 38:3 40:18 42:10 43:9 45:23 46:4 48:20 49:16 50:17,25 53:24 54:23 58:25 59:15 63:10 66:25 67:20 70:14 72:3 81:19 83:7 86:3 90:15 91:6 94:7 96:13 103:3,14,20 106:15 108:17 109:5 110:14,16 113:4,23 114:13 118:10 124:2,11 125:10 126:3 132:24 138:12,14 142:5 146:8 148:24 157:12 158:25 160:18 169:20 174:5 175:20,24 178:13 179:3,9,21 182:18 184:25 209:14 223:15 235:10 240:19 244:7 245:24 251:20 254:10 257:6,25 260:15 267:1 269:1 271:24 276:21 278:9 279:3 281:14 293:16 294:13 305:12 310:14 311:19 317:10,10,17 number [30] 10:10 20:16 21:2,6 34:12,15 44:9 64:15 69:6 81:21 87:19 88:8 110:18 111:16 123:21 125:1 140:4 149:25 152:24 153:15 157:4 176:19 177:5</p>	<p>189:12 242:16 255:16 265:17 270:22 303:17 315:15 numbered [2] 142:24 143:10 numbers [11] 21:25 48:16,17 71:13 83:5 131:6 143:3 275:18,21 303:16 315:20 numerous [2] 30:8 85:12 nurses [1] 105:20 nutshell [1] 97:11</p>
<p>-N-</p>				
<p>name [3] 134:19 183:25 300:24 names [1] 152:19 narrative [2] 82:10 134:5 Nash [3] 70:17 132:10 153:13 nation [1] 175:4 national [7] 36:18 59:6 62:6 66:6,23 79:17 95:3 nationally [1] 52:14 nature [4] 15:5 102:23 112:19 141:17 near [2] 65:12 141:12 nearly [1] 107:8 necessarily [7] 60:16 76:13 79:5 102:9 106:14 111:5 259:22 necessary [1] 45:8 necessity [1] 171:8 need [29] 48:6 56:2 74:4 75:8 81:18 95:6 99:24 99:25 100:11,11,12 103:18 104:4,5 106:16 108:8 121:23 123:2 124:4 124:8 168:16 169:7 170:3 170:19 180:4,15 267:22 271:21,22</p>	<p>needed [20] 33:16 39:9 53:5 57:22 60:13 75:15 94:4 139:5,6 142:9 160:17 161:2 169:4 183:6 223:20,21 229:14 235:4 237:16 238:7 needing [1] 34:18 needless [3] 153:9,16 158:14 needs [13] 22:9 28:3 49:10 62:12 95:16 96:3 100:14,15 102:14 133:13 159:11 180:6,7 negative [10] 21:16 254:12 261:15,22,25 262:4,12 264:3 265:19 266:5 negotiate [1] 75:4 negotiation [2] 80:13 113:21 negotiations [2] 33:10 34:1 Neil [1] 55:2 neither [2] 4:22 36:9 network [2] 22:13 25:18 never [10] 7:8 80:25 153:22 163:4 189:22 256:3 272:14 276:13,24 300:7 new [9] 51:6 129:2 156:23 185:16 200:19 203:21 224:23 259:8 317:21 Newbury [3] 1:15 184:5 184:6 Newfoundland [44] 23:14 44:22 54:7 59:1,7 62:6 63:17 66:5 68:22 68:24 69:3 82:16,17 84:13 86:9,10 87:22 91:14 94:12 95:22 116:16 133:14 138:15 144:17 177:9 179:11 187:22 261:16,19,23 262:12 263:25 264:18 265:3 266:25 278:3,6 279:23 284:4,9,11,19 324:12,16 news [3] 157:16 159:7 311:2 newsletter [1] 44:21 next [31] 12:4,7,7 26:6 44:13 46:2 63:3 66:4 71:14,20 137:15 147:15 150:24 152:9,10 172:16 174:13 185:1,12 234:18 243:19 257:6,13,16 262:17 265:17 277:23 294:13 295:21 296:4 315:6 nice [1] 257:18 night [2] 243:25,25 nine [2] 41:14 311:18 NL [3] 1:8,14,15 NLMA [50] 7:20 11:10 11:11 13:12 14:4,20 16:14,19 19:18 21:23 24:19 25:14,25 28:23</p>	<p>30:20 32:25 37:24 41:8 41:24 48:23 52:13 62:14 68:10 12 70:19 71:21 72:1 79:25 84:7,20 91:7 91:16 94:11 99:10 139:2 141:24 144:12 145:21 148:13 150:10 153:3 155:7,14 157:16 158:6 164:4 166:16,25 169:24 172:15 NLMA's [3] 31:7 99:14 139:15 nobody [4] 113:3 131:18 274:19 278:18 nomenclature [1] 41:3 non-specific [1] 112:19 nondescript [1] 35:20 none [3] 59:18 151:12 229:2 nor [3] 4:22 35:23 36:10 norm [1] 204:8 normal [4] 69:20 127:10 217:22 281:1 normally [9] 191:24 206:12 211:12 216:5 220:20 222:19 272:16 276:8 298:20 North [1] 177:10 note [269] 38:16 51:19 86:5 89:24 181:25 191:25 192:4,5,7,16,20 193:5 193:13 197:7,22,23 198:1 199:1 200:3 202:14 204:3 204:15,21 205:6,9 206:3 206:22 207:2,4,6,7,9 208:16,22 209:7 210:3 211:4,5,14 212:1,6,14 212:16,19,22 214:8,25 215:4,11,14,25 216:16 216:24 217:1,9,11,12 218:1,2,15,16,17,19,22 219:1,8 220:10,18 221:9 221:10,15,24 222:1,4,6 222:10,18 223:1,7,12,20 224:6 225:8,12,16,18,19 226:8,11,14,21 227:5,16 227:23 228:8,13,20 229:15 230:1,5,9,9,17 230:18 231:7,8,11 232:22 233:2 234:2,9,22,25 235:6,15,22 236:3,3,12 236:25 238:7 239:12,12 240:1,8,13 241:22 242:19 243:15,23 244:2,14,19 244:23 245:7 246:13 247:2,8,17,17,18,18,20 247:20 248:1,2,2,3,7,18 249:7 250:5,21 252:5,7 252:8,23 253:18,20 255:3 255:19 256:8 257:7,10 257:20,22 258:2,16 260:4 260:17,19,21 261:6,7,14 261:14 265:9 266:6,13 269:4,18 271:7,8,15,18 272:6,15 273:5,19,23 274:4,14 275:5,11,11,14 275:17,20 276:2,12 277:11,25 278:8,18,19 279:5 280:9,15 281:12 281:15,21 282:11 283:1</p>	<p>283:8,9,15 285:13 287:4 288:11 291:9,24 292:2,3 292:7,8,13,25 293:2,15 293:18,23 294:2,17 295:3 295:7,24 296:20 297:11 297:13,23 298:3,18,18 298:19 299:3,6,21 300:7 300:11,14,25 301:13,16 303:12 307:23 309:20 310:5,19 311:1,17 314:11 315:7,11,17 316:5 317:13 317:23 318:16 323:13 noted [2] 66:10 315:11 notes [49] 5:19 26:14,20 38:4 39:10 55:3 56:1 62:21 64:22 65:23 71:7 71:17 73:5,7 75:14 77:1 118:23 144:25 180:21 188:4 191:13,21,22 192:22,23 193:1 194:21 198:15 199:15,17 204:10 205:13,18 207:22,24 210:14 211:22,23 212:8 215:3 222:12 229:11,14 231:20 235:2 272:16 277:2 282:24 301:8 nothing [6] 61:12 168:24 172:3,18 244:7 251:18 notification [2] 193:3 214:19 notified [7] 267:13,18 267:22 268:6,20 269:7 269:14 notion [1] 183:6 Nova [1] 76:13 November [1] 33:11 now [101] 6:13 9:18 18:19 19:13 20:12 21:21 22:21 23:25 28:11 30:16 32:4 36:8 37:7,20 38:3 40:18 42:10 43:9 45:23 46:4 48:20 49:16 50:17,25 53:24 54:23 58:25 59:15 63:10 66:25 67:20 70:14 72:3 81:19 83:7 86:3 90:15 91:6 94:7 96:13 103:3,14,20 106:15 108:17 109:5 110:14,16 113:4,23 114:13 118:10 124:2,11 125:10 126:3 132:24 138:12,14 142:5 146:8 148:24 157:12 158:25 160:18 169:20 174:5 175:20,24 178:13 179:3,9,21 182:18 184:25 209:14 223:15 235:10 240:19 244:7 245:24 251:20 254:10 257:6,25 260:15 267:1 269:1 271:24 276:21 278:9 279:3 281:14 293:16 294:13 305:12 310:14 311:19 317:10,10,17 number [30] 10:10 20:16 21:2,6 34:12,15 44:9 64:15 69:6 81:21 87:19 88:8 110:18 111:16 123:21 125:1 140:4 149:25 152:24 153:15 157:4 176:19 177:5</p>	<p>189:12 242:16 255:16 265:17 270:22 303:17 315:15 numbered [2] 142:24 143:10 numbers [11] 21:25 48:16,17 71:13 83:5 131:6 143:3 275:18,21 303:16 315:20 numerous [2] 30:8 85:12 nurses [1] 105:20 nutshell [1] 97:11</p> <p style="text-align: center;">-O-</p> <p>O'Grady [3] 7:23 18:10 145:20 objection [2] 105:18 111:5 objectively [1] 48:13 objectives [1] 115:2 obligation [1] 161:18 observations [4] 164:10 165:11,24 166:13 obtain [3] 4:12 56:6 86:9 obviously [19] 9:24 11:23 31:18 47:18 78:8 86:8 142:2,24 178:24 183:11 226:21 227:14 228:10 252:14 291:8 296:22 300:18 301:24 310:7 occasion [3] 177:18 188:22 195:18 occasionally [1] 18:12 occasions [2] 171:18 204:13 occur [1] 102:17 occurring [1] 169:7 occurred [4] 34:10 105:6 141:16 177:2 occurring [1] 45:9 October [15] 4:16 13:19 19:2 21:22 213:9 215:4 225:16 226:21 227:22 228:19 232:22 239:25 283:15 293:18 311:17 odd [1] 148:18 off [8] 17:2 181:19 208:3 208:10,11 281:11 292:4 292:8 offer [3] 18:7 166:9 304:25 offered [1] 72:3 offers [2] 154:11,21 office [25] 59:11 86:6 116:17 136:19 138:4 151:15 152:22,25 153:12 186:19 188:7,18 202:3 207:18 209:24 219:3 226:4 242:1,5 251:25 277:18 279:6 291:16 292:10 293:10 officer [11] 21:1 110:8 187:6 189:10 193:22 196:2,6 198:9 205:5</p>

<p>215:22 216:1 officers [2] 195:21 204:16 offices [3] 22:6 187:20 201:18 official [2] 211:7 212:2 officially [1] 54:10 officials [5] 137:18 139:11 149:25 181:5 296:5 often [3] 6:16 195:10 272:10 on-sorry [1] 256:11 once [11] 8:9 39:19 75:2 204:20 205:5 207:9 208:16,17 211:5 250:12 258:15 oncologists [10] 14:11 25:4 33:3 57:20 72:3 151:1 154:20 155:11 156:18 170:8 oncology [18] 33:8,24 34:21,22 56:2,7 65:19 67:20 84:21 110:11,12 116:24 117:5 119:22 122:17,19 146:1 147:14 one [102] 5:7 10:9,22 16:23,23 17:12 18:1 19:2 22:20 25:21 27:22 28:1 31:25 32:6 34:12,14 36:12 45:8 53:3,5,12 54:19 58:17 65:3,17 67:6 67:10 73:11 76:5,6 83:13 84:25 86:7 97:16 98:5 99:10 100:15 103:10 104:11,16 105:23 109:17 110:22,22 111:3,4 112:15 115:23 116:6 117:11 118:9 119:11,19 120:2 120:15 121:11 122:1,9 122:15,20 127:13 130:5 130:10 134:23 138:12 141:4 142:17 143:3 145:3 145:4 146:12 148:24 159:15 161:23,24 165:19 167:22 170:25 171:18,25 172:6 176:15 179:13 180:19 199:14 204:15 225:16 226:14 234:1 237:14 240:2 248:22 264:3 265:3 274:12 281:18 290:2 297:3 298:10 299:11 307:13 319:15 one-way [1] 167:5 ones [6] 28:7 110:20 156:20 190:7 321:4,9 ongoing [13] 42:15 76:3 84:24 85:7 141:7 203:15 288:23 289:4,11,19 295:4 307:7,19 onslaught [1] 102:22 Ontario [13] 76:4,15,17 76:19,20 77:9 79:2,7 80:6,11,15,24 81:6 onto [1] 199:14 open [3] 8:17 143:12 178:13</p>	<p>opening [3] 20:5 43:19 123:8 opens [3] 84:11,11 144:13 operating [1] 22:3 opinion [3] 96:16 120:17 278:8 opportunities [3] 81:21 108:4 178:18 opportunity [7] 4:11 35:8 79:5 99:20 105:25 157:8 169:9 opposed [4] 94:19 111:16 191:21 298:14 option [1] 177:19 options [1] 178:11 order [5] 89:15 117:10 142:9 174:2 295:10 organization [10] 29:13 35:11 44:8 88:13 113:8 137:19 138:1 139:2 166:18 183:4 organization's [1] 174:1 organizations [1] 22:11 organized [2] 122:13 157:4 organizing [1] 46:7 original [7] 154:14 260:3 260:4 261:24 262:16 266:4,23 originally [2] 247:9 286:13 originated [1] 311:1 Osborne [8] 32:8 91:7,8 115:15,21 118:23 126:4 134:16 Osborne's [1] 134:18 Oscar [1] 32:8 otherwise [6] 13:21 74:14 169:18 206:18 227:14 291:12 Ottenheimer [5] 70:18 71:22 83:9,16 86:8 Ottenheimer's [1] 72:13 ought [2] 113:19 114:12 ours [1] 59:15 ourselves [1] 40:2 outcome [1] 165:4 outcomes [1] 101:22 outlined [2] 45:22 117:2 outlines [1] 45:6 outlook [1] 71:14 outlying [1] 84:17 outputs [1] 122:1 outside [9] 48:12 74:22 78:9 145:2 289:1 300:25 306:12 312:19,20 outstanding [2] 33:18 160:3 overall [2] 67:18 113:14 overt [1] 47:3</p>	<p>overtures [2] 89:8 97:25 overview [1] 133:12 overworked [1] 12:25 owe [1] 172:3 own [7] 13:20 67:11 72:24 73:4 75:24 179:6 256:1</p> <hr/> <p style="text-align: center;">-P-</p> <hr/> <p>P [10] 38:3 73:3 79:12 89:22 91:5 186:10 214:11 247:3 260:9 281:14 P-0002 [2] 142:15,19 P-0105 [1] 142:25 P-0137 [2] 4:21 9:10 P-0157 [1] 70:14 P-0165 [2] 86:2 174:3 P-0166 [1] 32:4 P-0167 [1] 115:14 P-0171 [1] 278:24 P-0192 [1] 277:21 P-0199 [1] 87:17 P-0201 [1] 143:19 P-0205 [1] 145:18 P-0278 [1] 138:13 P-0370 [1] 28:10 P-0626 [1] 17:24 P-0815 [1] 216:21 P-0919 [1] 43:9 P-0928 [1] 55:17 P-1002 [1] 143:10 P-105 [1] 143:1 P-1286 [1] 63:10 P-1338 [1] 68:18 P-1372 [2] 108:17 111:21 P-1376 [1] 116:15 P-1447 [1] 253:13 P-1516 [1] 36:8 P-1629 [3] 3:2 126:7 131:21 P-1635 [3] 3:3 185:17 185:21 P-1638 [3] 3:3 185:17 185:21 P-1641 [1] 84:5 P-1643 [4] 26:22 83:6 92:24 180:20 P-1644 [1] 82:2 P-1645 [1] 53:24 P-1646 [1] 50:17 P-1647 [1] 62:16 P-1648 [2] 58:24 175:24 P-1649 [1] 68:7 P-1650 [1] 48:21 P-1653 [1] 54:23 P.K [2] 57:16 122:17 p.m [6] 4:25 32:7 36:13 253:17 256:9 323:17 pace [1] 104:5 package [1] 47:16</p>	<p>page [64] 19:24 20:3 22:20 32:14 44:16 45:17 51:5 55:7 57:12 62:20 63:3,14,14,20,20 65:10 71:20,21 73:11 79:15,16 80:5 82:3,5,7,11,13,16 83:7 86:3,4 87:23 93:4 94:7,8,17 95:20 96:12 98:19,21 109:22 111:20 114:4 126:9 138:19,19 141:2,3 144:8 174:13,13 175:25 187:3 189:8 215:1 217:3 221:7 240:19 253:24 259:24 260:3,9 293:16 315:16 pages [2] 63:19 151:7 paid [7] 49:14 66:21,22 71:18 121:6 127:11,17 painful [4] 16:5 156:3 157:13 169:20 panel [20] 255:11 261:16 261:19,23 262:3,12,13 263:11 266:25 278:3,6,8 278:13,13 279:23 284:4 284:10,12,19,25 paper [5] 141:10 152:10 187:21 211:2 233:7 papers [3] 140:19,20 195:1 parade [1] 53:9 paragraph [25] 20:13 21:4,5,12 33:22 52:18 55:21 66:7 71:8 94:18 95:2,21 119:19 126:10 126:18 137:5,15 141:4 144:23,24 174:17,20,24 175:11,17 paragraphs [3] 174:18 175:12 240:24 parallel [1] 13:3 Parrott [1] 194:4 part [26] 21:3 30:13 37:17 47:10 60:22 69:23 91:24 105:5 166:5,9,10 166:17 182:25 191:22 193:18 255:9 286:5,10 291:5 292:2 293:2 295:1 295:21 302:10 319:3,5 partially [1] 307:16 participate [2] 139:3 316:3 participated [1] 40:7 participation [3] 52:10 54:15 55:6 particular [62] 12:17 21:2 24:20 27:10 56:17 58:11 75:13 77:8,24 78:1 86:3 87:18 88:9 98:19 105:5 106:19 113:9 114:19 116:6,9 122:12 124:19 125:12 128:14,22 129:12 140:15 156:19 157:1 164:23 188:10,12 191:4,7 194:25 196:5 198:24 199:9,11,19 201:13,20,25 203:13 221:11 223:7 225:25 228:7 229:15 231:25 232:3,3 239:14 255:9</p>	<p>263:13 273:5 277:4 292:2 298:8 299:23 305:10 310:19 particularly [2] 139:20 156:16 partly [1] 27:22 parts [2] 171:2,4 pass [1] 165:25 passing [1] 114:16 past [6] 41:8 44:10 48:23 71:8 149:11 172:10 Pat [1] 36:17 path [1] 96:14 pathologist [11] 45:5 47:10 49:13,17 61:9 69:7 70:6 87:12 145:3 294:5 319:8 pathologists [71] 10:22 14:7,10,21 16:16 17:6 24:25 36:25 38:23 44:7 44:20 49:7,14 51:10 54:8 54:22 56:6,14,16 57:6 58:13 59:6 61:10,11,15 61:16,18,22 65:13 66:5 66:11,18 68:22,25 69:3 70:22 71:11,17 78:25 79:2,18 80:15 81:18 82:17 84:8 86:6,9 88:7 88:11 91:15 94:21 95:21 95:23 96:2 115:22 133:14 134:9 136:7 141:9,18 143:11 144:17 146:3 148:1 149:1 155:11 156:17 163:3 170:9 175:2 179:18 pathologists' [4] 38:15 58:9 86:9 94:12 pathology [61] 13:10,22 17:9 36:22 39:5 42:16 42:21 43:24 44:21 45:11 45:19 47:13 49:9 51:7,8 51:25 52:8 53:8,16 54:11 54:17,24 55:17 57:21 58:1 59:1 61:20 62:20 62:21 63:12,16 66:9,15 67:3 69:1,10,15,19 71:1 74:11 79:14 80:14 86:1 86:3 109:8 110:10,10 137:1 138:14 141:6,11 141:14,17 150:25 154:16 173:24 179:15,16 246:11 282:2,12 patient [15] 20:25 61:21 69:10,13 70:9 101:19 119:23 127:20,22 169:14 172:5 175:7 179:25 180:12 261:22 patient's [1] 262:15 patients [43] 20:8,14,20 20:21,24 21:15,18 29:4 30:2,3 36:23 61:19,23 72:5 96:1 108:12 123:21 125:2 129:17 156:24 168:3 171:17 172:2 215:3 240:20 246:15 255:11 261:15,24 265:18,21,25 267:10,13,17,21 269:7 269:14 273:17 288:25 303:7 316:16 321:18</p>
---	---	--	---	--

<p>Patricia [2] 28:13 36:14 pattern [2] 69:24 105:5 Paula [2] 216:12,14 pay [3] 111:13,15 126:11 payment [5] 82:22 117:4 119:5,8 127:12 payments [6] 56:3 66:19 66:25 80:14 118:25 119:23 peer [4] 163:4,5 182:24 294:5 pending [4] 141:11,13 193:10 267:15 people [58] 7:10 12:21 12:25 15:7,15,23 16:5 20:16 21:6 24:10 25:19 30:10 34:16 40:7 41:9 43:5 47:4,23 48:4 60:15 60:16 61:8,11 65:16 77:9 105:16,18 108:11,20 113:6 114:17 141:23 143:12 150:11 152:24 153:10,16 155:19,23 159:11 161:16,17 170:19 178:18 209:15 216:2 220:13 224:17 225:11 226:3 242:17 251:25 259:10 263:17 302:7,21 303:4 310:11 people's [4] 78:2,3 113:11 310:14 per [7] 9:3 110:6 127:11 127:20,22 144:13 216:25 perceived [1] 97:12 percent [20] 18:15 21:14 46:14 71:3 111:12,14 127:13,14,22 128:1,18 145:1 244:5,10 252:5 264:17,17 265:3,4 270:1 percentage [5] 61:14 129:10 237:17 263:6 264:4 perfect [1] 67:16 performance [5] 114:24 114:24 115:1,5,8 performing [1] 112:3 perhaps [14] 30:17 38:9 73:6 78:24 79:22 104:11 107:8 134:6 161:9 201:12 208:12 273:23 321:4 323:11 period [13] 13:23 30:7 81:22 91:22 115:9 146:19 157:6 188:9 190:3 234:20 237:25 251:8,18 periods [1] 4:10 permanent [2] 49:9 167:6 permissible [1] 172:7 persistence [1] 48:9 persistent [1] 145:14 person [10] 41:5 102:2 131:18 153:5 205:7 208:4 211:13 216:5,15 308:18 personal [1] 166:13 personally [5] 153:15</p>	<p>165:16 213:25 252:10 303:4 perspective [9] 11:11 32:1 36:6 59:22 61:24 76:23 94:13 168:22 288:13 pertained [1] 200:12 pervasive [1] 170:9 Peter [3] 1:9 2:4 173:14 Pg [2] 3:2,3 Pgs [3] 2:3,4,7 philosophy [1] 179:4 phone [11] 148:5 151:17 151:24 152:15,16 153:18 153:22 156:23 211:13,16 211:18 phoned [5] 151:9 153:11 153:11 219:8,8 phoning [1] 37:8 phrase [1] 98:20 phrasing [1] 196:12 physical [1] 233:7 physician [23] 19:25 20:19 34:17 39:17 40:5 40:18 41:2 42:4 43:22 54:13 59:17 63:15,22 110:2 114:3,5 116:10 124:23 137:23 146:2 173:22 183:1 262:1 physicians [58] 16:18 17:8 22:8 23:14 26:3 27:24 28:20,25 30:1 44:9 45:14 48:6,24 59:16,18 61:17 70:24 95:18,25 99:2,6,11,15,20 103:10 104:13,16,18,21 105:6,8 105:25 106:9,12,17 108:25 109:23 111:23 113:24 115:6 116:20 119:4 127:8 139:2,9,10 154:14,15,16 164:1,13 164:17 167:1 169:22 170:13,17 176:21 256:21 pick [1] 203:7 picked [1] 193:6 Picking [1] 89:24 picture [2] 46:23 105:1 piece [4] 104:8 283:5,22 289:15 pieces [2] 87:19 175:23 Pike [3] 1:14 144:1 184:12 Pilgrim [3] 28:13 36:14 253:16 place [14] 12:18 39:16 57:20 66:10 78:5 79:6 102:19 117:4 120:17 121:6 167:22 246:6 306:10 308:15 placed [1] 265:24 places [1] 102:19 plan [11] 6:20 45:15 55:9 55:10 67:18 74:4 104:17 105:2,3 117:4 187:19 planning [5] 36:4 74:3 102:11,12 180:13</p>	<p>plans [1] 188:5 play [3] 105:19 106:21 179:19 played [1] 104:16 players [1] 106:3 playing [2] 61:22 77:12 pleased [2] 49:15 185:5 pleasure [1] 107:2 plenty [2] 100:8,9 plus [1] 123:7 point [86] 5:12 11:11 12:17 13:16 14:6 18:11 23:25 27:4,7,15 35:5 39:24 50:11 56:10 57:1 57:24 61:8 63:3 64:11 65:10 67:19 71:7 83:18 