

<p style="text-align: center;">COMMISSION OF INQUIRY ON HORMONE RECEPTOR TESTING</p> <p style="text-align: center;">BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER</p> <p style="text-align: center;">October 1, 2008</p> <p>Appearances:</p> <p>Bernard Coffey, Q.C. Commission Co-counsel Sandra Chaytor, Q.C. Commission Co-counsel</p> <p>Rolf Pritchard/Jackie Brazil Her Majesty in Right of NL</p> <p>Peter Browne/Jane Hennebury Doctors Kara Laing et al</p> <p>Daniel Simmons Eastern Regional Integrated Health Authority</p> <p>Laura Brocklehurst. Members of the Breast Cancer Testing Class Action</p> <p>Mark Pike NL Medical Association Jennifer Newbury Canadian Cancer Society (NL Division) Blair Pritchett. Central, Western and Labrador-Grenfell Regional Integrated Health Authorities</p>	<p style="text-align: center;">LIST OF EXHIBITS</p> <p>EXHIBIT P-2883 Pg. 4</p> <p>EXHIBIT P-3111 Pg. 210</p> <p>EXHIBITS P-3209 THROUGH P-3344 Pg. 210</p> <p>EXHIBIT P-3346 Pg. 211</p> <p>EXHIBIT P-3057 Pg. 270</p>
<p style="text-align: center;">TABLE OF CONTENTS</p> <p>MS. PATRICIA PILGRIM - RESUMES THE STAND</p> <p>Examination by Bernard Coffey, Q.C. Pgs. 4 - 386</p> <p>Certificate</p>	<p style="text-align: right;">Page 4</p> <p>1 THE COMMISSIONER: 2 Q. Please be seated. Mr. Coffey. 3 MS. PATRICIA PILGRIM, EXAMINATION BY BERNARD COFFEY, Q.C. 4 (CONT'D) 5 COFFEY, Q.C.: 6 Q. Good morning, Commissioner. Commissioner, 7 Exhibit P-2883, it was a document provided by 8 Ms. Parsons following her testimony, at the 9 end of her testimony, so I just ask that that 10 be entered. 11 THE COMMISSIONER: 12 Q. The number again, I'm sorry, Mr. Coffey, was? 13 COFFEY, Q.C.: 14 Q. 2883, Commissioner. 15 THE COMMISSIONER: 16 Q. 883? 17 COFFEY, Q.C.: 18 Q. 2883. 19 THE COMMISSIONER: 20 Q. Thank you, entered. 21 EXHIBIT ENTERED AND MARKED P-2883 22 COFFEY, Q.C.: 23 Q. Ms. Pilgrim. 24 MS. PILGRIM: 25 A. Good morning.</p>

1 COFFEY, Q.C.:

2 Q. Registrar, please, if I could ask you to open

3 P-0029, page 17, please? Actually, I'm going

4 to go back to page 14, Ms. Pilgrim, to put it

5 in context for you. These are the corporate

6 quality initiatives committee minutes of

7 October 28th, 2004, okay?

8 MS. PILGRIM:

9 A. Um-hm.

10 COFFEY, Q.C.:

11 Q. At that time, there are regrets from a number

12 of individuals including yourself. I just

13 wanted to canvas with you, this was a

14 committee of which you were the chairperson

15 and Ms. Jones happened to be acting

16 chairperson this particular day because you

17 were away?

18 MS. PILGRIM:

19 A. That's correct.

20 COFFEY, Q.C.:

21 Q. But you were the chairperson. If we look at

22 page 17--I'll go back to 16 for a moment. The

23 very bottom of the page, the issue on 4.2 of

24 accreditation is being discussed and the

25 bottom paragraph says "Ms. Smith addressed a

1 COFFEY, Q.C.:

2 Q. Yes. You returned toward the end of November,

3 middle or end of November?

4 MS. PILGRIM:

5 A. That's correct.

6 COFFEY, Q.C.:

7 Q. Okay. Would you have had these minutes, you

8 know, as the acting chairperson, given to you

9 when you returned to work?

