

COMMISSION OF INQUIRY  
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

June 6, 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
- Jane Hennebury . . . . . Doctors Kara Laing et al
- Daniel Simmons . . . . . Eastern Regional Integrated  
. . . . . Health Authority
- Pamela Taylor . . . . . Members of the Breast Cancer  
. . . . . Testing Class Action
- Mark Pike . . . . . NL Medical Association
- Jennifer Newbury . . . . . Canadian Cancer Society (NL Division)
- Stacey O’Dea. . . . . Central, Western and Labrador-Grenfell  
Regional Integrated Health Authorities

1 COMMISSIONER:  
2 Q. Please be seated. Ms. Chaytor.  
3 MS. CAROLYN CHAPLIN, EXAMINATION BY SANDRA CHAYTOR, Q.C.  
4 (CONTINUED)  
5 CHAYTOR, Q.C.:  
6 Q. Good morning, Commissioner.  
7 COMMISSIONER:  
8 Q. Good morning.  
9 CHAYTOR, Q.C.:  
10 Q. Good morning, Ms. Chaplin.  
11 MS. CHAPLIN:  
12 A. Good morning.  
13 CHAYTOR, Q.C.:  
14 Q. Ms. Chaplin I had asked yesterday if perhaps  
15 you would take a moment overnight to look over  
16 the draft releases that Eastern Health had  
17 prepared because there was something else that  
18 you thought was in those documents referring  
19 to the newer technology being a reason for the  
20 retesting. If we could bring up, please, P-  
21 0071? Ms. Chaplin, have you had a chance to  
22 do that?  
23 MS. CHAPLIN:  
24 A. I did look through. Could someone turn on my  
25 computer screen?

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1 CHAYTOR, Q.C.:  
2 Q. Yes, we’ll bring it up now. Okay. Here we  
3 go.  
4 MS. CHAPLIN:  
5 A. Is there a power button I’m supposed to hit?  
6 CHAYTOR, Q.C.:  
7 Q. Yeah, up here if you want to turn the pages.  
8 The first is briefing note.  
9 MS. CHAPLIN:  
10 A. No, it’s a black screen.  
11 CHAYTOR, Q.C.:  
12 Q. Oh, you mean it’s not on.  
13 MS. CHAPLIN:  
14 A. I apologize.  
15 CHAYTOR, Q.C.:  
16 Q. We have a little technical problem. I’m  
17 sorry, I didn’t realize that’s what you were  
18 trying to tell us. Okay. Well, while we’re  
19 doing that perhaps I’ll just move on to  
20 another area of questioning.  
21 MS. CHAPLIN:  
22 A. Sure.  
23 CHAYTOR, Q.C.:  
24 Q. And we’ll come back to that. I’ll just ask  
25 you some questions about getting your new job

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1 because we don't need any exhibits for that.  
 2 I understand when we finished up yesterday,  
 3 you were telling us about the phone call you  
 4 received from Ms. Matthews inviting you to a  
 5 new position. Perhaps you could tell us about  
 6 that?  
 7 MS. CHAPLIN:  
 8 A. That's right. I believe the call came during  
 9 the week of August 17th, 18th, 19th, around  
 10 those dates, and it was late in the day, I  
 11 recall. And Ms. Matthews was on the phone  
 12 stating that they had a new vacancy that had  
 13 come up in Cabinet Secretariat communications,  
 14 that there would be a replacement with the  
 15 assistant secretary to Cabinet for  
 16 communications, Mr. Abbott was moving on and  
 17 Ms. Cheeseman would be promoted there in an  
 18 acting capacity, which, of course, left a  
 19 vacancy in the senior director of  
 20 communications role. And she explained that  
 21 the premier wanted to know if I would be  
 22 prepared to accept that promotion.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay. And so what did you understand your job  
 25 duties would be in that new position within

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1 Cabinet Secretariat?  
 2 MS. CHAPLIN:  
 3 A. More strategic planning of communications, a  
 4 longer term look at how government  
 5 communicates. For example, normally in a  
 6 department you're focused on day-to-day  
 7 issues, communication strategies for  
 8 particular Cabinet submissions, what have you.  
 9 In the type of role that I would be moving to  
 10 it was more of a long-term view, you'd be  
 11 looking at blocks of time, strategic planning  
 12 over four-month periods, would be providing  
 13 Cabinet analysis for communications on  
 14 different policy portfolios. I was also asked  
 15 as part of that move if I would be prepared to  
 16 sit on a steering committee that they were  
 17 putting together for the Council of Federation  
 18 meetings, that was a year-long organizational  
 19 process because the meeting was happening, I  
 20 believe, the following late July or early  
 21 August. Some other duties would be leaving, I  
 22 guess, communications response for government  
 23 or giving appropriate advice for Cabinet on  
 24 centralized issues such as the auditor  
 25 general's report. Certainly budget was a big

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1 focus and that's something that I know when I  
 2 did actually take the role, would encompass  
 3 the majority of your time between a January  
 4 and April time frame.  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay. And did you have, when you received the  
 7 phone call from Ms. Matthews, did you have any  
 8 reluctance in accepting?  
 9 MS. CHAPLIN:  
 10 A. No, I was a little surprised, pleasantly  
 11 surprised. I really enjoyed health care  
 12 communications, that's originally why I  
 13 returned to the province, to accept that role  
 14 and I had a particular interest in that area,  
 15 so I wasn't looking necessarily to move out of  
 16 the department. But at the same time I was  
 17 honoured to serve in any capacity that they  
 18 deemed appropriate.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay. And were there any particular issues  
 21 that within the department that you were  
 22 reluctant to leave at that particular point in  
 23 time?  
 24 MS. CHAPLIN:  
 25 A. I believe I did note in that conversation that

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1 we had a number of issues unfolding. I can't  
 2 specifically say whether I referenced ER/PR  
 3 issue as one; I probably did. But at the same  
 4 time I appreciate that there was a senior  
 5 vacancy in government at the time and there is  
 6 no good time to move any personnel out of the  
 7 Department of Health because you're always  
 8 dealing with issues that are ongoing.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay. And were you--was it suggested that  
 11 perhaps you would still be able to be involved  
 12 in any way in any of the issues in the  
 13 department?  
 14 MS. CHAPLIN:  
 15 A. No, it was not.  
 16 CHAYTOR, Q.C.:  
 17 Q. Okay. And when you think you may have  
 18 mentioned the ER/PR issue in particular to Ms.  
 19 Matthews, did Ms. Matthews know about or  
 20 understand what the ER/PR issue was?  
 21 MS. CHAPLIN:  
 22 A. Well, I can't specifically recall her reaction  
 23 because I can't specifically say whether I  
 24 raised it in the conversation.  
 25 CHAYTOR, Q.C.:

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1 Q. Okay. Of course, back in your discussions  
 2 with her you had had a discussion back in July  
 3 -  
 4 MS. CHAPLIN:  
 5 A. In July.  
 6 CHAYTOR, Q.C.:  
 7 Q. - with her on it?  
 8 MS. CHAPLIN:  
 9 A. That's correct.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay. Once you moved to Executive Council--  
 12 sorry, Cabinet Secretariat and the Executive  
 13 Council position, who did you report to there?  
 14 MS. CHAPLIN:  
 15 A. Josephine Cheeseman.  
 16 CHAYTOR, Q.C.:  
 17 Q. And I think your computer screen is now -  
 18 MS. CHAPLIN:  
 19 A. It is.  
 20 CHAYTOR, Q.C.:  
 21 Q. - back working. And we have page 4 of P-0071.  
 22 So if you want to scroll down through or the  
 23 arrows up top will take you to the next page,  
 24 and point out the sections of these documents  
 25 that you were referring to yesterday?

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1 MS. CHAPLIN:  
 2 A. It was this, this is one draft press release  
 3 where there is a reference.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay. So this is page 9 of the exhibit.  
 6 MS. CHAPLIN:  
 7 A. "Retesting due to improved technology." The  
 8 other document that I looked at last night  
 9 that I believe Mr. Pritchard knows the correct  
 10 exhibit number -  
 11 MR. PRITCHARD:  
 12 Q. 0331.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay. Is there anything else before we leave  
 15 this exhibit?  
 16 MS. CHAPLIN:  
 17 A. Just one second here. This "Top key message"  
 18 "We reacted quickly to investigate this issue  
 19 so as to identify any inconsistencies with our  
 20 procedures. However, we are certain that, at  
 21 least in part, these conversions are due to  
 22 new more sensitive technology."  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay. So that's at page 12, okay. And, I'm  
 25 sorry, is there anything else in this exhibit

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1 or we'll move to the next one?  
 2 MS. CHAPLIN:  
 3 A. No, I think we can move to the next.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay. So that was P-03--sorry, Mr. Pritchard?  
 6 COMMISSIONER:  
 7 Q. 0331.  
 8 MR. PRITCHARD:  
 9 Q. 0331, I think.  
 10 CHAYTOR, Q.C.:  
 11 Q. 0331.  
 12 MR. PRITCHARD:  
 13 Q. It's page 1, I think.  
 14 MS. CHAPLIN:  
 15 A. The second paragraph here which I presume  
 16 would be a draft letter that was prepared at  
 17 some point in time that was not shared back  
 18 with us in 2005. I'd like to note the second  
 19 paragraph here "Since your tissue was first  
 20 tested there have been improvements in the  
 21 technology and changes in the approach to  
 22 offering hormone therapy." And then it goes  
 23 on to say, "In addition, upon review of our  
 24 procedures we have noted some inconsistent  
 25 test results that have lead us to the decision

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1 to retest your tissue sample." So in my--from  
 2 my perspective, from a communications  
 3 perspective this would suggest that at least  
 4 the notion of positioning the issue around  
 5 newer technology was certainly floated at that  
 6 time within Eastern Health's organization.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay. And, Ms. Chaplin, I realize you left  
 9 the end of August, your position in the  
 10 department. Up to the time that you left was  
 11 it your understanding that equipment or  
 12 technology was still an issue that hadn't been  
 13 ruled out?  
 14 MS. CHAPLIN:  
 15 A. Was still an issue that had not been ruled  
 16 out?  
 17 CHAYTOR, Q.C.:  
 18 Q. Was it still an issue that hadn't been ruled  
 19 out, were you still hearing references to  
 20 technology and -  
 21 MS. CHAPLIN:  
 22 A. I can't say with certainty, but I believe that  
 23 to be true.  
 24 CHAYTOR, Q.C.:  
 25 Q. And we did look at your note from August 15th

Page 13

1 yesterday and there was reference there, if we  
 2 can just go back to P-0160? And I take it  
 3 this August 15th meeting would have been the  
 4 last meeting that you attended on this issue -  
 5 MS. CHAPLIN:  
 6 A. That's correct.  
 7 CHAYTOR, Q.C.:  
 8 Q. - in the department?  
 9 MS. CHAPLIN:  
 10 A. That's correct.  
 11 CHAYTOR, Q.C.:  
 12 Q. And you had made a note about the Ventana  
 13 system shut down until assurance it's accurate  
 14 -  
 15 MS. CHAPLIN:  
 16 A. Yes.  
 17 CHAYTOR, Q.C.:  
 18 Q. "Inconsistent with Ventana in Montreal." So I  
 19 take it that was discussed in the meeting on  
 20 August 15th?  
 21 MS. CHAPLIN:  
 22 A. That's correct.  
 23 CHAYTOR, Q.C.:  
 24 Q. In leaving the department you indicated  
 25 yesterday in your evidence that you would have

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1 briefed Ms. Mundon on the issues or issues  
 2 that you felt that she needed to be brought up  
 3 to speed on. And you indicated that you gave  
 4 her a CD with whatever information you would  
 5 have on each issue. I'm wondering what would,  
 6 if anything, have been on that CD with respect  
 7 to the ER/PR issue?  
 8 MS. CHAPLIN:  
 9 A. To my knowledge there wouldn't have been  
 10 anything on that CD related to this particular  
 11 issue because the contents of that CD were  
 12 files on my hard drive system that contained  
 13 communications materials that we had, or I  
 14 certainly had prepared and my predecessors as  
 15 well in health, including speeches that were  
 16 drafted, news releases that were drafted,  
 17 House of Assembly notes that would have been  
 18 prepared during that time. I'm just trying to  
 19 think what else. Communication strategies,  
 20 perhaps. And at that particular point there  
 21 wouldn't have been much in an ER/PR file. I  
 22 believe that all would have been contained  
 23 would have been the July 20th briefing note.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay. So you physically had opened a file on

Page 15

1 ER/PR?  
 2 MS. CHAPLIN:  
 3 A. That's correct.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay. A paper file?  
 6 MS. CHAPLIN:  
 7 A. A paper file.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay. And you would have had the briefing  
 10 note from July 20th?  
 11 MS. CHAPLIN:  
 12 A. That's correct.  
 13 CHAYTOR, Q.C.:  
 14 Q. Would you have left copies of your handwritten  
 15 notes for Ms. Mundon?  
 16 MS. CHAPLIN:  
 17 A. Probably not.  
 18 CHAYTOR, Q.C.:  
 19 Q. How would she know what had happened on the  
 20 issue, did you have a sit down with her or  
 21 otherwise leave her a memo?  
 22 MS. CHAPLIN:  
 23 A. I didn't leave her a memo, but we did have a  
 24 sit down over the course of two to three days  
 25 where I walked her through a multiple of

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1 issues, this would have been one. And my  
 2 suggestion would have been at the time, and  
 3 that's why I left contact information in terms  
 4 of the go-to people in each particular area so  
 5 that someone else could fully brief her on the  
 6 day-to-day things that were occurring.  
 7 CHAYTOR, Q.C.:  
 8 Q. Did you share with Ms. Mundon your unease  
 9 about the situation in terms of where it was  
 10 on disclosure or the delay in disclosure?  
 11 MS. CHAPLIN:  
 12 A. I may have said that this is an issue that now  
 13 we've been dealing with four months, but I  
 14 think my view in the department, as I was  
 15 leaving at that time, was that a patient  
 16 disclosure or patient notification was  
 17 imminent.  
 18 CHAYTOR, Q.C.:  
 19 Q. That patients were to be told that they were  
 20 being retested, not just those who were  
 21 getting the results back?  
 22 MS. CHAPLIN:  
 23 A. Yes. And I believe I have that notion just  
 24 because by the nature of the August 15th  
 25 meeting in terms of while the minister did

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1 hear the advice of the medical professionals  
 2 in the room in terms of an immediate  
 3 notification at that time, his direction at  
 4 the end of that meeting was that the draft  
 5 letter still be prepared. So from my  
 6 perspective, where I was sitting, we were  
 7 still awaiting a draft of that patient letter.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay. Before you left the department, did you  
 10 ever receive a media request regarding the  
 11 ER/PR issue?  
 12 MS. CHAPLIN:  
 13 A. No, I did not.  
 14 CHAYTOR, Q.C.:  
 15 Q. And while you were in the department, was it a  
 16 practice to provide briefing notes from the  
 17 department to the premier's office for the  
 18 premier's briefing book?  
 19 MS. CHAPLIN:  
 20 A. It--usually a request that came for your top  
 21 five house notes, like, for each specific  
 22 session, but I was not in the department as we  
 23 were preparing for the upcoming session.  
 24 CHAYTOR, Q.C.:  
 25 Q. And there would not have been a departmental

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1 briefing note a that point in time, in any  
 2 event, there would only exist the Eastern  
 3 Health briefing note?  
 4 MS. CHAPLIN:  
 5 A. That's correct. And the department wasn't at  
 6 a stage, because you're looking at August time  
 7 frame and the House of Assembly in the fall  
 8 normally sits in November after the  
 9 Remembrance Day weekend until the Christmas  
 10 period. So normally you wouldn't be looking  
 11 at developing house notes for briefing books  
 12 until October.  
 13 CHAYTOR, Q.C.:  
 14 Q. And so if that happened, that would have  
 15 happened after your time there?  
 16 MS. CHAPLIN:  
 17 A. That's correct.  
 18 CHAYTOR, Q.C.:  
 19 Q. Part of your duties at the, at Cabinet  
 20 Secretariat included something to do with  
 21 ATIPP requests?  
 22 MS. CHAPLIN:  
 23 A. That's right.  
 24 CHAYTOR, Q.C.:  
 25 Q. Can you just explain that, what exactly it was

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1 that you would do?  
 2 MS. CHAPLIN:  
 3 A. Well, as I said earlier, or I believe  
 4 yesterday, in terms of government's response  
 5 to ATIPP requests, there was a centralized  
 6 list kept in Cabinet Secretariat on the policy  
 7 floor, which we would refer to internally as  
 8 the ninth floor. So I would generally be kept  
 9 abreast of incoming requests across  
 10 government, but the ones that I would pay  
 11 particular attention to would be the ones that  
 12 came in that were requesting information from  
 13 Executive Council.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay. And in your new role did the  
 16 communications and consultations branch have  
 17 regular briefings with the premier?  
 18 MS. CHAPLIN:  
 19 A. I certainly didn't.  
 20 CHAYTOR, Q.C.:  
 21 Q. Or with the premier's office?  
 22 MS. CHAPLIN:  
 23 A. No, I did not.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay. What did you have in terms of internal

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1 meetings amongst yourselves, would you have  
 2 regular meetings as you've described within  
 3 Department of Health, the executive would meet  
 4 weekly to discuss issues?  
 5 MS. CHAPLIN:  
 6 A. No, that was one of the main differences I  
 7 found when I went to Cabinet Secretariat  
 8 communications, the communications and  
 9 consultations branch did not have regular  
 10 meetings and it was only Ms. Cheeseman who  
 11 attended the Executive Council or Cabinet  
 12 Secretariat weekly meetings with Mr. Thompson.  
 13 CHAYTOR, Q.C.:  
 14 Q. Did you ever have an opportunity once you  
 15 moved, and I believe it was the beginning of  
 16 September, did you ever, during that first  
 17 month, have an opportunity to discuss the  
 18 ER/PR issue with your colleagues in Cabinet  
 19 Secretariat?  
 20 MS. CHAPLIN:  
 21 A. I think the only recollection that I have is  
 22 what I stated yesterday was I might have had a  
 23 conversation with Ms. Cheeseman in her office  
 24 in a couple of weeks following, after I'd been  
 25 out of the department in terms of, wow, all

Page 21

1 the issues that were ongoing in health, it  
 2 would have been that type of context.  
 3 CHAYTOR, Q.C.:  
 4 Q. Okay. And I take it Ms. Cheeseman didn't have  
 5 any questions for you around the issue?  
 6 MS. CHAPLIN:  
 7 A. Not that I can recall.  
 8 CHAYTOR, Q.C.:  
 9 Q. And you indicated that after you left, though,  
 10 the issue was still on your mind because I  
 11 believe you told us yesterday that in  
 12 September you called back to Minister  
 13 Ottenheimer to see how the issue was going?  
 14 MS. CHAPLIN:  
 15 A. That's true.  
 16 CHAYTOR, Q.C.:  
 17 Q. Tell the Commissioner about that discussion,  
 18 when it took place and what was discussed?  
 19 MS. CHAPLIN:  
 20 A. Well, if I could back up -  
 21 CHAYTOR, Q.C.:  
 22 Q. Sure.  
 23 MS. CHAPLIN:  
 24 A. - for one second? The last phone call that I  
 25 received in the Department of Health on my

Page 22

1 last day as I was walking out the door of my  
 2 office, and actually the phone rang, it was  
 3 after 5:00 and I remember standing in the  
 4 doorway saying should I answer or shouldn't I,  
 5 I'm on my way out of the department now. And  
 6 I picked up the phone and it was Mr. Tilley,  
 7 and Mr. Tilley was calling because he had just  
 8 learned that I was leaving the department and  
 9 wanted to wish me well and wanted--and I  
 10 remember him saying in that conversation, I  
 11 learned a lot from you in our dealings over  
 12 the last year or so. And, of course, I took  
 13 one last opportunity to bring up this issue  
 14 and suggest that really you have to move on  
 15 the patient notification piece. And I don't  
 16 recall his specific words, but he did, he did  
 17 leave me with the impression and gave me a  
 18 small bit of comfort as I was leaving that it  
 19 was imminent. So when I arrived in Executive  
 20 Council, within a couple of weeks I called the  
 21 minister just to see how he was doing. We had  
 22 a very close working relationship.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay, if I just stop you there for a moment?  
 25 So this was your last day, so this is the end

Page 23

1 of August, 2005, sometime -  
 2 MS. CHAPLIN:  
 3 A. That's correct.  
 4 CHAYTOR, Q.C.:  
 5 Q. - whatever that last day was, the last working  
 6 day. And is this the first time Mr. Tilley,  
 7 you had ever had a one-on-one personal contact  
 8 with Mr. Tilley?  
 9 MS. CHAPLIN:  
 10 A. I would think so. Like, it surprised me that  
 11 he had called.  
 12 CHAYTOR, Q.C.:  
 13 Q. Yes, okay. And you indicated to him that--or  
 14 made enough inquiries of him to figure out  
 15 that the letters had not been sent, that the  
 16 patient notification had not taken place up to  
 17 that point in time?  
 18 MS. CHAPLIN:  
 19 A. Apart from, I just want to be clear to going  
 20 back to what I said yesterday, that it was  
 21 still our impression that patients that were  
 22 converting in the tests samples that they had  
 23 told us about, that any patient who required a  
 24 course in--or a change in the course of their  
 25 treatment was being notified.

Page 24

1 CHAYTOR, Q.C.:  
 2 Q. Okay, and Mr. Tilley indicated -- whatever his  
 3 wording was, he indicated to you, left you  
 4 with comfort that the letters or whatever  
 5 contact was to go forward, was going to be  
 6 happening very soon?  
 7 MS. CHAPLIN:  
 8 A. I believe that to be true.  
 9 CHAYTOR, Q.C.:  
 10 Q. I'm sorry, what's the next conversation then  
 11 you have on this issue?  
 12 MS. CHAPLIN:  
 13 A. The next conversation, I can't remember, was  
 14 either around the same time frame. I gave  
 15 myself two weeks to try and settle into my new  
 16 role, and did follow up with a conversation  
 17 with Ms. Mundon, just to offer my assistance  
 18 if anything had come up that she was unclear  
 19 about or needed any help with as she was  
 20 settling into her new role. I did -- I can't  
 21 say with certainty, but I'm sure I would have  
 22 raised this issue just to see how things were  
 23 unfolding, and I knew leaving that  
 24 conversation there was nothing new coming out  
 25 of it. I did have a conversation with

Page 25

1 Minister Ottenheimer just once again to see  
 2 what was transpiring and whether they were  
 3 getting closer to the point that this would be  
 4 made public.  
 5 CHAYTOR, Q.C.:  
 6 Q. Did you call him or did he call you?  
 7 MS. CHAPLIN:  
 8 A. I called him.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay. So you asked him -- was this around the  
 11 same time period that you spoke to Ms. Mundon,  
 12 two weeks into your job?  
 13 MS. CHAPLIN:  
 14 A. I would say roughly, probably the same week.  
 15 CHAYTOR, Q.C.:  
 16 Q. So around mid September, and what was Minister  
 17 Ottenheimer's level of comfort at that point  
 18 in time?  
 19 MS. CHAPLIN:  
 20 A. I can't really say.  
 21 CHAYTOR, Q.C.:  
 22 Q. So you did discuss with him enough to know  
 23 that there still had not been patient  
 24 notification up to that point in time?  
 25 MS. CHAPLIN:

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1 A. I can't really say with certainty.  
 2 CHAYTOR, Q.C.:  
 3 Q. Well, what do you recall being discussed?  
 4 MS. CHAPLIN:  
 5 A. I would have asked -- I just would have asked  
 6 him are we -- are you getting closer to a  
 7 point where it's going to be made public, and  
 8 I think the response was somewhere along the  
 9 lines of they're working on it, but I did get  
 10 the impression it was happening soon.  
 11 CHAYTOR, Q.C.:  
 12 Q. That it was being made public?  
 13 MS. CHAPLIN:  
 14 A. That's correct.  
 15 CHAYTOR, Q.C.:  
 16 Q. And your understanding being that the patients  
 17 were to be notified before it was made public?  
 18 MS. CHAPLIN:  
 19 A. Yes.  
 20 CHAYTOR, Q.C.:  
 21 Q. And what about your own comfort level at this  
 22 point in time?  
 23 MS. CHAPLIN:  
 24 A. I felt like things were moving, so I was  
 25 almost expecting to see any day now either

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1 just a heads up that something was coming up,  
 2 that we were going to get the notification  
 3 that Eastern Health was going to be taking it  
 4 public.  
 5 CHAYTOR, Q.C.:  
 6 Q. Yes, and, of course, that happens at the end  
 7 of the month that at least it's going public.  
 8 MS. CHAPLIN:  
 9 A. Yes.  
 10 CHAYTOR, Q.C.:  
 11 Q. Did you have any other discussions then  
 12 throughout September on the issue?  
 13 MS. CHAPLIN:  
 14 A. Not that I remember.  
 15 CHAYTOR, Q.C.:  
 16 Q. Do you recall whether you had any discussions  
 17 with Mr. Abbott?  
 18 MS. CHAPLIN:  
 19 A. No, I don't think so.  
 20 CHAYTOR, Q.C.:  
 21 Q. And --  
 22 MS. CHAPLIN:  
 23 A. Other than I would have run into him at  
 24 different government functions, but nothing  
 25 stands out in my mind, not a specific

Page 28

1 conversation about this.  
 2 CHAYTOR, Q.C.:  
 3 Q. And how about Ms. Hennessey?  
 4 MS. CHAPLIN:  
 5 A. No.  
 6 CHAYTOR, Q.C.:  
 7 Q. What was your impression while you were there  
 8 in terms of who from the department's point of  
 9 view was monitoring or handling the issue as  
 10 much as it needed to be handled by the  
 11 department?  
 12 MS. CHAPLIN:  
 13 A. I think it's fair to say that the Deputy  
 14 Minister certainly was involved, and I think  
 15 my impression at the time that certainly Ms.  
 16 Hennessey would have been involved in that  
 17 issue and monitoring it because that was an  
 18 issue that fell within her area of service in  
 19 the department, which was board services.  
 20 CHAYTOR, Q.C.:  
 21 Q. And as between the two of them, Mr. Abbott or  
 22 Ms. Hennessey, did it appear that one or the  
 23 other was taking the lead on the issue?  
 24 MS. CHAPLIN:  
 25 A. Not that I can remember.

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1 CHAYTOR, Q.C.:

2 Q. So it was both of them?

3 MS. CHAPLIN:

4 A. It was both.

5 CHAYTOR, Q.C.:

6 Q. How about Mr. Hynes, did you have any contact

7 back to Mr. Hynes on the issue after you went

8 to your new position?

9 MS. CHAPLIN:

10 A. Nothing specific stands to mind.

11 CHAYTOR, Q.C.:

12 Q. Okay, and what about any other discussions

13 with anyone else at Eastern Health?

14 MS. CHAPLIN:

15 A. No, those are the only conversations, what

16 I've just reiterated to you, that stand out in

17 my memory.

18 CHAYTOR, Q.C.:

19 Q. So what is your next contact on this issue?

20 MS. CHAPLIN:

21 A. The next contact, I believe, would have been,

22 and you'll probably call up the exhibit, an e-

23 mail -- well, it would have been a phone call

24 I received on, I believe, September 30th. I'm

25 just looking here.

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1 CHAYTOR, Q.C.:

2 Q. Okay. We have an exhibit at P-0313, which may

3 help you, and this is an e-mail that you would

4 have sent after it appears having received a

5 phone call from Eastern Health?

6 MS. CHAPLIN:

7 A. Yes, I received a phone call from Ms. Bonnell

8 on that day.

9 CHAYTOR, Q.C.:

10 Q. Okay, and what did Ms. Bonnell tell you? This

11 was September 30th. Your e-mail is from

12 yourself, Friday, September 30th, 2005, at

13 4:42 p.m. and you send it to a number of

14 people; Bruce Cooper, Elizabeth Matthews,

15 Josephine Cheeseman, Robert Thompson, Sherry

16 McDonald, and you copy Tansy Mundon, and it's

17 "heads up, Eastern Health issue". You give

18 the importance "high".

19 MS. CHAPLIN:

20 A. Right, and the phone call would have happened

21 sometime between this reference here "at 4:15

22 this afternoon", so it would have been after

23 4:15 and between 4:42. So let's say around

24 4:30 in the day.

25 CHAYTOR, Q.C.:

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1 Q. Okay, so tell us then about what Ms. Bonnell

2 said to you?

3 MS. CHAPLIN:

4 A. All I remember is that it was a pretty

5 straightforward call in the sense of she was

6 just calling because -- what she suggested to

7 me was that she was unable to reach Mr. Mundon

8 and wanted to let me know that they've had a

9 media inquiry. It was originally an inquiry

10 about mammography or mammogram screening and

11 they chose to, I guess, disclose that it

12 wasn't actually -- there wasn't actually an

13 issue with mammogram screening, it was

14 actually an issue with the ER/PR testing.

15 CHAYTOR, Q.C.:

16 Q. And did Ms. Bonnell indicate to you what

17 discussions she had had with anyone prior to

18 making the decision to disclose to the

19 reporter that this was, in fact, an issue with

20 the hormone receptor testing?

21 MS. CHAPLIN:

22 A. No, she didn't. The only other thing that came

23 up in conversation was she said if they could

24 have just waited a week. I certainly walked

25 away with the impression if this call had come

Page 32

1 a week later, they would have been further

2 along in their patient notification and it

3 would have been a different scenario that

4 we're looking at today.