87:14 90:19 92:4 96:3 97:5 98:10 107:17 113:22 118:10 122:9,23,24 127:6 128:4 141:13 142:4,11 145:8 148:25 166:11 170:1 179:8 191:13 197:25 199:11 208:19 213:11 226:10 233:3 237:14 238:5,14 241:17 243:11 246:20 248:22 252:17 255:3 257:9 259:9 264:3,4 265:17 267:19 269:12 270:15 273:9,24 274:8,13 279:18 288:24 293:3 298:10 299:5 307:13,23 308:1 309:5 311:2 314:10,10 316:8 points [11] 117:2 137:5 141:5 151:12 152:1 173:19 192:19 219:18 220:11 223:21 224:5 pole [1] 107:12 policies [1] 120:16 policy [18] 119:21 120:1 120:13 146:2,4 193:25 194:1,1,3,20,20 195:10 195:11,12 200:16,17 207:11 215:23 political [5] 47:9,12 60:17 65:7 93:21 politically [1] 48:10 Pollett [2] 115:17 116:10 poor [2] 39:13 131:17 pops [1] 70:3 popular [1] 143:3 portion [13] 23:3 187:5 255:15 285:5 287:4 291:24 292:13,24 294:3 296:4 297:11,13 317:23 portions [3] 222:1 298:3 298:5 poses [1] 141:15 position [13] 29:8 39:13 97:5 99:14 117:16 137:4 139:15 141:10 142:6 164:3 187:6 259:8 322:16 positioning [1] 162:21 positions [12] 44:12 71:1 71:9 84:16 95:16 108:19 109:16,19 110:2,12 120:14 176:22</p>	<p>positive [7] 21:16,18 70:9 159:25 263:18 265:2 265:19 possession [2] 254:5 305:17 possibility [2] 169:6 308:19 possible [11] 10:12,21 11:4 65:16 96:21 137:22 138:6 168:9 251:22 283:18 316:7 possibly [6] 11:9 67:2 111:25 115:7 158:21 245:4 post [1] 56:18 posted [3] 19:13 22:21 23:2 potential [6] 10:13 20:23 67:10 167:18 202:19 311:3 potentially [3] 198:23 224:18 321:21 poverty [1] 196:24 Power [6] 245:9 246:17 258:21 265:11 275:2,3 powers [2] 93:21 107:7 PR [3] 20:10 21:18 183:12 practice [8] 69:9,11 113:10 133:13 141:18 169:19 215:24 264:2 practices [4] 35:11 114:21 166:20 294:9 practising [1] 70:22 precedent [1] 129:4 preceding [1] 4:17 precipitate [1] 71:15 precise [4] 5:16 109:15 171:5 180:6 precisely [2] 7:25 158:21 predates [1] 183:11 predecessor [1] 7:21 Predham [70] 19:22 217:4 218:2 219:23 220:6 224:4 230:16,22 234:17 238:19 239:7 244:9,22 247:10 248:11 249:7,20 253:15,18 254:10 256:20 257:2 260:2,5 263:16 267:23,25 268:22 271:23 272:1,24 273:9,25 274:2 275:10,18 276:1,18 278:4 278:12 279:24 280:9 284:20 285:18 286:13 287:9,15 288:6,16 290:18 292:14 297:15 299:2,6 299:15 300:3,8 302:14 304:17,25 305:15 306:18 309:25 312:5 316:9,21 318:9 320:4,15 322:20 Predham's [1] 240:7 predicament [1] 170:5 preface [1] 175:21 preferred [3] 24:8 96:19 163:6 preliminary [3] 95:14</p>	<p>114:17 137:18 Premier [10] 144:9 149:18 151:19,22 192:5 192:7 198:16,20 296:4 315:7 Premier's [13] 202:2 207:18,25 209:23 219:2 226:3 242:1,5 277:18 279:6 291:15 292:10 293:10 premise [1] 22:4 preoccupation [1] 14:6 preparation [2] 188:4 280:14 prepare [4] 166:3 201:21 215:13 219:1 prepared [22] 59:9,11 60:3,19 62:8 79:25 82:7 89:10 118:24 194:21 207:9 214:25 216:1 217:1 217:4 219:23 220:6 233:2 246:12 275:5 297:14 298:14 preparing [7] 40:4 165:20 201:4 222:10 226:11 228:11 247:19 prescriptive [1] 169:15 present [8] 24:18 52:7 69:9 70:21 111:18 170:24 200:21 289:24 presentation [7] 43:23 44:3 49:4 132:14,16 133:21 190:12 presented [4] 51:9 188:1 218:1 320:11 preserve [1] 172:14 resident [14] 7:20 11:10 18:9 48:23 54:7 68:21 86:11,11 91:11,14 132:12,13 145:20 158:12 president's [2] 16:24 158:7 presidents [2] 41:8 47:22 press [1] 145:15 presumably [6] 22:22 82:7 123:18 124:24 256:25 271:13 pretty [14] 8:16 31:25 48:10,18 56:9 59:23 73:19 76:14,22 78:4 106:20 146:24 155:20 282:25 prevent [8] 45:23 49:7 171:22 287:20 299:25 304:1 309:11,18 prevention [1] 170:4 previous [2] 50:7 282:24 previously [3] 21:19 52:10 265:22 primarily [7] 15:7 84:17 164:24 186:17 240:11 301:11,15 primary [3] 14:6 53:21 274:23 principle [6] 6:18 35:14</p>
--	--	--	--	---

<p>88:5 111:7 113:25 164:22 priorities [1] 69:17 priority [3] 38:25 39:10 107:6 Pritchard [2] 173:3,4 Pritchard/Stephen [1] 1:8 Pritchett [3] 1:16 183:24 184:1 proactive [1] 45:23 problem [24] 6:2,4,14 8:5 10:13,13 48:1 52:1,3 52:19 56:24 71:23 83:16 84:24 85:7 93:22,24 97:7 144:18 223:19 310:13 312:7 314:16 322:9 problems [9] 16:9 51:23 78:24 133:13 173:23 203:11 313:23,24 318:15 procedures [7] 169:8 182:9 287:22 290:9 294:10 295:13 307:8 proceed [1] 136:14 proceedings [3] 163:11 164:4 171:1 proceeds [1] 316:4 process [20] 29:9,10 40:8 47:5 60:24,25 75:3 99:21 99:22 101:23 137:16,24 168:2,8 201:10,18 226:10 281:1 307:19 308:15 processes [1] 288:1 processing [1] 273:5 produce [2] 62:12 179:18 produces [1] 62:14 producing [1] 81:17 product [1] 62:13 production [1] 37:17 products [1] 61:5 profession [3] 41:20,24 74:20 professional [2] 36:5 44:19 professionals [1] 285:1 professor [2] 86:12 115:17 proficiency [1] 61:18 profound [2] 173:17 175:6 profoundly [1] 171:15 program [17] 32:24 33:4 39:7 84:10 103:14 105:13 105:14,14,15 122:2,4,7 122:12,13 126:5 153:6 176:23 programs [1] 45:21 progress [5] 91:23 169:1 225:25 309:20 319:20 project [2] 137:21 140:3 projects [4] 187:7,13,14 196:22 prolonged [1] 95:5 promoting [1] 175:5</p>	<p>promotion [3] 74:6,8 74:14 prompted [3] 11:23,24 89:18 proper [13] 202:6 217:10 217:13 218:3,20 219:2,6 220:22 222:15 230:1 231:1 272:19 298:22 prophecy [1] 12:19 proposal [5] 88:3,4 118:24 136:24 145:25 proposals [1] 150:12 proposed [4] 55:8 96:21 160:4,5 prospective [2] 81:22 95:7 protect [1] 129:11 protected [3] 122:23 123:3 277:12 protecting [2] 169:11 175:5 protection [1] 277:4 proved [1] 44:8 provide [9] 27:8 52:15 54:18 59:19,21 102:16 170:21 242:5 289:21 provided [20] 26:19,23 68:10 81:7 94:21 186:10 187:23 200:8 206:12 247:9 260:1 263:16 266:9 266:15 272:18 273:10 287:15 295:24 312:6 320:2 provides [1] 246:14 providing [3] 33:3 69:15 72:4 province [45] 25:20 43:25 45:14,20 52:1 54:17 65:17 70:22,25 71:18 74:23 75:19 76:14 76:16 79:1 88:12 94:23 95:15 96:7,18 99:1 103:13 115:23 122:3 159:10 167:3,9 168:7 170:11 175:1,3 176:13 176:20 177:3,20 178:1 198:20 199:19 203:13 251:24 289:2,25 306:12 310:15 312:20 provinces [13] 45:2,3,13 71:17 76:10 79:21 81:8 95:4 141:8 146:2 177:21 178:6,9 provincial [6] 72:11 80:11 116:24 122:5 136:7 153:6 provision [2] 101:22 116:23 provisional [1] 177:25 provisions [1] 109:15 PSLC [7] 39:17,24 40:5 51:7,9,11 160:21 psychiatrist [1] 15:18 psychiatry [2] 53:3,18 public [26] 6:13 12:9 13:18 14:2 15:1 16:3,10</p>	<p>19:17 23:8,16 25:24 27:11 31:15 32:1 33:10 34:1 88:14 164:3,18 166:21 169:11 171:9 172:17 197:12 202:20 205:24 pulled [1] 139:10 pulling [1] 40:15 pure [1] 121:25 purpose [14] 8:11 60:2,5 91:19 192:2,8 275:11 276:12 277:17 282:11 308:25 314:12 320:8 321:22 purposes [7] 41:10 111:10 128:24 241:23 249:16 295:24 309:2 pursued [1] 13:12 purview [1] 72:24 pushing [2] 76:3 77:3 put [37] 11:4 56:24 75:2 75:17 97:11 102:23 113:12 138:18 162:23 173:20 202:6 206:3 209:18 217:12 218:3 221:14,24 224:6 230:1 231:1,11 232:17 233:25 238:7,23 244:14 245:22 246:5 272:19 278:21 283:4,10 296:10,15 298:22 305:6 322:18 puts [1] 178:25 putting [8] 14:15 35:5 40:15 47:14 142:3 151:8 311:11 321:23</p> <hr/> <p style="text-align: center;">-Q-</p> <p>Q.C [683] 1:6,7 2:3,7 4:3 4:5,20 7:17 8:10 9:9,14 10:1,11,17 11:3,7 12:3 12:10 13:2,7,15 14:1,19 14:25 15:4 16:7,13 17:10 17:16,21 18:18,22 19:6 19:10 21:9 22:15,19 23:1 23:10,20,24 24:16,24 25:3,7,12,23 26:11,15 26:21 27:2,13 28:9,18 29:19,23 30:15,24 31:5 32:3,11 34:6 35:16 36:7 37:10,19 38:2,7 40:17 40:21 41:13,18,23 42:2 42:9,13,20,24 43:8,17 46:12 48:19 49:20 50:1 50:8,12,16,24 51:4,14 52:22 53:10,23 54:5 56:13 57:3,11 58:4,15 58:23 59:4 60:1,6,10,18 61:7 62:3,15 63:9 64:1,8 65:8,22 66:2 67:17,24 68:6,16 70:5,13 71:6 72:10 73:2,10,15,21,25 74:7,24 75:20 77:4,19 78:16,20 79:11 80:4,10 80:21 81:5 82:1,14 83:3 83:14,21 84:3 85:4 86:1 86:15,20,25 87:4,8,16 88:25 89:5,21 90:3,14 90:24 91:3 92:10,14,18 92:23 93:3,9,13 94:6,16</p>	<p>95:11 96:11 97:18 98:8 98:13,18,25 100:23 101:5 101:10 108:16 109:4 111:19 112:6,14 115:13 116:3,14 117:21 118:1,8 118:21 119:14,18 120:6 121:10,17 123:17 125:9 125:16 126:2,16,21 127:3 127:19,24 128:10 129:5 129:20 130:2,7,12,17,21 131:1,9,22 132:4,17,23 133:2,10,20,24 134:12 134:20,24 135:4,8,16,24 136:6,15,23 137:14 138:11,25 139:13 140:7 140:13 141:1 142:14,18 142:22 143:5,16,20,24 144:3 145:11,17 146:16 146:21,25 147:5,9,24 148:9,23 149:6,10,14,20 155:6 156:7 157:14,21 158:3,9,23 159:3 161:21 162:6,13,25 163:8,14,19 163:24 164:8 165:5,10 165:18 172:19,23 174:8 174:12 