10 MS. PILGRIM:

11 A. Yes, they would have been there.

12 COFFEY, Q.C.:

13 Q. Okay, and in this context then, at this

14 meeting, in your absence, Ms. Predham is

15 there, Dr. Williams was there at the time as

16 well, apparently. He was going to follow up.

17 So -

18 MS. PILGRIM:

19 A. I would say that Dr. Cindy Whitman, I think

20 she was at that meeting.

21 COFFEY, Q.C.:

22 Q. Yes, she is.

23 MS. PILGRIM:

24 A. And that had been something Cindy had been

25 talking about for a while.

1 new document"--I'm sorry, "advised that a new

2 document has been released by CCHSA entitled

3 'Planning Models for Quality'" and it goes on

4 to speak about that. The second paragraph,

5 first full paragraph on page four of the

6 document, 17 of the exhibit, says the

7 following "on a related note, the absence of a

8 laboratory accreditation or inspection program

9 was raised. In some areas in Canada,

10 accreditation or inspections of laboratories

11 is mandated by the provinces. However, this

12 is not the case in this province and is seen

13 as a major gap. The potential for a self

14 assessment or having an external agency

15 conduct an assessment was suggested. Dr.

16 Williams will ask the leadership team of the

17 laboratory program to pursue the options with

18 Ms. Smith" and they then talk about providing

19 a list of areas that undergo accreditation.

20 I appreciate, Ms. Pilgrim, that you

21 weren't at this meeting and looking at the

22 documentation, I gather you were off work for

23 a period of time in the fall of 2004?

24 MS. PILGRIM:

25 A. I was, yes.

1 COFFEY, Q.C.:

2 Q. And we're going to see it, she follows up on

3 it too, in fact, and we're going to see in a

4 moment.

5 MS. PILGRIM:

6 A. Yes.

7 COFFEY, Q.C.:

8 Q. But the idea that--or the information that,

9 and the recognition that there was an absence

10 of any laboratory accreditation or inspection

11 program applicable in the clinical lab at the

12 General Hospital, and for that matter, at St.

13 Clare's, at the time, in early '04, was

14 recognized?

15 MS. PILGRIM:

16 A. It was, in the province really.

17 COFFEY, Q.C.:

18 Q. Yes.

19 MS. PILGRIM:

20 A. There was nothing in the province.

21 COFFEY, Q.C.:

22 Q. And if we could, please, Exhibit P-0030, page

23 ten? This is a corporate quality initiatives

24 committee meeting of, looking at page nine,

25 February 24th, 2005. You've returned, you're

Page 9

1 the chairperson, and there are regrets from a
 2 number of individuals, but I take it the
 3 minutes, when they were done up, would be
 4 circulated to -
 5 MS. PILGRIM:
 6 A. They would be, all members, yes.
 7 COFFEY, Q.C.:
 8 Q. Sure, and we see that Ms. Jones is there, Ms.
 9 Predham, yourself and other names the
 10 Commissioner has seen. You point out Ms.
 11 Whitman whose name is listed is still
 12 involved. And here, in paragraph 2.2, a list
 13 of program/departmental accreditations, "an
 14 updated list of accreditations and
 15 assessments, including those which we do not
 16 participate in, was reviewed. This list was
 17 recirculated to senior management to ensure it
 18 is complete and up to date." So I take it
 19 that even as of February 2005, there was still
 20 no accreditation for the lab?
 21 MS. PILGRIM:
 22 A. No.
 23 COFFEY, Q.C.:
 24 Q. Okay, or -
 25 MS. PILGRIM:

Page 10

1 A. There was still no--no, no provincial
 2 accreditation program for the lab.
 3 COFFEY, Q.C.:
 4 Q. And you're making inquiries at the time.
 5 There, in fact, was no national accreditation
 6 either, was there?
 7 MS. PILGRIM:
 8 A. No, there wasn't, not in Canada, there wasn't.
 9 I can remember Cindy saying that.
 10 COFFEY, Q.C.:
 11 Q. Exhibit -
 12 MS. PILGRIM:
 13 A. But there was, I don't know if it was in
 14 these, I mean, there was some--this issue was
 15 taken, you know, out of our organization and
 16 brought centrally by either Dr. Williams or
 17 George to discuss at a CEO or a VP Medicine,
 18 because people wanted it to be a provincial
 19 approach.
 20 COFFEY, Q.C.:
 21 Q. The same exhibit, P-0030, page 16, the
 22 corporate quality initiatives committee
 23 minutes of March 24th, 2005, chairperson Ms.
 24 Jones and Dr. Williams are present. List of
 25 program/departmental accreditations, and it

Page 11

1 refers to this "list was recirculated to
 2 senior management for updating and the updated
 3 list with the additions was reviewed. This
 4 review has highlighted the issue with respect
 5 to services in the organization which should
 6 pursue accreditation or meet specific
 7 standards" and it refers to two particular
 8 ones, and then the top of the next page says
 9 "it was also noted that there is no laboratory
 10 accreditation in this province. Dr. Whitman
 11 reported on laboratory accreditations in other
 12 provinces and noted that it is a provincial
 13 initiative. The integration of health boards
 14 is an opportunity to lobby our provincial
 15 government to pursue a provincial approach.
 16 Dr. Williams will raise this with the CEO of
 17 Eastern Health for follow up."
 18 MS. PILGRIM:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. So I raise that with you, these minutes with
 22 you, Ms. Pilgrim, because as the chair, of
 23 course, of this committee, you'd be the one--
 24 well, one of those certainly, intimately aware
 25 of -

Page 12

1 MS. PILGRIM:
 2 A. Right.
 3 COFFEY, Q.C.:
 4 Q. - what was known and not known, and in the
 5 fall of '04, into the spring of '05, there was
 6 an acknowledgement, just before the ER/PR
 7 matter came to the fore, that the lab was not
 8 accredited.
 9 MS. PILGRIM:
 10 A. That's right, and it would be a desirable
 11 thing to have, yes. And even before that, I
 12 think through the medical association or
 13 somehow, the physicians, like Dr. Cindy
 14 Whitman, she's a hematologist, you know, she
 15 works in the hematology area, they were trying
 16 to get something going, get support for that.
 17 COFFEY, Q.C.:
 18 Q. And I believe at various points in the
 19 evidence before the Commissioner, there have
 20 been references to certain comments in the
 21 years even before that.
 22 MS. PILGRIM:
 23 A. Right.
 24 COFFEY, Q.C.:
 25 Q. But just, in this context, with yourself, in

Page 13

1 terms of that committee -

2 MS. PILGRIM:

3 A. Yes, we would have known that and talked about

4 it, yes, and it would have been brought to a

5 central, because if it was brought to the

6 CEOs, the Deputy Minister of Health would have

7 been there as well, and the chief physician,

8 Dr. Hunt, or I forget what his name was now,

9 but the chief -

10 COFFEY, Q.C.:

11 Q. Ed Hunt.

12 MS. PILGRIM:

13 A. Yeah, I know Ed Hunt, but I don't know what

14 his title was.

15 COFFEY, Q.C.:

16 Q. Oh, okay. He was an ADM for Physician

17 Services, whatever that involves.

18 MS. PILGRIM:

19 A. Physicians, yes.

20 COFFEY, Q.C.:

21 Q. If we could, please, Exhibit P-2483? This is

22 this exhibit we concluded with yesterday. Ms.

23 Pilgrim, you have told the Commissioner

24 yesterday that your own view, you know, your

25 own views of what Mr. Dawe had said or was

Page 14

1 saying at the time, and this is October 17th,

2 2005. Did you ever speak to Ms. Predham about

3 her assertion that this was very inflammatory?