5 CHAYTOR, Q.C.:

6 Q. Did you ask her whether or not the patients

7 had been notified at that point?

8 MS. CHAPLIN:

9 A. I'm not sure if I did.

10 CHAYTOR, Q.C.:

11 Q. But the sense you had from your discussion was

12 that that had not happened, and if they had

13 another week, they would have been further

14 along in the notification?

15 MS. CHAPLIN:

16 A. Yes.

17 CHAYTOR, Q.C.:

18 Q. Were you surprised to receive a phone call

19 from Susan Bonnell?

20 MS. CHAPLIN:

21 A. I was, because normally that interaction would

22 occur between Eastern Health, Director of

23 Communications, and the department.

24 CHAYTOR, Q.C.:

25 Q. And you had not had any prior contact with her



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1 since you had moved to your new position?  
 2 MS. CHAPLIN:  
 3 A. No, I did not.  
 4 CHAYTOR, Q.C.:  
 5 Q. But she managed to find you?  
 6 MS. CHAPLIN:  
 7 A. Pardon me?  
 8 CHAYTOR, Q.C.:  
 9 Q. But she managed to find you?  
 10 MS. CHAPLIN:  
 11 A. Yes, she did.  
 12 CHAYTOR, Q.C.:  
 13 Q. And do you know whether or not she had at that  
 14 point talked to anyone else or anyone else at  
 15 Eastern Health had had any discussions with  
 16 the department?  
 17 MS. CHAPLIN:  
 18 A. I can't remember, unless there's something  
 19 here in writing.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. If we just look at -- you sent this to  
 22 Bruce Cooper. Who is Bruce Cooper?  
 23 MS. CHAPLIN:  
 24 A. Bruce Cooper was a policy -- a senior policy  
 25 analyst in Cabinet Secretariat that dealt with

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1 social policy issues.  
 2 CHAYTOR, Q.C.:  
 3 Q. And Ms. Matthews, of course, and Josephine  
 4 Cheeseman, Robert Thompson, and Sherry  
 5 McDonald. Who is she?  
 6 MS. CHAPLIN:  
 7 A. Sherry McDonald was the Assistant Secretary to  
 8 Cabinet for social policy issues.  
 9 CHAYTOR, Q.C.:  
 10 Q. And why is it that you sent the e-mail to  
 11 those individuals?  
 12 MS. CHAPLIN:  
 13 A. That would be the protocol that you would  
 14 follow in central communications when you  
 15 receive an alert of an issue breaking.  
 16 CHAYTOR, Q.C.:  
 17 Q. When Ms. Bonnell called, was she seeking any  
 18 advice from you at that point in time?  
 19 MS. CHAPLIN:  
 20 A. No, she wasn't. The purpose of the call was  
 21 strictly to share this information.  
 22 CHAYTOR, Q.C.:  
 23 Q. Did she indicate to you how the reporter had  
 24 learned of the issue?  
 25 MS. CHAPLIN:

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1 A. No, she did not.  
 2 CHAYTOR, Q.C.:  
 3 Q. And did you make any inquiry of her, and I  
 4 think I've sort of asked this already in a  
 5 different way, but did you make any inquiry of  
 6 her as to whether or not -- she indicated she  
 7 couldn't reach Ms. Mundon, but did you make  
 8 any inquiry as to whether or not the  
 9 department otherwise had been notified?  
 10 MS. CHAPLIN:  
 11 A. I probably did, but I can't specifically  
 12 recall that detail from the conversation.  
 13 CHAYTOR, Q.C.:  
 14 Q. And I notice that you copied Ms. Mundon on  
 15 this?  
 16 MS. CHAPLIN:  
 17 A. I did.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay. Did you phone the Minister?  
 20 MS. CHAPLIN:  
 21 A. No, I did not.  
 22 CHAYTOR, Q.C.:  
 23 Q. And why didn't you phone him?  
 24 MS. CHAPLIN:  
 25 A. Because I no longer had daily management of

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1 health issues, and that would have been the  
 2 responsibility of Ms. Mundon as the Director  
 3 of Communications to the Minister of Health to  
 4 make that call.  
 5 CHAYTOR, Q.C.:  
 6 Q. So you're letting Ms. Mundon know through your  
 7 e-mail in case she doesn't already know, and  
 8 it appeared from your conversation with Ms.  
 9 Bonnell that she may not. So you're cc'ing her  
 10 to let her know?  
 11 MS. CHAPLIN:  
 12 A. So that she --  
 13 CHAYTOR, Q.C.:  
 14 Q. So that she'll make that contact?  
 15 MS. CHAPLIN:  
 16 A. That's right.  
 17 CHAYTOR, Q.C.:  
 18 Q. Did you -- other than your contact to Ms.  
 19 Mundon, did you contact anyone else in the  
 20 department?  
 21 MS. CHAPLIN:  
 22 A. No, I did not.  
 23 CHAYTOR, Q.C.:  
 24 Q. And other than the individuals that you sent  
 25 this e-mail to, did you discuss the issue with

1 anyone else?  
 2 MS. CHAPLIN:  
 3 A. No, I don't believe so.  
 4 CHAYTOR, Q.C.:  
 5 Q. Did you have any discussion with Mr. Tilley?  
 6 MS. CHAPLIN:  
 7 A. No, I did not.  
 8 CHAYTOR, Q.C.:  
 9 Q. When you sent this e-mail, Ms. Chaplin, did --  
 10 you say here, "Eastern Health Authority has  
 11 contacted us", so that we know that's Susan  
 12 Bonnell, "to advise on an issue that had been  
 13 ongoing throughout the summer concerning ER/PR  
 14 testing of breast cancer patients about to hit  
 15 the media". Did any of the individuals that  
 16 you sent this e-mail to contact you and ask  
 17 you any questions about this?  
 18 MS. CHAPLIN:  
 19 A. No, they did not.  
 20 CHAYTOR, Q.C.:  
 21 Q. Would they know what ER/PR testing was  
 22 referring to?  
 23 MS. CHAPLIN:  
 24 A. They likely would, given that I did have a  
 25 conversation with Ms. Matthews back in July, I

1 MS. CHAPLIN:  
 2 A. And I certainly would have explained that in  
 3 other conversations I had at that time.  
 4 CHAYTOR, Q.C.:  
 5 Q. If we could go back then, please, to P-013.  
 6 You think that even though ER/PR wasn't  
 7 referenced, you would expect the individuals  
 8 who had received that e-mail or had had prior  
 9 discussions on it, would understand that this  
 10 is the same issue that was referenced back on  
 11 July 19th?  
 12 MS. CHAPLIN:  
 13 A. Well, the other thing I'd like to point out is  
 14 I was still under the impression throughout my  
 15 tenure in government that Cabinet Secretariat  
 16 had received the July 20th briefing note.  
 17 CHAYTOR, Q.C.:  
 18 Q. Did you receive that briefing note in Cabinet  
 19 Secretariat?  
 20 MS. CHAPLIN:  
 21 A. No, I did not because I was not on the  
 22 approved circulation list for briefing notes  
 23 in the central agency.  
 24 CHAYTOR, Q.C.:  
 25 Q. And would there be a shared folder, though, a

1 did have a conversation at some point with Ms.  
 2 Cheeseman, and obviously we've seen through  
 3 the e-mail records of Mr. Cake, we know that  
 4 Mr. Thompson was alerted as well.  
 5 CHAYTOR, Q.C.:  
 6 Q. Yes, and if we look back at P-0312 for a  
 7 moment, please, the e-mail that day that Mr.  
 8 Cake sent to Mr. Thompson refers to Eastern  
 9 Health Board has recently discovered errors in  
 10 its breast cancer testing program, and there  
 11 was no reference that day to the ER/PR?  
 12 MS. CHAPLIN:  
 13 A. No, there wasn't.  
 14 CHAYTOR, Q.C.:  
 15 Q. And again this would have been a couple of  
 16 months prior?  
 17 MS. CHAPLIN:  
 18 A. There's no reference to ER/PR testing in Mr.  
 19 Cake's summary of my conversation with him,  
 20 but it's entirely likely, as I said yesterday,  
 21 that I would have used the terminology ER/PR  
 22 in reference -- in the conversation with Mr.  
 23 Cake back in July.  
 24 CHAYTOR, Q.C.:  
 25 Q. Yes.

1 shared drive that you could access --  
 2 MS. CHAPLIN:  
 3 A. No, there definitely was not.  
 4 CHAYTOR, Q.C.:  
 5 Q. And no, I take it, physical binder either that  
 6 you would have access to?  
 7 MS. CHAPLIN:  
 8 A. No, the only one privy to briefing notes on  
 9 our floor, on the 10th floor in the  
 10 Communications and Consultation Branch, was  
 11 Josephine Cheeseman.  
 12 CHAYTOR, Q.C.:  
 13 Q. So you had understood that they had received  
 14 the briefing note, which clearly would have  
 15 outlined this as being ER/PR issue?  
 16 MS. CHAPLIN:  
 17 A. That's correct.  
 18 CHAYTOR, Q.C.:  
 19 Q. But nobody contacted you, in any event, nobody  
 20 got back to you to say, well, what's this all  
 21 about, this is the first time we've heard of  
 22 this issue, you didn't receive any inquiry  
 23 like that?  
 24 MS. CHAPLIN:  
 25 A. Nothing stands out in my memory.

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1 CHAYTOR, Q.C.:

2 Q. And you think you would remember that if

3 somebody --

4 MS. CHAPLIN:

5 A. I would think I'd remember that detail.

6 CHAYTOR, Q.C.:

7 Q. Your e-mail goes on to say, "Late this

8 afternoon Eastern Health was contacted by The

9 Independent inquiring whether the Health

10 Authority had an issue with its mammogram

11 screening". Where did you receive the

12 information that that inquiry had happened

13 late in the afternoon?

14 MS. CHAPLIN:

15 A. From -- this is exactly -- I'm recounting

16 exactly the conversation that Ms. Bonnell had

17 with me.

18 CHAYTOR, Q.C.:

19 Q. So she told you the inquiry came late in the

20 afternoon?

21 MS. CHAPLIN:

22 A. That's correct.

23 CHAYTOR, Q.C.:

24 Q. And then, I think this should be "Kara Laing".

25 MS. CHAPLIN:

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1 A. I know, I spelled it incorrectly.

2 CHAYTOR, Q.C.:

3 Q. "An oncologist, spoke with The Independent to

4 respond". So it's your understanding at this

5 point in time Dr. Laing has already spoken

6 with the reporter?

7 MS. CHAPLIN:

8 A. Yes.

9 CHAYTOR, Q.C.:

10 Q. And, "In addition, NTV, Lynn Burry, contacted

11 the Authority at 4:15 this afternoon. Eastern

12 Health will be calling NTV back, but given the

13 late hour of the day, it won't be possible for

14 them to get a body for a clip tonight. They

15 are going to offer comment for Monday's news".

16 At this point in time, was there any

17 indication that Eastern Health had a

18 communications strategy in place?

19 MS. CHAPLIN:

20 A. Nothing that I would have seen, but I can't

21 really speak to that after I left the

22 department because that strategy would have

23 been shared -- if one was developed, the

24 strategy would have been shared by Eastern

25 Health to the department.

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1 CHAYTOR, Q.C.:

2 Q. Do you know, for example, whether they had

3 assembled contact information on all of the

4 patients?

5 MS. CHAPLIN:

6 A. That I wouldn't know. Once I left the

7 department, I was not on a day to day

8 interaction or involved in this issue.

9 CHAYTOR, Q.C.:

10 Q. What would your expectation be?

11 MS. CHAPLIN:

12 A. I believe I said this yesterday, as a

13 reflection looking back, that even in the

14 early days the department spent a lot of time

15 focusing those meetings, looking into when,

16 the timing of notification. We asked

17 questions about the how from a communications

18 perspective in tactics, but I distinguish that

19 from -- perhaps now looking back, there should

20 have been more questions raised about the

21 operational how in terms of the database

22 management, and I think from -- not to put

23 words in the Minister's mouth, but from the

24 Minister's perspective when he did raise that

25 on July 21st in the briefing and asked Mr.

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1 Tilley whether any additional resources,

2 either human or capital resources were

3 required to expedite this process, and the

4 answer was "no", I think he would have been

5 left with a reassurance that things were in a

6 different state than they actually appear to

7 be from what we know now.

8 CHAYTOR, Q.C.:

9 Q. Obviously you and Ms. Bonnell on the 30th of

10 September discussed that there were interviews

11 lined up, or at least one interview they would

12 be doing with NTV, and that Dr. Laing had done

13 an interview with The Independent reporter.

14 Did you ask her whether or not -- you had

15 stated that your preference would be to do a

16 press release and a technical briefing. Did

17 you ask her whether or not anything along

18 those lines would take place?

19 MS. CHAPLIN:

20 A. I might have.

21 CHAYTOR, Q.C.:

22 Q. But you don't recall whether or not that was

23 in the works?

24 MS. CHAPLIN:

25 A. No, I can't say that for certainty.

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1 CHAYTOR, Q.C.:

2 Q. But those were the only two things that she

3 indicated they were focusing on doing at this

4 point in time.

5 MS. CHAPLIN:

6 A. Yes.

7 CHAYTOR, Q.C.:

8 Q. Did you contact Gary Cake?

9 MS. CHAPLIN:

10 A. No, I don't think so.

11 CHAYTOR, Q.C.:

12 Q. And why would he not have been included in

13 your list of people that you sent this to?

14 MS. CHAPLIN:

15 A. Because the appropriate protocol would be to

16 notify the assistant secretary to Cabinet, Ms.

17 McDonald for social policy issues and I would

18 intrust, if they were going to share

19 information on their floor, that they would

20 handle it as part of their usual procedures.

21 CHAYTOR, Q.C.:

22 Q. Knowing now that it appears that the July

23 20th, 2005 briefing note hadn't made its way

24 up to those individuals, would you have

25 expected questions arising from your e-mail?

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1 MS. CHAPLIN:

2 A. Well it's purely a speculative answer, but I

3 would find it strange not to receive any

4 questions.

5 CHAYTOR, Q.C.:

6 Q. If the only other information they had had was

7 two months before and that one e-mail and some

8 had not even received that, you would have

9 expected to have a few questions emanating

10 from this e-mail?

11 MS. CHAPLIN:

12 A. Yes, but I can only speak for myself in

13 questions I may have received. I have no

14 knowledge of any questions they may have asked

15 at the department.

16 CHAYTOR, Q.C.:

17 Q. Yes. So perhaps the inquiries went directly

18 to the department, as opposed to back to you?

19 MS. CHAPLIN:

20 A. That's entirely possible.

21 CHAYTOR, Q.C.:

22 Q. Yes. And you do hear back, I believe, from

23 Ms. Mundon on the issue and I think we have

24 that at P-1531 please, Registrar? Now, Ms.

25 Chaplin, I'll just take you to the bottom here

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1 because this begins with your e-mail that we

2 had just looked at. It doesn't have who it

3 went to, but it is your e-mail of 4:41 of that

4 date and then Ms. Mundon indicates to you that

5 she was in the process of writing the same e-

6 mail, so it appears that she's indicating to

7 you that she knew about it. And you say,

8 "Thanks, Tansy. Are they preparing revised

9 briefing notes?" And I take it the "they"

10 would be -

11 MS. CHAPLIN:

12 A. Eastern Health.

13 CHAYTOR, Q.C.:

14 Q. Eastern Health. "It has been awhile since

15 they did one (I believe late July)." Ms.

16 Chaplin, how did you know the last time that

17 Eastern Health had did or completed a briefing

18 note was late July?

19 MS. CHAPLIN:

20 A. I'm just making an assumption there because I

21 hadn't seen anything since then, when I left

22 the department, but I wouldn't be privy to any

23 briefing note that might have occurred or

24 might have appeared in Cabinet Secretariat

25 like a new note between September 1, September

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1 30th, so that's purely an assumption on my

2 part.

3 CHAYTOR, Q.C.:

4 Q. Yes, you've been out of the department a month

5 at that point.

6 MS. CHAPLIN:

7 A. Yes.

8 CHAYTOR, Q.C.:

9 Q. So whether or not there had been a briefing

10 note done in that period of time, you wouldn't

11 know.

12 MS. CHAPLIN:

13 A. No, I would not.

14 CHAYTOR, Q.C.:

15 Q. Had you been following the issue, other than

16 the discussions that you've told us about?

17 MS. CHAPLIN:

18 A. No, that would have been it.

19 CHAYTOR, Q.C.:

20 Q. And had you made any inquiries of Ms. Mundon

21 or the Minister as to the status of briefing

22 notes in the discussions that you've had?

23 MS. CHAPLIN:

24 A. No, because that would no longer be my role.

25 CHAYTOR, Q.C.:

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1 Q. So when you say "it's been awhile since they  
2 did one, I believe late July", you're assuming  
3 nothing happened in September that you were  
4 unaware of.  
5 MS. CHAPLIN:  
6 A. That's correct.  
7 CHAYTOR, Q.C.:  
8 Q. And Ms. Mundon's response to you is that  
9 "Eastern has prepared a note and it's being  
10 revised. I'm a little puzzled about why Susan  
11 called you when she already spoke to me."  
12 MS. CHAPLIN:  
13 A. As was I.  
14 CHAYTOR, Q.C.:  
15 Q. Yes. And your response to her is "George  
16 Tilley uses me as a sounding board from time  
17 to time. I believe it was before Susan called  
18 you because I asked whether Health had been  
19 advised and was told they had been trying to  
20 reach Moira." Now the response that "George  
21 Tilley uses me as a sounding board from time  
22 to time"--  
23 MS. CHAPLIN:  
24 A. I have no idea looking back on it why I would  
25 have written that, apart from the fact that I

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1 had a lot of respect for Mr. Tilley and that  
2 we would have conversations from time to time  
3 in the sense of whenever I would see him  
4 through the Minister at an event or a  
5 function, and you know, we did have a few  
6 philosophical discussions about maybe  
7 communications or I was asking his advice at  
8 one point whether I should pursue a BMA or a  
9 Master's in Health Administration, those types  
10 of discussions, but I don't know why I would  
11 have written that.  
12 CHAYTOR, Q.C.:  
13 Q. And so those discussions that you would have  
14 had, those information discussions with Mr.  
15 Tilley, had any of those taken place since you  
16 had left the department?  
17 MS. CHAPLIN:  
18 A. No, they had not.  
19 CHAYTOR, Q.C.:  
20 Q. And so saying that George Tilley used you as a  
21 sounding board, normally when people say a  
22 "sounding board" that's someone that you would  
23 bounce something off for advice. Had Mr.  
24 Tilley ever done that?  
25 MS. CHAPLIN:

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1 A. From a communications perspective, maybe  
2 general discussions when we were at an event  
3 somewhere, but nothing--no, we weren't in the  
4 general habit of him picking up the phone or I  
5 picking up the phone and having one-on-one  
6 conversations.  
7 CHAYTOR, Q.C.:  
8 Q. And when would that have happened, when would  
9 you have been at an event with Mr. Tilley and  
10 that would happen?  
11 MS. CHAPLIN:  
12 A. Could be anything we did, a number of joint  
13 announcements when I was in the Department of  
14 Health.  
15 CHAYTOR, Q.C.:  
16 Q. And did he ever use you as a sounding board on  
17 the ER/PR issue?  
18 MS. CHAPLIN:  
19 A. No, he did not.  
20 CHAYTOR, Q.C.:  
21 Q. And so you can't give any explanation as to  
22 why that would have been your response that  
23 day?  
24 MS. CHAPLIN:  
25 A. No.

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1 CHAYTOR, Q.C.:  
2 Q. And did you have any indication that it was  
3 Mr. Tilley who had asked that you be  
4 contacted?  
5 MS. CHAPLIN:  
6 A. I can't say for certain because I can't recall  
7 that level of detail from the conversation I  
8 had with Ms. Bonnell.  
9 CHAYTOR, Q.C.:  
10 Q. And you indicate to her that you believe you  
11 were contacted before Susan contacted her,  
12 because you had asked and she had said that  
13 she was trying to reach Moira.  
14 MS. CHAPLIN:  
15 A. That's true.  
16 CHAYTOR, Q.C.:  
17 Q. That's right, okay, because it wasn't Ms.  
18 Mundon that she was trying to reach?  
19 MS. CHAPLIN:  
20 A. "I believe it was before Susan called you"--I  
21 don't know, the only detail I have to go by is  
22 what's here in writing.  
23 CHAYTOR, Q.C.:  
24 Q. So your recollection that they had tried to  
25 reach Ms. Mundon, couldn't get her and then

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1 contacted you, it may have been Moira, Ms.  
 2 Hennessey they were trying to reach? You  
 3 don't know?  
 4 MS. CHAPLIN:  
 5 A. I don't know.  
 6 CHAYTOR, Q.C.:  
 7 Q. But you did make the inquiry, according to  
 8 this, as to whether or not the Department of  
 9 Health had been contacted?  
 10 MS. CHAPLIN:  
 11 A. Yes, I did and I would have presumed, because  
 12 the normal protocol would have been for the  
 13 director of communications in Eastern Health  
 14 to call the direction of communications within  
 15 the department.  
 16 CHAYTOR, Q.C.:  
 17 Q. And I don't know if you were following Mr.  
 18 Tilley's evidence, but Mr. Tilley has  
 19 indicated that not to be the case, he didn't  
 20 know where that reference would come from,  
 21 that you would--that he would use you as a  
 22 sounding board.  
 23 MS. CHAPLIN:  
 24 A. I'm sorry, I'm not understanding the question.  
 25 CHAYTOR, Q.C.:

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1 Q. Mr. Tilley indicated that he did not think  
 2 that to be the case, he couldn't understand  
 3 what that reference would be to, that he would  
 4 use you as a sounding board and what you're  
 5 saying is that what you're referring to there  
 6 is casual conversations you would have had  
 7 with him and there were times in those  
 8 conversations where he sought communications  
 9 advice from you?  
 10 MS. CHAPLIN:  
 11 A. I wouldn't phrase it as sought communications  
 12 advice as opposed to having conversation about  
 13 communications.  
 14 CHAYTOR, Q.C.:  
 15 Q. Ms. Mundon comes back in her response and says  
 16 "Maybe. I had been talking to Susan earlier,  
 17 but we were playing telephone tag before we  
 18 touched base on the NTV piece. Earlier was  
 19 just The Independent and before the call back  
 20 to Claire Gosse. Did you at any point pick up  
 21 the phone and have a discussion with Ms.  
 22 Mundon on this day or was your communications  
 23 just through e-mail?  
 24 MS. CHAPLIN:  
 25 A. I can't say for certain.

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1 CHAYTOR, Q.C.:  
 2 Q. When you spoke with Ms. Bonnell, it appears  
 3 that she certainly, they had already been back  
 4 in touch with The Independent because Dr.  
 5 Laing has given an interview. Ms. Mundon's  
 6 response seems to be that she had spoken  
 7 earlier in the day to Ms. Bonnell before the  
 8 call back to Claire Gosse, who we understand  
 9 to be the reporter for The Independent. Did  
 10 you understand from what Ms. Mundon has said  
 11 here that Ms. Mundon actually spoke with Ms.  
 12 Bonnell before she called the reporter back,  
 13 before she called Claire Gosse back?  
 14 MS. CHAPLIN:  
 15 A. I don't know what I would understand from  
 16 that, to be honest, just that she had spoken  
 17 to Ms. Bonnell earlier.  
 18 CHAYTOR, Q.C.:  
 19 Q. And while this says "earlier" it was just The  
 20 Independent, it was before, I guess she's  
 21 saying before the NTV piece came on and before  
 22 the call back to Claire Gosse.  
 23 MS. CHAPLIN:  
 24 A. I think that's a question you're going to have  
 25 to ask Ms. Mundon.

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1 CHAYTOR, Q.C.:  
 2 Q. And you had no discussions with her around  
 3 that as to what she meant by that?  
 4 MS. CHAPLIN:  
 5 A. No.  
 6 CHAYTOR, Q.C.:  
 7 Q. And is that the end of your e-mail exchange  
 8 that day?  
 9 MS. CHAPLIN:  
 10 A. I think so.  
 11 CHAYTOR, Q.C.:  
 12 Q. And no further discussions with her around the  
 13 issue?  
 14 MS. CHAPLIN:  
 15 A. No.  
 16 CHAYTOR, Q.C.:  
 17 Q. Did you have any further discussions with  
 18 anyone else on the issue that day?  
 19 MS. CHAPLIN:  
 20 A. I don't think so.  
 21 CHAYTOR, Q.C.:  
 22 Q. So after this exchange with Ms. Mundon, you  
 23 had no discussions with anyone in the  
 24 department or anyone else in government. Who  
 25 then from the--if this is now eminent that

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1 this is going to obviously become a news story  
 2 on Sunday when The Independent is published,  
 3 who within Cabinet Secretariat would be  
 4 responsible for letting others know within  
 5 government that this is to become a public  
 6 story? I take it the department is looking  
 7 after what they need to do.  
 8 MS. CHAPLIN:  
 9 A. Right.  
 10 CHAYTOR, Q.C.:  
 11 Q. Who else would be responsible then for letting  
 12 others know? For example, the Premier's  
 13 officer, who would be doing that?  
 14 MS. CHAPLIN:  
 15 A. Well I believe you refer to the e-mail -  
 16 CHAYTOR, Q.C.:  
 17 Q. Elizabeth Matthews was copied.  
 18 MS. CHAPLIN:  
 19 A. Ms. Matthews has been copied.  
 20 CHAYTOR, Q.C.:  
 21 Q. And what would you expect then--what would the  
 22 government do in terms of preparing its own  
 23 communication strategy or potential response  
 24 to the issue?  
 25 MS. CHAPLIN:

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1 A. Well I think it's important to note here that  
 2 government is not the primary response holder  
 3 in this particular issue, so this may be a  
 4 different case than what normally would occur.  
 5 This is just a heads up that's been given by  
 6 Eastern Health, an agency of government, to  
 7 the department or to us stating that FYI,  
 8 you're going to turn on the news and you're  
 9 going to see us responding to our issue.  
 10 CHAYTOR, Q.C.:  
 11 Q. Yes, but it's certainly an issue that would be  
 12 of concern, you were concerned back in the  
 13 beginning of August that the Minister had then  
 14 known for two or three weeks of the issue and  
 15 you were concerned that when it went public,  
 16 one of the key issues will be, well how long  
 17 has government known about this, so I would  
 18 think it would be of concern to government  
 19 that they would be preparing an appropriate  
 20 response on the issue?  
 21 MS. CHAPLIN:  
 22 A. Then I think that that's a question you're  
 23 going to have to ask somebody in Cabinet  
 24 Secretariat from the policy branch.  
 25 CHAYTOR, Q.C.:

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1 Q. Okay, so you don't know the answer to that,  
 2 what would happen in that situation?  
 3 MS. CHAPLIN:  
 4 A. No, I don't think so.  
 5 CHAYTOR, Q.C.:  
 6 Q. Did you have then, this is the story breaks  
 7 then on October 2nd and do you recall the  
 8 story? Did you read it?  
 9 MS. CHAPLIN:  
 10 A. I probably read it at the time.  
 11 CHAYTOR, Q.C.:  
 12 Q. And do you recall then any discussions around  
 13 the story at that point in time?  
 14 MS. CHAPLIN:  
 15 A. Nothing stands out in my mind.  
 16 CHAYTOR, Q.C.:  
 17 Q. So you went to work on Monday morning, October  
 18 3rd.  
 19 MS. CHAPLIN:  
 20 A. Yes.  
 21 CHAYTOR, Q.C.:  
 22 Q. And you recall the issue being discussed in  
 23 Cabinet Secretariat on that date?  
 24 MS. CHAPLIN:  
 25 A. Nothing stands out in my mind. We receive

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1 hundreds of media clippings, we would have  
 2 gone through it, I would have read the story,  
 3 as would everybody have read the story, but at  
 4 that point in time we would have viewed that  
 5 as Eastern Health is responding to their  
 6 issue.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay, and any briefing note that was prepared  
 9 around that time, October 2nd, October 3rd--  
 10 October 5th, I believe is the one that ends up  
 11 at Cabinet Secretariat, would you have  
 12 received copies of -  
 13 MS. CHAPLIN:  
 14 A. As I've already stated, I was not on the  
 15 approved circulation list for briefing notes  
 16 within Cabinet Secretariat.  
 17 CHAYTOR, Q.C.:  
 18 Q. And nobody came to you to talk about the  
 19 issue?  
 20 MS. CHAPLIN:  
 21 A. No, they did not.  
 22 CHAYTOR, Q.C.:  
 23 Q. Even though you had been in Health when this  
 24 issue was unfolding?  
 25 MS. CHAPLIN:

1 A. No, they did not.  
 2 CHAYTOR, Q.C.:  
 3 Q. If we could look at P-0144 please? And this  
 4 is an e-mail exchange between yourself and Mr.  
 5 Tilley of October 19th and I believe it begins  
 6 on page two, October 19th at approximately  
 7 9:00 on the evening. "George, just checking  
 8 in to see how you are making out with the  
 9 breast cancer retesting issue. It seems to be  
 10 really sticking in the media. Media seems to  
 11 be losing the message that work was ongoing  
 12 behind the scenes while awaiting test results.  
 13 Unfortunate it played out this way. Hope all  
 14 is well. I am sure we will soon cross paths,  
 15 we're heading into the budget process. I am  
 16 going to be leading the budget communications  
 17 across government this year, now have the  
 18 comp. lead for all government ATIPP requests  
 19 as well. Still have a soft spot for health,  
 20 however, hopefully that will be an asset at  
 21 budget time." Now what was your purpose in  
 22 sending Mr. Tilley this e-mail?  
 23 MS. CHAPLIN:  
 24 A. I guess that I would have been watching or  
 25 following the coverage that unfolded from this