184:17 185:6,11 185:15,22 186:4,9,15,22 187:2,11 188:8,15,21 189:2,7,15,20 190:1,11 191:8,19 192:9,21 193:12 193:17,21 194:5,9,13,17 195:4,9 196:7,17 197:4 197:14,20 198:6,13 199:4 199:12,21 200:1,6,18,24 201:6 202:10,24 203:14 203:20 204:1,6,19 205:4 205:14,19 206:2,7,14 207:1,15,19 208:2,9,20 208:25 209:5,10,17,22 210:2,7,18,25 211:9,17 211:21 212:4,12,20 213:2 213:7,14,19,24 214:10 214:18,23 215:9,17 216:3 216:9,13,20 217:14,25 218:7,12 219:4,12,16,21 220:2,16 221:5,18,22 222:8,23 223:5,10 224:8 224:21 225:1,6 226:1,9 226:19 227:1,8,12,19 228:2,9,18,23 229:3,9 229:16,20 230:4,14 231:4 231:14,23 232:12,16,20 232:25 233:6,24 234:12 235:8 236:5,11,17,21 237:2,7,18,23 238:10,15 238:22 239:1,5,24 240:6 240:15,23 241:4,19 242:7 242:11,21 243:2,7,18 244:20 245:1,5,12,17,23 246:4,10,23 247:6,14 248:4,12,16,24 249:3,10 249:14,19,25 250:6,10 250:15,19,24 251:6,16 252:3,11,16,21 253:3,11 254:8,24 255:4,8,14,20 255:24 256:7,12,14,24 257:5,11 258:5,12,18,24 259:3,12,16 260:8,14,20 260:24 261:4,10 262:9 262:23 263:14 264:6,11 264:16,21,25 265:7,16 266:14,18 267:8 268:5 268:10,17 269:2,11,17</p>	<p>269:24 270:5,9,14,18 271:10,20 272:22 273:7 273:22 274:7,18,24 275:8 275:16,24 276:16,25 277:9,20 278:16 279:13 279:21 280:6,12,18 281:4 281:13,25 282:7,14,19 283:3,13,19,25 284:7,16 284:23 285:4,9,14,23 286:4,9,16,22 287:2,7 287:13,18 288:7,14,19 289:3,7,13 290:1,11,17 290:24 291:22 292:11,17 292:22 293:4,13 294:1 294:18 295:6,20 296:3 296:14,18 297:9 298:1 298:12 299:4,13,22 300:6 300:15,23 301:5,10,19 302:5,12,17 303:10,15 303:23 304:5,9,15,24 305:4,11,23 306:3,16 307:2,10,20,24 308:6,17 309:4,10,14,23 310:3,16 310:24 311:9,14 312:1 312:13,23 313:5,9,14 314:3,13,23 315:3 316:14 316:19 317:1,8 318:2,7 318:12,22 319:2,16 320:3 320:7,12,16,22 321:1,7 321:13,17 322:5,23 323:5 323:10 QA [1] 181:20 quality [26] 29:13 39:15 57:21 76:1 100:6,7,17 101:17,19,22,24 102:10 107:9 112:9,17 167:14 175:7 179:24 180:10 181:21 182:2,5,14,21,23 183:7 quarterly [3] 118:25 119:5,9 Quebec [1] 79:22 quest [1] 166:21 questions [50] 16:4 20:18,24 48:7 151:25 152:1 160:20 172:24 173:1,6,11,16,18 183:21 184:3,7,11,13,15 192:15 204:24 206:12 207:12 218:17,24,25 219:7 223:22,24 224:16,20 229:6 234:14 236:2 237:4 238:8 242:16 247:2,24 247:25 253:22 257:23 261:11,13 266:11 270:22 273:14,18 297:25 298:6 quick [3] 109:23 114:3 152:23 quickly [1] 137:22 quiet [1] 150:23 quite [17] 10:7,7 16:6 25:22 46:21 47:1,17 66:7 111:2 119:12 123:4 160:25 165:4 176:13 186:16 228:11 235:10 quotes [2] 221:10 286:12</p> <hr/> <p style="text-align: center;">-R-</p> <p>radiation [8] 34:21</p>
--	--	---	--	--

<p>57:19 110:12 119:22 122:19 150:25 154:19 156:17 radical [1] 319:9 radically [1] 106:8 radiology [1] 117:5 raise [4] 78:1 105:25 128:5 166:4 raised [6] 39:11 48:7 113:22 146:13 160:13 298:6 raising [3] 159:24 171:8 297:25 ran [1] 4:18 range [2] 111:1,2 ranges [2] 82:20,22 rant [1] 103:8 rapid [1] 104:3 rare [1] 10:8 rarely [1] 59:17 rates [2] 79:17 104:4 rather [4] 6:24 160:9,13 230:15 Raymond [3] 48:15 138:10,17 re [10] 19:12 28:24 36:21 68:23 84:8 86:8 116:23 136:7 143:11 215:2 re-affirmed [1] 48:16 reach [2] 153:19 179:8 reached [3] 96:3 128:22 169:25 reaction [2] 35:17 148:1 reactive [1] 170:4 read [14] 44:15 48:7 75:24 98:20 113:16 174:19,25 182:8,13 218:16 220:5 294:16,17 319:8 reading [5] 32:18 75:25 219:22 257:20 294:13 reads [3] 20:13 57:15 182:12 ready [5] 29:7 151:11 185:1 222:21 228:12 reaffirmed [4] 137:4,6 139:19 155:12 real [6] 6:9 12:7,7 47:11 92:5 156:15 realities [2] 49:5 168:15 reality [4] 60:23 76:10 128:25 156:5 realize [2] 167:19 205:6 realized [1] 65:4 realizing [1] 172:4 really [39] 5:11 7:12 15:20,21 29:1,25 35:7 37:14 47:9,13 48:3,5 53:4 56:23 60:24 72:21 77:1 81:25 97:9 104:7 106:16 148:17,19 161:8 165:16 198:5 205:25 206:1 220:10 224:7,13 237:11 247:21 263:7</p>	<p>264:9 286:25 295:2 305:5 312:10 reason [9] 95:2 104:18 111:18 140:18 225:18 251:20 301:16 302:10 311:1 reasons [15] 27:22 76:5 76:6 160:24 215:21 287:19 299:24 303:25 304:21 306:4 309:6,17 309:22 310:17 317:19 reassurance [1] 156:25 reassured [2] 90:9 167:15 receipt [1] 284:10 receive [9] 72:2 110:5 110:13 148:5 167:14 205:6 217:5 231:5 260:25 received [50] 19:19 21:19 36:18 43:23 44:5 57:15 86:5 136:19 137:25 139:14 145:6 151:24 153:14 154:10,11,13,14 154:16,17,18 214:4 218:16 235:18 236:8 238:18 243:10 249:21 256:17 257:2 258:1,7,19 258:20 259:18 260:4,10 262:19 265:8 268:4,12 269:13 287:23 290:4,7 290:22 291:12 300:2 309:1 310:11 318:8 receiving [2] 27:15 256:9 recent [6] 7:7 141:7 144:13 160:20 285:16 319:3 recently [5] 57:15 80:6 96:14 145:24 148:25 reception [2] 135:9,11 receptive [1] 177:22 receptor [8] 1:2 203:10 235:15 315:8,14 318:16 319:19 324:8 RECESS [4] 17:18 83:25 185:3 253:8 recipient [1] 225:12 recognition [9] 103:21 117:13 121:18,24 123:9 127:25 128:6,19 139:23 recognize [3] 95:6 103:6 123:2 recognized [3] 103:19 128:4,13 recognizing [1] 129:9 recollect [1] 7:25 recollection [13] 5:21 9:6 27:6 30:11,11 31:4,7 35:19 37:13 72:18 132:9 138:3 257:6 recommendation [3] 191:6 195:1 266:6 recommendations [22] 88:18 95:13 99:4 166:10 166:20 190:5,14,20 194:22,24 197:1 200:9 202:2 265:20 267:1</p>	<p>287:24 289:21,23 307:15 309:1 313:13 314:22 recommended [5] 138:9 269:19 271:12 285:21 286:1 recommends [1] 72:2 reconciled [1] 119:1 reconsideration [1] 136:24 record [14] 18:7 164:3 211:7 212:2,17 236:22 236:24 238:1 241:7 252:25 257:13 258:7,9 277:23 recorded [1] 161:6 recording [2] 51:16 161:5 records [4] 202:8 205:13 212:5,10 recovered [1] 251:11 recruit [2] 65:12 66:20 recruiting [1] 116:4 recruitment [10] 36:22 37:3 39:12 44:6 71:8 88:11 136:25 143:11 144:16 179:1 recurrence [3] 287:20 300:1 304:1 recurrent [3] 70:3,4 171:19 reduce [1] 129:16 reduced [1] 61:20 reducing [1] 169:11 reduction [1] 196:25 reengage [1] 91:25 refer [4] 36:11 109:17,21 203:8 reference [32] 5:12 29:24 33:21 44:4 52:17 56:2 85:5 92:21 108:18 108:23 109:23 112:25 114:4 148:18 181:3 183:18 244:5,10 245:25 252:24 267:11 278:7 283:1 284:3,8,11,25 285:16 294:2 295:12 317:16,16 referenced [1] 295:3 references [6] 74:10 93:23 101:3 109:18 159:13,14 referred [15] 4:10 32:16 38:17 54:12 56:6 67:1 74:19 88:20 109:10 130:16,20 160:21 215:11 269:6 311:16 referring [4] 51:1 129:25 261:21 269:20 refers [6] 33:4 109:24 117:10 125:20 295:8 317:22 refined [1] 61:6 refining [1] 60:25 reflect [1] 168:18 reflected [1] 67:4</p>	<p>reflection [1] 49:5 reflective [1] 166:14 reflects [2] 80:24 114:7 reformat [1] 234:16 regarding [12] 52:8 63:16 88:18 117:17 144:16 217:2 219:7 262:5 270:1 288:24 299:24 311:3 regardless [3] 97:8 129:11 164:20 regime [1] 50:7 regimentation [1] 161:7 regimes [1] 96:1 region [2] 54:19 199:10 regional [5] 1:10,17 28:1 47:23 272:14 regions [3] 78:25 198:24 254:14 Registrar [11] 4:21 129:24 130:4 132:21 133:8 136:1 142:16,20 180:20 186:12 253:12 regular [3] 8:23 41:10 204:22 reinforce [1] 144:16 reinforced [1] 12:22 reinstating [3] 34:17 104:12,14 rejected [1] 120:18 relate [2] 126:23 199:19 related [14] 66:15 80:13 141:17 164:24 197:12 202:5 203:11 204:25 214:8 218:17 234:24 282:3 303:5 314:8 relates [5] 56:12,16 125:12 183:12 201:4 relating [3] 27:17 88:5 163:11 relation [9] 33:9,25 42:16 51:16 79:24 88:22 94:7 125:10 231:21 relation's [1] 32:1 relations [2] 21:1 27:11 relationship [2] 8:17 160:6 relativity [1] 75:8 released [1] 73:18 relevance [1] 114:22 relevant [3] 159:13 222:2 311:10 reliable [1] 39:6 reliance [1] 175:19 reliant [1] 179:7 relieved [2] 175:1 233:13 relieve [1] 49:13 rely [3] 61:17 67:14 175:22 relying [4] 167:10 176:13 176:20 251:25 remain [1] 69:19 remained [1] 77:17</p>	<p>remarks [3] 166:3,8,24 remember [22] 5:22 6:6 6:15 12:15 15:10,15 16:24 41:4 64:21,23 74:18 97:23 132:11 134:4 134:17,19 153:23 154:7 213:10 269:1 291:23 294:13 remove [1] 237:16 removed [2] 104:17 235:4 remunerated [1] 141:19 remuneration [5] 38:15 68:17 86:10 133:15 149:1 reoccurrence [2] 309:11 309:18 repeat [1] 182:18 repeated [2] 318:17 322:12 replace [1] 246:13 replacement [1] 119:25 report [38] 48:15 55:21 57:14 62:23 63:6,13,15 63:18 65:9 73:18,22 74:9 74:10 103:5 138:17,22 139:14,16,19,21 141:4 141:25 146:20 147:1,6 163:4 165:13 171:12 193:23 285:17 289:20 290:3 294:12 307:14,18 308:5 309:16 314:21 reported [4] 29:24 44:21 45:6 69:7 reporter [3] 36:19 37:3 155:3 reporting [1] 69:15 reports [17] 89:9 163:15 164:2 188:5,6 233:20 246:12 287:23 290:4,6 290:14,22 291:3,12 305:21 306:2 319:4 representation [1] 54:19 representative [2] 64:7 295:8 representatives [2] 32:24 84:20 represented [2] 41:7,24 reps [1] 41:24 reputation [1] 86:24 request [16] 18:16 36:16 36:18 43:20 54:10 120:2 120:15 160:23,24 192:18 205:2 216:25 230:10 277:11,13 297:7 requested [6] 192:6 204:18 231:13 241:24 247:23 301:17 requesting [1] 71:21 require [7] 94:25 192:10 196:5 217:20 241:25 267:3 296:4 required [18] 48:18 81:23 192:4 193:2 198:17 200:9,11 239:16 241:13 241:14,16,18 242:4</p>