4 Do you recall if -

5 MS. PILGRIM:

6 A. Oh, we probably talked about that. You know,

7 I guess to put this in context for you, Mr.

8 Coffey, we were inside an organization that

9 was working very hard to deal with this issue,

10 and we were sensitive to criticism, even if it

11 was right on and it was the criticism we

12 should have gotten. As individuals, we kind

13 of, you know, talked to each other and, you

14 know, we always recognize that there--people

15 are doing their jobs and that's the job that

16 they have to do, but it doesn't make it any

17 easier for us when we're working so hard to

18 try to do things internally, and any of this

19 that you see, I can tell you that that's

20 purely what that was. It was individuals

21 talking to each other, hoping now that we

22 hadn't put this stuff on e-mail, but we talked

23 to each other lots of times about what people

24 were saying publicly, and our frustration with

25 it. That's what it was, not that they were

Page 15

1 saying wrong things, but you know, it was just

2 one more thing that we had to deal with when

3 we were really trying very hard to deal with

4 many difficult things.

5 COFFEY, Q.C.:

6 Q. And at the time, I take it then that it didn't

7 occur to you or any of the other senior

8 executive that you're aware of that Ms.

9 Predham, who was, as you described her, in

10 effect, the project manager here -

11 MS. PILGRIM:

12 A. Right.

13 COFFEY, Q.C.:

14 Q. - and certainly by that time, she had turned

15 into it, that there was no discussion about

16 the idea that "look, this is--the project

17 manager has this view of outside comments

18 about what's going on here," and was there any

19 concern raised about that?

20 MS. PILGRIM:

21 A. I think we helped each other put things in

22 perspective as we went through this. So if

23 you saw the Canadian Cancer Society or any

24 other advocacy group, we would talk to each

25 other and remind each other of the role that

Page 16

1 these people played and that that was an

2 important role and even though we probably

3 didn't want to be hearing what they were

4 saying at the time, they were doing their job

5 and we had to kind of get around that and move

6 on. So we did talk about that, and you know,

7 it's no good to be getting mad or upset with

8 these people. That's not helping us, and

9 they're doing their job.

10 COFFEY, Q.C.:

11 Q. Exhibit P-0925, please? Page 26. This is the

12 typed version of Dr. Williams' notes of

13 October 17th. It says 2006, but because of

14 the contents, it would be 2005. Attendees are

15 listed there and they include yourself and a

16 number of other individuals involved.

17 MS. PILGRIM:

18 A. Still talking about letters to patients at

19 that point.

20 COFFEY, Q.C.:

21 Q. Yes, and that's number--do information for the

22 public, of course, Susan Bonnell is tasked

23 with that. Number two, letter to patients was

24 Heather Predham. Notify patient with results

25 back, a negative, and Chris Power to get

Page 17

1 listing of all patients notified. I just
 2 wanted to ask you, Ms. Pilgrim, at this point,
 3 would this have been the team? Had you become
 4 a member of the team?
 5 MS. PILGRIM:
 6 A. I was never not a member of the team, but I
 7 was in and out.
 8 COFFEY, Q.C.:
 9 Q. Yes, and that's what I'm -
 10 MS. PILGRIM:
 11 A. I would--if they were talking about anything
 12 that had to do with the Cancer Care Program, I
 13 would be in it, and especially if it was
 14 Cancer Care staff that they wanted to do
 15 something, but you know, I hope I haven't left
 16 the message--I mean, I was very connected with
 17 this all along.
 18 COFFEY, Q.C.:
 19 Q. Yes.
 20 MS. PILGRIM:
 21 A. Mainly through Heather, and Dr. Williams as
 22 well, but I wasn't a part of the core team
 23 that was meeting all the time.
 24 COFFEY, Q.C.:
 25 Q. And I take it you would have attended or been