1 working and that you may have to adjust  
 2 accordingly.  
 3 CHAYTOR, Q.C.:  
 4 Q. And what does it mean when you say "the media  
 5 seems to be losing the message that work was  
 6 ongoing behind the scenes while awaiting test  
 7 results"? What work did you understand was  
 8 ongoing behind the scenes?  
 9 MS. CHAPLIN:  
 10 A. Well, the actions taken from the perspective  
 11 of shutting down, as we've seen through my  
 12 earlier notes, shutting down the machinery  
 13 until they can ensure its accuracy; notifying  
 14 individual patients whose test results were  
 15 already back and a change in the course of  
 16 treatment was required, those types of  
 17 notifications; the fact that they had an  
 18 internal or an--sorry, I'm losing the  
 19 terminology--a technical consultant coming in  
 20 that fall to review. Those types of action  
 21 oriented messages are really important to get  
 22 out in the public and to the patients to  
 23 ensure that everybody has a sense of comfort  
 24 and how the organization is responding.  
 25 Everyone has a sense of comfort in the fact

1 event once it became public. And I think I  
 2 just would have wanted to touch base to see  
 3 how things were going, to give my two cents  
 4 worth from a communications perspective and  
 5 maybe to get some feedback from the  
 6 organization and for him as to how they saw it  
 7 unfolding.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay. And is this the first contact then  
 10 you'd had with Mr. Tilley since leaving the  
 11 department?  
 12 MS. CHAPLIN:  
 13 A. Yes, it was.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay. What do you mean by "it really seems to  
 16 be sticking in the media"?  
 17 MS. CHAPLIN:  
 18 A. That is an issues management terminology used  
 19 in the communications profession. When an  
 20 issue, as we refer to it, sticks or appears in  
 21 repeated news cycles or has staying power and  
 22 in this case, it had been a couple of weeks.  
 23 Usually, it's a suggestion or a sense from a  
 24 communications perspective that your strategy  
 25 or your communications approach may not be

1 that actions have been taken. Everybody has a  
 2 sense of comfort in the fact that you can have  
 3 confidence still in the system.  
 4 CHAYTOR, Q.C.:  
 5 Q. Now, Ms. Chaplin, again, how many people had  
 6 you understood had been contacted? How many  
 7 patients whose results had changed had been  
 8 contacted up to this point or early October  
 9 when the news story broke?  
 10 MS. CHAPLIN:  
 11 A. I don't remember that level of detail now,  
 12 going back three years -  
 13 CHAYTOR, Q.C.:  
 14 Q. But was it your understanding it was more than  
 15 the original 12?  
 16 MS. CHAPLIN:  
 17 A. I thought it was more than the original 12,  
 18 yes.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay. And that it was continuing to be  
 21 ongoing?  
 22 MS. CHAPLIN:  
 23 A. That is my understanding.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay. You also say that you are going to be



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1 the comm lead, communications lead, I take it,  
 2 for all government ATIPP requests. Is that  
 3 the same as what we've already discussed?  
 4 MS. CHAPLIN:  
 5 A. That's the same as what we've already covered.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay. And then he e-mails you back at 10:15  
 8 or 10:16, he had been out walking the dog.  
 9 "It's good to hear from you. The lab issue is  
 10 certainly hanging on. We have had multiple  
 11 discussions about the path we took on this,  
 12 still believing it was in the best interest of  
 13 the patient. Having said that, I think it is  
 14 safe to say that it was a catch 22. Not  
 15 everyone would agree in the end. I am  
 16 somewhat disappointed with the Cancer Society  
 17 comments. We have been briefing Peter Dawe,  
 18 but it seems to have been of little benefit,  
 19 at least from the media perspective.  
 20 Obviously, we are oversensitive and I  
 21 recognize that everyone has a job to do".  
 22 Now, while you were within the department  
 23 or during any other discussions that you may  
 24 have had with Mr. Tilley or others in Eastern  
 25 Health, had you ever heard anything said about

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1 the Cancer Society?  
 2 MS. CHAPLIN:  
 3 A. No, I had not. We always had--I'd like to add  
 4 that from my perspective, that we always  
 5 enjoyed, certainly my tenure in the  
 6 department, a very good working relationship  
 7 with the Cancer Society and Mr. Dawe. He was,  
 8 like, always willing to come in and meet with  
 9 minister, brief us on issues. That sometimes  
 10 when we did have positive announcements  
 11 pertaining to the area of cancer, they were  
 12 always a good partner to draw upon in terms of  
 13 helping us communicate, and endorsing, at  
 14 times, when it was appropriate and when they  
 15 felt it was appropriate actions government was  
 16 taking.  
 17 CHAYTOR, Q.C.:  
 18 Q. Okay. And had you had any discussions with  
 19 Mr. Dawe or the Cancer Society on the ER/PR  
 20 issue?  
 21 MS. CHAPLIN:  
 22 A. No, we did not.  
 23 CHAYTOR, Q.C.:  
 24 Q. And to your knowledge, did anyone in the  
 25 department?

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1 MS. CHAPLIN:  
 2 A. Not to my knowledge during my tenure there.  
 3 CHAYTOR, Q.C.:  
 4 Q. While you were there, okay. And were you  
 5 surprised by him comments here about the  
 6 Cancer Society when you read that? Was there  
 7 anything that you had read in the media, for  
 8 example, that you could understand what he's  
 9 saying here or what it might relate to?  
 10 MS. CHAPLIN:  
 11 A. I don't have the benefit of the media clipping  
 12 here to look at. So, I can't really comment  
 13 on that.  
 14 CHAYTOR, Q.C.:  
 15 Q. And your recollection of what you had read in  
 16 the media at that time, was there anything  
 17 that stood out to you about the Cancer  
 18 Society's comments?  
 19 MS. CHAPLIN:  
 20 A. I'd have to see the media clipping because  
 21 you're asking me to recall something that was  
 22 in the news three years ago and I wouldn't  
 23 really be able to remember that.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay. You have no recollection yourself at

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1 the time?  
 2 MS. CHAPLIN:  
 3 A. No.  
 4 CHAYTOR, Q.C.:  
 5 Q. Or when you read this, you had no recollection  
 6 of feeling one way or the other on the issue?  
 7 MS. CHAPLIN:  
 8 A. Well, any answer at this point would be purely  
 9 speculative without the clipping in front of  
 10 me.  
 11 CHAYTOR, Q.C.:  
 12 Q. Okay. So, then you don't recall any reaction  
 13 you had to that comment by Mr. Tilley at the  
 14 time -  
 15 MS. CHAPLIN:  
 16 A. Nothing stands to my mind right now, stands  
 17 out in my mind right now.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay. Maybe we can find the media clippings  
 20 and show you. I don't have them quite at  
 21 hand. And then he goes to say, "unfortunately  
 22 the usual editing of the interviews that Bob  
 23 Williams has done always seems to cut some of  
 24 key messages short. So, this weekend we'll be  
 25 putting ads in the various newspapers across

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1 the province explaining what this is all  
 2 about. Tomorrow we will start calling  
 3 patients to advise where their specimen is in  
 4 terms of the expected availability of retest  
 5 results and in some cases, provide results  
 6 where we have them".  
 7 Now, when he's indicating here that  
 8 tomorrow they'll start calling patients to  
 9 advise where their specimen is, did that  
 10 surprise you, it's October 19.  
 11 MS. CHAPLIN:  
 12 A. I think that's fair to say, yes.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay. And what were you thinking when you  
 15 read that?  
 16 MS. CHAPLIN:  
 17 A. I can't really remember what I would have  
 18 thought. And he goes on to say that he's  
 19 "talked to the CEO of Mount Sinai to see if  
 20 they can expedite the retesting process. I  
 21 have also starting investigating where we can  
 22 put this issue nationally since this appears  
 23 to more than a local problem".  
 24 MS. CHAPLIN:  
 25 A. You see, one thing stands out in my mind about

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1 that statement -  
 2 CHAYTOR, Q.C.:  
 3 Q. Yes.  
 4 MS. CHAPLIN:  
 5 A. - in terms of a recollection that would have  
 6 struck me at that time, is that first sentence  
 7 that refers to "I have talked to the CEO of  
 8 Mount Sinai to see if we can expedite the  
 9 retesting process" because it goes back again  
 10 to the offer from the minister to Eastern  
 11 Health as an organization on whether  
 12 additional resources were required to expedite  
 13 the process. And it's just sad that it's now  
 14 two months later and the comment is here  
 15 reflected, expediting the process. And it's  
 16 just too bad at that time that that offer was  
 17 turned down.  
 18 CHAYTOR, Q.C.:  
 19 Q. So, you're thinking being that perhaps if they  
 20 had sought additional resources at that time,  
 21 the retesting process could have been  
 22 expedited?  
 23 MS. CHAPLIN:  
 24 A. It may have helped.  
 25 CHAYTOR, Q.C.:

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1 Q. So, did you understand that it was a resource  
 2 problem at Mount Sinai or something, anything  
 3 that needed additional funding?  
 4 MS. CHAPLIN:  
 5 A. I'm not sure.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay. And he says, "one of my CEO colleagues  
 8 in Ontario who's also an oncologist told me  
 9 earlier tonight it is a grey test. On the  
 10 budget issue, I am feeling we are heading in  
 11 the wrong direction. The restructuring  
 12 savings put forward by Treasury Board are  
 13 proving"--I think he means--"too unrealistic.  
 14 The devolving of services from the department,  
 15 costly and the typical annual growth in health  
 16 care costs are clearly out of reach. Getting  
 17 savings through staff reductions seem  
 18 impossible, particularly in the rural. I have  
 19 a growing concern that the expectations for  
 20 this organization are beyond reach. In any  
 21 event, we will continue to do our best". Now,  
 22 on these last two paragraphs about the budget  
 23 issue, Mr. Tilley is being quite frank with  
 24 you on, I would suggest, on what he is saying  
 25 here in terms of suggesting the expectations

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1 for the organization being beyond reach. Did  
 2 that surprise you, that the CEO of Eastern  
 3 Health would be that frank in his e-mail  
 4 communication with you?  
 5 MS. CHAPLIN:  
 6 A. No, it wouldn't because that was something  
 7 that came up from time to time and not only  
 8 from Eastern Health, but I think it's fair to  
 9 say that if you checked across the country,  
 10 any CEO of a health authority across the  
 11 country--because when you look at funding  
 12 issue for health care, I think there's always  
 13 going to be a struggle in terms of, there's  
 14 always more you can do, there's always more  
 15 investments that you could make. And sitting  
 16 there as a government, you have to have a  
 17 balance. And you have--I mean, I think in the  
 18 most recent provincial budget, you've probably  
 19 seen expenditures that are over 50 percent of  
 20 the annual total provincial revenues dedicated  
 21 to health care. And it could keep continuing  
 22 especially as populations age and that's  
 23 nothing new to our province. That's the same  
 24 in every jurisdiction.  
 25 CHAYTOR, Q.C.:

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1 Q. And bearing in mind your new job at this point  
 2 in time and your role with Cabinet Secretariat  
 3 is a communications director, nothing about  
 4 him saying this to you is surprising?  
 5 MS. CHAPLIN:  
 6 A. No, that would have been a view that he had  
 7 already shared with the department.  
 8 CHAYTOR, Q.C.:  
 9 Q. And were you present when he shared that view  
 10 with the department or how do you know about  
 11 that?  
 12 MS. CHAPLIN:  
 13 A. That was a, I think fair to say, a theme that  
 14 came up every year in budget discussions.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay. Now, this would have been the first  
 17 year, however, in terms of restructuring  
 18 concerns that's he's -  
 19 MS. CHAPLIN:  
 20 A. The restructuring may have been -  
 21 CHAYTOR, Q.C.:  
 22 Q. The restructuring savings. Had you heard him  
 23 say that before and the concern that he has  
 24 around that?  
 25 MS. CHAPLIN:

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1 A. I don't know if I had heard Mr. Tilley  
 2 specifically reference that, sorry, if I had  
 3 been in the presence of him as he referenced  
 4 that, but it was certainly nothing new for me  
 5 to hear at that point in time.  
 6 CHAYTOR, Q.C.:  
 7 Q. And then your response back to him at quarter  
 8 to eleven, "we should keep in touch on the  
 9 budget stuff. Minister Sullivan and I are  
 10 pretty tight and we have made progress on some  
 11 fronts. You just need to arm me with  
 12 information and I'll find a way to sell it".  
 13 What are you referring to there, Ms. Chaplin?  
 14 MS. CHAPLIN:  
 15 A. Oh, it's a common view inside government, when  
 16 people leave the department of health and move  
 17 to central agencies, it's always said, good,  
 18 there's one more of our team over there  
 19 because it's always the internal struggle in  
 20 terms of balance being sought between health  
 21 always looking for more money and central  
 22 agencies or executive council on finance  
 23 always having to--the gatekeeper of the  
 24 provincial revenues and there's always tough  
 25 decisions to make.

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1 CHAYTOR, Q.C.:  
 2 Q. Okay. And you were suggesting that if you  
 3 could be a friend to Eastern Health on that  
 4 issue, then you would be. You'd -  
 5 MS. CHAPLIN:  
 6 A. To the department. I mean, I had a particular  
 7 interest in health care issues. Minister  
 8 Sullivan and I used to--I had known him for  
 9 years, we used to speak on a regular basis in  
 10 terms of philosophical issues. He also  
 11 enjoyed health care. It was probably just a  
 12 passing comment.  
 13 CHAYTOR, Q.C.:  
 14 Q. And then in terms of the ER/PR issue, you say,  
 15 "you're right on the cancer issue. I think it  
 16 was the right decision to wait it out a bit".  
 17 So, I take it you're saying you're right on  
 18 the cancer issue, what is it you're agreeing  
 19 with on what he said?  
 20 MS. CHAPLIN:  
 21 A. I think he references somewhere about we've  
 22 had multiple discussions about the path we  
 23 took on this, still believing that it was in  
 24 the best interest of patients. And my  
 25 interpretation of that would have been going

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1 back to the original discussion in July over  
 2 broad public disclosure immediately or  
 3 notifying patients first ahead of public  
 4 disclosure. So, that was actually what I was  
 5 agreeing with. I think it was the right  
 6 decision. It may not be a popular decision in  
 7 terms of the public's view, but from where the  
 8 minister sat on that day on July 20, with the  
 9 information that we had at the time, it was  
 10 the right decision to suggest that patients  
 11 had the right to be notified first, ahead of  
 12 public disclosure. And, if I may -  
 13 CHAYTOR, Q.C.:  
 14 Q. So, I just want to be clear, so what you're  
 15 agreeing with was that patients be notified -  
 16 MS. CHAPLIN:  
 17 A. First -  
 18 CHAYTOR, Q.C.:  
 19 Q. - before the public.  
 20 MS. CHAPLIN:  
 21 A. - before the public.  
 22 CHAYTOR, Q.C.:  
 23 Q. Okay. And ultimately, of course, that's not  
 24 what happened?  
 25 MS. CHAPLIN:

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1 A. No, in looking at it three years later because  
 2 I think disclosure issues were given the same  
 3 highlight or prevalence from a media  
 4 perspective, three years ago, as they are now.  
 5 And I think that decision, in terms of  
 6 notifying patients first and then a broader  
 7 public disclosure is something that even the  
 8 Canadian Patient Safety Institute has  
 9 recognized as certainly a preferred approach  
 10 in their recent release of guidelines earlier  
 11 this winter that says in multiple disclosure  
 12 cases that an appropriate response is to  
 13 notify patients first in a timely basis, at  
 14 the one time preferably and ahead of making a  
 15 broad public disclosure.  
 16 CHAYTOR, Q.C.:  
 17 Q. Okay. So, what you're saying is that "you're  
 18 right on the cancer issue" and then you have a  
 19 dash, "I think it was the right decision to  
 20 wait it out a bit, but may have ramped up  
 21 patient notification piece once it was clear  
 22 issue was breaking".  
 23 MS. CHAPLIN:  
 24 A. What I'm saying there is essentially you had  
 25 time, we know that they were waiting, waiting,

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1 thought things were moving, but when you knew  
 2 that there was something on the horizon and  
 3 people were looking around or journalists were  
 4 making inquiries about the mammogram, it  
 5 should have been done before the broader  
 6 public disclosure. And ultimately what  
 7 happened was patients finding out through the  
 8 media.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay. And so that's what you're suggesting -  
 11 MS. CHAPLIN:  
 12 A. Yes.  
 13 CHAYTOR, Q.C.:  
 14 Q. - should have been done differently.  
 15 MS. CHAPLIN:  
 16 A. Yes. And then you also go on, "I guess this  
 17 is somewhat of advice, a technical briefing  
 18 for media may have been good as well, but  
 19 hindsight is 20/20, would be a good case study  
 20 for communications analysis. I may use it in  
 21 a future issues management training exercise.  
 22 That's another pet project I want to drive,  
 23 government's overall emergency response.  
 24 Anyway, thanks for the quick reply. When your  
 25 schedule settles a bit and before the budget

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1 consultations, we should get together for  
 2 breakfast". The issue of looking at it as a  
 3 good case study for communications analysis,  
 4 did you ever do that?  
 5 MS. CHAPLIN:  
 6 A. Not while I was in government, no.  
 7 CHAYTOR, Q.C.:  
 8 Q. Have you ever done it since?  
 9 MS. CHAPLIN:  
 10 A. No, but it's something that I've had  
 11 discussions recently with my alma mater, Mount  
 12 St. Vincent University and Professor Patricia  
 13 Parson specializes in health care ethics in  
 14 terms of looking, in developing this for  
 15 communications case and in fact, I've agreed  
 16 to go speak to their classes this fall.  
 17 CHAYTOR, Q.C.:  
 18 Q. Okay. And have you done anything in terms of  
 19 any analysis in preparation for that?  
 20 MS. CHAPLIN:  
 21 A. Oh, not that this point in time, not yet.  
 22 CHAYTOR, Q.C.:  
 23 Q. And anything that you do come up with or end  
 24 up saying on the issue, would you have any  
 25 difficulty in sharing that with the

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1 Commission?  
 2 MS. CHAPLIN:  
 3 A. No, I wouldn't.  
 4 CHAYTOR, Q.C.:  
 5 Q. When you say you think it was the right  
 6 decision to "wait it out a bit", I'm just  
 7 wondering, was there a conscious decision to  
 8 wait -  
 9 MS. CHAPLIN:  
 10 A. There was a never a hold in action. It was,  
 11 in those early days, a hold on the broader  
 12 public disclosure so that patients could be  
 13 notified first, but there was never any  
 14 implication that there should be a hold and  
 15 wait while nothing was done; that was never  
 16 suggested.  
 17 CHAYTOR, Q.C.:  
 18 Q. So, the "waiting it out" on the public  
 19 disclosure was so the public or, sorry, so  
 20 that patients could be notified.  
 21 MS. CHAPLIN:  
 22 A. Patient notification and in fairness too, the  
 23 organization had said to us, with the  
 24 information that we had at the time, that they  
 25 couldn't even identify the extent of the

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1 problem.  
 2 CHAYTOR, Q.C.:  
 3 Q. So, the "waiting it out" wasn't for a more  
 4 opportune time in which to go public?  
 5 MS. CHAPLIN:  
 6 A. Absolutely not.  
 7 CHAYTOR, Q.C.:  
 8 Q. There was no discussion -  
 9 MS. CHAPLIN:  
 10 A. No.  
 11 CHAYTOR, Q.C.:  
 12 Q. - around that.  
 13 MS. CHAPLIN:  
 14 A. No, there was not.  
 15 CHAYTOR, Q.C.:  
 16 Q. And as you say, hindsight is 20/20 and with  
 17 the benefit of that hindsight now you've  
 18 offered some suggestions here as to what you  
 19 would have done differently in your e-mail to  
 20 Mr. Tilley. Is there anything else, looking  
 21 back on it that you think, from a  
 22 communications points of view, would have been  
 23 a preferable manner for this to unfold?  
 24 MS. CHAPLIN:  
 25 A. I think I alluded to some of that yesterday.

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1 And its difficult to sit here too,  
 2 understanding that I was sitting in one  
 3 perspective and I wasn't sitting in my  
 4 colleagues chairs within the organizations.  
 5 I'd like to preface any comments with that.  
 6 CHAYTOR, Q.C.:  
 7 Q. Um-hm.  
 8 MS. CHAPLIN:  
 9 A. But certainly I would have, from my  
 10 communications perspective, I would have liked  
 11 to have seen more timely disclosure to  
 12 patients. I would have liked to have seen  
 13 some sort of communication, an accredited  
 14 letter followed up by a phone call initially  
 15 with the broader test sample just to suggest  
 16 to patients that their samples were being sent  
 17 away for testing; that the organization could  
 18 have looked at--I mean, I know they did  
 19 establish a 1-800 number line which was an  
 20 appropriate response. It did put information  
 21 and Q's and A's and those sorts of materials  
 22 on the website which, again, was an  
 23 appropriate response. But also, could there  
 24 have other things been done in terms of maybe  
 25 providing a peer support group or a patient

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1 support group internally, so that patient who  
 2 were awaiting test results could ease their  
 3 anxiety in terms of having an internal--a  
 4 person to go to within the organization.  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay. When you received the e-mail on  
 7 September 30, if I could just go back for a  
 8 second to ask you a question about that, and I  
 9 understand there was no discussion back from  
 10 your e-mail that you sent out. And then  
 11 October 2, October 3 came and went and you  
 12 don't recall much in the way of discussion  
 13 around it. At any point in time throughout  
 14 October, was there any discussion or concern  
 15 expressed amongst colleagues in government as  
 16 to the fact that patients had not been told  
 17 before this broke in the media?  
 18 MS. CHAPLIN:  
 19 A. Nothing that stands out in my mind.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. What is--do you recall, did you have  
 22 any more involvement on this issue then  
 23 throughout October?  
 24 MS. CHAPLIN:  
 25 A. No, I think my view was looking at this now

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1 and certainly at the time, since Mr. Tilley's  
 2 response clearly articulated several actions  
 3 which I've already stated before can be seen  
 4 in paragraphs four and five, I believe, in his  
 5 response, I would have thought, based on that,  
 6 that the issue was being appropriately  
 7 managed.  
 8 CHAYTOR, Q.C.:  
 9 Q. At that point in time?  
 10 MS. CHAPLIN:  
 11 A. At that point.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay. If we could look at P-1532, please.  
 14 And this is an e-mail that we've received from  
 15 Ms. Bonnell's e-mails and it's from Deborah  
 16 Thomas-Pennell to Ms. Bonnell, Tuesday,  
 17 October 25, 2005 at 3:48 p.m., "Hi Susan, just  
 18 went to talk to you and Liz said you're out.  
 19 Carolyn Chaplin just e-mailed me and she was  
 20 listening to the radio and apparently someone  
 21 was on Backtalk with Bill Rowe going on and on  
 22 about ER/PR and Bill Rowe was adding fuel to  
 23 the fire. I know this stems from the fact  
 24 that Dr. Williams did yet another interview.  
 25 This one with Doug Learning, even after I and

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1 you suggested he not do it. I don't know if  
 2 you have any clout to put a stop to this, but  
 3 if we don't stop doing these interviews, this  
 4 issue will never die in the media. We are on  
 5 week five in the media now. I don't know if  
 6 you can talk to George or whatever, but it's  
 7 really hard to manage this like this. I know  
 8 you agree. Anyway, maybe something to talk  
 9 about at exec. Cheers, Deb".  
 10 Do you recall your call to Deborah Thomas  
 11 Pennell on October 25?  
 12 MS. CHAPLIN:  
 13 A. No, I don't and I find it surprising to see  
 14 that she has suggested that I was sitting  
 15 there listing to the radio because that's not  
 16 something I -  
 17 CHAYTOR, Q.C.:  
 18 Q. I'm sorry, actually she says you e-mailed her.  
 19 MS. CHAPLIN:  
 20 A. Yes, and I don't remember e-mailing her and  
 21 certainly I didn't sit and listen to the radio  
 22 every day listening to open line programs, but  
 23 we would have been privy to media clippings  
 24 from the open line show and it may have been--  
 25 obviously, there was an issue raised on that

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1 particular day. But what I would have likely  
 2 said to her is, my point of view would have  
 3 been that if the host was jumping in on this  
 4 issue, then perhaps the organization should be  
 5 out there communicating more and informing the  
 6 host so they can contribute to the  
 7 conversation.  
 8 CHAYTOR, Q.C.:  
 9 Q. So, you have no recollection of having e-  
 10 mailed or contacted -  
 11 MS. CHAPLIN:  
 12 A. No.  
 13 CHAYTOR, Q.C.:  
 14 Q. Would that be unusual for you to do in your  
 15 new position and you're contacting Deborah  
 16 Thomas Pennell on this.  
 17 MS. CHAPLIN:  
 18 A. Yes, that's stuff that we did from time to  
 19 time.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. And I take it you would follow the--  
 22 would part of your job be to follow what's  
 23 happening on the open line shows?  
 24 MS. CHAPLIN:  
 25 A. No, that was a contracted service, that was

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1 contracted out of government.  
 2 CHAYTOR, Q.C.:  
 3 Q. So, you didn't do that?  
 4 MS. CHAPLIN:  
 5 A. No.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay. And so are you suggesting that this  
 8 didn't happen or is there anything you can say  
 9 to explain this?  
 10 MS. CHAPLIN:  
 11 A. I would have just said, FYI, or probably sent  
 12 her a clipping from that day of the open line  
 13 show and said this issue was raised, but these  
 14 are her words, not mine.  
 15 CHAYTOR, Q.C.:  
 16 Q. And if she had said anything to you about the  
 17 idea of stopping doing interviews, do you  
 18 think that would stand out in your mind?  
 19 MS. CHAPLIN:  
 20 A. Absolutely because it's not a communications  
 21 practice that I endorse.  
 22 CHAYTOR, Q.C.:  
 23 Q. And you would not have, I take it then,  
 24 advised her that this needs to be put an end  
 25 to? That wouldn't have been your advice?