--	--	---	--	---

<p>251:23 255:11 295:22 317:20 322:13 requirement [2] 65:24 204:21 requirements [6] 95:18 99:7,8 108:25 111:24 140:4 requires [3] 95:15 99:1 102:7 requiring [1] 267:6 research [4] 95:14 99:4 103:17 187:17 researching [1] 187:20 reservation [1] 275:25 resident [1] 203:13 residents [2] 167:1,8 resignation [3] 32:22 70:23 145:5 resistance [3] 56:20 57:5 57:8 resolution [1] 81:7 resolve [1] 33:14 resolved [2] 118:18 119:10 resonate [1] 85:11 resonated [1] 16:6 resource [4] 74:3 107:7 108:1 182:6 resources [5] 95:1 141:12,14 177:12 178:19 respect [21] 8:18 20:12 48:20 72:12 87:1,3,7 96:5 111:20 112:7 115:21 119:8 125:19 126:3 128:12 147:25 171:20 221:11 277:10,25 301:12 respectfully [2] 96:25 172:2 respective [1] 202:21 respectively [1] 122:25 respects [2] 106:5 182:6 respond [4] 111:2 138:1 171:13 172:13 responded [1] 32:14 responds [1] 243:24 response [11] 97:4 116:25 152:4 169:25 174:9,11 175:9,16,18 268:11 269:1 responses [1] 160:1 responsibilities [6] 114:7 117:14 121:19 123:5,7 190:2 responsibility [14] 96:13 105:12 106:18 113:15 122:6 125:3 188:11 189:11,22 198:8 206:8 215:13 281:10 299:10 responsible [13] 92:8 102:2 108:12 161:19 187:17 191:12 196:23 198:9 200:12 201:19 215:22 216:5,15 rest [4] 62:4 63:2 180:14</p>	<p>286:17 restore [3] 35:9 158:17 166:21 restored [1] 69:20 restrict [2] 69:5 171:24 restriction [2] 69:18 178:9 restrictions [2] 177:15 178:16 restrictive [1] 178:4 rests [1] 96:18 resubmit [1] 220:23 result [9] 20:23 144:25 152:13 155:2 178:25 266:2 301:17 318:14 319:7 resulted [1] 90:25 results [33] 20:21 21:13 21:18 29:11 44:18 244:6 244:10 246:16 252:6 261:15,18,22,25 262:11 262:14 266:4,23 267:15 284:8 287:19 299:25 304:1,12 306:5 309:6,17 310:17 315:14,22 317:20 319:9 321:19 322:10 RESUMES [1] 2:2 resurfaces [1] 121:12 retain [1] 65:13 retained [1] 144:21 retaining [1] 89:19 retention [10] 36:22 37:4 39:12 44:7 82:21 88:11 136:25 143:11 144:17 179:1 retested [8] 21:13 156:24 263:12 288:3 289:1 303:7 312:19 316:1 retesting [4] 262:16 267:1 315:24 319:23 reticence [1] 47:18 retirement [2] 44:10 70:23 retirements [2] 44:13 45:9 retro [1] 220:3 retroactivity [1] 33:16 retroconverters [3] 240:25 254:1,4 review [71] 29:9 36:24 51:8 54:11,18 79:13 80:6 87:11 88:6,10,17 89:4 94:19,20,24 136:14 137:8 138:15,17 163:4,5 176:11 182:24 188:5 191:20 192:1,24 207:4 208:8 217:18 230:2 235:1,20 235:21 255:11 256:21 262:3,14 266:13 267:15 267:17 268:20 278:13 279:5 287:22 288:21 289:4,11,19 290:8 292:19 294:5,9,11,24 295:3,18 297:21 298:17,24 299:7 300:8 304:22 306:10,13 308:19,25 311:25 312:21</p>	<p>312:24 313:21 reviewed [17] 63:1 117:9 139:15 207:9 215:25 219:5 239:21 244:2 257:21 266:24 267:12 284:9 287:24 291:9 297:18 298:14 321:20 reviewer [2] 87:10 144:20 reviewers [1] 289:8 reviewing [8] 141:23 191:12 290:9 295:13 308:10 312:11 314:19 322:16 reviews [6] 162:15,18 267:20 294:3,20 311:17 revise [1] 192:20 revised [1] 257:10 revisions [8] 192:10,11 211:11 212:7,16,22 270:10 298:2 revisit [1] 118:6 rhetoric [1] 101:25 rhyme [1] 111:17 right [54] 1:8 7:4,11,15 9:13 29:22 39:20 43:3 55:14 59:19 73:11 78:19 103:20 109:5 124:1,6,11 124:22 126:17,18 131:19 135:15 136:22 137:10 162:4 180:11 183:25 185:2 203:25 204:5 210:1 216:19 219:15 229:25 230:24 232:24 236:10 238:16 240:11 246:3 253:6 256:15 259:19 264:20,24 267:16 268:11 268:25 285:25 286:3,15 299:5 317:9 323:15 right-hand [2] 138:20 181:19 rights [1] 167:19 RIHAs [1] 82:18 ring [1] 85:10 risk [3] 169:12 172:12 265:22 risks [1] 96:16 Ritter [317] 2:2 4:3,7,14 5:4,14 7:22 8:11,14 9:12 9:17,22 10:4,15,20 11:5 11:14 12:6,12 13:5,13 13:24 14:5,23 15:2,6 16:11,22 17:25 18:20 19:4,8 21:7 22:2,17,24 23:6,18,22 24:4,22 25:1 25:5,10,17,24 26:8,17 26:25 27:5,14,20 28:16 29:17,21 30:6,22 31:3,9 32:9 33:6,21,23 34:4,9 35:18 36:21 37:5,12,20 37:25 38:5,20 40:19,23 41:16,21,25 42:5,11,17 42:22 43:2,15 46:4,9,17 49:17,18,22 50:3,10,14 50:22 51:2,12 52:20 53:2 53:14 54:3 55:13,15 56:8 56:15 57:7 58:2,6,20 59:2,10 60:2,4,8,12,21</p>	<p>62:1,11 63:7,24 64:4,10 65:20,25 67:1,5,22 68:2 68:14 69:22 70:11 71:4 72:6,16 73:8,13,17,23 74:2,16 75:1,22 77:6,22 78:10 79:8 80:2,8,19,22 81:3,10 82:9 83:1,12 85:2,9 86:6,13,18,22 87:2,6,13 88:23 89:3,7 90:1,5,16 91:1,20 92:12 92:16,20 93:1,6,11,17 94:14 95:9 96:9 97:6,22 98:11,16,23 99:17 100:25 101:7,8,12 104:10,22 109:2,12 112:2,11,23 116:1,5 117:19,24 118:4 118:13 119:2,16 120:4,8 120:22 121:1,15,21 123:15,25 124:7,14,18 125:4,14,22 126:14,19 127:1,5,21 128:8,16 129:8 131:2,7,14,24 132:2,8 133:18,22 134:2 134:15,22 135:1,6,12,18 136:4,9,21 137:9 138:2 138:23 139:4,17 140:9 140:17 142:1 144:6 145:9 145:13,23 146:11,18,23 147:3,7,18 148:3,16 149:4,8,12,16,22 155:8 156:10 157:19,24 158:5 158:11 159:1,5 161:25 162:14,19 163:2,12,17 163:22 164:6,14 165:8 165:12 166:2 172:25 173:7,14,17 174:5,21 175:13 176:1,7 177:4 178:3 179:2 180:2,19,22 180:23 181:6,12,16,22 182:4 183:4,8,13,17 184:22 roadblocks [1] 90:21 Rob [5] 5:4 9:17 33:6,23 36:21 Robert [4] 2:2 4:3 28:15 173:14 role [20] 11:12 34:17 61:9 61:22 104:13,16,19 105:19 106:16,21 201:10 201:13 263:11 274:16 278:3,6,13 279:22 284:18 298:23 roles [1] 105:17 Rolf [1] 1:8 rolling [1] 223:14 rolls [1] 144:2 room [2] 18:24 77:10 rooted [1] 7:3 Ross [2] 144:9 153:14 roughly [2] 71:5 167:4 route [1] 246:19 routed [1] 216:1 Royal [1] 95:13 rules [1] 161:15 Rumboldt [3] 279:3,9 280:13 run [3] 65:1 107:11 148:11</p>	<p>running [3] 64:17 90:21 122:11 rural [2] 79:7 191:2 Russell [3] 1:12 184:9 184:10</p> <hr/> <p style="text-align: center;">-S-</p> <hr/> <p>sad [4] 159:8,9,10,10 safe [2] 169:18 170:22 safeguard [1] 314:20 safely [2] 69:6 172:2 safety [4] 169:14 172:5 179:25 180:12 sake [1] 123:11 salaried [13] 71:1 72:4 82:17 88:7 109:23 110:2 113:24 114:3,5 124:23 127:8 146:1,2 salary [8] 52:14 66:4 77:9,16 78:7 79:17 88:19 127:10 Saltman [1] 150:2 sample [2] 75:21,23 samples [5] 6:8 75:23 288:2,25 310:14 Sandra [3] 1:7 2:7 185:14 Saskatchewan [3] 68:8 177:20 178:1 satisfactorily [1] 267:3 satisfied [7] 139:18 165:4 207:5 271:18 292:8 299:19,20 saw [4] 35:11 83:11 159:7 230:13 says [23] 5:1 21:5 44:5 61:11 80:6 82:19 88:3 99:1 100:16 101:18 109:25 114:5 116:24 117:9 119:20 133:12 182:17 194:19 265:8 266:6 267:13 287:20 297:14 scale [3] 42:7 77:9 82:20 scales [1] 77:16 scarce [2] 177:12 178:19 SCC [7] 51:8,23 52:16 54:1,9,16 63:1 SCC's [1] 52:8 scenario [2] 45:24 156:20 scheduled [1] 44:13 schedules [1] 76:17 school [2] 58:19 79:3 schools [2] 71:12 179:11 science [1] 7:8 Sciences [1] 20:6 scientific [1] 103:24 scientists [1] 104:5 Scotia [1] 76:13 screen [5] 18:19 28:11 38:11 132:20 232:9 screening [1] 19:12</p>
---	--	---	---	--