Page 18

1 asked to attend this meeting because?
 2 MS. PILGRIM:
 3 A. Well, now we're getting closer to what we're
 4 going to be doing with patients here, and
 5 we've got to start now getting lists and we've
 6 got the letter ready to go. We've got the
 7 public announcement ready to go with the
 8 letter. So this is involving now the Cancer
 9 Centre.
 10 COFFEY, Q.C.:
 11 Q. Okay.
 12 MS. PILGRIM:
 13 A. Because they're going to be getting calls from
 14 patients. You really need Kara Laing there
 15 because as soon as these patients start
 16 getting these messages and hearing this,
 17 they're going to call Kara Laing and Joy
 18 McCarthy and all of those oncologists.
 19 COFFEY, Q.C.:
 20 Q. Exhibit P-2590? 2590, please. This is an e-
 21 mail from Heather Predham to Dr. Laing,
 22 yourself, Dr. Williams and Susan Bonnell.
 23 Subject is patient letter, the attachment is
 24 patientletter.doc. It's October 18th, 2005.
 25 She writes "I have attached the draft letter

Page 19

1 with the suggested changes. Before we send it
 2 out, we will need to consider the following:"
 3 and it refers to St. Pierre, patients from St.
 4 Pierre, patients in nursing homes and personal
 5 care homes, and "will we send this letter via
 6 registered mail through one central area such
 7 as QSI. We can then monitor the undeliverable
 8 mail."
 9 And she goes on to say "I guess we will
 10 also have to remember that we will get a
 11 negative reaction from the letter, everything
 12 from timing of sending to people with no
 13 information. Of course, we will send some
 14 unintentionally to people who have died. I
 15 guess we should compare the mailing list to
 16 the obituaries to ensure we don't send letters
 17 to the recently deceased," and finally, "I
 18 think we should be aware that we will not be
 19 able to notify everyone. Several on the list
 20 have moved and we have no other contact
 21 information. I'm going to send this on to Dan
 22 Boone as well. I'm not sure how HIROC will
 23 feel about notifying people at this point in
 24 time and whether the media attention will make
 25 any difference."

Page 20

1 Did you ever have any discussion then
 2 about why Ms. Predham was sending this to Dan
 3 Boone, to get his views on this?
 4 MS. PILGRIM:
 5 A. Keeping him in the loop.
 6 COFFEY, Q.C.:
 7 Q. Okay. If we look at page three, which is the
 8 draft letter, I take it, of October 17th?
 9 It's the letter as it would have been at the
 10 time?
 11 MS. PILGRIM:
 12 A. That looks like the letter, yes.
 13 COFFEY, Q.C.:
 14 Q. That looks like it?
 15 MS. PILGRIM:
 16 A. Um-hm.
 17 COFFEY, Q.C.:
 18 Q. And it's certainly what was attached to what
 19 the Commission received.
 20 MS. PILGRIM:
 21 A. Right.
 22 COFFEY, Q.C.:
 23 Q. If we could look, please, at Exhibit P-0355?
 24 I take it simultaneously with the idea of
 25 sending out potentially a registered letter to

Page 21

1 all the patients who were being retested.
 2 This is an e-mail of October 18th, 2005 from
 3 Ms. Bonnell to a number of individuals,
 4 including yourself, and dealing with the issue
 5 about, I take it, advertising by Eastern
 6 Health concerning this matter. That's
 7 correct?
 8 MS. PILGRIM:
 9 A. That's correct, yes.
 10 COFFEY, Q.C.:
 11 Q. Okay, and this would be the text, I take it,
 12 down here?
 13 MS. PILGRIM:
 14 A. Um-hm.
 15 COFFEY, Q.C.:
 16 Q. Proposed in italics?
 17 MS. PILGRIM:
 18 A. That's right.
 19 COFFEY, Q.C.:
 20 Q. And then there's a "retesting for ER and PR,
 21 what it's all about, a message to breast
 22 cancer patients," on the back. If I could
 23 then ask, Registrar, Exhibit P-19--I'm sorry,
 24 1496? This is an e-mail of October 18th and
 25 19th, e-mails of those dates in 2005. The