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1 MS. CHAPLIN:  
 2 A. Absolutely not. And I'm sure when we get into  
 3 the documentation from my tenure in Bristol,  
 4 it will support a different philosophy.  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay. And the idea of someone on Backtalk and  
 7 I realize these are her words, but she's  
 8 saying that you were listening to the radio  
 9 and apparently someone is on Backtalk with  
 10 Bill Rowe going on and on about ER/PR.  
 11 MS. CHAPLIN:  
 12 A. Those are her words, not mine.  
 13 CHAYTOR, Q.C.:  
 14 Q. That's not something you would have conveyed -  
 15 MS. CHAPLIN:  
 16 A. That's not something that I would have said.  
 17 CHAYTOR, Q.C.:  
 18 Q. So, you're saying that if you sent an e-mail,  
 19 it would have been FYI, here's a copy of the  
 20 transcript.  
 21 MS. CHAPLIN:  
 22 A. That would be the type of e-mails that we  
 23 would send. If we had a clipping that came  
 24 that there were--we wouldn't do it for every  
 25 single thing or every single show, it was if

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1 there was a multiple of calls that would  
 2 suggest that there's an issue being  
 3 communicated in the media or points that  
 4 needed clarification. That would be the  
 5 purpose of sending an e-mail as a heads up and  
 6 providing an FYI to somebody, so they could  
 7 take the appropriate action, but just so they  
 8 can see what transpiring in the media.  
 9 CHAYTOR, Q.C.:  
 10 Q. And as a communications specialist, what do  
 11 you think of the idea of trying to make this  
 12 issue die in the media?  
 13 MS. CHAPLIN:  
 14 A. I don't think you can, in the sense of--  
 15 especially something of this magnitude. And I  
 16 think that we're going to get into this  
 17 conversation when we look at the Bristol  
 18 documentation, but sometimes in the cases of  
 19 significant issues and especially one like  
 20 this, it's a benefit to actually go out and  
 21 communication more often in the media because  
 22 obviously there's still come confusion. If  
 23 you've got an issue that's been in the media  
 24 for four or five weeks, there's still some  
 25 confusion among the target audiences that have

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1 been affected.  
 2 CHAYTOR, Q.C.:  
 3 Q. So, if Ms. Thomas Pennell had cc'd you back on  
 4 that e-mail, what would your response have  
 5 been to Ms. Bonnell and Ms. Thomas Pennell?  
 6 MS. CHAPLIN:  
 7 A. I probably would have picked up the phone and  
 8 said, that's not the right approach.  
 9 CHAYTOR, Q.C.:  
 10 Q. And unfortunately, I don't think we have a  
 11 copy of any e-mail that you would have sent.  
 12 THE COMMISSIONER:  
 13 Q. Can I take it from your response that you  
 14 would interpret the fact that it was still in  
 15 the media at that period of time as an  
 16 indication of public confusion about the  
 17 issue?  
 18 MS. CHAPLIN:  
 19 A. That would usually be the case and when and  
 20 issue tends to be in the media cycle longer,  
 21 it means that you really have to go back and  
 22 look at your communication strategy because  
 23 there's some message or some point of  
 24 communication that needs to be clarified.  
 25 CHAYTOR, Q.C.:

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1 Q. Okay. If we could look please, at 0808 and  
 2 this is a little bit further along, about a  
 3 week later on October 31, 2005 at 11:04 a.m.  
 4 and this is e-mail exchange from Tansy Mundon  
 5 to Ms. Thomas Pennell, Ms. Bonnell and copied  
 6 to Mr. Hynes, Mr. Abbott, Moira Hennessey and  
 7 Ms. Furlong. And it's re Open Line Breast  
 8 Cancer Screening, it's called. And they're  
 9 saying high priority, "Susan, Deborah, please  
 10 see attached e-mail regarding a caller on Open  
 11 Line regarding ER/PR testing. The host is  
 12 asking other women to call in. So, we should  
 13 keep an eye on this. And if we look at page  
 14 two of this document and this is form Doris  
 15 Walsh. Who is Doris Walsh?  
 16 MS. CHAPLIN:  
 17 A. She works in Cabinet Secretariat in  
 18 communications and consultation.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay. And she sends this to yourself, to  
 21 Deidre Robinson-Green, Josephine Cheeseman,  
 22 Melanie O'Neill, Rick Callahan. Who are these  
 23 individuals, Melanie O'Neill and Rick  
 24 Callahan?  
 25 MS. CHAPLIN:

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1 A. Rick Callahan is no long there; he  
 2 subsequently retired. He was on that floor, I  
 3 think he specialized in internal  
 4 communications.  
 5 CHAYTOR, Q.C.:  
 6 Q. So, these are all -  
 7 MS. CHAPLIN:  
 8 A. They're all Cabinet Secretariat.  
 9 CHAYTOR, Q.C.:  
 10 Q. - Cabinet Secretariat, okay. And Ken  
 11 Morrissey?  
 12 MS. CHAPLIN:  
 13 A. He was in the premier's office at that time.  
 14 CHAYTOR, Q.C.:  
 15 Q. And Tansy Mundon is cc'ed as well. And it's  
 16 "Open Line, Breast Cancer Screening." And  
 17 "Mercedes" and it's supposed to be, I think,  
 18 Breast Cancer Screening. "Don't know at this  
 19 point if it was human error or machine.  
 20 Mentioned Dr. Williams' appearance on Out of  
 21 the Fog. Is one of the people who tested  
 22 negative back in February and is still waiting  
 23 to hear about the retesting and has an  
 24 aggressive cancer and needs those results.  
 25 Who audited the labs to check on the

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1 standards. Worried that she did not get the  
 2 proper treatment. Should probably be on  
 3 Tamoxifen. Surprised that more women are not  
 4 calling in. Host asks other women to call  
 5 in." Do you recall getting this e-mail?  
 6 MS. CHAPLIN:  
 7 A. We received--like, this is just real time  
 8 updates of basically summarizing a call on a  
 9 particular issue to an open line show. We  
 10 might receive 20 of these a day, so I couldn't  
 11 recall a specific one.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay. But given now that this issue was one  
 14 that you had had personal involvement in,  
 15 would this catch your eye in particular as  
 16 opposed to the numerous other ones you may  
 17 receive?  
 18 MS. CHAPLIN:  
 19 A. No, not particularly.  
 20 CHAYTOR, Q.C.:  
 21 Q. And given that just a couple of weeks before  
 22 that you had contacted Mr. Tilley on the issue  
 23 and talked about the communication piece?  
 24 MS. CHAPLIN:  
 25 A. This wouldn't stand out in my mind.

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1 CHAYTOR, Q.C.:  
 2 Q. So you don't recall receiving this?  
 3 MS. CHAPLIN:  
 4 A. No.  
 5 CHAYTOR, Q.C.:  
 6 Q. Do you recall any discussions within Cabinet  
 7 Secretariat on this day about this issue?  
 8 MS. CHAPLIN:  
 9 A. No.  
 10 CHAYTOR, Q.C.:  
 11 Q. Do you recall any conversations at all during  
 12 the fall of 2005 in Cabinet Secretariat or  
 13 with the premier's office on the issue of  
 14 ER/PR?  
 15 MS. CHAPLIN:  
 16 A. Apart from what I've already shared, no.  
 17 CHAYTOR, Q.C.:  
 18 Q. Tansy's response on saying that "The host is  
 19 asking other women to call in so we should  
 20 keep an eye on this." Why would you keep an  
 21 eye on it if other women are calling in?  
 22 MS. CHAPLIN:  
 23 A. That's something you're going to have to ask  
 24 Ms. Mundon.  
 25 CHAYTOR, Q.C.:

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1 Q. Do you have any idea from a communications  
 2 point of view why that would be necessary?  
 3 MS. CHAPLIN:  
 4 A. That's something that I--that's a term that  
 5 would mean different things to different  
 6 people, so I'd prefer you pose that question  
 7 to Ms. Mundon.  
 8 CHAYTOR, Q.C.:  
 9 Q. What would it mean to you?  
 10 MS. CHAPLIN:  
 11 A. Again, as I've already said, if you've got a  
 12 multiple of people out there and there are a  
 13 lot of people calling either a particular show  
 14 or it's in the media cycle, again, just to  
 15 reiterate what I've suggested, is that it's  
 16 usually a signal that you have to go back and  
 17 adjust your communication strategy  
 18 accordingly.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay. When you were with government, did you  
 21 ever have any sense that government wanted to  
 22 minimize the public discussion around this  
 23 issue?  
 24 MS. CHAPLIN:  
 25 A. No, I did not.

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1 CHAYTOR, Q.C.:  
 2 Q. And you did not have any discussions yourself  
 3 internally around the issue, other than what  
 4 you've told us, in the fall of 2005?  
 5 MS. CHAPLIN:  
 6 A. That's correct.  
 7 CHAYTOR, Q.C.:  
 8 Q. When do you next recall having any involvement  
 9 on the issue or any discussion around the  
 10 issue?  
 11 MS. CHAPLIN:  
 12 A. It probably would have been during my tenure  
 13 in Bristol, unless you're referring to, I know  
 14 there was a Cabinet submission that was  
 15 related to a separate issue.  
 16 CHAYTOR, Q.C.:  
 17 Q. Yes. And there is a Cabinet submission that--  
 18 were you involved in drafting that?  
 19 MS. CHAPLIN:  
 20 A. No, I was not. That was drafted by the  
 21 department.  
 22 CHAYTOR, Q.C.:  
 23 Q. Okay. And I believe that Cabinet submission  
 24 did make reference to the ER/PR issue. Have  
 25 you -



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1 MS. CHAPLIN:  
 2 A. The communication strategy attached, which was  
 3 prepared by the department did have a passing  
 4 reference.  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay. So you had no involvement in that?  
 7 MS. CHAPLIN:  
 8 A. No.  
 9 CHAYTOR, Q.C.:  
 10 Q. When it came through, though, to Cabinet  
 11 Secretariat, would you have been involved in  
 12 any of the drafting at that point?  
 13 MS. CHAPLIN:  
 14 A. No, not the drafting but what the process was  
 15 was once a Cabinet submission was in the  
 16 system, that it would be reviewed from a  
 17 communications perspective by our office on  
 18 the 10th floor.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay.  
 21 MS. CHAPLIN:  
 22 A. So in this case there was a, just an analysis,  
 23 three points done on the communications  
 24 component prepared by Ms. O'Neill which I  
 25 would have seen and reviewed.

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1 CHAYTOR, Q.C.:  
 2 Q. Okay. Well, perhaps we could bring that up?  
 3 It's at 1533. And this is November 1st, 2005.  
 4 I believe it's the actual--or November 2nd.  
 5 Well, the actual Cabinet directive is November  
 6 4th, 2005. And the submission, the Cabinet  
 7 Secretariat note I believe is dated November  
 8 2nd. And then the Treasury Board  
 9 recommendation to Cabinet is November 1st.  
 10 And Treasury Board comment. So the portion  
 11 that you would have seen, would you have seen  
 12 all of this documentation or just the -  
 13 MS. CHAPLIN:  
 14 A. No, I would have seen the submission, as well.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay. And so if we look at page 8 here, the  
 17 memorandum to Executive Council and the title  
 18 is "New Treatment Therapies for Cancer  
 19 Patients." Are there any parts in here that  
 20 you would have reviewed?  
 21 MS. CHAPLIN:  
 22 A. Oh, I wouldn't have seen the--can you scroll -  
 23 CHAYTOR, Q.C.:  
 24 Q. Oh, you can go ahead.  
 25 MS. CHAPLIN:

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1 A. Okay, thanks. I would have seen the Cabinet  
 2 submission. But if this is, do you want to  
 3 check it, if this is the Cabinet Secretariat  
 4 note.  
 5 CHAYTOR, Q.C.:  
 6 Q. Sure. It may be further along. There's a  
 7 communications analysis at page 18, maybe  
 8 that's the portion that you're thinking of?  
 9 MS. CHAPLIN:  
 10 A. Yes.  
 11 CHAYTOR, Q.C.:  
 12 Q. Okay. So at page--it's page 14, or 18, sorry.  
 13 MS. CHAPLIN:  
 14 A. Yeah, I would have seen all that.  
 15 CHAYTOR, Q.C.:  
 16 Q. This is what you would have seen?  
 17 MS. CHAPLIN:  
 18 A. Along with the actual submission. But I  
 19 wouldn't have seen page--I wouldn't  
 20 necessarily have seen pages 2 and 3.  
 21 CHAYTOR, Q.C.:  
 22 Q. Okay.  
 23 MS. CHAPLIN:  
 24 A. In this exhibit. That's what I was referring  
 25 to.

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1 CHAYTOR, Q.C.:  
 2 Q. But this would be the part in particular, the  
 3 communications analysis which would come  
 4 across your desk for review?  
 5 MS. CHAPLIN:  
 6 A. Yes. And before I'd even read that, I would  
 7 read the Cabinet submission.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay. And would you have an opportunity then  
 10 for any feedback?  
 11 MS. CHAPLIN:  
 12 A. It depended on the time frame that it came to  
 13 our office. Sometimes you had very limited  
 14 time to provide feedback because it was a  
 15 last-minute submission. Sometimes you might  
 16 have had a couple of days. I can't really say  
 17 what that circumstance was with this.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay. And do you recall reading this at the  
 20 time?  
 21 MS. CHAPLIN:  
 22 A. Yeah, I had a vague reference once I saw it in  
 23 the exhibits.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay. And the issue, of course, of the

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1 hormone receptor testing is referred to. This  
 2 paragraph here says, "Locally there has been  
 3 significant recent media attention around  
 4 inaccurate results from hormone receptor tests  
 5 for breast cancer patients. Eastern Health  
 6 became aware of a problem with test results  
 7 for hormone receptors when a breast cancer  
 8 patient became ill in spit of testing  
 9 negative. As a precautionary measure tissue  
 10 samples dating back to 1997 are being sent out  
 11 of the province for retesting at the Mount  
 12 Sinai Hospital in Toronto. Patients who test  
 13 positive for hormone receptors may be offered  
 14 Tamoxifen, a drug that interfere with estrogen  
 15 and progesterone. There has been significant  
 16 reaction to the issue. Breast cancer  
 17 survivor, Gerri Rogers, in a recent Globe and  
 18 Mail article expressed concern over the timing  
 19 for treatment. 'If the case were to be--if  
 20 the case were to be that, in fact, there was  
 21 an error in the pathology, then the window of  
 22 opportunity for the effectiveness of  
 23 Tamoxifen, in my case, has kind of passed.'  
 24 Peter Dawe, Director of the Newfoundland and  
 25 Labrador Chapter of The Canadian Cancer

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1 Society was quoted as saying that 'This has  
 2 the potential to be a big issue for the  
 3 province's health care system and patients.  
 4 It alters the treatment. You could be having  
 5 an inadequate treatment based on a test  
 6 result. There is a group that has the test  
 7 results in question and our fear is that they  
 8 should have received treatment and didn't.'  
 9 The story has also received national media  
 10 attention. A recent CBC story October 20th,  
 11 2005 titled 'Unreliable Test Give Lesson to  
 12 all Labs' quotes a medical technology expert  
 13 warning that the lab problem that occurred in  
 14 Newfoundland and Labrador could be repeated  
 15 across the country. Given the negative  
 16 coverage of this story and the resulting lack  
 17 of confidence among breast cancer patients in  
 18 the reliability of testing procedures in the  
 19 province it is important that the government  
 20 respond with positive messages about the  
 21 introduction of Herceptin to the provincial  
 22 system therapy, chemotherapy program." And  
 23 having read that at the time, did this appear,  
 24 first of all, given your involvement in the  
 25 background, appear to be an accurate account?

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1 MS. CHAPLIN:  
 2 A. It must have appeared to be an accurate  
 3 account of the public environment in terms of  
 4 like the direct quotes from specific media  
 5 sources. And this is a template communication  
 6 strategy that government has that  
 7 communications directors are expected to  
 8 follow. And it would be the norm in doing an  
 9 analysis of any issue to start with the public  
 10 environmental scan and that includes  
 11 references of clips from media articles.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay. And did you understand at the time when  
 14 you and the department was advised that  
 15 retesting would take place that that was being  
 16 done as a precautionary measure, that tissue  
 17 samples dating back to 1997 were being sent  
 18 out of the province for retesting in Mount  
 19 Sinai?  
 20 MS. CHAPLIN:  
 21 A. I'm not sure.  
 22 CHAYTOR, Q.C.:  
 23 Q. Okay. And do you think that's an accurate  
 24 statement looking at it today?  
 25 MS. CHAPLIN:

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1 A. You see, I think it's important to note here  
 2 what the purpose of the communications  
 3 analysis is in terms of briefing note. We're  
 4 not necessarily going through communication  
 5 strategy to check line by line, fact for fact.  
 6 The purpose of it is to look at the  
 7 communications objectives and in terms of the  
 8 type of announcement a communications director  
 9 has outlined to verify if that's an  
 10 appropriate course of action.  
 11 CHAYTOR, Q.C.:  
 12 Q. Yes.  
 13 MS. CHAPLIN:  
 14 A. So in the case of this analysis we do say that  
 15 we agree with the communications approach  
 16 outlined, which is joint news release between  
 17 the Department of Health and Community  
 18 Services and Eastern Health. So those are the  
 19 types of things we would be looking for.  
 20 CHAYTOR, Q.C.:  
 21 Q. I understand that. But I would take it that  
 22 it would be important to have your facts  
 23 straight, if those are the facts you're going  
 24 to rely upon as to what the appropriate  
 25 strategic direction would be?

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1 MS. CHAPLIN:  
 2 A. Of course.  
 3 CHAYTOR, Q.C.:  
 4 Q. So if anything jumped out at you that you  
 5 thought was factually in error or not quite  
 6 right, I take it you would have pointed that  
 7 out if you knew the difference?  
 8 MS. CHAPLIN:  
 9 A. I think that would be the case, yes.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay. Overall in terms of the whole idea that  
 12 given the negative coverage around the ER/PR  
 13 issue and any resulting lack of confidence in  
 14 breast cancer patients, the idea that it's  
 15 then important for the government to respond  
 16 with positive messages, what do you think of  
 17 that idea?  
 18 MS. CHAPLIN:  
 19 A. I would say first of all I don't think that  
 20 was the motivation behind this submission,  
 21 that certainly it is, I guess, an added  
 22 component and it is an accurate statement, but  
 23 I wouldn't suggest that that's the motivation  
 24 behind the submission.  
 25 CHAYTOR, Q.C.:

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1 Q. Okay. So after you review it, what happens to  
 2 this document then, who does it next go to?  
 3 MS. CHAPLIN:  
 4 A. This document then, when we prepared analysis  
 5 in the--on the 10th floor at the  
 6 communications and consultation branch, we  
 7 would send it down to the policy secretariat  
 8 on the 9th floor. They would compile the  
 9 packages so that each Cabinet member would  
 10 receive a complete package in preparation for  
 11 a meeting, which would include the Cabinet  
 12 submission, the analysis notes and all the  
 13 documentation you see before you.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay. And did you have then any further  
 16 involvement in this?  
 17 MS. CHAPLIN:  
 18 A. No. We just simply do the analysis, pass it  
 19 along.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. So this is November, 2005. And then we  
 22 get into the end of the year. Did you have  
 23 any further involvement or discussions on the  
 24 ER/PR issue throughout the rest of 2005?  
 25 MS. CHAPLIN:

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1 A. Not to my knowledge.  
 2 CHAYTOR, Q.C.:  
 3 Q. And then coming into January of 2006 did you  
 4 have any discussions or any involvement on the  
 5 ER and PR issue then?  
 6 MS. CHAPLIN:  
 7 A. Not to my knowledge.  
 8 CHAYTOR, Q.C.:  
 9 Q. And in February, 2006 there's an ATIPP request  
 10 from Mark Quinn at CBC. Were you aware of  
 11 that?  
 12 MS. CHAPLIN:  
 13 A. Did it come in to government or did it come in  
 14 -  
 15 CHAYTOR, Q.C.:  
 16 Q. Yes, both. Actually, this one for sure  
 17 government. I believe it was a request to  
 18 both. Would you have seen that? Perhaps we  
 19 could bring it up -  
 20 MS. CHAPLIN:  
 21 A. Yeah, -  
 22 CHAYTOR, Q.C.:  
 23 Q. - it's P-0129. Okay, and this is the letter  
 24 that went out and it's dated March 9th, 2006.  
 25 And we understand Mr. Quinn's response came in

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1 sometime in February. And this is the letter  
 2 that went out. He had been looking for all  
 3 memos, letters, briefing notes and e-mails  
 4 between the members of Eastern Health and the  
 5 Provincial Department of Health and  
 6 Communication--Community Services, sorry,  
 7 between March 1st, 2005 and December 1, 2005  
 8 regarding hormone receptor tests for people  
 9 with breast cancer. And the department had  
 10 decided to give partial access to the file  
 11 documents "that are responsive to your  
 12 request. Information that was non-responsive  
 13 have been severed." This was signed off on--  
 14 by Mr. Abbott and copied to Mr. Tilley. Do  
 15 you recall this request, would it have come  
 16 across your desk?  
 17 MS. CHAPLIN:  
 18 A. As I've already said, that I would have seen a  
 19 spreadsheet or an Excel program that would  
 20 list the ATIPP requests that came in to  
 21 government, but I would have had nothing to do  
 22 with the--like, the department's  
 23 responsibility is the one, they would be the  
 24 people putting together the information and  
 25 compiling all the notes in the package that

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1 went out.  
 2 CHAYTOR, Q.C.:  
 3 Q. And, of course, the briefing note of July 20th  
 4 was, 2005, was one of the ones that went out.  
 5 So this didn't cross your desk?  
 6 MS. CHAPLIN:  
 7 A. No.  
 8 CHAYTOR, Q.C.:  
 9 Q. No, okay. There is some issue about a--the  
 10 paragraph that I'm referring to on this page  
 11 of the briefing note, under "Actions" you'll  
 12 see there's a paragraph deleted. And that's  
 13 the paragraph which referred to the review or  
 14 the 2003 issue, and Dr. Williams to make some  
 15 inquiry around that. That's deleted from what  
 16 went out. You weren't aware of that, I take  
 17 it?  
 18 MS. CHAPLIN:  
 19 A. No. As I said before, every department has  
 20 their own ATIPP coordinator, and it would be  
 21 that person's role to put together the package  
 22 for release to the specific request.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay. And nobody then contacted you or sought  
 25 any advice from you around this issue?

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1 MS. CHAPLIN:  
 2 A. No.  
 3 CHAYTOR, Q.C.:  
 4 Q. Okay. When did you next have any involvement?  
 5 This is March of 2006. When did you next have  
 6 any involvement on the issue?  
 7 MS. CHAPLIN:  
 8 A. 2006?  
 9 CHAYTOR, Q.C.:  
 10 Q. This issue here, yeah.  
 11 MS. CHAPLIN:  
 12 A. Okay.  
 13 CHAYTOR, Q.C.:  
 14 Q. Did you have any involvement then throughout  
 15 2006 -  
 16 MS. CHAPLIN:  
 17 A. No, as I -  
 18 CHAYTOR, Q.C.:  
 19 Q. - any discussions with anyone?  
 20 MS. CHAPLIN:  
 21 A. As I stated yesterday, I actually resigned my  
 22 position May 23rd, 2006.  
 23 CHAYTOR, Q.C.:  
 24 Q. May 23rd, yes.  
 25 MS. CHAPLIN:

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1 A. And was asked to stay on until August 4th,  
 2 2006 and at that particular point from--  
 3 following the May 24th weekend, essentially,  
 4 upon my resignation, I moved to the Council of  
 5 Federation Secretariat office on the 4th floor  
 6 and focused exclusively on that conference for  
 7 the remainder of my time within government.  
 8 CHAYTOR, Q.C.:  
 9 Q. And I take it throughout the remainder of your  
 10 time then with government you never had--you  
 11 weren't privy to any discussions on the issue  
 12 and didn't hear any discussions -  
 13 MS. CHAPLIN:  
 14 A. I no longer--just so I can clarify.  
 15 CHAYTOR, Q.C.:  
 16 Q. Yes.  
 17 MS. CHAPLIN:  
 18 A. Once I accepted that role, I no longer saw the  
 19 daily clippings in government, had no  
 20 interaction with communications directors in a  
 21 formal way.  
 22 CHAYTOR, Q.C.:  
 23 Q. Okay. And we know that Eastern Health did the  
 24 media technical briefing in December of 2006.  
 25 And I realize that you had gone on to Bristol

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1 by then?  
 2 MS. CHAPLIN:  
 3 A. Yes.  
 4 CHAYTOR, Q.C.:  
 5 Q. Were you approached by anyone from the  
 6 government or Eastern Health to provide any  
 7 kind of advice on that media technical  
 8 briefing?  
 9 MS. CHAPLIN:  
 10 A. No, we were not.  
 11 CHAYTOR, Q.C.:  
 12 Q. And I take it you didn't attend it?  
 13 MS. CHAPLIN:  
 14 A. No, I did not.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay. Did you follow the media coverage from  
 17 it?  
 18 MS. CHAPLIN:  
 19 A. I'm sure I would have read the paper, as I do  
 20 every day, and seen it.  
 21 CHAYTOR, Q.C.:  
 22 Q. Okay. But nothing of any particular interest  
 23 to you on it?  
 24 MS. CHAPLIN:  
 25 A. The only thing I remember in December of 2006,

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1 and I'm not sure what the date of briefing  
 2 was, but we would have seen the corresponding  
 3 media coverage. I do remember later in that  
 4 month having lunch with Ms. Bonnell.  
 5 CHAYTOR, Q.C.:  
 6 Q. Later in the month of December?  
 7 MS. CHAPLIN:  
 8 A. Yes. And the purpose of that was she was  
 9 seeking, I guess, the consultancy services,  
 10 potentially, of Bristol in terms of developing  
 11 a crisis communications plan for their  
 12 organization.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay. And I take it that wasn't specific to  
 15 ER/PR, it was crisis communication in general?  
 16 MS. CHAPLIN:  
 17 A. In general, that's correct.  
 18 CHAYTOR, Q.C.:  
 19 Q. And was the issue of ER/PR discussed at that  
 20 point in time as being an example of a  
 21 situation in which they would need or would  
 22 have needed crisis communication strategy?  
 23 MS. CHAPLIN:  
 24 A. I'm sure it was because I wasn't aware until  
 25 that point that the organization didn't have a

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1 crisis communications plan.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay. And so what was discussed between you  
 4 and Ms. Bonnell on that date in terms of  
 5 crisis communication in general and specific  
 6 to the ER/PR issue?  
 7 MS. CHAPLIN:  
 8 A. She was, just from a general perspective, I  
 9 think, feeling conflicted at that point in  
 10 time from the perspective of she was--she  
 11 recognized that, as she has stated here, as  
 12 well, she recognized that the area of crisis  
 13 communications was beyond her comfort zone and  
 14 that she had brought that forward to her  
 15 superiors within Eastern Health and was told  
 16 that she was doing a good job. She also  
 17 recalled in that conversation that she had  
 18 reached out to Ms. Joanne Polak of Hill and  
 19 Knowlton.  
 20 CHAYTOR, Q.C.:  
 21 Q. Yes. Which would be an affiliate of some sort  
 22 with Bristol?  
 23 MS. CHAPLIN:  
 24 A. That's right, they were a strategic partner of  
 25 Bristol's.

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1 CHAYTOR, Q.C.:  
 2 Q. But that recommendation of Joanne Polak to her  
 3 hadn't come at your suggestion, she's already  
 4 done that?  
 5 MS. CHAPLIN:  
 6 A. No, she said that she had already contacted  
 7 her. She had been in Joanne's presence when  
 8 Joanne was down presenting at a crisis  
 9 communications seminar that IABC had put off,  
 10 I think, the previous spring. And that she  
 11 had approached her at some point in time, I'm  
 12 not sure when, and it was, the specific  
 13 reference that was made to me at that time was  
 14 that she had sought her counsel in terms of a  
 15 media request that had come in to Eastern  
 16 Health's organization from, I believe, The  
 17 Current, but I can't say with certainty. And  
 18 that she had discussed that media request with  
 19 Mr. Tilley and was recommending to the  
 20 organization that the organization speak on  
 21 this issue through that media program and that  
 22 that was not something that the organization  
 23 wished to do. So she was calling Ms. Polak  
 24 just to run by her thinking to see if she was  
 25 on the right track.

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1 CHAYTOR, Q.C.:  
 2 Q. Okay. So I take it during lunch that day in  
 3 December of 2006 Ms. Bonnell was expressing  
 4 some frustrations to you?  
 5 MS. CHAPLIN:  
 6 A. I think that's fair to say.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay. And was there anything else in  
 9 particular other than The Current, the issue  
 10 of the interview that didn't happen with The  
 11 Current, was there anything else that she  
 12 indicated she thought could have been done  
 13 differently or should have been done  
 14 differently?  
 15 MS. CHAPLIN:  
 16 A. No, nothing at that time. I think that was  
 17 more just we had been colleagues, we had, it  
 18 was just a casual lunch. The purpose, again,  
 19 was she was looking at exploring outside  
 20 consultancy services for the organization for  
 21 the purposes of developing a crisis  
 22 communications plan, we talked about that.  
 23 She referenced the phone call that, or e-mail,  
 24 I'm not sure which method of communication  
 25 outreach to Ms. Polak and that was pretty

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1 much it.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay.  
 4 MS. CHAPLIN:  
 5 A. And she said that she would be in touch.  
 6 That's the way we left it.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay. And was this the first time that you  
 9 had had any contact with Ms. Bonnell since  
 10 having gone to Cabinet Secretariat and now  
 11 you're -  
 12 MS. CHAPLIN:  
 13 A. Apart from maybe seeing her from time to time  
 14 at an IABC function. That's the one specific  
 15 meeting that I can remember.  
 16 CHAYTOR, Q.C.:  
 17 Q. And it's certainly the only contact you've  
 18 had--you had since leaving the department with  
 19 her on--other than the September -  
 20 MS. CHAPLIN:  
 21 A. About that issue.  
 22 CHAYTOR, Q.C.:  
 23 Q. - 30th e-mail?  
 24 MS. CHAPLIN:  
 25 A. Yes, that's correct.

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1 CHAYTOR, Q.C.:  
 2 Q. On that issue. Okay.  
 3 COMMISSIONER:  
 4 Q. Ms. Chaytor, it's getting near break time, so  
 5 whenever you find a convenient spot to break,  
 6 we'll do that.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay. Just one other point then on the  
 9 December, 2006 media briefing. Did that come  
 10 up in your discussions with Ms. Bonnell at  
 11 lunch?  
 12 MS. CHAPLIN:  
 13 A. I can't say for certain.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay. Were you aware, either through the  
 16 discussions with her or through your own  
 17 review of the media following that Eastern  
 18 Health had refused to release certain  
 19 information?  
 20 MS. CHAPLIN:  
 21 A. No, I was not because I was surprised to see  
 22 that occur months later.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay. Well, then, I'll take it up with you  
 25 then as to the source of your surprise, okay.