<p>screw [1] 119:7 script [1] 76:1 scroll [2] 254:20 317:10 scrolling [1] 89:23 search [2] 232:6,11 seated [5] 4:2 84:2 162:12 185:5 253:10 seats [2] 179:10,14 second [30] 19:23 43:13 44:16 45:17 55:7,21,25 57:12 61:15 62:20 63:14 63:14 73:11 79:16 82:13 95:20 109:17 119:19 133:7 137:5 138:19,19 142:23 144:7,23,24 182:12 225:18 293:15 294:4 secondly [1] 261:14 secret [2] 116:7,12 secretariat [56] 88:14 186:23 187:12 188:3 189:22 190:5 191:24 193:3,4 196:9 197:6,7 200:25 201:20,24 203:16 204:2,7,14,17 207:3,25 208:22 209:7,9 210:21 212:3 213:16 215:24 217:10 222:13 225:15 226:4 228:15 230:10 231:2,16,22 233:8 234:11 238:9 239:21 240:14 247:18 248:2 251:13 259:7 276:6 277:3,12 281:3 297:19 298:17 301:1,11,21 Secretariat's [4] 215:6 239:22 241:17 298:23 secretary [16] 88:2 200:16 205:1 207:10,13 208:5,11,14,18 212:15 214:5,6 223:23 230:11 239:23 272:19 section [12] 192:3 253:25 254:1,2 265:21 282:1 299:24 317:18,21,22 322:18,19 sections [1] 254:2 sector [1] 47:9 secure [1] 167:13 see [59] 4:23 6:14 12:20 19:3 31:1 32:7,14 39:10 61:3 79:1,4 82:5 85:13 105:6 109:1 112:18 121:7 123:20 125:1 129:17 144:7 172:12 174:6,16 175:8 176:1 181:15 186:16 202:21 216:25 221:13,24 226:16 228:14 229:2 233:3 237:19 253:21 254:11,12,15,23 259:20 260:2 261:5 269:3 270:24 271:17 278:19,25 280:19 284:4,8,25 296:24 300:24 303:16 309:5 317:12 seek [1] 193:8 seeking [3] 190:18 219:17 305:15</p>	<p>seem [5] 37:16 44:22 104:15 111:17 237:25 select [1] 54:15 selected [1] 140:18 self [1] 179:7 sell [2] 57:1,2 send [12] 26:2 218:23 220:21 221:2 230:2 236:13 238:13 241:9 246:18 251:25 298:22 299:5 sending [4] 6:8 86:12 217:18 291:20 sends [2] 217:17 262:17 senior [6] 18:12 41:9 64:6 110:8 235:19 256:19 sense [20] 8:2 16:15 23:11 32:18 38:14 51:18 55:11 64:18 79:10 127:9 158:17 170:16 222:9 223:11,15,17 224:7 271:8 303:3 310:14 sent [45] 151:5,6,10 157:17,22,25 158:4,6 159:15 211:13 212:14 214:6 217:8 221:1 231:2 236:2,3,25 238:4,16 239:2 240:9,13 241:5,9 241:22 245:22 249:6,7 257:9 261:17 262:13 269:22 270:21 271:9,15 279:11 280:24 281:1 292:4,18 297:19 298:21 300:8,11 sentence [4] 72:7 284:12 296:8,10 sentences [1] 221:13 separate [2] 195:13,15 separately [1] 195:17 September [12] 4:16 62:18 63:13 65:9 67:19 73:22 187:7 189:6,10 190:3 191:16 294:8 sequence [1] 136:10 series [1] 36:9 serious [10] 47:25 93:22 94:1 96:15 98:2 102:8 102:12 145:3 156:15 310:8 seriously [1] 66:12 serve [2] 171:22 172:1 serves [1] 118:15 service [32] 35:15 39:22 42:10 43:14 45:18,19 46:2 50:18,25 53:19,19 54:1 62:17 63:5,22 65:16 67:9 82:24 88:14 89:10 95:16 100:8 106:19 107:11 114:2 122:5 123:14 127:9 129:15 160:22 170:10 294:10 services [30] 39:18 40:6 40:18 42:4 43:22 45:21 48:24 49:2 51:7 54:13 57:21,22 61:20 62:20 63:11,12,15,16 66:15 72:5,12 80:7 96:6 99:5</p>	<p>101:23 116:24 119:23 133:14 150:4 167:11 sessions [1] 157:4 set [7] 55:1 65:3,3 79:21 94:10 115:2,10 setting [1] 129:4 settings [1] 8:20 seven [1] 167:4 several [13] 52:5,24 65:14 66:14 91:4 153:20 153:21 155:10 159:17 173:21 176:2 240:24 272:7 severe [1] 53:7 shall [1] 114:5 share [3] 110:21,24 228:1 shared [5] 35:25 209:1 291:6,19 305:20 Shari [1] 167:4 shed [1] 305:18 shift [1] 170:3 short [4] 57:18 154:8 168:24 194:21 shortage [3] 71:11 115:22 121:8 shortages [4] 70:7,7,8 173:22 shortcoming [1] 172:14 shortcuts [1] 172:8 shorter [2] 105:7,7 shortfall [2] 69:2 144:25 shortly [4] 33:6 130:11 235:17 315:6 shoulder [1] 15:24 show [4] 38:11 133:17 133:25 293:17 showed [4] 152:25 244:8 257:1,14 shown [6] 38:11 174:3,4 175:24 180:20 282:15 shows [1] 25:25 Siddiqui [9] 33:5,20 116:19,22 121:14 122:16 125:13,19 126:23 side [10] 40:24 41:6,6 134:13 138:20 150:3,4 172:7 176:19 181:20 sidetracked [1] 244:1 sign [3] 20:1 208:11 292:4 signatures [1] 120:3 signed [15] 5:6 54:1 91:13 113:16 114:9 146:13 158:8 208:3,10 239:17,19,20,22 281:11 319:5 significance [1] 74:15 significant [4] 69:4 72:5 93:24 94:25 significantly [2] 61:21 81:20 signing [1] 292:8 signs [2] 98:6 282:16</p>	<p>similar [6] 28:7 65:18 254:3,4 296:23 297:6 similarly [1] 272:15 Simmons [7] 1:10 143:13,14,18,25 173:9 173:10 Simon [1] 150:1 simpler [1] 124:25 simpliciter [1] 108:21 simply [5] 7:5 8:4 70:2 81:17 92:3 simultaneously [1] 120:17 Sinai [13] 6:8 261:17,19 262:13 263:18,25 265:2 266:24 284:10 288:3 294:7 315:24 319:24 sit [1] 136:13 site [1] 170:10 sitting [2] 131:18 270:25 situation [31] 20:7,15 20:17 21:10 31:20,25 47:1 48:12 59:6,7 61:25 62:6,7 81:16 82:25 83:4 89:18 97:12 107:14 142:5 145:2 155:24 157:11 176:12 179:5 182:7,20 246:25 303:8 308:14 310:8 situations [2] 6:23 157:2 six [5] 65:10 70:24 108:24 111:22 293:16 sixteen [1] 66:18 skimmed [1] 165:13 slam [2] 142:13,13 slide [2] 133:16,25 slides [1] 132:15 slight [3] 152:13 262:2 262:15 slightly [2] 41:2 62:19 slow [1] 125:25 small [4] 20:16 21:6 61:13 129:23 snail [1] 24:10 so-called [1] 101:2 social [11] 186:1,2 187:25 193:25 194:1,14,19 195:10,11 200:16 207:11 Society [1] 1:15 soliciting [1] 116:13 solid [1] 35:10 solution [9] 71:24 75:5 84:23 85:6 90:10,12 96:20,20 150:20 solutions [1] 55:8 solve [1] 56:24 someone [5] 129:14 139:6 182:17 204:16 313:22 sometime [3] 5:20 82:8 257:24 sometimes [6] 131:3,12 193:4 195:15 197:12 237:13</p>	<p>somewhat [3] 126:1 166:13 253:25 somewhere [6] 10:23 47:19 101:13 210:21 252:5 283:21 soon [5] 45:9 168:13 246:19 269:19 316:7 sooner [1] 6:24 sophisticated [2] 7:9 169:3 sorry [26] 52:7 74:25 75:23 88:24 93:15 94:11 119:17 125:7 126:15,17 127:2 130:18 133:25 134:13 144:11 174:11,15 210:14 243:24 249:20 257:19 285:24,25 297:16 317:12 322:17 sort [92] 6:11,16,18,21 6:22 8:6,20 9:1 11:25 12:7,19,22 14:11 15:24 16:2 24:6 31:15 35:8,12 36:4 42:6 43:6 47:15 48:2 50:6 53:16,19,20 56:18,18 59:20 60:22 64:20 69:23 72:22 74:20 74:23 75:9,10,13 76:16 76:24 77:14,25 81:22 86:23 90:11 97:25 103:4 104:25 105:22 106:5 107:11 110:24 114:16,17 118:17,19 119:11 121:3 125:24 128:19 140:1,3 140:24 142:12 150:8,13 152:23 153:8 155:23 156:4,22 157:9 158:17 159:20,20,25 160:1,2,13 161:11 164:16 165:3 166:5,11 173:24 176:11 177:3 178:24 181:25 191:4 sought [1] 225:19 sound [1] 324:14 sounded [2] 97:25 169:22 Sounds [1] 143:23 source [1] 274:1 sources [2] 131:4 300:14 spare [1] 102:6 speak [7] 7:18 8:22 11:24 28:23 37:1 105:3,13 speaking [9] 4:9 9:11,19 29:12 32:20 34:15 139:22 179:22 234:13 special [3] 187:6,13,14 specialist [2] 25:14 123:14 specialists [7] 17:7 70:21 72:2,4 86:9 110:3 175:20 specialities [2] 52:5,25 specialized [1] 106:2 specialties [2] 17:4 52:25 specialty [6] 53:3,4,13 53:20 137:1,8 specific [12] 17:1 34:23</p>
--	---	---	---	--

<p>51:21 52:2 85:11 109:17 110:7 195:1 203:8 225:24 242:16 268:21</p> <p>specifically [12] 66:17 110:13 227:11 228:7 280:2 291:23 292:1 305:24 306:1,4 308:12 314:18</p> <p>specifics [1] 94:3</p> <p>specimens [1] 69:6</p> <p>speed [1] 81:11</p> <p>speedy [2] 90:9,12</p> <p>spell [1] 102:3</p> <p>spelled [4] 45:16 55:11 83:4 88:8</p> <p>spend [2] 103:25 111:12</p> <p>spending [5] 14:16 34:24 57:9 113:1,2</p> <p>spent [5] 112:21 128:2 150:24 158:14 186:17</p> <p>spoke [8] 28:22 34:13 36:17 119:4 151:9,17 154:7 272:9</p> <p>spoken [5] 10:6 26:4 36:21,23 171:18</p> <p>spot [2] 243:5 323:9</p> <p>spread [1] 123:4</p> <p>spring [2] 46:4 289:9</p> <p>squeaky [1] 170:2</p> <p>St [9] 36:20 71:9 84:17 145:1,2 254:14 263:19 324:11,16</p> <p>stability [1] 96:17</p> <p>staff [16] 40:8,14 41:5 43:3,4 49:9 70:1 81:12 188:3 201:24 209:9 235:19 245:4,11 256:19 272:15</p> <p>staffing [5] 13:10,10,22 70:20 140:4</p> <p>stage [6] 60:20 167:9 288:21 292:3 307:3 313:1</p> <p>stakeholders [1] 171:12</p> <p>stand [7] 2:2 15:7 44:15 62:13 133:4 164:23,23</p> <p>standard [3] 77:15 217:20 239:10</p> <p>standards [3] 69:11 101:21 169:8</p> <p>standing [1] 166:17</p> <p>stands [1] 158:25</p> <p>stark [1] 97:15</p> <p>start [1] 73:14</p> <p>started [3] 39:21 65:6 266:22</p> <p>starting [3] 56:10,25 152:15</p> <p>state [4] 14:13 104:6 159:9 200:7</p> <p>statement [1] 68:24</p> <p>States [4] 177:15,17 178:8,15</p> <p>status [17] 5:9 27:19 166:5 176:24 246:11,15</p>	<p>262:3,4,15 263:6 265:18 282:2 284:1 285:15 306:9 317:14 319:19</p> <p>stay [2] 175:2 177:17</p> <p>stayed [1] 189:9</p> <p>step [6] 35:12 56:2 71:24 82:20 128:17 137:15</p> <p>steps [7] 65:14,17 287:20 299:25 304:1 309:11,17</p> <p>Steve [3] 59:14,24 138:4</p> <p>stick [2] 5:24 142:5</p> <p>still [20] 7:9,10 81:22 98:14 109:20 125:18 203:16 210:13,15,15,17 210:20 257:23 261:13 267:15,17 268:19 270:21 305:15 317:18</p> <p>stipend [5] 65:18 66:10 67:20 98:10 146:1</p> <p>stone [1] 151:13</p> <p>stood [1] 65:10</p> <p>stop [2] 167:6 177:24</p> <p>stoppage [1] 39:22</p> <p>story [6] 12:9 16:9 98:7 148:10,14 215:1</p> <p>strain [3] 16:1 170:12 178:25</p> <p>strategic [1] 188:5</p> <p>strategy [1] 196:25</p> <p>Street [1] 182:8</p> <p>strengths [1] 201:8</p> <p>strenuous [1] 168:1</p> <p>stress [4] 170:12 303:5 315:24 322:11</p> <p>stresses [1] 57:18</p> <p>stressful [1] 303:7</p> <p>strike [1] 51:24</p> <p>strong [2] 7:12 97:25</p> <p>strongly [4] 64:16 72:1 94:24 103:4</p> <p>struck [2] 42:14,15</p> <p>structure [3] 60:16 129:6 177:25</p> <p>structured [1] 161:14</p> <p>structures [2] 77:17 106:25</p> <p>struggles [1] 8:24</p> <p>struggling [2] 7:10 102:20</p> <p>student [2] 74:20 187:24</p> <p>students [3] 74:12 167:2 