Page 22

1 first is from Dan Boone, October 18th, to Ms.
 2 Predham. It's copied to two individuals in
 3 HIROC and Mr. Boone, the Commissioner has seen
 4 this before, Mr. Boone says, begins by saying,
 5 "my initial reaction is that I do not agree
 6 with sending this letter at this time" and he
 7 goes on to talk about that, about why he
 8 thinks--he takes that position.
 9 He, in the fourth line, says "there is a
 10 possibility that we could be sued in a class
 11 action by those people who receive this
 12 proposed correspondence whose test results do
 13 not change. Otherwise, these people would not
 14 have a cause of action. So sending the letter
 15 actually exposes us to a liability which does
 16 not now exist" and he concludes by saying,
 17 "therefore, I do not see how the letter
 18 advances the health care of the affected
 19 patients and it increases our exposure to
 20 claims for damages. I would recommend against
 21 sending it."
 22 Having received that, the next morning,
 23 Ms. Predham passed it on to yourself, Dr.
 24 Williams and Ms. Bonnell saying "here's Dan's
 25 view on the feedback" and Ms. Bonnell then

Page 23

1 sends Ms. Predham a note saying "Heather, not
 2 being a legal mind and all, but I disagree
 3 with Dan. What are your thoughts?" Now what
 4 then happened with this? What was the
 5 discussion around this and the final decision
 6 and why was the decision made not to send the
 7 letters?
 8 MS. PILGRIM:
 9 A. There had been so much discussion around this
 10 letter, because even though we were going in
 11 the direction of sending a letter, there were
 12 pros and cons of whichever approach you took.
 13 COFFEY, Q.C.:
 14 Q. Could you list the cons, please?
 15 MS. PILGRIM:
 16 A. Well, the things about the letter were sending
 17 it to deceased patients. There was that
 18 chance. You weren't going to get everybody.
 19 I think Heather had listed some of them back
 20 in an e-mail before. Like, it didn't matter
 21 which way you went, there were things that
 22 could happen that people couldn't--wouldn't
 23 get the letter or that you would, you know,
 24 contact a deceased person with the letter, the
 25 family or the home of a person who had been

Page 24

1 deceased. So you know, the letter was talked
 2 about a lot. There would have been more
 3 discussion around this letter at this time. I
 4 don't remember if I was involved in it. This
 5 was sent to me. I would say, at this time, I
 6 don't know if you've got anything there in a
 7 reaction from me.
 8 COFFEY, Q.C.:
 9 Q. No.
 10 MS. PILGRIM:
 11 A. But I would have been, at this point, saying
 12 you know, we have to make a decision about
 13 what we're doing here. If we're going with
 14 the letter, we're going with it. We got to
 15 stop talking about this because this has been
 16 going back and forth for quite a while now,
 17 and I don't remember any other discussion
 18 around that. All I can remember is what I
 19 told you, at some point, my memory is Dr.
 20 Williams says "we're calling the patients."
 21 COFFEY, Q.C.:
 22 Q. And there is documentation, e-mails just after
 23 this, about Mr. Tilley advising everybody that
 24 the phone calls are going to be made.
 25 MS. PILGRIM:

Page 25

1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. Okay. Your memory is it was Dr. Williams
 4 telling you?
 5 MS. PILGRIM:
 6 A. Yeah, it was Doctor--well, I think I was in a
 7 room and George might have been there when Bob
 8 said "look, we're sending--we're going to call
 9 the patients."
 10 COFFEY, Q.C.:
 11 Q. Now here, Mr. Boone has phrased this in the
 12 context of by sending the letter, one could be
 13 creating a cause of action, exposing Eastern
 14 Health, he puts it "us" which would be Eastern
 15 Health, I presume, to a liability which does
 16 not now exist.
 17 MS. PILGRIM:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. Did that play any part in it, the decision not
 21 to send the letters, to avoid being sued?
 22 MS. PILGRIM:
 23 A. I mean, we would have looked at what Mr. Boone
 24 had to say, as I said before. Certainly, you
 25 know, if you're going to ask him for his