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1 COMMISSIONER:  
 2 Q. Break?  
 3 CHAYTOR, Q.C.:  
 4 Q. This is a good place, thank you.  
 5 COMMISSIONER:  
 6 Q. All right, we'll take 15 minutes.  
 7 (RECESS)  
 8 COMMISSIONER:  
 9 Q. Please be seated. Ms. Chaytor.  
 10 CHAYTOR, Q.C.:  
 11 Q. Thank you, Commissioner. Ms. Chaplin, during  
 12 the break I have located, with some  
 13 assistance, with thanks, some of the media  
 14 articles around October 14th, in which Mr.  
 15 Dawe was quoted or interviewed. And this came  
 16 up in the context of your October 19th e-mail  
 17 exchange with Mr. Tilley.  
 18 MS. CHAPLIN:  
 19 A. Right.  
 20 CHAYTOR, Q.C.:  
 21 Q. So perhaps what I'll do is you said without  
 22 the benefit of seeing some -  
 23 MS. CHAPLIN:  
 24 A. Sure.  
 25 CHAYTOR, Q.C.:

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1 Q. - of that media coverage. So perhaps we could  
 2 just go to that for a moment? It's P-0345,  
 3 please? And page 16, please? Actually, if we  
 4 go to page 12 first, please? Page 12 is an  
 5 interview with CBC. And I believe Mr. Dawe is  
 6 quoted in here. The interview actually starts  
 7 at page 10. So this is October 14th. And on  
 8 page 12 Mr. Dawe is quoted as saying, "You're  
 9 dealing with cancer. There are so many issues  
 10 that you've got to deal with and the last  
 11 thing that you want on your mind is is the  
 12 test result accurate. And that's, that's  
 13 just, you know, that's just totally  
 14 unacceptable. So that piece has got to be 100  
 15 percent guaranteed that it's working  
 16 properly." And then I believe on page 16 it's  
 17 the NTV article or interview of the same date.  
 18 He's on the evening news that evening. "I  
 19 think there's been a really poor job on  
 20 getting, you know, this is complicated. I  
 21 mean, you know, the average person, hormone  
 22 positive, hormone negative, you know, my mom  
 23 had breast cancer, I can't remember how she  
 24 tested. Since 1997, there could be several  
 25 hundred women who were told they were negative

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1 for estrogen and progesterone receptors when,  
 2 in fact, they were positive, and what that  
 3 means is that you have several hundred women  
 4 potentially who were eligible to go on a  
 5 different type of therapy that had been  
 6 clinically proven to be very effective, and so  
 7 there's -- you can read into that and there's  
 8 all kinds of consequences to that. It could  
 9 be very drastic. You could have someone who  
 10 literally didn't survive because of this, and  
 11 it could be that the person may not have went  
 12 on it anyway considering the side effects of  
 13 the medication and their own clinical  
 14 physician. So it's so individual, but, you  
 15 know, with that many women going through, our  
 16 fear is that, yeah, absolutely somebody was  
 17 drastically impacted by this". Page 18 --  
 18 sorry, there's nothing from him on page 18.  
 19 This is October 19th. I don't think there's  
 20 anything there. That's an interview of a  
 21 different individual. So it appears that from  
 22 what we have here that it was October 14th  
 23 would have been Mr. Dawe's most recent  
 24 interviews on this up to your communication  
 25 with Mr. Tilley then on the 19th.

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1 MS. CHAPLIN:  
 2 A. Uh-hm.  
 3 CHAYTOR, Q.C.:  
 4 Q. So that's a sample, anyhow, of some of the  
 5 quotes that he was making in that time period.  
 6 So if we could go back then to my question  
 7 about Ms. Tilley's comments regarding his  
 8 concerns around what Mr. Dawe was saying, and  
 9 if we could bring up that exhibit again,  
 10 please, and I believe that's Exhibit P-0144.  
 11 He indicates, "I'm somewhat disappointed with  
 12 the Cancer Society's comments. We have been  
 13 briefing Peter Dawe, but it seems to have been  
 14 of little benefit, at least from the media  
 15 perspective. Obviously, we are over sensitive  
 16 and I recognize that everyone has a job to  
 17 do". You had asked if perhaps you could see  
 18 the media coverage, and so I've just given you  
 19 a sample of at least in mid October what Mr.  
 20 Dawe was saying in the media. I'm wondering  
 21 now if you're able to comment on that?  
 22 MS. CHAPLIN:  
 23 A. I think from what you've just shared with me,  
 24 Mr. Dawe's comments were appropriate and  
 25 perfectly acceptable. I think we have to

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1 recognize that every organization or every  
 2 stakeholder group, in Dawe's case, has a  
 3 perspective to bring on an issue and a point  
 4 of view, and I think he accurately portrayed  
 5 the job that he has to do, which is to  
 6 advocate on behalf of cancer patients.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay, thank you. I think when we broke, I was  
 9 asking you about when you may next have been  
 10 involved in the issue. You had indicated that  
 11 you weren't aware in December, 2006, that  
 12 Eastern Health had not released all the  
 13 information, and that you were surprised when  
 14 you ultimately learned about that, and when  
 15 did you learn about that?  
 16 MS. CHAPLIN:  
 17 A. Through the media, just like everybody else.  
 18 CHAYTOR, Q.C.:  
 19 Q. So in May of 2007, I take it?  
 20 MS. CHAPLIN:  
 21 A. Sure.  
 22 CHAYTOR, Q.C.:  
 23 Q. And in the meantime, did you have any dealings  
 24 on this issue in the spring of 2007?  
 25 MS. CHAPLIN:

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1 A. What followed up from the lunch that I had  
 2 with Ms. Bonnell in December, 2006, is that  
 3 she contacted Bristol again in February, 2007,  
 4 requesting that we provide a proposal for the  
 5 development of a general crisis communications  
 6 plan for Eastern Health. There was one  
 7 subsequent meeting as part of that proposal  
 8 process with Mr. Steve Dodge and Ms. Bonnell  
 9 to review the proposal. I don't know if they  
 10 spoke to other agencies. I can just speak to  
 11 the one that I worked for. We were advised at  
 12 some point, I think, late March in 2007 that  
 13 the proposal had been accepted.  
 14 CHAYTOR, Q.C.:  
 15 Q. Bristol's proposal?  
 16 MS. CHAPLIN:  
 17 A. Bristol's proposal had been accepted to  
 18 develop the plan.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay. If we could look at P-1499, please, and  
 21 again this was on crisis communication?  
 22 MS. CHAPLIN:  
 23 A. Yes.  
 24 CHAYTOR, Q.C.:  
 25 Q. And this is a document I showed you yesterday

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1 early in your evidence.  
 2 MS. CHAPLIN:  
 3 A. Yes.  
 4 CHAYTOR, Q.C.:  
 5 Q. And it's the proposal for crisis communication  
 6 plan submitted by Eastern Health -- submitted,  
 7 sorry, to Eastern Health by Bristol Group Inc,  
 8 and it's dated February 9th, 2007?  
 9 MS. CHAPLIN:  
 10 A. Yes.  
 11 CHAYTOR, Q.C.:  
 12 Q. Okay. So this was the proposal that was  
 13 submitted?  
 14 MS. CHAPLIN:  
 15 A. Uh-hm.  
 16 CHAYTOR, Q.C.:  
 17 Q. And was accepted then in --  
 18 MS. CHAPLIN:  
 19 A. March, 2007.  
 20 CHAYTOR, Q.C.:  
 21 Q. I just have a couple of questions for you on  
 22 this. On page six of the document -- I had  
 23 already taken you through -- there's profiling  
 24 of people.  
 25 MS. CHAPLIN:

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1 A. Right.  
 2 CHAYTOR, Q.C.:  
 3 Q. And Jo-Anne Polak is included in your  
 4 proposal?  
 5 MS. CHAPLIN:  
 6 A. Yes.  
 7 CHAYTOR, Q.C.:  
 8 Q. And I believe you were to be the lead on this,  
 9 is that right?  
 10 MS. CHAPLIN:  
 11 A. That's correct.  
 12 CHAYTOR, Q.C.:  
 13 Q. And your approach, it says here, "Crisis  
 14 communications is simply strategic  
 15 communications when the stakes are high.  
 16 Simply put, it is about creating the right  
 17 story, then getting it to people". Can you  
 18 just elaborate on that a bit for us and  
 19 explain to us what that means?  
 20 MS. CHAPLIN:  
 21 A. Well, it's just a way of saying that crisis  
 22 communications differs from other  
 23 communications because you're looking at a  
 24 situation where an event or occurrence that is  
 25 happening to an organization is preventing it

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1 from conducting its daily business.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay, and under key messages it says, "Telling  
 4 the right story is the foundation of success.  
 5 The messages have to be plausible, supported  
 6 with substance and compelling". What does  
 7 that mean that the message has to be  
 8 plausible?  
 9 MS. CHAPLIN:  
 10 A. You have to be accurate in crisis situations.  
 11 Well, in any communications, you strive for  
 12 accurate messages being put forward. I would  
 13 like to back up for just one second and  
 14 explain what key messages actually are because  
 15 there's been a lot of debate about some of the  
 16 communications terminology used to date.  
 17 Essentially every communications professional  
 18 on the planet deals with key messaging, and  
 19 key messages are every person, every  
 20 organization, whether you agree or disagree,  
 21 has the right to put forward a perspective or  
 22 a point of view and that's what key messages  
 23 reflect. They are not meant to be specific  
 24 answers, but they are meant to be factual  
 25 information that's important to get across to

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1 an audience. The stakes are a little higher  
 2 in a crisis communications situation because  
 3 you're usually dealing with rapid information,  
 4 media is changing, your information is  
 5 changing, and you need to get out there and  
 6 communicate. This just details an approach  
 7 that we generally followed which is a  
 8 messaging structure that uses elements of  
 9 concern, the actions taken by an organization,  
 10 and perspective to get your message across.  
 11 CHAYTOR, Q.C.:  
 12 Q. Did you draft this document?  
 13 MS. CHAPLIN:  
 14 A. I believe -- this might have been a cut and  
 15 paste actually of some documents that were  
 16 already in existence, and it would have been  
 17 put together by myself and a colleague at  
 18 Bristol.  
 19 CHAYTOR, Q.C.:  
 20 Q. So you would have been involved in the actual  
 21 formulation of it?  
 22 MS. CHAPLIN:  
 23 A. Not necessarily.  
 24 CHAYTOR, Q.C.:  
 25 Q. Not necessarily --



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1 MS. CHAPLIN:  
 2 A. Oh, sorry, I mean --  
 3 CHAYTOR, Q.C.:  
 4 Q. You would have been involved?  
 5 MS. CHAPLIN:  
 6 A. I would have been involved in the formulation,  
 7 yes.  
 8 CHAYTOR, Q.C.:  
 9 Q. And when I pointed out this sentence to you,  
 10 "The messages have to be plausible, supported  
 11 with substance, and compelling", your answer  
 12 to me was they have to be accurate, and you  
 13 also mentioned you have to have factual  
 14 information?  
 15 MS. CHAPLIN:  
 16 A. That's correct.  
 17 CHAYTOR, Q.C.:  
 18 Q. So the word "plausible", you take to mean  
 19 accurate as opposed to something that might  
 20 sound accurate?  
 21 MS. CHAPLIN:  
 22 A. Oh, no, no, it has to be accurate.  
 23 CHAYTOR, Q.C.:  
 24 Q. It has to be accurate?  
 25 MS. CHAPLIN:

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1 A. Yes.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay. Stakeholder outreach.  
 4 MS. CHAPLIN:  
 5 A. This refers to the way crisis communications  
 6 is evolving over time. Traditionally,  
 7 communicators always view crisis  
 8 communications as media would be the most  
 9 important audience to get the message across  
 10 in dealing with these types of scenarios, but  
 11 that has changed over time, and now the  
 12 thinking amongst the communications field is  
 13 that getting the perspectives of stakeholder  
 14 organizations that impact your own  
 15 organization is equally as important in a  
 16 crisis situation, and communicating with them  
 17 along with the media.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay. Is it -- is there a difference -- I  
 20 know that you referred yesterday in your  
 21 evidence to the situation with Tylenol. Is  
 22 there a difference in corporate crisis  
 23 communications versus health care crisis  
 24 communications?  
 25 MS. CHAPLIN:

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1 A. Not necessarily.  
 2 CHAYTOR, Q.C.:  
 3 Q. So no particular issues that need to --  
 4 MS. CHAPLIN:  
 5 A. There's obviously more sensitivities when  
 6 you're dealing with patients, and you do have  
 7 the added complication in terms of the privacy  
 8 of information. So that would certainly be a  
 9 difference.  
 10 CHAYTOR, Q.C.:  
 11 Q. And the issues, though, surrounding or what  
 12 may be of importance to a "for profit"  
 13 organization versus a "for service"  
 14 organization, would that make any difference  
 15 in how you would communicate?  
 16 MS. CHAPLIN:  
 17 A. It may, but the -- if you boil it down to the  
 18 principles in crisis communication, which is  
 19 communicating transparently, openly, in a  
 20 timely fashion, I think those principles still  
 21 apply whether you're in a health care setting  
 22 or in a "for profit" setting.  
 23 CHAYTOR, Q.C.:  
 24 Q. And under stakeholder outreach, it says,  
 25 "There are many other factors changing the

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1 media landscape, least of which is intense  
 2 competition for advertising dollars, making  
 3 the need to be first more important at times  
 4 than the need to be accurate". What is that  
 5 referring to?  
 6 MS. CHAPLIN:  
 7 A. That refers to getting out with as much  
 8 information as you have to share quickly, and  
 9 then updating as it comes along. It's not to  
 10 suggest that you're going out the door with  
 11 inaccurate information, but it speaks to the  
 12 whole issue of continually communicating with  
 13 your audience throughout a crisis situation.  
 14 CHAYTOR, Q.C.:  
 15 Q. And then on the top of the next page, "We work  
 16 to create comprehensive stakeholder maps.  
 17 These charts identify every stakeholder, their  
 18 contact information, their perspective on the  
 19 issue at hand, a simple strategy to reach  
 20 them, a list of deliverable is required, and  
 21 assignment of responsibility. This chart can  
 22 be completed very quickly and ensures everyone  
 23 is being considered". My question to you on  
 24 that, Ms. Chaplin, is how useful a tool would  
 25 that have been to Eastern Health to have had

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1 during the ER/PR issue?  
 2 MS. CHAPLIN:  
 3 A. I think very useful, from my perspective.  
 4 CHAYTOR, Q.C.:  
 5 Q. And this idea of a stakeholder map, is that a  
 6 new idea or how long has that been around in  
 7 the communications business?  
 8 MS. CHAPLIN:  
 9 A. In the last couple of years.  
 10 CHAYTOR, Q.C.:  
 11 Q. So would it have been something that they  
 12 necessarily would have been familiar with back  
 13 in July of 2005?  
 14 MS. CHAPLIN:  
 15 A. They probably wouldn't have referred to it as  
 16 a stakeholder map. They may have just called  
 17 it -- some people would just boil it down to  
 18 basic information listed and your target  
 19 audiences. So the premise is still the same in  
 20 the sense of you still need to work from a  
 21 plan where you understand each audience is  
 22 going to be impacted by any given issue, so  
 23 you understand who exactly you have to  
 24 communicate and how the best way to do that  
 25 is.

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1 CHAYTOR, Q.C.:  
 2 Q. Okay. Was it something that you used during  
 3 the Walkerton crisis in Ontario?  
 4 MS. CHAPLIN:  
 5 A. We certainly would have had stakeholder  
 6 relations, yes.  
 7 CHAYTOR, Q.C.:  
 8 Q. Then engaging with our partner, our client,  
 9 and you were proposing in your proposal to  
 10 conduct a one day deep think session with your  
 11 senior team, with Eastern Health's senior  
 12 team, I take it. Did that actually happen?  
 13 MS. CHAPLIN:  
 14 A. No, it didn't, because what transpired after  
 15 March, 2007, is that my colleague and I had  
 16 one meeting with Eastern Health organization,  
 17 just kind of an initial kickstart meeting to  
 18 discuss an approach. We also selected -- we  
 19 asked in writing, I believe, for a date that  
 20 we could bring in Ms. Polak to join us and  
 21 what we were defining as -- the deep think we  
 22 refer to in paper, we were calling it a crisis  
 23 boot camp for the executive team of Eastern  
 24 Health. Ms. Polak arrived in May, 2007, to  
 25 conduct that with us. In the afternoon before

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1 it was to occur, we received a phone call from  
 2 Ms. Bonnell advising us that it was cancelled.  
 3 CHAYTOR, Q.C.:  
 4 Q. Do you remember the date in May, or the reason  
 5 for the cancellation?  
 6 MS. CHAPLIN:  
 7 A. I think it was around May 27th/28th.  
 8 CHAYTOR, Q.C.:  
 9 Q. So it was after this issue had become a major  
 10 issue again in the media?  
 11 MS. CHAPLIN:  
 12 A. It had.  
 13 CHAYTOR, Q.C.:  
 14 Q. That happened -- May 15th, we understand that  
 15 that began. So this was later in May. Did  
 16 she give you any reason why did they cancel?  
 17 MS. CHAPLIN:  
 18 A. I think at the same time the organization was  
 19 also dealing with a new emerging issue which  
 20 was the radiology issue on the Burin  
 21 Peninsula, and I may have my dates mixed up,  
 22 but that's my recall, and it was just not an -  
 23 - it was not an opportune time for us to get  
 24 together with the entire executive team, given  
 25 -- with what they were dealing with at the

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1 time.  
 2 CHAYTOR, Q.C.:  
 3 Q. And I take it, it didn't get rescheduled?  
 4 MS. CHAPLIN:  
 5 A. No, in fact, the next communication we had  
 6 from them, they suggested that we cancel that  
 7 initial plan and proposal to develop a general  
 8 crisis plan, so that never occurred, and  
 9 instead they wanted a revised proposal. They  
 10 were talking about a recovery strategy at that  
 11 point.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay. Continuing on with your proposal in  
 14 February, it said, "The crisis communications  
 15 plan would spell out how Eastern Health would  
 16 meet public and stakeholder expectations  
 17 during the evolving stages of a crisis. It  
 18 would underline Eastern Health's commitment to  
 19 communicating openly and honestly with  
 20 internal and external audiences during a  
 21 crisis". I take it what was being  
 22 contemplated here in developing a crisis  
 23 communications plan would be a template that  
 24 could be used --  
 25 MS. CHAPLIN:

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1 A. In multiple situations.  
 2 CHAYTOR, Q.C.:  
 3 Q. In multiple situations.  
 4 MS. CHAPLIN:  
 5 A. That's correct.  
 6 CHAYTOR, Q.C.:  
 7 Q. And it's something again that, i take it,  
 8 would have been of benefit to Eastern Health  
 9 in dealing with the ER/PR issue?  
 10 MS. CHAPLIN:  
 11 A. Certainly.  
 12 CHAYTOR, Q.C.:  
 13 THE COMMISSIONER:  
 14 Q. What about the notion of internal  
 15 communications in a crisis?  
 16 MS. CHAPLIN:  
 17 A. That's equally as important. An internal  
 18 audience would be considered an internal  
 19 stakeholder. So the difference for  
 20 communications professionals in sitting down  
 21 to identify target audiences impacted by an  
 22 event or situation, we would break it down  
 23 into external, such as advocacy groups, or any  
 24 organization that's impacted, patients, the  
 25 public, the media, would be types of external

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1 audiences. Internal would be everything from  
 2 employees to -- I'm not sure the way Eastern  
 3 Health communicates internally in terms of how  
 4 they segment the physician population, but  
 5 they would be an appropriate audience, and an  
 6 example of an internal audience.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay. If we could look, please, at P-0821,  
 9 unless there's anything else before we leave  
 10 that document, anything else that --  
 11 MS. CHAPLIN:  
 12 A. No, no.  
 13 CHAYTOR, Q.C.:  
 14 Q. This is an e-mail from yourself to Mr. Abbott  
 15 on May 17th, 2007, at 9:24 in the evening, and  
 16 you're in Florida, "John, I'm in Florida at  
 17 the moment, back on Tuesday, but understand  
 18 things have really heated up on the ER/PR  
 19 issue. I wanted to let you know that Susan  
 20 has engaged us on the issue". I take it  
 21 that's Susan Bonnell?  
 22 MS. CHAPLIN:  
 23 A. Correct.  
 24 CHAYTOR, Q.C.:  
 25 Q. And Cathy, your colleague, is helping out?

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1 MS. CHAPLIN:  
 2 A. Yes.  
 3 CHAYTOR, Q.C.:  
 4 Q. "In the initial media briefing, and I hope to  
 5 continue working with them upon my return next  
 6 week". So tell us about that, what happened,  
 7 how you were contacted and what unfolded?  
 8 MS. CHAPLIN:  
 9 A. That was a phone call that we received, I  
 10 can't remember the specific date in May, and  
 11 Ms. Bonnell was reaching out to Bristol to  
 12 engage their service to help prepare them for  
 13 a press conference they were giving, I  
 14 believe, with respect to, well, this issue and  
 15 it was eventually the press conference, I  
 16 believe, where Mr. Tilley apologized.  
 17 CHAYTOR, Q.C.:  
 18 Q. That happened on May 18th, the day after your  
 19 e-mail?  
 20 MS. CHAPLIN:  
 21 A. Yes. So Susan contacted me; obviously, I'm out  
 22 of the country, and suggested that she deal  
 23 with my colleague who is referenced here.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay, and your colleague then, I take it,

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1 assisted?  
 2 MS. CHAPLIN:  
 3 A. That's correct.  
 4 CHAYTOR, Q.C.:  
 5 Q. And did you have any discussions with her  
 6 around that, and what transpired?  
 7 MS. CHAPLIN:  
 8 A. Just a general conversation of, "did it go  
 9 well, not well", nothing really detailed.  
 10 CHAYTOR, Q.C.:  
 11 Q. And what was her opinion of that, whether or  
 12 not it had gone well?  
 13 MS. CHAPLIN:  
 14 A. I think that they had done well in terms of  
 15 this press conference.  
 16 CHAYTOR, Q.C.:  
 17 Q. And when you came back then on the following  
 18 Tuesday, did you then become involved in the  
 19 matter?  
 20 MS. CHAPLIN:  
 21 A. Well, the press conference had ended and that  
 22 was the piece of service that they were  
 23 engaging us on, but then the client did come  
 24 back and speak to us about starting a recovery  
 25 strategy, which led us to sit down and have a

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1 discussion with them about -- I'm perhaps  
 2 moving into another exhibit here, but what  
 3 they had to do in terms of a 72 hour strategy.  
 4 CHAYTOR, Q.C.:  
 5 Q. Yes, and that comes, I think --  
 6 MS. CHAPLIN:  
 7 A. Yes, to stabilize the situation. So what we  
 8 were essentially saying to them is, "you're  
 9 not in a position to recover because you're  
 10 still in crisis and you need to stabilize the  
 11 situation first".  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay, and back on May 17th when your  
 14 colleague, Cathy, helps out, you're in  
 15 Florida. How long had you been in Florida at  
 16 this point in time? Were you here on May 15th  
 17 when the news broke?  
 18 MS. CHAPLIN:  
 19 A. No, I left on May 10th or 11th.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay, and so how is it that you heard that  
 22 things had heated up? Did you receive a phone  
 23 call yourself or what happened?  
 24 MS. CHAPLIN:  
 25 A. I would have received a phone call from my

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1 colleague.  
 2 CHAYTOR, Q.C.:  
 3 Q. From Cathy, I take it?  
 4 MS. CHAPLIN:  
 5 A. Yes.  
 6 CHAYTOR, Q.C.:  
 7 Q. And why is it that you're contacting Mr.  
 8 Abbott at the government to let him know that  
 9 Eastern Health has retained you?  
 10 MS. CHAPLIN:  
 11 A. That's just a courtesy heads up because we  
 12 were looking at a situation where Cathy was  
 13 potentially going to the press conference and  
 14 we didn't want the department to be surprised  
 15 when all of a sudden there was a consultant  
 16 sitting in the room that Eastern Health had  
 17 reached out and hired consultancy services.  
 18 CHAYTOR, Q.C.:  
 19 Q. Presumably, though, I guess, Eastern Health,  
 20 if they saw fit, would make that disclosure to  
 21 them?  
 22 MS. CHAPLIN:  
 23 A. We just wanted to be sure.  
 24 CHAYTOR, Q.C.:  
 25 Q. Were you aware that after -- now after this

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1 broke in May in the media again that Eastern  
 2 Health for a period of two or three days  
 3 around that, the 15th, 16th, 17th, they  
 4 refused to do media interviews or comment on  
 5 the matter.  
 6 MS. CHAPLIN:  
 7 A. Around the same time?  
 8 CHAYTOR, Q.C.:  
 9 Q. Yes.  
 10 MS. CHAPLIN:  
 11 A. I would have learned of that, I'm sure, after,  
 12 but not at that time.  
 13 CHAYTOR, Q.C.:  
 14 Q. And what do you think of that approach?  
 15 MS. CHAPLIN:  
 16 A. Certainly the "no comment" approach from a  
 17 media relations perspective is one we like to  
 18 use very infrequently. Usually it occurs in  
 19 exceptional circumstances. For example,  
 20 whenever you had a media request on a child  
 21 protection issue, as an example, you would not  
 22 be able to go out and communicate publicly the  
 23 details of that case. You could speak to  
 24 policies around it, but generally you would  
 25 have to offer the media a "no comment".

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1 CHAYTOR, Q.C.:  
 2 Q. Yes, but around this particular issue, what do  
 3 you think about the wisdom of continuing for a  
 4 couple of days to not participate in the  
 5 discussion in the media?  
 6 MS. CHAPLIN:  
 7 A. Well, to be perfectly frank, it's a difficult  
 8 situation especially when you're dealing with  
 9 numbers and you now are in a situation where  
 10 you have a discrepancy in numbers because what  
 11 generally happens when you sit there as an  
 12 organization, and do not respond or offer no  
 13 comment for days on end, it can be perceived  
 14 by the media and the public that the  
 15 organization may be bunkered down or in  
 16 hiding.  
 17 CHAYTOR, Q.C.:  
 18 Q. And you had indicated before we broke that you  
 19 learned, along with everyone else in May, or  
 20 you came to the realization -- I won't say you  
 21 learned because there are certainly media  
 22 stories in December, 2006, which indicate that  
 23 Eastern Health was going to refuse and had  
 24 refused to speak on certain issues, but you're  
 25 saying you learned for the first time that

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1 that had happened and were surprised by it  
 2 through the media coverage in May?  
 3 MS. CHAPLIN:  
 4 A. That's correct.  
 5 CHAYTOR, Q.C.:  
 6 Q. And you said that that surprised you. Explain  
 7 that, why were you surprised by that?  
 8 MS. CHAPLIN:  
 9 A. Well, from a general communications practise,  
 10 dealing with numbers is often a very difficult  
 11 situation, and the general rule of thumb --  
 12 again I can't really speak to this specific  
 13 case because I wasn't there or privy to any  
 14 discussions going on with Eastern Health, so I  
 15 want to be careful on how I preface these  
 16 comments, but from a general communications  
 17 perspective when dealing with numbers, you  
 18 look at a situation where you're either going  
 19 to go out and present no numbers or all of  
 20 them.  
 21 CHAYTOR, Q.C.:  
 22 Q. Okay, and in addition to -- well, two pieces  
 23 of information, basically. One had been the  
 24 total numbers of patients who had had change  
 25 results, and the other had been the actual

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1 causative factors of the problems. Those two  
 2 pieces of information had been the issues of  
 3 which there had been -- that Eastern Health  
 4 indicated they would not speak to back in  
 5 December. The issue of the cause of the  
 6 problems, I note through your evidence we've  
 7 talked about you being under the understanding  
 8 at various points in time that equipment may  
 9 be a factor. During your time at the  
 10 Department of Health, were any other factors  
 11 or causes mentioned?  
 12 MS. CHAPLIN:  
 13 A. Other than the new technology?  
 14 CHAYTOR, Q.C.:  
 15 Q. Yes.  
 16 MS. CHAPLIN:  
 17 A. There may have been, but nothing comes to  
 18 mind.  
 19 CHAYTOR, Q.C.:  
 20 Q. And if there had been, would we expect to see  
 21 that in your notes?  
 22 MS. CHAPLIN:  
 23 A. I would think.  
 24 CHAYTOR, Q.C.:  
 25 Q. And if there had been, do you think you might

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1 recall what those causes were?  
 2 MS. CHAPLIN:  
 3 A. I likely would.  
 4 CHAYTOR, Q.C.:  
 5 Q. And have you since heard of some of the  
 6 issues?  
 7 MS. CHAPLIN:  
 8 A. No.  
 9 CHAYTOR, Q.C.:  
 10 Q. So in terms of any issues, for example, with  
 11 quality assurance in the lab or issues  
 12 surrounding the fixation of the tissue sample,  
 13 issues around the pathologist's use of  
 14 internal and or external controls, were any of  
 15 those things discussed in any meetings that  
 16 you attended on the issue?  
 17 MS. CHAPLIN:  
 18 A. I don't think anything that specifically. The  
 19 only reference I would have to information  
 20 like that, I think, would be through the  
 21 inquiry process.  
 22 CHAYTOR, Q.C.:  
 23 Q. And again you were only involved in the issue  
 24 in the early stages.  
 25 MS. CHAPLIN:

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1 A. In the early stages.  
 2 CHAYTOR, Q.C.:  
 3 Q. By the end of August, you weren't involved any  
 4 more?  
 5 MS. CHAPLIN:  
 6 A. That's correct.  
 7 CHAYTOR, Q.C.:  
 8 Q. From the department's point of view?  
 9 MS. CHAPLIN:  
 10 A. Yes.  
 11 CHAYTOR, Q.C.:  
 12 Q. So Bristol was contacted and your colleague  
 13 helped out on May 17th, 18th on this issue.  
 14 Did you receive any further contact then? I  
 15 think you indicted that around May 27th you  
 16 were supposed to do your boot camp or "Deep  
 17 Think" and that did not--that was cancelled?  
 18 MS. CHAPLIN:  
 19 A. That's true.  
 20 CHAYTOR, Q.C.:  
 21 Q. When were you next contacted on the issue?  
 22 MS. CHAPLIN:  
 23 A. I think it was around May 30th.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay, and what was the contact on that date?