179:14</p> <p>studies [1] 141:8</p> <p>study [4] 47:16 81:6 95:7 187:24</p> <p>stuff [3] 107:22 139:7 165:14</p> <p>stumbling [2] 64:25 65:1</p> <p>subcommittee [4] 40:5 51:24 52:11 54:16</p> <p>subgroups [1] 24:20</p> <p>subject [9] 19:11 28:19 32:12 36:15 37:21 38:22</p>	<p>162:24 164:11 216:24</p> <p>subjective [1] 31:17</p> <p>subjectivity [1] 182:11</p> <p>subjects [2] 34:12,14</p> <p>submission [4] 188:3 190:18,23 195:3</p> <p>submissions [4] 190:6 190:14 195:25 196:4</p> <p>submitted [4] 5:20 152:2 192:8 234:22</p> <p>subsequent [2] 72:7 165:20</p> <p>subsequently [3] 14:10 53:17 103:6</p> <p>substantially [1] 297:1</p> <p>success [1] 71:10</p> <p>successful [1] 146:7</p> <p>succession [1] 176:3</p> <p>such [19] 34:3 65:17 85:7 86:12,17 94:20,24 96:20 119:25 128:6 141:23 143:12 150:18 167:21 175:6 193:14 248:2 252:24 277:13</p> <p>suddenly [1] 182:17</p> <p>suffer [1] 31:21</p> <p>suffered [2] 168:4 322:11</p> <p>suffering [1] 171:22</p> <p>sufficient [2] 66:24 71:13</p> <p>suggest [6] 71:1 108:20 175:17 244:3 254:3 312:7</p> <p>suggested [8] 49:6 52:12 66:11 73:19 129:14 153:5 273:1 314:14</p> <p>suggesting [4] 30:25 104:15 246:5,24</p> <p>suggestion [1] 175:18</p> <p>suggestions [2] 55:24 237:15</p> <p>suggests [5] 9:21 30:5 106:23 112:13 129:1</p> <p>suit [3] 203:12 225:20 322:8</p> <p>suits [3] 224:17 242:18 301:15</p> <p>Sullivan [5] 91:8,10 92:2 92:11 134:16</p> <p>sum [2] 165:16 171:4</p> <p>summarize [1] 61:25</p> <p>summarized [1] 117:2</p> <p>summary [7] 190:21 260:1 297:10,12 317:17 317:21 322:19</p> <p>summer [1] 37:4</p> <p>summoned [1] 152:24</p> <p>Sunday [1] 36:19</p> <p>supervision [2] 100:13 187:23</p> <p>supervisor [1] 114:10</p> <p>supplemental [1] 44:4</p> <p>supply [5] 39:14 98:5,6</p>	<p>105:7 177:7</p> <p>support [20] 17:4 27:8 33:10,16 34:2 36:3 45:18 58:21 72:25 73:19 84:12 84:25 86:8 90:8 102:17 115:24 116:8,13 157:5 166:20</p> <p>supported [2] 49:8 95:13</p> <p>supporting [1] 58:13 192:8 234:22</p> <p>supportive [7] 31:19 46:21 47:1 58:8 64:5,7 64:16</p> <p>supports [1] 57:25</p> <p>supposed [2] 113:18 231:12</p> <p>surgery [3] 58:18 115:18 319:10</p> <p>surgical [1] 105:14</p> <p>surplus [1] 75:19</p> <p>surprise [3] 154:25 290:19 291:1</p> <p>surprised [2] 86:16,19</p> <p>surrounding [2] 66:16 66:24</p> <p>survey [2] 24:7 44:19</p> <p>surveyed [1] 110:18</p> <p>surveying [1] 68:11</p> <p>Susan [3] 19:11 28:12 48:22</p> <p>suspect [1] 143:10</p> <p>suspects [1] 29:3</p> <p>sustainable [2] 69:8 96:7</p> <p>sworn [3] 2:6 185:13,14</p> <p>symmetrical [1] 76:16</p> <p>sympathetic [1] 31:20</p> <p>sympathy [1] 17:9</p> <p>syndrome [1] 170:2</p> <p>system [35] 15:25 24:6 26:1 29:14 34:18 39:4,5 64:13 65:6 67:16 81:17 90:20 99:13 104:14 106:3 107:3 108:3,9 130:11 166:22 167:11 169:2,5,6 170:21 171:3,25 172:1 176:25 177:1 215:4,5,6 226:15 228:14</p> <p>systemic [1] 59:20</p> <p>systems [2] 52:14 259:10</p>	<p>174:24 176:12</p> <p>Tamoxifen [10] 265:23 265:24 266:3,6,21 273:15 280:4,4 287:8 317:19</p> <p>tangent [1] 17:2</p> <p>Tansy [2] 217:2 279:2</p> <p>tape [1] 36:25</p> <p>target [3] 24:19,25 25:4</p> <p>targeted [1] 75:5</p> <p>task [1] 40:3</p> <p>TBATs [2] 194:22,22</p> <p>teaching [2] 117:14 121:19</p> <p>team [1] 59:23</p> <p>teams [1] 169:4</p> <p>teapot [1] 170:6</p> <p>technical [7] 59:21 106:2 152:1 165:14 176:19 263:8 264:9</p> <p>technologist [1] 294:7</p> <p>technology [3] 104:3 169:3 314:15</p> <p>telephone [5] 117:6 159:21 234:24 237:8 273:4</p> <p>telling [2] 99:9 262:24</p> <p>tells [1] 115:20</p> <p>tempest [1] 170:6</p> <p>temporal [1] 138:18</p> <p>temporary [1] 200:20</p> <p>ten [6] 21:14 63:18 81:19 100:16 217:16 265:4</p> <p>tend [1] 105:20</p> <p>tended [2] 72:19 195:24</p> <p>tendency [1] 76:9</p> <p>tends [1] 76:16</p> <p>tenor [1] 55:23</p> <p>tension [2] 108:5,6</p> <p>term [1] 65:12</p> <p>terminology [1] 224:15</p> <p>terms [45] 12:1 18:8 22:8 29:15 31:6 36:3 62:5,14 65:9 68:17 74:8,12 76:17 112:17 113:13 142:11 148:12 149:1 154:1 162:20 164:9,25 176:17 178:12 192:1,22 193:9 211:10,22 212:10 221:25 223:11 225:7 251:7 258:6 258:19 264:1 267:24 275:17 277:2 294:20 309:20 311:15 313:22 314:4</p> <p>terrible [1] 12:16</p> <p>Terry [3] 7:23 18:10 145:20</p> <p>test [18] 20:21 35:4 244:5 244:10 246:15 252:5 261:15,22,24 262:11 266:4,23 267:14 318:17 319:8,20 321:19 322:10</p> <p>tested [4] 289:1,1 310:15 312:20</p> <p>testifying [1] 152:18</p>
---	---	---	--	--

-T-

<p>testimony [1] 148:21 testing [15] 1:2,13 6:3,9 203:12 235:15 263:9 282:3,12 289:24 306:11 315:15,23 322:12 324:8 tests [6] 182:10 203:10 261:16 284:8 303:6 315:5 text [1] 63:19 thank [42] 4:6 17:17,22 54:20 83:22 84:4 101:11 125:10 131:20,23 133:11 136:1 143:21,25 162:7,9 162:14 172:18,20,22,24 173:5,6,11,16 174:15,16 183:21,22,24 184:3,5,7 184:11,20,23 185:7,23 253:12 254:23 256:15 323:15 thanked [1] 55:5 thanking [1] 49:3 thanks [5] 5:1 32:15 104:23 146:5 217:2 theirs [3] 154:16,17,18 themes [3] 74:3 75:16 171:19 themselves [3] 104:2 163:16 201:23 therapeutic [1] 168:8 therapy [2] 21:17,19 thereafter [1] 235:17 therefore [3] 123:21,23 127:17 they've [1] 267:18 thin [1] 123:4 thinking [3] 12:15 75:7 209:14 third [14] 20:13 21:5,11 66:23 71:7 80:5 133:7 137:15 174:20,24 175:11 175:17 244:4 315:16 Thomas [2] 70:16 144:10 Thomas' [1] 19:22 thorough [2] 54:11 95:6 thought [19] 6:15 36:1,1 53:1,12,15 60:13 150:13 152:5,6 164:25 193:2,7 222:2 291:3,17 294:23 295:2 307:18 thoughtful [1] 102:12 thoughts [2] 165:25 166:23 three [22] 20:3 33:3 41:7 44:12 51:5 52:9 54:15 54:21 113:2 117:13 122:22,25 131:13 138:6 144:19 151:7 174:18 175:12 237:3 250:25 265:17 281:16 three-year [1] 4:18 threshold [7] 118:9 119:24 121:7 127:16,23 264:7,12 thresholds [5] 34:23 117:11 118:7,16 120:12 threw [1] 150:6</p>	<p>through [46] 3:3 13:3 16:3 19:1 38:12 62:4 63:2 65:2 73:4,7 74:9 86:7 89:10 101:23 104:1 114:23 137:2 141:21 155:14 160:8,9 174:6 185:17,21 187:7 189:10 193:7 194:10 197:9 202:4 202:11 204:25 206:18,22 211:8 212:23 222:25 234:23 237:9 254:20 286:20,21 301:4 303:4 304:21 317:12 throughout [4] 68:12 71:11 194:6 273:4 Thursday [4] 152:14 153:23 154:24,25 tickets [1] 167:5 tied [2] 109:15 182:6 tight [1] 25:20 Tilley [7] 4:25 5:7 9:15 32:7,19 33:22 126:10 Tilley's [1] 35:17 timeframe [1] 113:13 times [7] 15:8 32:17 61:21 173:21 195:25 224:3 241:24 timing [1] 88:18 tip [1] 170:6 title [7] 19:18 106:22 189:9 239:11 240:25 241:13 283:11 today [23] 5:2,4 9:16 19:15 23:17 40:9 76:11 81:18 106:12,20 108:9 115:20 148:12 165:20 166:24 168:23 172:16 173:21 179:21 201:5 243:24 267:22 279:7 together [14] 40:15,16 41:9,12 47:15 75:2 84:19 138:5 139:10 155:20 156:2 252:2 283:4 311:11 togethers [1] 85:12 tolerate [1] 265:23 Tom [4] 18:9 32:7 91:7 115:15 tomorrow [3] 172:16 246:18 279:7 tone [2] 97:14 112:18 too [4] 99:9 121:9 211:24 317:23 took [5] 18:4 164:23 222:16 223:6 255:25 top [16] 32:14 37:6 43:12 53:8 71:20 73:11 75:13 76:25 77:7 78:2,3 98:21 106:10 138:19,20 239:12 top-up [1] 77:5 topic [5] 10:9 37:21 38:21 161:24 234:4 topics [2] 10:9,10 torn [3] 7:2,5,13 Toronto [1] 36:25 total [3] 30:23 87:7 165:16</p>	<p>totally [2] 74:17 293:8 totem [1] 107:12 touch [1] 32:22 tough [1] 155:24 toward [1] 72:14 towards [3] 46:16 150:14 150:16 town [1] 151:6 tracked [1] 197:9 tracking [1] 61:2 traffic [2] 241:7 251:7 tragic [1] 168:5 train [1] 179:6 trained [2] 134:10 175:2 training [3] 81:21,22 105:21 transcribed [1] 324:13 transcript [1] 324:7 transpired [1] 155:16 transpiring [1] 238:1 trauma [1] 168:2 traumatic [2] 157:3 169:20 travelling [8] 218:20 220:20,24 224:2 229:22 237:13 272:10 276:11 travels [1] 199:3 Treasury [15] 72:21 88:2 88:9,20 91:11 92:3,8,9 135:21 136:20 137:6 142:8 145:24 194:24 195:2 treat [1] 61:19 treated [6] 69:17 96:5 163:5 262:1 266:21 302:22 treating [2] 61:23 262:1 treatment [16] 20:24 58:5 84:22 95:25 265:20 266:7,8,22,25 273:14 287:8 302:22 310:11 314:1 317:19 319:23 tremendous [1] 303:5 trend [1] 9:2 trial [1] 152:18 tried [7] 15:24,25 64:19 77:12 93:18 153:19 155:18 triggered [1] 9:24 trim [9] 205:12,17 206:4 208:24 231:19,24 233:12 233:19,25 trip [1] 257:17 Trish [1] 162:15 trouble [1] 162:20 true [5] 191:9 213:23 225:5 289:14 324:7 truly [1] 171:6 trust [2] 45:24 117:15 trusted [1] 20:19 truth [1] 53:3 truths [1] 168:11</p>	<p>try [13] 43:25 