Page 26

1 opinion, you're going to look at what he says
 2 to you. How much of a factor that played in
 3 the final decision, my memory is that the
 4 decision was not made because of what Dan
 5 Boone said to us or didn't say to us.
 6 COFFEY, Q.C.:
 7 Q. Can you point to anything that occurred
 8 between Ms. Predham's October 18th e-mail of
 9 1:12 p.m. in which she says "I'm going to send
 10 this on to Dan for his views," anything that
 11 changed other than Mr. Boone's response later
 12 on the 18th?
 13 MS. PILGRIM:
 14 A. I can't point anything to you in writing.
 15 COFFEY, Q.C.:
 16 Q. Can you think of anything else?
 17 MS. PILGRIM:
 18 A. The only thing that I can--well, I can say to
 19 you that there was talk, there was talk about
 20 this. Susan Bonnell had her ideas on this.
 21 Heather, if I remember correctly, Heather--you
 22 know, Heather was just laying out this is what
 23 could happen if you do this, this is what
 24 could happen if you do that. This is now
 25 October and my memory, as I say, is Dr.

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1 Williams made the decision and he did not make
 2 the decision based on what Dan Boone had said
 3 to him.
 4 COFFEY, Q.C.:
 5 Q. Did he tell you that?
 6 MS. PILGRIM:
 7 A. That would be my, in my interaction around
 8 that time Dr. Williams just decided, because
 9 he'd been listening to all of this too, and I
 10 can't remember what he said when he was here
 11 on the stand, but, you know, he just made a
 12 decision that the best thing to do would be to
 13 talk to patients directly. And that would
 14 have been how he would start it off, you know,
 15 he would have been in that frame of mind right
 16 from the beginning, that the best thing to do
 17 is talk to people.
 18 THE COMMISSIONER:
 19 Q. Excuse me. Ms. Pilgrim, you raised some of
 20 the--in response to a question by Mr. Coffey,
 21 some of the cons of sending out a letter.
 22 MS. PILGRIM:
 23 A. Um-hm.
 24 THE COMMISSIONER:
 25 Q. Like unintentionally reaching somebody who had

Page 28

1 already died and, I presume, upsetting the
 2 family by that fact or not being able to find
 3 everybody. It seems to me that at least in
 4 respect of those two items, the same would
 5 have been the case if you decided to phone
 6 them.
 7 MS. PILGRIM:
 8 A. Yes. But it's a little bit more--it's more
 9 personal, at least, if you get somebody on the
 10 other end of the phone. And even if you have
 11 phoned the house where you have a deceased
 12 family member, I mean, you can talk to them
 13 and, you know, and you can apologise. It's
 14 more personal, you know, it's just a more
 15 personal approach.
 16 THE COMMISSIONER:
 17 Q. That comes to my second point. Were there--is
 18 it a case of sort of the advantages and
 19 disadvantages essentially being the same for
 20 contact by a phone call and contact by a
 21 letter and then people saying, well, at least
 22 if we do it personally, we can take the extra
 23 step of saying we're sorry or--and it isn't
 24 quite so cold, or were there other advantages
 25 to the phone call that were not present with

Page 29

1 the letter? Were there other things that I'm
 2 not aware of that sort of weighed for a phone
 3 call as opposed to a letter?
 4 MS. PILGRIM:
 5 A. Well, any time that we--what I can tell you is
 6 my memory of this is that Dr. Williams would
 7 have been in favour of personal contact right
 8 from the beginning, that's my memory of this.
 9 Then there was we're going to do this, we're
 10 going to do that, we're going to do something
 11 else. Any time we talk about personal
 12 contact, we know that, for example, like I
 13 said, if you did phone the wrong--and you
 14 certainly phoned the next of kin of someone
 15 who's deceased, you do have a voice on the
 16 other end, you can talk, you can apologize and
 17 you can give that person or put them on to
 18 more information. So really, the advantage of
 19 the personal contact is being able to talk to
 20 the person at that time and also if they are
 21 even asking you questions at that time, you
 22 can say, now, I'm going to go to talk to
 23 Doctor so and so or whatever and we will have
 24 someone get back to you. It's just that
 25 you've got that personal contact. And I know