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1 MS. CHAPLIN:  
 2 A. Mr. Dodge and Ms. Bonnell came down to Bristol  
 3 and we sat in the boardroom and had a  
 4 discussion about how to move forward from  
 5 Eastern Health's perspective in looking at--  
 6 they started to talk about the notion of a  
 7 recovery strategy.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay, and that's Stephen Dodge?  
 10 MS. CHAPLIN:  
 11 A. Yes.  
 12 MS. CHAPLIN:  
 13 A. So our initial advice to them at that time in  
 14 that meeting was that they, as an  
 15 organization, were not in a position to really  
 16 begin a recovery strategy because the  
 17 situation was still in crisis and they needed  
 18 to stabilize it first.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay, and what advice was given to them to try  
 21 and stabilize it?  
 22 MS. CHAPLIN:  
 23 A. Well there's an exhibit coming up, I believe,  
 24 which is an Eastern Health Crisis  
 25 Communication briefing note. It's entitled

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1 "briefing note" but it reflects ideas that we  
 2 talked about that they should undertake within  
 3 the next 72 hour timeframe.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay.  
 6 MS. CHAPLIN:  
 7 A. This document, I believe, was tabled under Dr.  
 8 Howell's testimony.  
 9 CHAYTOR, Q.C.:  
 10 Q. Right, and you were involved in drafting that,  
 11 were you?  
 12 MS. CHAPLIN:  
 13 A. Yes, we were.  
 14 CHAYTOR, Q.C.:  
 15 Q. If we could look at P-0955 please? And this  
 16 is on June 1st, 2007, it's an e-mail exchange  
 17 from Tansy Mundon to a number of people within  
 18 government and it's an ad developed by Eastern  
 19 Health which they planned to put in Saturday's  
 20 Telegram and community papers. "The purpose  
 21 is to advise the public that patients were  
 22 informed of their ER/PR testing throughout the  
 23 process" and the ad is attached, I believe, to  
 24 this--here it is. Did you have any  
 25 involvement in the development of this ad?

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1 MS. CHAPLIN:  
 2 A. We were certainly in the position to advise  
 3 the client and this was, again, one of the  
 4 tactics that we outlined in a 72 hour strategy  
 5 to stabilize the situation and essentially  
 6 what drove us to that point was we felt from a  
 7 communications' perspective that Eastern  
 8 Health had to stop in its tracks and turn on  
 9 its head in terms of its communications'  
 10 approach, that essentially the organization  
 11 had bunkered down and there was a perception  
 12 that they weren't out there communicating very  
 13 frequently and this was problematic.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay, so in terms of the drafting of this ad,  
 16 it was certainly something that you  
 17 recommended that they do, but the actual text  
 18 that's in here, did you have any involvement  
 19 in that content of this ad?  
 20 MS. CHAPLIN:  
 21 A. Well in a consulting role and the relationship  
 22 between a consultant and a client, the client  
 23 has the final decision in terms of language  
 24 and the content of the ad. All we can do is  
 25 sit there and advise on the types of messages

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1 that the ad should support.  
 2 CHAYTOR, Q.C.:  
 3 Q. Yes, and the intent, at least according to  
 4 Tansy's e-mail, was to let public know that  
 5 patients were informed of their testing  
 6 throughout the process and when you read the  
 7 ad, and I don't know if you're aware of this,  
 8 but the ad certainly has been referenced in  
 9 prior testimony and it's come up in terms of  
 10 stating that "we informed all patients and  
 11 their doctors of their individual test  
 12 results" and that it talks about having all  
 13 patients having been contacted and the  
 14 accuracy of that comment. At the time when  
 15 you were involved in assisting on this issue,  
 16 were you ever advised that of any doubt or  
 17 were you aware or made aware that there might  
 18 be any doubt as to all patients having been  
 19 contacted?  
 20 MS. CHAPLIN:  
 21 A. No.  
 22 CHAYTOR, Q.C.:  
 23 Q. And what was your understanding?  
 24 MS. CHAPLIN:  
 25 A. That this would have been accurate information

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1 and in fact, when the ad copy was developed,  
 2 as consultants would do, we went back and  
 3 challenged the client to ensure there was  
 4 accuracy in their statements and asked the  
 5 question do you feel confident in putting this  
 6 forward, since this ad is going across the  
 7 province in papers and I'm not sure if they  
 8 actually did place it in every community paper  
 9 across the province, but essentially ensure  
 10 that your message is accurate. But as I  
 11 stated moments ago, the client had final  
 12 approval and would have been accountable for  
 13 the language contained within the ad.  
 14 CHAYTOR, Q.C.:  
 15 Q. And this talks about "Our first priority is  
 16 and always has been quality patient care,  
 17 that's why in 2005 when these issues came to  
 18 our attention, we acted immediately to put  
 19 safeguards in place." The first bullet, "We  
 20 stopped testing in our lab until a quality  
 21 review could be completed." And of course,  
 22 you were aware of that back in your Department  
 23 of Health days. "We called all patients whose  
 24 samples were being retested." Now, Ms.  
 25 Chaplin, based on your knowledge back in

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1 August and September and October on this  
 2 issue, you were concerned that all patients  
 3 had not been contacted.  
 4 MS. CHAPLIN:  
 5 A. Well I was concerned that Eastern Health  
 6 should sent out notification to all patients,  
 7 but I would have no knowledge of, even back  
 8 then, of whether they did or didn't contact  
 9 all patients.  
 10 CHAYTOR, Q.C.:  
 11 Q. That they called all patients whose samples  
 12 were being retested in the immediate  
 13 aftermath, you didn't see -  
 14 MS. CHAPLIN:  
 15 A. Well on October 19th I believe Mr. Tilley  
 16 responds and describes an action very similar  
 17 to that.  
 18 CHAYTOR, Q.C.:  
 19 Q. That's right, that they were going to be  
 20 contacted then in late October.  
 21 MS. CHAPLIN:  
 22 A. Yes.  
 23 CHAYTOR, Q.C.:  
 24 Q. So this didn't cause you any concern?  
 25 MS. CHAPLIN:

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1 A. As I said before, the client is accountable  
 2 and has approval for the final copy, it's  
 3 their ad.  
 4 CHAYTOR, Q.C.:  
 5 Q. So the actual messaging in here, how did it  
 6 work? Did Bristol do the ad and then it was  
 7 vetted through Eastern Health or did Eastern  
 8 Health draft it and then it was vetted through  
 9 you?  
 10 MS. CHAPLIN:  
 11 A. No, they in fact used our boardroom.  
 12 CHAYTOR, Q.C.:  
 13 Q. I'm sorry?  
 14 MS. CHAPLIN:  
 15 A. In fact used the boardroom at Bristol to  
 16 develop some of this copy.  
 17 CHAYTOR, Q.C.:  
 18 Q. And who was involved? Who was there from  
 19 Eastern Health?  
 20 MS. CHAPLIN:  
 21 A. Ms. Bonnell, Mr. Dodge was there certainly  
 22 that morning, left for portions of the day and  
 23 I can't speak to who Ms. Bonnell would have  
 24 shared this with internally in her  
 25 organization.

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1 CHAYTOR, Q.C.:  
 2 Q. And so, but this was something that was worked  
 3 on with Bristol?  
 4 MS. CHAPLIN:  
 5 A. We would have advised because one of the key  
 6 issues in terms of the ad, at the time there  
 7 was a lot of media confusion in terms of the  
 8 terminology that was being used and there was  
 9 a connection being made with mammography and  
 10 breast cancer screening, so one of the  
 11 purposes of this ad was to go out and clarify  
 12 that. So we would have advised that that's an  
 13 important message to be contained in the ad,  
 14 just like we would have advised that it's  
 15 important to note all the actions that you did  
 16 take if you feel that you are being unfairly  
 17 heard in the media.  
 18 CHAYTOR, Q.C.:  
 19 Q. And I guess that's why the mammography is in  
 20 bold and then we have in large print, the  
 21 largest print is "We have always been upfront  
 22 and open with our patients." So the other  
 23 concern being that somehow the perception was  
 24 out there that that was not the case.  
 25 MS. CHAPLIN:

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1 A. That was Eastern Health's concern at that  
 2 time, yes.  
 3 CHAYTOR, Q.C.:  
 4 Q. And were you aware at this point in time as to  
 5 whether there were patients in the media  
 6 suggesting that they hadn't been contacted?  
 7 MS. CHAPLIN:  
 8 A. No, I believe that came a little later.  
 9 CHAYTOR, Q.C.:  
 10 Q. And at that point in time did it cause you  
 11 concern that this ad had run?  
 12 MS. CHAPLIN:  
 13 A. At what point in time, I'm sorry?  
 14 CHAYTOR, Q.C.:  
 15 Q. When you started to hear patients out there  
 16 saying that they had not been contacted?  
 17 MS. CHAPLIN:  
 18 A. Well at that point, we, Eastern Health went  
 19 back after the ad, we did not hear from them  
 20 again other than to ask for another proposal  
 21 and we didn't hear back from them until  
 22 November, 2007.  
 23 CHAYTOR, Q.C.:  
 24 Q. And if we could, Registrar, if you could  
 25 assist please in bringing up the exhibit, the

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1 briefing note, "Crisis Communication" which  
 2 was referred to in Dr. Howell's evidence. I  
 3 don't have the number. Do you have the  
 4 document in front of you, Ms. Chaplin?  
 5 MS. CHAPLIN:  
 6 A. I don't have the official exhibit, no.  
 7 CHAYTOR, Q.C.:  
 8 Q. If we put in "crisis communication" we should  
 9 be able to get it, I think.  
 10 MR. SIMMONS:  
 11 Q. Try 1421.  
 12 MR. BROWNE:  
 13 Q. 1421.  
 14 THE COMMISSIONER:  
 15 Q. Thank you.  
 16 CHAYTOR, Q.C.:  
 17 Q. P-1421, there you go, thank you. This is the  
 18 document I believe you were referring to, is  
 19 it?  
 20 MS. CHAPLIN:  
 21 A. Yes.  
 22 CHAYTOR, Q.C.:  
 23 Q. And so this was a document which you helped  
 24 draft, I take it?  
 25 MS. CHAPLIN:

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1 A. That's correct.  
 2 CHAYTOR, Q.C.:  
 3 Q. And was this entirely done by Bristol or was  
 4 this done by--in consultation with Eastern  
 5 Health?  
 6 MS. CHAPLIN:  
 7 A. No, this was produced by Bristol.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay, and you indicate here that the goals are  
 10 to move from crisis to stability, which you've  
 11 indicated.  
 12 MS. CHAPLIN:  
 13 A. Yes.  
 14 CHAYTOR, Q.C.:  
 15 Q. Correct inaccurate reporting, misinformation  
 16 disseminated to the public. What inaccurate  
 17 reporting and misinformation did you  
 18 understand was being reported?  
 19 MS. CHAPLIN:  
 20 A. These were the goals set forward to us or  
 21 given to us that Eastern Health wanted to  
 22 achieve at that time. So from their  
 23 perspective, the client perspective, they were  
 24 suggesting to us that we are frustrated, the  
 25 media keep using inaccurate, I believe,

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1 medical technology was the primary issue at  
 2 that time and it caused them great concern.  
 3 CHAYTOR, Q.C.:  
 4 Q. Medical terminology, sorry?  
 5 MS. CHAPLIN:  
 6 A. They were confusing like mammogram, breast  
 7 cancer screening, testing, so what they were  
 8 seeing from their perspective is patients  
 9 cancelling mammogram appointments fearing that  
 10 there was something wrong with that testing,  
 11 those types of issues.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay, and it actually starts off with saying  
 14 "Information on the ER/PR issue continues to  
 15 be misrepresented in the media. Inaccurate  
 16 coverage continues to dominate news cycles,  
 17 provincially and nationally." Other than the  
 18 occasional reference to this being breast  
 19 cancer screening as opposed to hormone  
 20 receptor testing, what other information on  
 21 this issue was continuing to dominate the  
 22 media and -  
 23 MS. CHAPLIN:  
 24 A. I can't really remember specifically right  
 25 now.



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1 CHAYTOR, Q.C.:

2 Q. And being misrepresented?

3 MS. CHAPLIN:

4 A. I can't really remember specifically right

5 now.

6 CHAYTOR, Q.C.:

7 Q. So the only issue that -

8 MS. CHAPLIN:

9 A. Without seeing, like--because we were getting

10 this from the client perspective without

11 flipping through all the coverage right now.

12 CHAYTOR, Q.C.:

13 Q. And you would have, though, access because

14 what you're saying is you had a daily service

15 into Bristol on the media coverage, so when

16 you were retained on this, would part of your

17 retainer be to inform yourself to pull all the

18 media coverage -

19 MS. CHAPLIN:

20 A. Well no, there's no retainer in place at this

21 point in time. This was a specific client

22 project, so the client was providing their

23 copies of media transcripts.

24 CHAYTOR, Q.C.:

25 Q. And you relied on that.

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1 MS. CHAPLIN:

2 A. We relied on that.

3 CHAYTOR, Q.C.:

4 Q. You didn't pull the media to see what they may

5 be referring to?

6 MS. CHAPLIN:

7 A. No, I think they had all that information

8 available.

9 CHAYTOR, Q.C.:

10 Q. So you had that provided to you?

11 MS. CHAPLIN:

12 A. By Eastern Health, we would have flipped

13 through some documents.

14 CHAYTOR, Q.C.:

15 Q. Okay, but other than any issue in terms of

16 identifying the appropriate testing, you can't

17 think of what else they were referring to as

18 being misrepresented?

19 MS. CHAPLIN:

20 A. I'm not sure right now, I can't say for

21 certain.

22 CHAYTOR, Q.C.:

23 Q. And I think one of the other issues in the

24 media at the time, because just looking

25 through this now with the radiologist

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1 suspended on the Burin Peninsula and there

2 were other media issues percolating at that

3 time, they were all blending together, which

4 was adding to the confusion.

5 CHAYTOR, Q.C.:

6 Q. Okay. It's also written here that

7 "Additionally the House of Assembly will

8 remain open for at least two more weeks.

9 Expect the topic of health care to be one of

10 the focal points of question period." Is

11 there--what's the -

12 MS. CHAPLIN:

13 A. The intent behind that?

14 CHAYTOR, Q.C.:

15 Q. Yeah, the concern about -

16 MS. CHAPLIN:

17 A. The intent is to note that given that the

18 House of Assembly is covered by provincial

19 journalists on a daily basis, you can expect

20 to be in the news every night for the next two

21 weeks.

22 CHAYTOR, Q.C.:

23 Q. So is there different strategies put in place

24 when the House is opened, as opposed to when

25 the House isn't open or is there different

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1 guidelines which would -

2 MS. CHAPLIN:

3 A. Well no, because we're sitting there from a

4 consultant perspective, so I can't speak to

5 what Eastern Health may have used as

6 strategies when the House was in session or

7 wasn't, but what we were suggesting to them,

8 in the consultant role, was you were going to

9 be in the news every day for the next two

10 weeks. This is not going to ease up, you are

11 not in a position to recover because you have

12 to stabilize the situation. How are you going

13 to do that? You have to avoid the perception

14 of creating a vacuum of information and

15 essentially this whole document gets at

16 stopping your tracks, turn communications on

17 your head and get out and start communicating

18 to people.

19 CHAYTOR, Q.C.:

20 Q. And the message that you were advocating that

21 they communicate was what?

22 MS. CHAPLIN:

23 A. Sorry?

24 CHAYTOR, Q.C.:

25 Q. What was the message that you were advocating

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1 that they get out there and tell?  
 2 MS. CHAPLIN:  
 3 A. Well they had to go and tell their perspective  
 4 of their point of view and they felt at that  
 5 point in time that they were unfairly being  
 6 heard, so that's why one of the suggested  
 7 tactics was purchase of an ad to ensure that  
 8 you could get your message across.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay. Meaning that all patients had been  
 11 contacted and clarifying the issue -  
 12 MS. CHAPLIN:  
 13 A. Clarifying the issue.  
 14 CHAYTOR, Q.C.:  
 15 Q. - regarding mammography, as opposed to hormone  
 16 receptor testing. This idea of the requests  
 17 in the second bullet, recommended media  
 18 tactics, we've talked about the advertising.  
 19 The second one being requesting a meeting with  
 20 CBC's regional producers. What was that  
 21 about? Whose idea was that and why was that  
 22 felt to be necessary?  
 23 MS. CHAPLIN:  
 24 A. That was felt to be necessary because there  
 25 were a number of--the client identified that

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1 particular media outlet as having frequent  
 2 occurrences of stories where incorrect medical  
 3 terminology was being used. So our suggestion  
 4 was to them to go in and sit down and discuss  
 5 the issue and your concerns. Do not focus on  
 6 what they might perceive to be an unfair bias  
 7 in these stories, that was not the point. The  
 8 point was to sit down and talk to them about  
 9 how that type of coverage using inaccurate  
 10 medical terminology is impacting patients.  
 11 CHAYTOR, Q.C.:  
 12 Q Okay, and we understand that didn't take  
 13 place, that meeting?  
 14 MS. CHAPLIN:  
 15 A. No, because we actually presented the 72 hour  
 16 strategy to the client and we didn't hear back  
 17 from them for at least a week.  
 18 CHAYTOR, Q.C.:  
 19 Q. Under the first bullet, the advertising in the  
 20 full page ad, you indicate that there were--  
 21 just bring up, there were three main  
 22 inaccuracies, so that might help jog your  
 23 memory. These include "Eastern Health did not  
 24 fully disclose the ER/PR issue to the affected  
 25 patients in a timely fashion." Then it talks

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1 about the issue "ER/PR, nor the radiologist  
 2 suspension has anything to do with mammography  
 3 and Eastern Health holds the highest standards  
 4 of patient care and is confident in the  
 5 quality of its laboratory services." So  
 6 presumably there was some media suggesting  
 7 otherwise on that.  
 8 MS. CHAPLIN:  
 9 A. Yes, they felt that they had a confidence  
 10 issue at that point in time.  
 11 CHAYTOR, Q.C.:  
 12 Q. Okay. The first one being the issue, "did not  
 13 fully disclose the ER/PR issue to the affected  
 14 patients in a timely fashion". Did you  
 15 personally take issue with that as being  
 16 inaccurate?  
 17 MS. CHAPLIN:  
 18 A. No, because from their perspective, they were  
 19 viewing timely fashion from the point it broke  
 20 in the media. So I wasn't thinking of this  
 21 from my hat of wearing the hat of government  
 22 two years ago when I hadn't been involved in  
 23 the issue on an ongoing basis. I was sitting  
 24 there in the role of a consultant giving  
 25 advice to a client.

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1 CHAYTOR, Q.C.:  
 2 Q. Yes, because back then at that time you had  
 3 discomfort with the fact that patients weren't  
 4 being told in a more timely fashion, and now  
 5 on October 19th, 2005, after it had broke in  
 6 the media, your advice or your comment back to  
 7 Mr. Tilley was that perhaps you would have  
 8 ramped up the patient notification?  
 9 MS. CHAPLIN:  
 10 A. I think -- I think what's at issue here is the  
 11 definition of timely. From the client's  
 12 perspective, what they were suggesting was we  
 13 did notify patients in a timely notification  
 14 from the moment it became a public issue.  
 15 CHAYTOR, Q.C.:  
 16 Q. And then the other things which are suggested  
 17 here, again nobody got back to you on this --  
 18 MS. CHAPLIN:  
 19 A. No, they did not.  
 20 CHAYTOR, Q.C.:  
 21 Q. This was like a 72 hour -- so this was like an  
 22 immediate plan, get out there and do this now?  
 23 MS. CHAPLIN:  
 24 A. Yes.  
 25 CHAYTOR, Q.C.:

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1 Q. Did anyone ever tell you why they didn't?

2 MS. CHAPLIN:

3 A. No.

4 CHAYTOR, Q.C.:

5 Q. The next bullet is "Media editorial board to  
6 be held as soon as possible via conference  
7 call for all papers outside St. John's".  
8 What's a media editorial board?

9 MS. CHAPLIN:

10 A. It's usually a more in-depth interview where  
11 you sit down with senior editorial staff of a  
12 given media outlet and they ask you very in-  
13 depth questions, but it's just another way for  
14 an organization to sit down and openly  
15 communicate and talk about issues.

16 CHAYTOR, Q.C.:

17 Q. And then there's, "Schedule a media briefing  
18 with the host of the three Open Line  
19 programs".

20 MS. CHAPLIN:

21 A. Right, and the whole purpose behind that was  
22 really to inform and communicate more.

23 CHAYTOR, Q.C.:

24 Q. Okay, and how important is the Open Line  
25 programs from a communications point of view

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1 in this province? How important do you view  
2 those programs?

3 MS. CHAPLIN:

4 A. The same as we would view any other media  
5 outlet; print, radio, or television. In the  
6 case of the Open Line shows, we know that they  
7 do have a broad listening audience that  
8 travels across the province. It's a question  
9 of media reach. We would give them equal  
10 weight the same as you would to NTV or CBC.

11 CHAYTOR, Q.C.:

12 Q. Okay. "Focus on a media correction of  
13 inaccuracies with individual journalists", and  
14 there's three mentioned there. I take it  
15 there were particular things about --

16 MS. CHAPLIN:

17 A. Those were three identified by the client that  
18 had various -- what Eastern Health perceived  
19 to be inaccurate statements in their stories.

20 CHAYTOR, Q.C.:

21 Q. And there was a letter written back to the  
22 Globe and Mail by Eastern Health. Were you  
23 involved at all in that?

24 MS. CHAPLIN:

25 A. No, and I don't believe we ever saw that.

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1 CHAYTOR, Q.C.:

2 Q. "Immediate search and analysis of national  
3 coverage over the last three week period. This  
4 will help identify other media coverage which  
5 may need to be challenged. Booking live  
6 appearances on CBC radio, Cross Talk; call in  
7 to Open Line, find immediate opportunities to  
8 create positive associations, for example,  
9 appearance at the Janeway Telethon". What's  
10 that about?

11 MS. CHAPLIN:

12 A. That really was aimed at finding opportunities  
13 to get the leadership of Eastern Health out in  
14 front of the public because we hadn't seen a  
15 lot of that from the client's perspective, and  
16 it related to a whole discussion we were  
17 having about Eastern Health's image and having  
18 a direct correlation with confidence in the  
19 system.

20 CHAYTOR, Q.C.:

21 Q. Okay. I think you said it was a week before  
22 you heard back. So the 72 hour plan was off.  
23 What happened when you heard back in a week?

24 MS. CHAPLIN:

25 A. So when we heard back, they decided -- Ms.

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1 Bonnell advised that they were going to go  
2 ahead with the patient ad, and I've just taken  
3 you through that process before we got into  
4 this.

5 CHAYTOR, Q.C.:

6 Q. I'm sorry?

7 MS. CHAPLIN:

8 A. I said Ms. Bonnell responded within a week.

9 CHAYTOR, Q.C.:

10 Q. Yes.

11 MS. CHAPLIN:

12 A. After a week and said that they would proceed  
13 with the patient ad, and we just walked  
14 through that process.

15 CHAYTOR, Q.C.:

16 Q. That's right, okay. Was anything else then  
17 after that? So the ad went out and Bristol  
18 wasn't involved after that, I take it?

19 MS. CHAPLIN:

20 A. No.

21 CHAYTOR, Q.C.:

22 Q. Okay. And then we have P-1507, please? And  
23 this is a letter to Ms. Bonnell June 12th,  
24 2007. And again, this is now about the  
25 recovery strategy, I understand?

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1 MS. CHAPLIN:  
 2 A. Yes, this is at the request of the client. So  
 3 the next contact that Bristol would have had  
 4 following the ad would have been a call from  
 5 Ms. Bonnell requesting this document.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay. And this is a document that you  
 8 drafted, I take it? That's your name on the  
 9 end?  
 10 MS. CHAPLIN:  
 11 A. That's my signature, yes.  
 12 CHAYTOR, Q.C.:  
 13 Q. Your signature, okay. And this does refer to  
 14 their request for a recovery strategy for  
 15 Eastern Health. And the project rationale  
 16 says, "Since the issue of estrogen and  
 17 progesterone testing has been reported in the  
 18 media, the public debate surrounding Eastern  
 19 Health's response to the situation has not  
 20 subsided. Recent media coverage, both factual  
 21 and inaccurate reporting on this issue along  
 22 with the pending class action lawsuit and  
 23 subsequent government response has heightened  
 24 the general public's alarm over the state of  
 25 health care in the province." And you go on

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1 to write that "In addition, other health care  
 2 incidents such as the suspension of the  
 3 radiologist and questions on lab testing in  
 4 2003 have now left the public with the  
 5 inability to separate two or three distinct  
 6 issues." Did you see that the questions  
 7 related to the lab testing in 2003 or did you  
 8 understand that that was not related to the  
 9 ER/PR issue?  
 10 MS. CHAPLIN:  
 11 A. Well, they were all separate media stories.  
 12 I'm not sure I ask--I understand what you're  
 13 asking me.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay. It's just the way it's worded here. It  
 16 says, it refers to the suspension of the  
 17 radiologist, which would have been going on in  
 18 this period of time. And questions on lab  
 19 testing in 2003. And then you go on to say,  
 20 "have left the public with the inability to  
 21 separate two or three distinct issues." And  
 22 my question was did you understand, from your  
 23 dealings with Eastern Health, that the  
 24 questions on lab testing in 2003 were distinct  
 25 from the ER/PR issue?

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1 MS. CHAPLIN:  
 2 A. I think that's a fair statement.  
 3 CHAYTOR, Q.C.:  
 4 Q. That's what you understood?  
 5 MS. CHAPLIN:  
 6 A. Yes.  
 7 CHAYTOR, Q.C.:  
 8 Q. And who told you that?  
 9 MS. CHAPLIN:  
 10 A. Well, I'm not sure.  
 11 CHAYTOR, Q.C.:  
 12 Q. And did you understand that the questions on  
 13 lab testing in 2003 was the issue which was  
 14 raised in the original briefing note of July  
 15 20th, 2005?  
 16 MS. CHAPLIN:  
 17 A. I don't really know because what we're saying  
 18 here is you've got two or three different sets  
 19 of stories out in the media and they're all  
 20 now blending together.  
 21 CHAYTOR, Q.C.:  
 22 Q. You go on to write, "In the court of public  
 23 opinion, ER/PR testing is now the thin edge of  
 24 the wedge." What does that mean?  
 25 MS. CHAPLIN:

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1 A. It's a communications phrase. It refers to  
 2 ER/PR was the initial issue that was out  
 3 there, but now it had become the thin edge of  
 4 the wedge, and the wedge issue is now the  
 5 broader confidence issue in the health care  
 6 system because you had multiple instances  
 7 occurring or events occurring that the public  
 8 was now starting to blend into one.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay. And "The damage to the organization's  
 11 reputation will impact Eastern Health's  
 12 mission to completely and successfully  
 13 integrate health care services in the region."  
 14 Now, is that your opinion that's being  
 15 expressed there or is that what your client  
 16 has relayed in terms of their fear?  
 17 MS. CHAPLIN:  
 18 A. No, it's probably the opinion of Bristol.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay. And what is the concern, how would the  
 21 damage to their reputation impact upon their  
 22 ability to integrate the health care services  
 23 in the region?  
 24 MS. CHAPLIN:  
 25 A. Well, first you'd have a situation where an

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1 organization is dedicating a lot of time to  
 2 individual issues at the same time they're  
 3 trying to deal with change in management, as  
 4 well. That would be one thinking.  
 5 CHAYTOR, Q.C.:  
 6 Q. You go on in this paragraph to talk about the  
 7 difference between image and reputation, and  
 8 you say, "It goes beyond advertising,  
 9 traditional image management. To build an  
 10 enduring and resilient reputation a company  
 11 must establish strong relationships not only  
 12 with customers, in this case, patients, but  
 13 also with other key stakeholders." And I  
 14 guess my question on this is similar to my  
 15 earlier question in terms of image and  
 16 reputation. Is it any different for a health  
 17 organization or a health care authority as  
 18 opposed to a normal, ordinary business?  
 19 MS. CHAPLIN:  
 20 A. No, I don't think so because there's a  
 21 distinction between image and reputation.  
 22 Image is--reflects, it's perception based, it  
 23 reflects the public's opinion of you as an  
 24 organization, whether you're a health care  
 25 entity or a for profit organization, it's

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1 something that's relatively out of your  
 2 control. Whereas a corporate reputation is  
 3 something that you earn and have  
 4 responsibility for and it can be defined by  
 5 actions an organization take or consequently  
 6 or conversely inactions.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay. And if we go to the top of the next  
 9 page, "It is true that the media may tire of  
 10 airing these health care issues in the public  
 11 on a daily basis, but it is critical to  
 12 remember that (particularly with the ER/PR  
 13 testing) this issue will be simmering in the  
 14 public domain, just not necessarily in the  
 15 papers or on TV over the next year. There are  
 16 many pivotal events ahead, judicial inquiry,  
 17 legal challenges, access to information  
 18 requests, the provincial election, other  
 19 adverse events that will rehash the actions of  
 20 the organization and serve as a constant  
 21 public reminder if appropriate steps aren't  
 22 take to regain public trust." And what was  
 23 your concern there, Ms. Chaplin, what is it  
 24 that you're trying to say?  
 25 MS. CHAPLIN:

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1 A. What is it that Bristol is trying to say here?  
 2 It's to suggest that--I just want to read it  
 3 again -  
 4 CHAYTOR, Q.C.:  
 5 Q. You're the -  
 6 MS. CHAPLIN:  
 7 A. They're going to be -  
 8 CHAYTOR, Q.C.:  
 9 Q. You're the author of this document for -  
 10 MS. CHAPLIN:  
 11 A. Well, it would have been -  
 12 CHAYTOR, Q.C.:  
 13 Q. I realize you're working for Bristol at the  
 14 time?  
 15 MS. CHAPLIN:  
 16 A. Yes. But it would have been a team effort and  
 17 I would have held the pen and written it,  
 18 that's why I'm saying it's a reflection of  
 19 Bristol's opinion.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay.  
 22 MS. CHAPLIN:  
 23 A. But this is just a reminder that over the next  
 24 year you're going to be dealing with a  
 25 multiple events, some of which that are going-

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1 -some of which are going to be out of your  
 2 control, which is directly going to impact  
 3 your image, and there's a direct correlation  
 4 between your image as and organization and  
 5 confidence in the system.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay.  
 8 MS. CHAPLIN:  
 9 A. If you don't take steps to address it.  
 10 CHAYTOR, Q.C.:  
 11 Q. And you outline five points of what the  
 12 recovery strategy will allow them to do. And  
 13 Eastern Health, the suggestion initially--I'm  
 14 sorry. "We suggest that internally Eastern  
 15 Health strike a recovery team to lead this  
 16 initiative."  
 17 MS. CHAPLIN:  
 18 A. It was our view at that time that they needed  
 19 to establish a dedicated team because if it  
 20 was left in with duties that people had to  
 21 assume on a day-to-day basis, that would be  
 22 very difficult to achieve over the next year.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay. And you refer then in the next part,  
 25 "Development of recovery strategy" to a

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1 document or a paper written by Ms. Bonnell,  
 2 and it's called "Applying a Strategic  
 3 Communications Model for Eastern Health, May,  
 4 2006." So I take it in your consultation on  
 5 this you read that document that Ms. Bonnell  
 6 prepared?  
 7 MS. CHAPLIN:  
 8 A. We skimmed through it. We had--we would have  
 9 no understanding of the context in which it  
 10 was written or who it was necessarily  
 11 circulated with in Eastern Health. But the  
 12 purpose of that was I think there was a  
 13 discussion with the client about starting a  
 14 recovery strategy with some baseline research.  
 15 And I think the only reason I had it in my  
 16 possession was because Ms. Bonnell noted that  
 17 there was a document where she referenced  
 18 research; that was the link in why we had it.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay. And then you continue on to say, "We  
 21 understand this will examine its brand," okay,  
 22 "Eastern Health has committed to do this this  
 23 year. This research could also compliment the  
 24 internal quality review Eastern Health has  
 25 committed to do this year. We understand this

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1 will examine its brand, corporate reputation,  
 2 key message uptake, general perceptions of  
 3 health care and organizational effectiveness  
 4 (communications culture)."  
 5 MS. CHAPLIN:  
 6 A. Right.  
 7 CHAYTOR, Q.C.:  
 8 Q. What's the communications culture and -  
 9 MS. CHAPLIN:  
 10 A. Communications culture is the culture in which  
 11 an organization communicates internally.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay. So would -  
 14 MS. CHAPLIN:  
 15 A. And the type of communications approach it  
 16 would have.  
 17 CHAYTOR, Q.C.:  
 18 Q. And what's "key message uptake"?  
 19 MS. CHAPLIN:  
 20 A. Whether messages that you are trying to reach  
 21 your audiences, whether it actually reached  
 22 the intended audience.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay. And so this was your plan for a  
 25 recovery strategy for them?