53:20 84:15 84:23 85:6 93:20 118:5 142:25 143:19 155:16 224:5 256:15 306:25 trying [27] 14:8 27:8,10 46:19 64:12 74:22 75:4 90:20 124:2 134:17 153:16 182:15 224:1,15 239:15 248:9 257:20 263:10 270:19 301:12 302:6,20 306:8,18,21 307:4 308:16 Tuesday [1] 151:23 Tumilty [1] 158:8 Tumilty's [1] 7:21 turmoil [1] 158:15 turn [1] 187:3 turnaround [1] 69:14 turned [1] 57:2 turnover [2] 170:8 173:22 twice [2] 182:19 290:13 two [41] 10:9 15:7,15 32:5 44:12 66:8 103:14 117:12 118:22 119:20 122:15,25 128:14 137:10 137:11 138:6 174:13 175:23,25 195:12,15 215:21 221:7 222:14 223:16 237:3 251:8 271:5 281:16,17 285:15 287:3 295:14 311:21,23 313:15 314:8,9 317:16 319:15 322:1 two-page [1] 134:4 two-prong [1] 45:7 type [4] 72:24 147:23 159:22 245:20 types [2] 105:11 314:8 typical [2] 47:15 132:15 typically [7] 67:8 82:11 111:9 113:11 177:13,19 177:21</p> <hr/> <p style="text-align: center;">-U-</p> <p>U.S [2] 176:22 178:11 Uh-hm [7] 32:10 40:20 42:1,12 116:2 117:20 123:16 ultimately [9] 48:10 95:6 123:1 222:24 223:1 225:11 247:9 269:5 297:12 Um-hm [21] 19:5 21:8 23:19 28:17 50:23 51:3 51:13 52:21 54:4 59:3 63:8,25 65:21 66:1 68:15 80:9,20 149:21 163:1 174:22 175:14 unable [1] 170:23 unappreciated [1] 95:23 undated [2] 79:14 82:3 under [35] 16:2 51:6,6 57:13 62:20 69:9 95:22 119:20 122:3 146:1 158:6</p>	<p>166:9,10 167:1 170:24 177:16 190:2 192:24 201:7 221:11 234:4 242:25 244:3 246:11 249:15 255:10 267:17 268:20 278:5 282:15 283:12 284:1 295:7 309:5 311:25 under-staffed [1] 12:25 under-staffing [1] 170:7 undergone [1] 319:9 underneath [1] 82:19 underscore [3] 72:8 93:20 142:2 understand [29] 4:9 8:4 47:9,20 84:18 110:15 112:15 137:17 160:25 168:13 183:3 215:12 220:13 223:13 224:6,10 224:13,14,15 225:10 259:25 262:24 263:15 264:10,13 278:22 288:20 289:14 307:3 understands [2] 81:15 159:7 understood [23] 6:25 8:11 13:21 46:6,24,25 48:17 58:10 62:9 77:8 176:4 268:16 273:19 289:11,19 304:20 306:15 306:21 309:24 310:2 311:23 312:10 313:15 undertake [1] 137:7 undertaking [2] 94:25 167:21 undivided [1] 102:15 undo [1] 172:10 unexpected [1] 152:22 unfold [1] 171:1 unfolded [3] 47:5 125:25 149:3 unfolding [1] 60:24 unfortunate [2] 96:23 161:9 unfortunately [1] 241:6 unhealthy [1] 108:7 uninformed [1] 163:7 unique [2] 141:17 170:8 United [4] 177:14,17 178:8,15 universally [2] 35:15 103:16 University [5] 45:12 86:2 179:12 186:2,3 unjustified [1] 31:23 unless [4] 102:16 206:11 244:14 300:10 unlikely [1] 175:2 unofficial [2] 147:20 160:14 unstable [1] 169:18 unsupportive [1] 72:20 unusual [8] 22:10 27:23 204:7 272:13,17 298:20</p>
--	---	--	--	--

<p>300:12,16 up [76] 5:3,8 10:18 12:13 15:22 17:23 18:5 23:14 24:18 28:21 30:5 37:7 43:12,20,23 46:14 48:21 61:13 70:3 76:25 77:7 77:14 78:4 81:11 82:12 87:24 89:24 90:19 98:7 102:18 104:2 107:17 117:6 118:11 123:23 126:6 130:11 131:5 132:19 135:25 136:18 138:13 151:18,21 152:17 152:25 166:7 169:21 175:4 180:11 181:3 186:11 193:6 196:13 198:22 200:8,11 202:12 203:7 206:9 214:11 217:12 220:22 229:25 232:9,21 234:2 237:19 243:21 245:20 252:18 255:18 259:10 273:23 282:12 301:25 up-to [1] 229:14 upcoming [2] 33:9 34:1 update [6] 16:23 203:17 206:16,19 225:18 231:13 updated [3] 204:3 230:21 301:12 updates [2] 204:10,22 ups [3] 78:2,3 119:7 urban [1] 191:3 urgency [4] 222:10 223:12,15,17 urging [1] 83:16 usage [1] 54:20 used [9] 6:17 22:6 52:16 142:2 221:23 239:25 240:1,7 320:17 useful [1] 46:1 using [8] 104:14 105:8,9 118:17 263:19 314:12,20 320:8 usual [1] 300:24 usually [14] 10:10 195:16 195:17 198:9 199:8 204:12 207:24 208:14 211:20 231:3 233:11,20 298:17 301:8 utility [1] 169:16 utilized [2] 26:2 79:25 utilizing [1] 56:5</p>	<p>variation [1] 78:11 variety [3] 8:24 24:15 179:9 various [9] 59:5 79:19 117:2,17 128:20 179:11 180:8 203:6 205:17 Ventana [1] 295:9 verbally [2] 160:1 274:17 verbatim [2] 174:25 221:14 verification [1] 299:18 verses [2] 191:3 263:19 version [6] 221:8 255:21 281:21 297:20,20 323:13 versions [1] 296:20 via [1] 29:6 vice [1] 47:22 vicious [1] 170:15 view [8] 12:17 57:24 95:7 99:14 104:21 124:15 179:5 241:17 viewed [1] 119:25 vigilance [1] 100:14 vis [1] 139:15 vis-a-vis [1] 99:14 Visa [1] 178:12 Visas [2] 176:10 177:14 vision [1] 171:24 visit [2] 152:21 198:21 visited [1] 295:9 voice [1] 107:19 volatile [1] 155:20 VP [1] 43:1</p>	<p>weekend [7] 151:19,20 151:20,23 235:21 243:13 251:2 weekly [1] 195:20 weeks [5] 137:10,11 159:17 223:16 294:13 Wegrynowski [2] 162:16 164:10 weighing [1] 157:2 welcoming [1] 177:22 welfare [1] 186:18 wellbeing [3] 31:12 108:12 156:16 Western [3] 1:16 40:12 43:18 western-trained [1] 177:13 whack [1] 75:11 whatsoever [2] 305:21 307:17 wheel [1] 170:2 wherever [2] 243:5 323:8 who'd [2] 153:13 209:11 who've [1] 113:6 whole [15] 7:5 30:9 39:4 46:11 51:22 118:2,6 150:7 154:9 157:1 171:3 172:1 177:11 180:3 252:18 wide [4] 52:1 54:18 122:4 198:14 widely [1] 276:2 wider [1] 42:4 wife [1] 167:4 Williams [33] 5:2,17 6:1 6:1 7:19 8:9,12,17 9:16 9:19 11:4,9,16,21 19:12 19:21 20:1 21:11 22:5 23:13 28:15 40:11 43:19 45:16 50:20 52:6,7 55:1 55:4 57:16 68:20 144:10 253:21 willing [1] 110:24 willingly [1] 160:5 Wiseman [8] 144:9,15 144:15 145:19,23 147:16 149:24 153:14 wish [2] 190:22 246:24 wished [1] 208:8 within [40] 5:10 24:20 28:14 34:20,21 44:7 47:4 63:17 72:24 74:19,20 78:25 99:12 106:21 107:1 120:10 130:11 140:23 157:11 158:18 169:12 176:25 177:2,17,25 178:15 202:8 203:23 209:7,23 222:14 226:3 228:15 253:16 260:15,16 278:22 290:14 294:10,12 without [10] 32:18 39:6 59:17 67:11 96:4 97:2 113:7 164:15 168:2 171:7 witness [11] 130:6,10,16 173:6 174:2 175:24</p>	<p>180:20 183:22 184:3 185:1,12 witnesses [1] 176:18 women [13] 263:13 267:14 282:3 315:13,19 316:16 317:2,22 319:5 319:17,18,20 321:6 Women's [1] 84:10 women/families [1] 315:25 wondering [3] 237:24 267:16 302:2 word [6] 15:19 75:5 104:14 232:11 320:8,17 wording [1] 269:5 words [6] 6:17 102:1 141:13 171:11 234:5 321:23 worked [7] 40:14 113:6 113:6,8 203:6,23 212:6 307:17 workers [1] 170:18 workings [1] 202:6 workload [24] 34:23 48:4 61:14 66:17,19 69:4 69:8,25 75:18 88:6,17 94:19 95:3 102:22 117:11 118:6,9 119:21 120:11 120:13 121:5 127:10 138:15 140:3 works [6] 85:13 103:24 123:24 124:1 270:20 278:22 world [5] 76:10 104:2 169:16 177:11 179:5 worries [1] 108:15 worrisome [1] 81:15 worry [2] 14:7 98:3 worse [1] 81:19 worst [1] 6:20 worth [1] 67:13 worthy [1] 100:4 wrestle [1] 95:5 write [4] 158:13 235:12 296:8 318:13 writes [6] 43:19 49:4 69:2 70:19 71:21 253:19 writing [9] 43:20 75:24 115:21 116:25 144:14 145:24 244:1 277:25 314:11 written [21] 19:13 21:11 22:21 28:20 36:17 65:11 83:8 86:8 96:12 97:19 114:6 126:10 140:19,21 241:6 252:25 277:22 282:8 286:23 295:23 307:23 wrong [9] 9:7 302:22 305:1 306:19,22 307:1 308:20 310:22 319:9 wrongly [1] 142:24 wrote [2] 91:25 286:23</p>	<p>71:9 77:14 78:4 80:18 97:20 98:9,15 109:21 110:6 111:10 149:7,11 196:10 year-to-year [1] 77:15 years [21] 7:7 44:10 47:24 79:20 80:22 81:19 82:24 105:1,4,11 106:7 106:9 113:5 141:7 144:19 167:4,12 168:25 169:24 176:20 178:12 yesterday [15] 4:9 34:13 36:17 67:1,3 99:9 100:4 100:21 104:11 109:11 111:7 119:5 120:14 148:24 159:7 yet [9] 98:9 114:13 124:9 130:5 243:23 250:21 253:22 266:7 267:11 young [1] 79:2 yourself [27] 4:23 12:5 21:25 36:10 68:19 84:7 84:14 91:15 115:19 116:20 136:3 144:11 145:22 146:5 164:12 188:11 189:4,23 211:1 212:6 213:25 220:17 238:2 277:24 281:6 283:21 299:15 Youth [1] 186:19 Yvonne [6] 245:9 246:16 257:22 258:2 265:9 275:3</p>
<p>-V-</p>		<p>-W-</p>		
<p>vacancies [3] 71:14 79:7 144:23 vacant [4] 44:12 71:9 84:16 120:14 valid [1] 49:8 Valley-Goose [1] 152:18 value [1] 103:9 valued [3] 95:22 103:11 103:19 variables [1] 51:21</p>	<p>wait [5] 6:14 61:21 206:15 316:1 322:13 waited [2] 11:25 12:1 waiting [9] 8:8 238:13 281:7 289:16,20 290:3 308:4 312:21,24 wake [1] 169:20 wake-up [1] 155:21 walked [1] 276:22 Wall [1] 182:8 wanting [2] 156:24,25 wants [2] 37:1 168:7 warm [1] 8:16 warrant [1] 168:19 warranted [3] 57:24 88:12 202:13 watch [1] 157:16 water [1] 182:16 ways [2] 124:25 237:11 weather [1] 257:18 website [8] 19:13 22:22 22:22,25 23:2,3,15 24:10 week [6] 36:20 113:2 153:21 157:25 158:1 195:17</p>	<p>without [10] 32:18 39:6 59:17 67:11 96:4 97:2 113:7 164:15 168:2 171:7 witness [11] 130:6,10,16 173:6 174:2 175:24</p>	<p>year [15] 29:20 44:13</p>	<p>-Y-</p>