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1 MS. CHAPLIN:  
 2 A. Yes.  
 3 CHAYTOR, Q.C.:  
 4 Q. And what happened after that?  
 5 MS. CHAPLIN:  
 6 A. We had no communication with the client until  
 7 November, late November, 2007.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay. And they were in a position, I take it,  
 10 then, at that point in time, to go forward  
 11 with this recovery strategy?  
 12 MS. CHAPLIN:  
 13 A. Yes, they were looking at obtaining Bristol on  
 14 a retainer basis for consulting services.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay. And were you involved then at that  
 17 point in time?  
 18 MS. CHAPLIN:  
 19 A. I might have had one meeting and that was  
 20 towards the end of November, to actually sign  
 21 the agreement. And then early December Mr.  
 22 Thompson called me and notified me that I was  
 23 scheduled to be interviewed by the Commission  
 24 so I recused myself from the file.  
 25 CHAYTOR, Q.C.:

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1 Q. Okay. And we have at 1566, please? And I  
 2 believe you also left your employment with  
 3 Bristol in the end -  
 4 MS. CHAPLIN:  
 5 A. I did, in -  
 6 CHAYTOR, Q.C.:  
 7 Q. - the end of 2007?  
 8 MS. CHAPLIN:  
 9 A. Mid December, 2007.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay. This is a document which is draft but  
 12 we're told it is the final document.  
 13 "Communications Approach, Bristol" and it's  
 14 January, 2008. Were you involved at all in  
 15 the preparation of this document?  
 16 MS. CHAPLIN:  
 17 A. No, I was not.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay. So other than the correspondence you  
 20 wrote back in June of '07 and the one meeting  
 21 that you attended, you had no involvement in  
 22 this document?  
 23 MS. CHAPLIN:  
 24 A. That's correct.  
 25 CHAYTOR, Q.C.:

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1 Q. Okay. I just have a couple of loose ends, I  
 2 think, to finish up with. And one was in  
 3 terms of the--back in May of 2007 when you  
 4 learned for the first time that there had been  
 5 certain information that hadn't been disclosed  
 6 back in December, 2006 by Eastern Health, you  
 7 indicated you were surprised by that. Do you  
 8 have any comment or opinion as to the wisdom  
 9 of that decision back in December of 2006?  
 10 MS. CHAPLIN:  
 11 A. I don't think I'm really qualified to speak to  
 12 that today because I was not privy to any  
 13 discussions that the organization would have  
 14 had around that issue.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay. And when you say you were surprised by  
 17 it, why were you surprised?  
 18 MS. CHAPLIN:  
 19 A. I guess it's my view from a communications  
 20 perspective that if you're going out with a  
 21 public briefing and communicating numbers, I  
 22 would just be surprised that a difference that  
 23 was shared, when the organization might have  
 24 known that there was a potential for another,  
 25 a different set of numbers to be disclosed

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1 publicly through court documents.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay. And during--had you been aware that the  
 4 government also had all the numbers?  
 5 MS. CHAPLIN:  
 6 A. Oh, no, I was not.  
 7 CHAYTOR, Q.C.:  
 8 Q. You weren't aware of that, okay. I'm just  
 9 going to review my notes now, Ms. Chaplin.  
 10 COMMISSIONER:  
 11 Q. Ms. Chaplin, while Ms. Chaytor is reviewing  
 12 her notes, can you--something you talked about  
 13 yesterday, which is positioning, can you tell  
 14 me again what is--what does a person in your  
 15 profession view positioning as and its role?  
 16 MS. CHAPLIN:  
 17 A. Well, it could be coming from two different  
 18 perspectives. If you're looking at it from a  
 19 marketing perspective, because I do have a  
 20 dual background, positioning would be an  
 21 exercise you would take a client or a brand  
 22 through to--I guess it's an internal statement  
 23 that an organization might have in terms of  
 24 the space it wishes to occupy in a consumer  
 25 mind, that would be from a marketing

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1 perspective. From more the public relations  
 2 communications perspective, positioning would  
 3 refer to positioning of an issue, how you wish  
 4 to present your communications materials on a  
 5 given, kind of like a point of view or  
 6 perspective, I guess.  
 7 COMMISSIONER:  
 8 Q. All right. Thank you.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay, those are all my questions, Ms. Chaplin,  
 11 unless there's anything else that we haven't  
 12 covered that you would like to add. But some  
 13 of my other colleagues may have some questions  
 14 for you, as well. Okay. Thank you.  
 15 MS. CHAPLIN:  
 16 A. Thank you.  
 17 COMMISSIONER:  
 18 Q. Mr. Simmons.  
 19 MS. CAROLYN CHAPLIN, EXAMINATION BY MR. DANIEL SIMMONS  
 20 MR. SIMMONS:  
 21 Q. Good afternoon, Ms. Chaplin, I'm Dan Simmons  
 22 and I'm representing Eastern Health here at  
 23 the Inquiry.  
 24 MS. CHAPLIN:  
 25 A. Good afternoon.

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1 MR. SIMMONS:  
 2 Q. I want to take you back first to July of 2005  
 3 where you started your evidence in relation to  
 4 the ER/PR matter and to Exhibit 0312, please?  
 5 I'm just going to use this as a point of  
 6 reference. This is the e-mail on July 19th  
 7 from Mr. Cake to Mr. Thompson and he's in this  
 8 referring to a call from you. And this is the  
 9 only document I'm aware of where this estimate  
 10 of 1200 to 1500 clients is used.  
 11 MS. CHAPLIN:  
 12 A. Yes.  
 13 MR. SIMMONS:  
 14 Q. You've told us that you heard those numbers in  
 15 your first call from Susan Bonnell?  
 16 MS. CHAPLIN:  
 17 A. That's correct.  
 18 MR. SIMMONS:  
 19 Q. Were those numbers represented or did those  
 20 particular numbers come up in anything else  
 21 you heard from Eastern Health after that?  
 22 MS. CHAPLIN:  
 23 A. No, the numbers actually reduced from that  
 24 point forward.  
 25 MR. SIMMONS:

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1 Q. Okay. Now, you've been questioned at some  
 2 length about the meeting on July 21st, 2005  
 3 with Minister Ottenheimer.  
 4 MS. CHAPLIN:  
 5 A. Yes.  
 6 MR. SIMMONS:  
 7 Q. And others. And you have some notes from that  
 8 meeting, as well. And you've told us that at  
 9 that time, if I take it correctly, that what  
 10 was being represented by Eastern Health was  
 11 that there had been some new information that  
 12 they had come available that was causing them  
 13 to rethink the scope or scale or the nature of  
 14 the problem that they'd been presented with?  
 15 MS. CHAPLIN:  
 16 A. That would be correct.  
 17 MR. SIMMONS:  
 18 Q. That's correct. At that meeting, at that  
 19 point, the first meeting with the minister,  
 20 was anyone from Eastern Health saying we do  
 21 not have a problem?  
 22 MS. CHAPLIN:  
 23 A. The language was "we may not have the problem  
 24 that we thought we had or we may not"--"this  
 25 may be isolated cases as opposed to a systemic

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1 problem."  
 2 MR. SIMMONS:  
 3 Q. No one was saying they knew the answer to that  
 4 question, though, they were presenting it as  
 5 being there's a question to be resolved as to  
 6 how big the problem is or whether it's  
 7 isolated cases -  
 8 MS. CHAPLIN:  
 9 A. That's correct.  
 10 MR. SIMMONS:  
 11 Q. - is that fair to say? P-0071, please? You  
 12 were shown this document here, which has a  
 13 number of media releases on Eastern Health  
 14 letterhead with "draft" stamped across them?  
 15 MS. CHAPLIN:  
 16 A. That's correct.  
 17 MR. SIMMONS:  
 18 Q. Now, I want to confirm, when did you first  
 19 become aware that these documents even  
 20 existed?  
 21 MS. CHAPLIN:  
 22 A. During my interview with the Commission in  
 23 April, 2008.  
 24 MR. SIMMONS:  
 25 Q. So they were brought to your attention through

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1 this Commission process by Commission counsel  
 2 as opposed to anything that was given by  
 3 Eastern Health to you or anyone else at the  
 4 department while you were there?  
 5 MS. CHAPLIN:  
 6 A. That's accurate.  
 7 MR. SIMMONS:  
 8 Q. Okay. So you know, would I be correct in  
 9 saying, then, that you have no personal  
 10 knowledge of when these were prepared or why  
 11 or under what circumstances or for what  
 12 purpose?  
 13 MS. CHAPLIN:  
 14 A. Well, I would view them as draft materials. I  
 15 don't--I can't say specifically--I can't  
 16 confirm for you why they would have been  
 17 produced. Presumably draft materials dated  
 18 July 18th, 2005, they would have been  
 19 developed as possibilities for a public  
 20 announcement that they believed at that time  
 21 was imminent.  
 22 MR. SIMMONS:  
 23 Q. So what you know about these documents is what  
 24 you see by reading them?  
 25 MS. CHAPLIN:

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1 A. That would be correct.  
 2 MR. SIMMONS:  
 3 Q. And you have no personal knowledge about them  
 4 other than that?  
 5 MS. CHAPLIN:  
 6 A. That is correct.  
 7 MR. SIMMONS:  
 8 Q. Okay. And you've looked to these documents as  
 9 being confirmation in your mind of what you've  
 10 said, that it was suggested that there was  
 11 some desire to position this issue as being  
 12 one of technological change only, is that a  
 13 fair representation of what you've said?  
 14 MS. CHAPLIN:  
 15 A. No, I don't think I said that Eastern Health  
 16 desired to position it in such a way.  
 17 MR. SIMMONS:  
 18 Q. Okay.  
 19 MS. CHAPLIN:  
 20 A. What I said was I certainly was not sitting in  
 21 that meeting on July 21st with any wishful  
 22 thinking on a serious matter. I did state  
 23 that I was recording a note from a comment  
 24 that was made by Eastern Health during that  
 25 meeting and that I did hear the evidence



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1 presented by Ms. Bonnell or read something  
 2 where she herself referenced that it was not a  
 3 positioning that Eastern Health ever floated.  
 4 And I would suggest that just the existence of  
 5 these documents would suggest otherwise.  
 6 MR. SIMMONS:  
 7 Q. Okay. So, that's the context in which you've  
 8 made that statement. Now, can you tell me  
 9 from that meeting on the 21st did anyone--can  
 10 you recollect anyone from Eastern Health  
 11 saying "We want to position this as being a  
 12 technological change issue."?  
 13 MS. CHAPLIN:  
 14 A. They definitely didn't say we want.  
 15 MR. SIMMONS:  
 16 Q. No.  
 17 MS. CHAPLIN:  
 18 A. It was floated as a "we could," "we might be  
 19 in a position," but definitely not "we want."  
 20 MR. SIMMONS:  
 21 Q. Do you know at that time if it was really an  
 22 open question whether it, in fact, was a  
 23 technological change issue, whether that  
 24 question was settled or not?  
 25 MS. CHAPLIN:

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1 A. I don't think they could resolve that question  
 2 at that particular point in time.  
 3 MR. SIMMONS:  
 4 Q. So at that point it was a possibility to the  
 5 people in that room that it might turn out, in  
 6 fact, to be a technological change issue, is  
 7 that fair to say?  
 8 MS. CHAPLIN:  
 9 A. I think that's a fair statement.  
 10 MR. SIMMONS:  
 11 Q. Okay. Now, there's more than one draft media  
 12 release in these materials here that you  
 13 looked at at P-0071?  
 14 MS. CHAPLIN:  
 15 A. Yes.  
 16 MR. SIMMONS:  
 17 Q. Now, let's look at, there's one here on page  
 18 4. This is the one that's got December 18th  
 19 on it. If you look ahead, you'll find the  
 20 others don't. They've got--sorry, July 18th.  
 21 MS. CHAPLIN:  
 22 A. July 18th.  
 23 MR. SIMMONS:  
 24 Q. Yeah, I do that often. The other ones say  
 25 July XX, 2005?

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1 MS. CHAPLIN:  
 2 A. Right.  
 3 MR. SIMMONS:  
 4 Q. Okay. Now, let's take a look at this  
 5 particular one. It says, "Eastern Health  
 6 would like to inform the public about a  
 7 situation affecting some breast cancer  
 8 patients in the province. Earlier this year a  
 9 breast cancer patient was retested for her  
 10 level of estrogen and progesterone receptors.  
 11 This test resulted in a conflicting result  
 12 than her initial sample. This information  
 13 prompted health care officials to question the  
 14 original tests' validity. To be certain  
 15 Eastern Health has begun retesting a select  
 16 group of breast cancer patients samples, many  
 17 of which yielded a similar result which  
 18 conflicted with the original tests. Many of  
 19 the first tests were showing a negative  
 20 result, however, on retesting some results  
 21 were positive." And the next paragraph,  
 22 "Because of this discovery as many as 300  
 23 tissue samples will be retested in the coming  
 24 weeks. Testing for estrogen and progesterone  
 25 receptor levels help to determine what type of

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1 treatment a patient will receive and at what  
 2 stage." And you can look through the rest of  
 3 that draft press release if you want, but is  
 4 there anything in here suggesting that  
 5 technological change is a cause or does this  
 6 otherwise appear to be a fairly  
 7 straightforward presentation of the fact that  
 8 we've discovered some changed results and  
 9 we're testing to see if we're going to find  
 10 more?  
 11 MS. CHAPLIN:  
 12 A. This version, this particular version of the  
 13 press release is straightforward.  
 14 MR. SIMMONS:  
 15 Q. Yes, okay. Now, when, as a communications  
 16 person, you're in a position of having to  
 17 prepare for an announcement and you don't know  
 18 exactly what the announcement is going to be  
 19 because other people are going to make the  
 20 decisions, I presume that happens in  
 21 government from time to time?  
 22 MS. CHAPLIN:  
 23 A. Um-hm.  
 24 MR. SIMMONS:  
 25 Q. That you would have to be in a position to be

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1 able to be prepared to run with an  
 2 announcement once the decision is made by  
 3 others what that announcement is going to be,  
 4 true?  
 5 MS. CHAPLIN:  
 6 A. I think that's a fair statement.  
 7 MR. SIMMONS:  
 8 Q. In those circumstances, would you ever, in  
 9 order to be prepared, start preparing some  
 10 drafts depending on what alternatives you  
 11 might be presented with so that you're  
 12 prepared to have something to work with once  
 13 you know what it is you have to announce?  
 14 MS. CHAPLIN:  
 15 A. Well, Mr. Simmons, from a communication's  
 16 perspective, I would have to say that that's  
 17 putting the cart before the horse because I  
 18 would start personally from the position of  
 19 developing a communications strategy.  
 20 MR. SIMMONS:  
 21 Q. Uh-hm, okay.  
 22 MS. CHAPLIN:  
 23 A. So I would not be in the general practise of  
 24 preparing four or five different drafts of a  
 25 particular announcement.

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1 MR. SIMMONS:  
 2 Q. Do you know if others might, in fact, take  
 3 that approach?  
 4 MS. CHAPLIN:  
 5 A. They very well may. I'm just speaking from my  
 6 own personal perspective.  
 7 MR. SIMMONS:  
 8 Q. Okay. If I were to suggest to you that that's  
 9 what was happening here, that because it was  
 10 unknown what form an announcement might take,  
 11 there were different versions of potential  
 12 press releases prepared so that they'd be  
 13 ready to move if they had to, you can't give  
 14 me any information that would suggest that's  
 15 not correct?  
 16 MS. CHAPLIN:  
 17 A. I'm not sure--I'm sorry, I'm not sure I  
 18 understand what you're asking.  
 19 MR. SIMMONS:  
 20 Q. Do you know anything from your involvement in  
 21 this piece--if I were to say to you that what  
 22 happened here was that there was three  
 23 different versions of press releases prepared  
 24 that we have here because the people preparing  
 25 it didn't know what they had to be prepared to

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1 deal with once an announcement was going to be  
 2 made. Did you hear anything in your  
 3 involvement contrary to that?  
 4 MS. CHAPLIN:  
 5 A. No, what we heard was that they were going to  
 6 work on a communications strategy and that  
 7 they were going to be preparing communications  
 8 materials, nothing more specific than that.  
 9 MR. SIMMONS:  
 10 Q. Okay, all right. P-0331, please. You also  
 11 referred to this one this morning. Page five,  
 12 please. This was a draft letter that you also  
 13 picked out as being supportive of your view  
 14 that--in relation to the positioning statement  
 15 that you referred to in your note, and I just  
 16 want to clarify with you, is this a document--  
 17 this draft letter, is this one that you saw at  
 18 the time during your involvement in the ER/PR  
 19 matter while you were at the department?  
 20 MS. CHAPLIN:  
 21 A. No, I did not.  
 22 MR. SIMMONS:  
 23 Q. And how did you come to learn about this  
 24 document?  
 25 MS. CHAPLIN:

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1 A. Through the commission process.  
 2 MR. SIMMONS:  
 3 Q. Through the commission process again. Okay,  
 4 thank you. P-0144, please. You were referred  
 5 to this e-mail exchange this morning. It's  
 6 October 19th, 2005. It's between you and Mr.  
 7 Tilley?  
 8 MS. CHAPLIN:  
 9 A. Yes.  
 10 MR. SIMMONS:  
 11 Q. This is the one where you originated the  
 12 messaging on the bottom on October 19th fairly  
 13 late in the date. I guess that's around 9  
 14 p.m.  
 15 MS. CHAPLIN:  
 16 A. Yes.  
 17 MR. SIMMONS:  
 18 Q. You said you were checking in to see how they  
 19 were making out with the breast cancer testing  
 20 issue, and you said it really seems to be  
 21 sticking in the media. Mr. Tilley replied  
 22 after walking his dog, and he said, "The lab  
 23 issue is certainly hanging on. We've had  
 24 multiple discussions about the path we took on  
 25 this, still believe it was in the best

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1 interest of the patient. Having said that, I  
 2 think it's safe to say that it was a Catch 22.  
 3 Not everyone would agree in the end". Now at  
 4 the time that this exchange was taking place,  
 5 would you recall that this was about two weeks  
 6 after the story had broken in the media, and  
 7 up to this point Eastern Health has had Dr.  
 8 Williams giving multiple interviews to  
 9 different media, and it has had information on  
 10 their website? Would you recall that as being  
 11 the state of things when this e-mail exchange  
 12 took place?  
 13 MS. CHAPLIN:  
 14 A. I think that's accurate.  
 15 MR. SIMMONS:  
 16 Q. Yes, and in this e-mail as well, Mr. Tilley is  
 17 informing you, I think, that the organization  
 18 was about to start calling patients directly  
 19 to make direct contact with them?  
 20 MS. CHAPLIN:  
 21 A. Yes.  
 22 MR. SIMMONS:  
 23 Q. Okay. Now then you replied to Mr. Tilley at  
 24 10:45 p.m, and the middle paragraph said,  
 25 "You're right on the cancer issue". Now when

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1 you said he was right, were you referring to  
 2 the paragraph I just read to you from his  
 3 message where he said that this was really a  
 4 Catch 22, and not everyone would agree with  
 5 the way it was handled, whichever way it was  
 6 approached?  
 7 MS. CHAPLIN:  
 8 A. I think what I was referring to is you're  
 9 right from the perspective of the discussion  
 10 that took place in July when the Minister was  
 11 urging to go public as soon as possible, and  
 12 Mr. Tilley was stating in that meeting that  
 13 the organization needed more time because they  
 14 couldn't (a) confirm the extent of the problem  
 15 or if they indeed had a systemic problem, or  
 16 individual events, and secondly, that it was  
 17 the view internally, certainly from the  
 18 physician perspective, that patient  
 19 notification should occur before public  
 20 disclosure.  
 21 MR. SIMMONS:  
 22 Q. So even from your perspective then of July  
 23 19th, 2006, looking back on those two factors  
 24 from July, you were agreeing that that was the  
 25 correct way to have proceeded?

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1 MS. CHAPLIN:  
 2 A. I think with the information that the Minister  
 3 was provided at that particular point in time,  
 4 that although it's not a popular decision to  
 5 take with the public, that the right approach  
 6 from a communications perspective would be to  
 7 notify patients first and foremost ahead of a  
 8 broader public disclosure.  
 9 MR. SIMMONS:  
 10 Q. Right, right, okay. Now in your message then,  
 11 you had said you're right on the cancer issue,  
 12 "I think it was the right decision to wait it  
 13 out a bit, but may have ramped up patient  
 14 notification piece once it was clear issue was  
 15 breaking". Now by the patient notification  
 16 piece, are you referring to notification of  
 17 patients of their test results or notification  
 18 of patients that retesting will take place?  
 19 MS. CHAPLIN:  
 20 A. I think I'm referring to retesting will occur.  
 21 MR. SIMMONS:  
 22 Q. Okay, what you're saying here is that that may  
 23 have been ramped up once it was clear the  
 24 issue was breaking.  
 25 MS. CHAPLIN:

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1 A. No, I think there's a --  
 2 MR. SIMMONS:  
 3 Q. Now why not before then?  
 4 MS. CHAPLIN:  
 5 A. I think there's a word missing here,  
 6 "particularly" once the issue was breaking,  
 7 because it was always the position within the  
 8 department from the point in time after that  
 9 initial briefing throughout the month of  
 10 August, that Eastern Health, from an  
 11 organizational standpoint, should get on with  
 12 the patient notification.  
 13 MR. SIMMONS:  
 14 Q. That's not what you said here, though.  
 15 MS. CHAPLIN:  
 16 A. I understand that's not the way it reads, but  
 17 the intent in my mind was just as I described.  
 18 MR. SIMMONS:  
 19 Q. Okay. P-1532, please. You were shown this e-  
 20 mail message as well. This is from October  
 21 25th, 2005, from Ms. Pennell to Susan Bonnell  
 22 reporting on an e-mail from you, and it makes  
 23 reference here as well to the fact that Dr.  
 24 Williams had done an interview. Do you see  
 25 that?

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1 MS. CHAPLIN:  
 2 A. Yes.  
 3 MR. SIMMONS:  
 4 Q. And also you were shown P-0808, and on the  
 5 second page of this document there is an e-  
 6 mail message that went to you which had an  
 7 excerpt from an Open Line program, and the  
 8 first page forwards that on and it's dated  
 9 October 31st, '05. So we've got a couple  
 10 pieces of information from around the end of  
 11 October, and I'd understood you to say, and  
 12 correct me if I'm wrong, something to the  
 13 effect that the fact that this was a live  
 14 issue at this point on the Open Line shows was  
 15 an indicator that Eastern Health needed to be  
 16 out in the media talking about it. Did I  
 17 understand you correctly to say that?  
 18 MS. CHAPLIN:  
 19 A. I said it could be indicative of a need to get  
 20 out and communicate more, yes.  
 21 MR. SIMMONS:  
 22 Q. Okay. Were you aware, though, that Eastern  
 23 Health was, through Dr. Williams, giving  
 24 interviews at that point to whoever requested  
 25 them?

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1 MS. CHAPLIN:  
 2 A. I don't know if I was aware whoever requested  
 3 them. I was aware he was certainly giving  
 4 interviews, but what I would suggest is if you  
 5 have a spokesperson on behalf of an  
 6 organization going out and giving interviews,  
 7 and there's still confusion or a lot of  
 8 communications around it, you may have to go  
 9 back and look and adjust your communication  
 10 strategy.  
 11 MR. SIMMONS:  
 12 Q. Okay, so what you're suggesting is maybe there  
 13 might have been some adjustment to the type of  
 14 message or the strategy, or the way it was  
 15 being done?  
 16 MS. CHAPLIN:  
 17 A. I think that's fair.  
 18 MR. SIMMONS:  
 19 Q. But it wasn't a suggestion on your part that  
 20 at that point Eastern Health was not making  
 21 spokespeople available to the media?  
 22 MS. CHAPLIN:  
 23 A. Oh, no, that was not my suggestion.  
 24 MR. SIMMONS:  
 25 Q. Okay. When you were first asked this morning

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1 about when you learned that--when it was that  
 2 you learned that Eastern Health had not  
 3 released all the numbers about the retesting  
 4 of the samples in their media briefing of  
 5 December '06, you said at first that it was in  
 6 May--you learned of it in May of '07 like  
 7 everybody else, I think was the phrase that  
 8 you used?  
 9 MS. CHAPLIN:  
 10 A. Right.  
 11 MR. SIMMONS:  
 12 Q. I'm just curious. Can you tell me what  
 13 impression you had when you heard the media  
 14 reports in May of '07 about what had happened  
 15 in December compared to what was now known?  
 16 How did you--what did you understand from the  
 17 media reports you heard?  
 18 MS. CHAPLIN:  
 19 A. I don't think I can really answer that  
 20 question because I would have read the media  
 21 transcripts. I wouldn't have heard it  
 22 necessarily live because I think some of that  
 23 issue actually broke while I was out of the  
 24 country.  
 25 MR. SIMMONS:

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1 Q. Right. Well, from the transcripts that you  
 2 read, what impression did you form about what  
 3 had happened in December in relation to the  
 4 release of information compared to what then  
 5 happened in May?  
 6 MS. CHAPLIN:  
 7 A. That there was a discrepancy in their numbers.  
 8 MR. SIMMONS:  
 9 Q. That there was a discrepancy, a difference.  
 10 MS. CHAPLIN:  
 11 A. A difference.  
 12 MR. SIMMONS:  
 13 Q. Something different between what was released  
 14 and now known in May compared to what Eastern  
 15 Health had said in December?  
 16 MS. CHAPLIN:  
 17 A. That would be correct.  
 18 MR. SIMMONS:  
 19 Q. That's your take on it, is it?  
 20 MS. CHAPLIN:  
 21 A. Yes, that would be --  
 22 MR. SIMMONS:  
 23 Q. Had you been of the impression then that  
 24 Eastern Health had refused to disclose  
 25 information and made that fact known to the

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1 media in December, or that they had conducted  
 2 their briefing and led the media to believe  
 3 that they'd been given all the available  
 4 information? Maybe I didn't express that very  
 5 well.  
 6 MS. CHAPLIN:  
 7 A. I don't think I would understand that they  
 8 refused to provide numbers. I'm not sure what  
 9 you're asking me, actually.  
 10 MR. SIMMONS:  
 11 Q. Okay. Back in December, you did follow the  
 12 media reports following the December news  
 13 briefing to the extent that you'd follow any  
 14 media reports, I think you said.  
 15 MS. CHAPLIN:  
 16 A. Right.  
 17 MR. SIMMONS:  
 18 Q. Well, I'll just refer you to a couple, I  
 19 guess. P-0187, please. This is an article  
 20 from The Evening Telegram, and the second  
 21 paragraph in the article says, "However,  
 22 because of the pending class action lawsuit,  
 23 Eastern Health officials won't say how many  
 24 samples have converted in the latest round of  
 25 testing from negative to positive for estrogen

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1 and progesterone receptors". Would you agree  
 2 with me it seems pretty clear from that  
 3 article that the media knew that they weren't  
 4 being given the total number of test changes?  
 5 MS. CHAPLIN:  
 6 A. Right.  
 7 MR. SIMMONS:  
 8 Q. And P-0186, please. This is transcript of a  
 9 CBC--I think it's the Morning Show program on  
 10 December 13th, 2006, and there's a report  
 11 here--it's a discussion between Mr. Gilhooly  
 12 and Mr. Quinn, and I'll just find the  
 13 reference now. There's a question at the top  
 14 of the page from Mr. Gilhooly, "Do we know how  
 15 many tests in total were wrong", and Mr. Quinn  
 16 says, "No, and Eastern Health just isn't  
 17 saying that. All they're saying right now is  
 18 117 women have had their treatment changed",  
 19 and he goes on from there. So it appears from  
 20 this transcript as well that it was being  
 21 reported in the media not just that Eastern  
 22 Health had disclosed 117 as the number of  
 23 patients with treatment changes, but they're  
 24 also saying we're not disclosing the  
 25 information about how many changes in test

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1 results there were.  
 2 MS. CHAPLIN:  
 3 A. Right, that would suggest that. I would agree  
 4 with that.  
 5 MR. SIMMONS:  
 6 Q. Now when you looked at the media coverage in  
 7 May '07, did you--the impression that you took  
 8 from that media coverage, was it consistent  
 9 with what you see here about the media knowing  
 10 that they hadn't been given that information  
 11 in December? I'm just curious about your take  
 12 on it now.  
 13 MS. CHAPLIN:  
 14 A. I guess I couldn't really say unless I saw it  
 15 in front of me.  
 16 MR. SIMMONS:  
 17 Q. Okay. Exhibit P-1499, please. I think I've  
 18 got the wrong one. P-0821, I'm sorry. Just  
 19 one question for you about this e-mail message  
 20 that went to Mr. Abbott when you were  
 21 informing him that Bristol had been engaged in  
 22 May of 2007 to provide some assistance to  
 23 Eastern Health. Did Bristol have the consent  
 24 of Eastern Health to make that disclosure to  
 25 Mr. Abbott?

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1 MS. CHAPLIN:  
 2 A. I'm not sure, to be honest. Oh, wait, that's  
 3 not entirely accurate. I'm just going back  
 4 through my mind. This e-mail came as a result  
 5 of my colleague Cathy calling me down in  
 6 Florida and asking me if we could send that,  
 7 but I believe that she did discuss that with  
 8 Ms. Bonnell.  
 9 MR. SIMMONS:  
 10 Q. Okay. P-1421, please. This was the document  
 11 that was prepared then following Bristol being  
 12 asked to help Eastern Health in May that you  
 13 referred to just a few moments ago, and on the  
 14 second page it's got recommended immediate  
 15 tactics, and the first bullet there was,  
 16 "advertising", and you've been referred  
 17 already to the ad we'll focus on, "Correcting  
 18 three main inaccuracies currently reported in  
 19 the media", and those are described as  
 20 including Eastern Health did fully disclose  
 21 the ER/PR issue to the affected patients in a  
 22 timely fashion, and you were asked some  
 23 questions earlier in relation to that, and  
 24 then the ad that was subsequently prepared  
 25 that had the statement in it that all patients

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1 had been notified?  
 2 MS. CHAPLIN:  
 3 A. Correct.  
 4 MR. SIMMONS:  
 5 Q. Do you recall at this point what the issue was  
 6 about media coverage in relation to direct  
 7 contact with Patients?  
 8 THE COMMISSIONER:  
 9 Q. I'm sorry, I don't know which point you're  
 10 referring to.  
 11 MR. SIMMONS:  
 12 Q. At this point in May of 2007 when Bristol was  
 13 involved in making this proposal here.  
 14 THE COMMISSIONER:  
 15 Q. Thank you.  
 16 MS. CHAPLIN:  
 17 A. Did I--sorry?  
 18 MR. SIMMONS:  
 19 Q. Do you recall what the issue was that had to  
 20 be addressed regarding the media coverage  
 21 about contact with individual patients?  
 22 MS. CHAPLIN:  
 23 A. I can't remember right now.  
 24 MR. SIMMONS:  
 25 Q. Was it that there was questions being raised

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1 then about whether every patient had been  
 2 contacted, or was it that there were media  
 3 statements being made that no patients had  
 4 been contacted?  
 5 MS. CHAPLIN:  
 6 A. Well, if I can't remember, I prefer not to  
 7 speculate.  
 8 MR. SIMMONS:  
 9 Q. Okay. There's a reference a little bit  
 10 further on to a Globe and Mail story, and  
 11 that's P-0699. This might trigger your  
 12 recollection of it.  
 13 MS. CHAPLIN:  
 14 A. Okay.  
 15 MR. SIMMONS:  
 16 Q. This is an article by Andre Picard, who I  
 17 understand is a health writer with the Globe  
 18 and Mail, and if I go to the second page of  
 19 it, the fourth column here, there's a  
 20 paragraph that begins, "Eastern Health  
 21 officials suspected in early 2004 when they  
 22 purchased new equipment, and knew definitely  
 23 in 2005 that there were serious problems with  
 24 hormone receptor tests. Yet breast cancer  
 25 patients and the public were told nothing".

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1 MS. CHAPLIN:  
 2 A. Yes.  
 3 MR. SIMMONS:  
 4 Q. Does that ring a bell with you?  
 5 MS. CHAPLIN:  
 6 A. Yes, this would be an inaccurate statement  
 7 that we would have wanted to address.  
 8 MR. SIMMONS:  
 9 Q. So when the work was being done in May, and  
 10 you were involved in reviewing that ad, was  
 11 the focus of what you were looking at  
 12 countering this type of statement which was a  
 13 perception that Eastern Health had done  
 14 nothing to contact patients, or was it a focus  
 15 on assuring that every single patient had been  
 16 notified?  
 17 MS. CHAPLIN:  
 18 A. I think that's a fair statement what you  
 19 suggested.  
 20 MR. SIMMONS:  
 21 Q. That it was a focus on countering --  
 22 MS. CHAPLIN:  
 23 A. Countering, yes, that they had taken no  
 24 action.  
 25 MR. SIMMONS:

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1 Q. Okay. Thank you, Ms. Chaplin, that's all the  
 2 questions I have for you.  
 3 THE COMMISSIONER:  
 4 Q. Mr. Browne.  
 5 MR. BROWNE:  
 6 Q. Commissioner, I have no questions for Ms.  
 7 Chaplin. Thank you, Ms. Chaplin.  
 8 THE COMMISSIONER:  
 9 Q. Ms. O'Dea?  
 10 MS. O'DEA:  
 11 Q. Likewise, Commissioner.  
 12 THE COMMISSIONER:  
 13 Q. Ms. Newbury?  
 14 MS. NEWBURY:  
 15 Q. (Inaudible) a couple of questions.  
 16 THE COMMISSIONER:  
 17 Q. Okay. Just a second now. Let's do the rounds  
 18 of the room and see whether--it's quite close  
 19 to the luncheon break, whether or not your  
 20 couple of questions should be done after lunch  
 21 as opposed to before. Do you want to give me  
 22 an estimate, Ms. Taylor?  
 23 MS. TAYLOR:  
 24 Q. I'm not anticipating any questions.  
 25 THE COMMISSIONER:

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1 Q. Mr. Pike?  
 2 MR. PIKE:  
 3 Q. No questions, Commissioner.  
 4 THE COMMISSIONER:  
 5 Q. Do you want to tell me how long you think you  
 6 might be?  
 7 MR. PRITCHARD:  
 8 Q. I might be ten minutes, Commissioner.  
 9 THE COMMISSIONER:  
 10 Q. And you have just a couple of questions?  
 11 MS. NEWBURY:  
 12 Q. Probably about five minutes.  
 13 THE COMMISSIONER:  
 14 Q. Okay. Normally we would break for lunch at  
 15 this time. Would you prefer we push on  
 16 because it looks like it's not going to be any  
 17 more than fifteen or twenty minutes.  
 18 MS. NEWBURY:  
 19 Q. Could I just have a five minute break?  
 20 THE COMMISSIONER:  
 21 Q. You certainly can. Why don't we do that and  
 22 then we'll complete the questioning.  
 23 (RECESS)  
 24 THE COMMISSIONER:  
 25 Q. Ms. Newbury.

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1 MS. NEWBURY:  
 2 Q. Good afternoon, Jennifer Newbury, for the  
 3 Canadian Cancer Society, Newfoundland and  
 4 Labrador Division.  
 5 MS. CHAPLIN:  
 6 A. Good afternoon.  
 7 MS. CAROLYN CHAPLIN, EXAMINATION BY MR. JENNIFER NEWBURY  
 8 Q. I just have a couple of questions for you.  
 9 Ms. Chaplin, you've expressed some views about  
 10 patient disclosure and how you feel this  
 11 should be handled from a communications  
 12 perspective, and I think you mentioned you  
 13 felt it should be open, transparent, and  
 14 timely, and with some patient support in case  
 15 there's any anxiety awaiting the retest  
 16 results, and that there should be a registered  
 17 letter or--I think you said an accredited  
 18 letter?  
 19 MS. CHAPLIN:  
 20 A. I meant registered letter would be one way of  
 21 communicating.  
 22 MS. NEWBURY:  
 23 Q. Right, as well as a follow-up call. I just  
 24 wondered if you had any experience or training  
 25 regarding patient disclosure or were you

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1 speaking from your general communications  
 2 background?  
 3 MS. CHAPLIN:  
 4 A. Speaking more from a general communications  
 5 background. As well, I have read through some  
 6 medical journals and kept abreast of the  
 7 latest in medical disclosure, but, no, no  
 8 specific disclosure training.  
 9 MS. NEWBURY:  
 10 Q. And I think you've indicated, I guess, from  
 11 reading the journals and your other comments,  
 12 that you have some interest in health care  
 13 issues, and communications, I guess,  
 14 pertaining to that?  
 15 MS. CHAPLIN:  
 16 A. Yes.  
 17 MS. NEWBURY:  
 18 Q. Would you have any experience or expertise, or  
 19 would you have ever encountered something in  
 20 prior employment about the content of what  
 21 should be disclosed to a patient regarding an  
 22 adverse event?  
 23 MS. CHAPLIN:  
 24 A. Not a specific adverse event. Most crisis  
 25 experience that I've had in my previous

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1 background have been either a broad public  
 2 health issue or not health care related.  
 3 MS. NEWBURY:  
 4 Q. Okay. So in terms of what would be directly  
 5 communicated to a patient in terms of what  
 6 should be disclosed to that patient or how the  
 7 message should be delivered, or who should  
 8 deliver the message, that's not something that  
 9 you would typically be engaged in, is that  
 10 correct?  
 11 MS. CHAPLIN:  
 12 A. Not typically engaged in? I'm not sure --  
 13 MS. NEWBURY:  
 14 Q. Yeah, in terms of--I take it from your  
 15 evidence that you're typically involved in  
 16 public--dealing with public messaging for  
 17 health issues as opposed to direct one on one  
 18 communication with patients?  
 19 MS. CHAPLIN:  
 20 A. Oh, yes, that would be accurate.  
 21 MS. NEWBURY:  
 22 Q. So in terms of what should be communicated to  
 23 a patient is not something that you can  
 24 comment on. Is that --  
 25 MS. CHAPLIN:

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1 A. I think that's fair.

2 MS. NEWBURY:

3 Q. And if there was any special method of

4 delivering the message or who should deliver

5 the message, you would have no experience in

6 that?

7 MS. CHAPLIN:

8 A. No, in terms of who should deliver the

9 message, the literature--the latest literature

10 would suggest that the primary relationship is

11 between the physician or health care provider

12 and the patient.

13 MS. NEWBURY:

14 Q. And that person would be in the best position

15 to determine what should be disclosed?

16 MS. CHAPLIN:

17 A. Yes.

18 MS. NEWBURY:

19 Q. Okay, and based upon your communications

20 experience, would you expect that the media or

21 other public messaging, such as a website,

22 would be either a first means of communicating

23 and disclosing information to a patient, or a

24 primary means of disclosing information to a

25 patient?

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1 MS. CHAPLIN:

2 A. I wouldn't see it as the first means of

3 patient notification, no.

4 MS. NEWBURY:

5 Q. And what role, if any, do you think there

6 would be for public messaging or media

7 messaging to patients in terms of disclosure?

8 You said not first, but do you see it having

9 any role?

10 MS. CHAPLIN:

11 A. Oh, I think from a public--from a broader

12 disclosure issue, it would be more public

13 messaging to the broad public, not necessarily

14 the impacted target audience.

15 MS. NEWBURY:

16 Q. Okay.

17 MS. CHAPLIN:

18 A. In this case, patients who were impacted.

19 MS. NEWBURY:

20 Q. So perhaps if it were to be used, it would

21 only be a last resort to communicate with

22 patients. You would expect that the direct

23 communication with a patient about an adverse

24 event would be done through some means other

25 than through public messaging or the media?

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1 MS. CHAPLIN:

2 A. Yes, and if it was something that you had to

3 get out very quickly--you know, I noticed in

4 recent disclosure cases, even in Ontario

5 recently, there has been at least a broader

6 public disclosure after the patient

7 notification process has begun, but it might

8 be a concurrent activity.

9 MS. NEWBURY:

10 Q. Okay, right, and that would be if there's some

11 sort of emergency type event, is that fair to

12 say?

13 MS. CHAPLIN:

14 A. I would think.

15 MS. NEWBURY:

16 Q. Have you been directly involved in such

17 incidents, or is this just something that

18 you're reading?

19 MS. CHAPLIN:

20 A. This is just something that I've kept abreast

21 of.

22 MS. NEWBURY:

23 Q. So is it fair to say then that the media or

24 public messaging, from your perspective, would

25 be primarily for communicating with the

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1 public?

2 MS. CHAPLIN:

3 A. Yes, just to let them know that this event has

4 occurred.

5 MS. NEWBURY:

6 Q. Thank you very much. Those are all the

7 questions I have.

8 MS. CHAPLIN:

9 A. Thank you.

10 THE COMMISSIONER:

11 Q. Anything arising, Ms. Taylor?

12 MS. TAYLOR:

13 Q. No questions.

14 THE COMMISSIONER:

15 Q. Still of the same view, Mr. Pike?

16 MR. PIKE:

17 Q. Indeed.

18 THE COMMISSIONER:

19 Q. Mr. Pritchard.

20 MS. CAROLYN CHAPLIN, EXAMINATION BY MR. ROLF PRITCHARD

21 MR. PRITCHARD:

22 Q. Thank you, Commissioner. Good afternoon, Ms.

23 Chaplin.

24 MS. CHAPLIN:

25 A. Good afternoon.



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1 MR. PRITCHARD:  
 2 Q. Ms. Chaplin, I just have a few questions for  
 3 you this afternoon. When you were earlier  
 4 testifying, you commented on some impressions  
 5 you had when you were initially contacted by  
 6 Ms. Bonnell. I guess that would be on the  
 7 18th of July, 2005.  
 8 MS. CHAPLIN:  
 9 A. That's correct.  
 10 MR. PRITCHARD:  
 11 Q. And you said that you had the impression that  
 12 there was an internal dispute. I wonder if  
 13 you could elaborate what you meant by that?  
 14 MS. CHAPLIN:  
 15 A. I got the sense in that initial conversation  
 16 that they were debating just a couple of  
 17 different communications approaches in the  
 18 sense of--I remember her saying if we were to  
 19 go public, like, what's your--what about the  
 20 patients. She did reference that in the call.  
 21 MR. PRITCHARD:  
 22 Q. So was the issue of going public part of the  
 23 debate, one of the issues that was being  
 24 debated then? Was that your sense of it? I  
 25 realize it's just your impression.

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1 MS. CHAPLIN:  
 2 A. Yes, I don't think that particular call was an  
 3 issue of to go public or not. It might have  
 4 been, well, maybe to take it public at this  
 5 point in time versus notifying patients first.  
 6 It may have been that debate.  
 7 MR. PRITCHARD:  
 8 Q. Okay. Just to sort of follow along in the  
 9 sequence of events, you commented that a few  
 10 days later, or maybe a day later, you had a  
 11 conversation with Darrell Hynes and you were  
 12 discussing whether Mr. Hynes or yourself  
 13 should now contact the premier or central  
 14 agencies. What was the nature of that  
 15 discussion or why did that discussion  
 16 transpire?  
 17 MS. CHAPLIN:  
 18 A. That discussion transpired as a result of the  
 19 Minister raising it with us, has the premier's  
 20 office been notified. The practice that we  
 21 used in the department, certainly with the  
 22 Minister, was that communication could occur  
 23 one of several ways, and one of which would be  
 24 communication from Mr. Hynes to his  
 25 counterpart in the premier's office, or myself

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1 through Ms. Matthews in the premier's office.  
 2 In this particular case, it was decided that I  
 3 was the best person to do that because we were  
 4 looking at a situation where we potentially  
 5 had a public announcement, there was a  
 6 communications element within the next--  
 7 occurring within the next 48 to 72 hours.  
 8 MR. PRITCHARD:  
 9 Q. Okay, and if Mr. Hynes had initiated that  
 10 contact, who would his counterpart have been?  
 11 MS. CHAPLIN:  
 12 A. It would be Steve Dinn at that time.  
 13 MR. PRITCHARD:  
 14 Q. Do you know if he ever--do you know if he ever  
 15 did that?  
 16 MS. CHAPLIN:  
 17 A. No, I don't think he did.  
 18 MR. PRITCHARD:  
 19 Q. Okay. Could we see document 0312, please?  
 20 These are the documents we looked at the other  
 21 day, the e-mail traffic between Mr. Cake and  
 22 Mr. Thompson and others on the 19th of July.  
 23 I just wanted to take you to one of the later  
 24 ones here. This is the e-mail of July 19 at  
 25 2:37 p.m. from you. And you make the

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1 statement that, "no action is required at this  
 2 time" at the end of the first sentence.  
 3 MS. CHAPLIN:  
 4 A. Yes.  
 5 MR. PRITCHARD:  
 6 Q. And when you say "no action", no action by  
 7 whom?  
 8 MS. CHAPLIN:  
 9 A. By Cabinet Secretariat.  
 10 MR. PRITCHARD:  
 11 Q. Okay, thank you. Now, one of the things I  
 12 wasn't clear on, you made a comment that  
 13 following the meeting on July 21 or shortly  
 14 thereafter, you had occasion to speak with  
 15 Elizabeth Matthews, is that correct, and fill  
 16 her in on what had transpired?  
 17 MS. CHAPLIN:  
 18 A. I placed, yes, I spoke with Ms. Matthews  
 19 following that briefing.  
 20 MR. PRITCHARD:  
 21 Q. All right. And then following the 15, now you  
 22 indicated that you spoke with Ms. Matthews on  
 23 or about August 17 or 18 in regard to the job  
 24 offer.  
 25 MS. CHAPLIN:

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1 A. Right.  
 2 MR. PRITCHARD:  
 3 Q. Was there any other conversation with Ms.  
 4 Matthews following August 15 or was that it?  
 5 MS. CHAPLIN:  
 6 A. No, that was it.  
 7 MR. PRITCHARD:  
 8 Q. That was it, just the job offer.  
 9 MS. CHAPLIN:  
 10 A. That's right. And the purpose of that call  
 11 was call from their office to me to offer me  
 12 the promotion.  
 13 MR. PRITCHARD:  
 14 Q. Okay. And this morning you were asked about  
 15 the Cabinet paper that dealt with the issue of  
 16 the herceptin therapy.  
 17 MS. CHAPLIN:  
 18 A. Right.  
 19 MR. PRITCHARD:  
 20 Q. And in that Cabinet paper, there's a number of  
 21 options that are considered.  
 22 MS. CHAPLIN:  
 23 A. Yes.  
 24 MR. PRITCHARD:  
 25 Q. Whether or not that any therapy should be

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1 approved or just the herceptin therapy or,  
 2 indeed, the herceptin therapy and some  
 3 therapies for colorectal cancer. Those are  
 4 the three options that are -  
 5 MS. CHAPLIN:  
 6 A. Correct.  
 7 MR. PRITCHARD:  
 8 Q. - in that paper. Do you know what ultimately  
 9 came of that paper? What was approved? What  
 10 was approved at that particular point in time  
 11 was the introduction of herceptin to the  
 12 formulary and what followed subsequently in, I  
 13 believe, the government's next budget was the  
 14 introduction of all the drugs that were listed  
 15 in this Cabinet submission.  
 16 MR. PRITCHARD:  
 17 Q. Okay. Thank you, Ms. Chaplin, those are all  
 18 my questions, but now I'd like to ask if  
 19 there's anything that you would like to say  
 20 since you've been good enough to answer our  
 21 questions for a day and a half.  
 22 MS. CHAPLIN:  
 23 A. I would. I actually have been giving this  
 24 issue a lot of thought. And before I make  
 25 some closing remarks, I would like to offer a

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1 few recommendations or suggested  
 2 recommendations for Madam Commissioner to  
 3 consider.  
 4 The first being, I think it would be very  
 5 beneficial for profession development for  
 6 communication staff within government or  
 7 government agencies has to move from a nice to  
 8 do category to a need to do category. And I  
 9 think that oftentimes we get so wrapped up in  
 10 our roles on a day-to-day basis and certainly  
 11 within government that often this is something  
 12 that falls to the bottom of the list. But I  
 13 also feel that as part of the profession that  
 14 we have an obligation to keep current with  
 15 the latest trends and to ensure that we are up  
 16 to date with skill sets. And I would offer  
 17 that suggestion and think that this is  
 18 something that should be considered in terms  
 19 of maybe sitting down--I know annual  
 20 performance reviews is not something that was  
 21 done for communications staff within  
 22 government. And it would be nice to sit down  
 23 with communications staff on annual basis to  
 24 identify maybe some skill gaps or core  
 25 competencies that could be improved upon. I

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1 think that would be one.  
 2 Second, I think it would be helpful to  
 3 have a dedicated response team put in place  
 4 when issues emerge, such as this, which would  
 5 involve participants from all sides.  
 6 And third, and one of the most important  
 7 ones that I feel strongly about is I think the  
 8 communications function within Eastern Health  
 9 should be restructured. I think it is fair to  
 10 say that they're one of, I would say, suggest  
 11 a few health authorities across the country  
 12 that does not utilize the communications  
 13 function at a pure executive level, at a vice  
 14 presidency level. And what that does in  
 15 moving the level of communications up to such  
 16 a senior level is a couple of things. And  
 17 one, it ensures that communications people are  
 18 adequately and appropriately placed at the  
 19 executive table to keep current on issues that  
 20 are emerging both in its early stages and in  
 21 later stages in an organization. It allows  
 22 communications and trained professionals to  
 23 work with an organization to help shape its  
 24 response at an appropriate level. And I think  
 25 it also, if at that level, communications

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1 advice is given perhaps equal weight to others  
 2 who might be voicing opinions or giving  
 3 advice. And particularly when it goes to, I  
 4 feel strongly that communications people  
 5 should be at that level especially when legal  
 6 advice is being obtained as well.  
 7 Some will argue that this creates a  
 8 little bit of a communications imbalance in  
 9 terms of the way that the communications  
 10 function would then interact with government,  
 11 particularly with the communications person  
 12 within the Department of Health. So, maybe  
 13 that is something that government wishes to  
 14 consider as well. In elevating the  
 15 communications role required and the  
 16 experience required for health care within  
 17 government, so that there is people operating  
 18 on the same levels.  
 19 And I think one recommendation I would  
 20 have to potentially reduce the gap or the room  
 21 for internal miscommunication would be a  
 22 better issues managements tracking system  
 23 within government. I know certainly this is  
 24 something that I can speak to from my Queen's  
 25 Park experience. We use to utilize a

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1 situation where we had daily meetings at 8:00  
 2 a.m. where there were representatives from  
 3 every ministry, the premier's office staff,  
 4 central agencies, to identify the top three or  
 5 four issues that were going on in each  
 6 portfolio on any given point in time. And  
 7 that was also complimented with a weekly  
 8 issues management tracker not to add more  
 9 documents into a government system, but I  
 10 think this is really beneficial because that  
 11 was the type of document that was shared with  
 12 Cabinet so that ministers could be kept  
 13 abreast of issues that were going on in  
 14 government on a weekly basis and it was a  
 15 point of deliberation and certainly the  
 16 Queen's Park Cabinet meetings, so that they  
 17 could see what was happening across  
 18 government, what was the status and it  
 19 prompts, I think, better follow up in these  
 20 types of situations.  
 21 And in terms of, I think that's all I had  
 22 for recommendations, I do have a few closing  
 23 remarks, if I may.  
 24 THE COMMISSIONER:  
 25 Q. Go ahead.

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1 MS. CHAPLIN:  
 2 A. First of all, I would like to thank Madam  
 3 Commissioner Cameron for her time and for the  
 4 opportunity to take part in the Inquiry today.  
 5 This is a difficult process for all involved,  
 6 but I feel it's a an extremely important one.  
 7 Important not only for the breast cancer  
 8 patients and their families, but I believe  
 9 this examination will serve to improve our  
 10 health care system overall. I would also like  
 11 to acknowledge the affected patients and their  
 12 families, along with their advocates, such as  
 13 Mr. Peter Dawe of the Canadian Cancer Society,  
 14 whose perseverance is one of the reasons why  
 15 we're all here today. They have a right for  
 16 their voices and perspectives to be heard and  
 17 deserve the answers this process will  
 18 hopefully provide. There's been a lot of  
 19 emphasis on communications and the manner in  
 20 which information unfolded. Indeed there  
 21 seems to have been significant issues across  
 22 the board, from internal miscommunication to  
 23 media relations, from database management to  
 24 the manner in which Eastern Health addressed  
 25 the needs of patients and stakeholders. Madam

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1 Commissioner, I would like to note that it's  
 2 my belief that communications departments are  
 3 not the only area in an organization  
 4 responsible for communication. Open and  
 5 transparent communication practises must be  
 6 embraced at every level within an  
 7 organization. Leaders must also assume a  
 8 communicator's role. Trained communications  
 9 professionals aspire to uphold the best  
 10 practises in our industry, but we are often  
 11 limited by the culture of the organization we  
 12 work within. Leaders in organizations make  
 13 choices with respect to the value they place  
 14 on communications. Some cultures are open,  
 15 some cultures are closed. Some view  
 16 communicators who simply are messengers who  
 17 communicate the values and decisions of  
 18 others, while some involve communications at a  
 19 strategic level helping shape what an  
 20 organization is, what it does, and how it  
 21 interacts with its stakeholders in an ethical  
 22 and responsible fashion. Our life experiences  
 23 shape us as individuals and can define how we  
 24 move forward. I personally believe we have a  
 25 duty to not only share successes with our

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1 peers, but also lessons learned along the way.  
 2 To do my part, I've agreed to address the  
 3 public relations students at Mount St. Vincent  
 4 University, my own alma mater, this fall about  
 5 this issue so students can benefit from real  
 6 life communications insights. I would  
 7 encourage others to do the same. Again, I  
 8 thank you for your time today. Ms. Chaytor, I  
 9 thank you for the respect you've shown me.  
 10 MR. PRITCHARD:  
 11 Q. Ms. Chaplin, thank you for your remarks. Ms.  
 12 Chaytor may have a few more questions for you.  
 13 THE COMMISSIONER:  
 14 Q. Ms. Chaytor, do you have anything arising?  
 15 MS. CHAYTOR:  
 16 Q. No, Madam Commissioner.  
 17 THE COMMISSIONER:  
 18 Q. All right, thank you. Well, it only leaves  
 19 for me to in turn thank you for your  
 20 contribution to this process. It's not always  
 21 easy to sit in that chair for several days and  
 22 listen to people ask you questions about what  
 23 you've done several years ago. We really are  
 24 aware of that, although I'm sure some  
 25 witnesses will question whether we are or not.

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1 I think everybody in this room understands  
 2 what it's like to sit in that chair, so I do  
 3 thank you very much for your contribution.  
 4 MS. CHAYTOR:  
 5 Q. Thank you, Ms. Chaplin.  
 6 THE COMMISSIONER:  
 7 Q. Ms. Chaytor, I understand the next witness is  
 8 scheduled on Monday.  
 9 MS. CHAYTOR:  
 10 Q. Monday morning, yes.  
 11 THE COMMISSIONER:  
 12 Q. So I suggest we adjourn until Monday at 9:30,  
 13 and I suggest you all go and tell your  
 14 partners that you're still alive and you  
 15 actually want to occupy that office in some  
 16 building in downtown --  
 17 (UNKNOWN SPEAKER)  
 18 Q. (Inaudible).  
 19 THE COMMISSIONER:  
 20 Q. Oh, the other kind of partner. That one too,  
 21 yes, sorry. Thank you all.  
 22 Upon conclusion at 1:18 p.m.

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

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