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1 that Dr. Williams, even though he was, you
 2 know, he was letting all this go on, we were
 3 going to go with the letter, we were going to
 4 go with this, his personal preference was
 5 personal contact. That's my memory.
 6 THE COMMISSIONER:
 7 Q. Okay, thank you.
 8 COFFEY, Q.C.:
 9 Q. Was any consideration given, at that point in
 10 time, in October, to making phone calls,
 11 making a note of who was contacted and then
 12 simply following it up with a letter because
 13 that would avoid sending a letter to a
 14 deceased?
 15 MS. PILGRIM:
 16 A. I don't -
 17 COFFEY, Q.C.:
 18 Q. Was any thought given, because it's a very
 19 simple approach to things, was any thought
 20 given to that?
 21 MS. PILGRIM:
 22 A. I don't--we've talked about that so much since
 23 what we've--you know, we know what happened
 24 with what we did. I know we've had lots of
 25 talk about if you had to do this again and you

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1 were going to call people, you should follow
 2 up with something in writing to them. Whether
 3 we were talking about it at that time,
 4 probably not, Mr. Coffey, because we didn't do
 5 it when we actually did call the patients.
 6 But I know we've talked about it since as one
 7 of the lessons that we've learned.
 8 THE COMMISSIONER:
 9 Q. So in hindsight you would have seen that as
 10 beneficial?
 11 MS. PILGRIM:
 12 A. One of the lessons that we've learned because
 13 of the confusion that was out there was that
 14 if we had to do this again, we would certainly
 15 consider putting something in writing to these
 16 people that we talked to.
 17 THE COMMISSIONER:
 18 Q. And do I take it you would mean something in
 19 writing in addition to the personal contact?
 20 MS. PILGRIM:
 21 A. Yes.
 22 THE COMMISSIONER:
 23 Q. As opposed to -
 24 MS. PILGRIM:
 25 A. As a follow up.

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1 THE COMMISSIONER:
 2 Q. Okay.
 3 MS. PILGRIM:
 4 A. And as you know, people we talked to, some of
 5 them couldn't even remember talking to us.
 6 You know, if we got in touch with them again,
 7 it was such a shock to them or whatever. So
 8 you know, we were giving them the first news,
 9 some of them were very shocked by it and very
 10 upset and certainly didn't take in a lot of
 11 what we said. So we have said in our sitting
 12 down about lessons learned that we would do
 13 this differently in the future.
 14 COFFEY, Q.C.:
 15 Q. Was any thought given to contacting Mr. Boone
 16 about the advisability of making phone calls?
 17 Because he was consulted -
 18 MS. PILGRIM:
 19 A. I mean, I wouldn't have phoned Mr. Boone.
 20 COFFEY, Q.C.:
 21 Q. No, no, but do you know, I'm asking you do you
 22 recall if at that point in time anyone, to
 23 your knowledge, contacted Mr. Boone to ask
 24 for, in effect, the same opinion except in
 25 relation to phone calls?

1 MS. PILGRIM:
 2 A. I couldn't tell you if Heather did or not.
 3 COFFEY, Q.C.:
 4 Q. Okay, so you -
 5 MS. PILGRIM:
 6 A. I don't remember anybody coming back to me and
 7 saying, for example, okay, now Dr. Williams
 8 says we're going with phone calls. I mean,
 9 they might have. It wouldn't be out of the
 10 question that Heather would have run that by
 11 Dan.
 12 COFFEY, Q.C.:
 13 Q. If we could, please, Exhibit P-0657? And I
 14 had asked you about this yesterday in relation
 15 to the summer, but I'll ask you now in
 16 relation to this whole issue about contact,
 17 individual contact with patients in the fall
 18 of, October of 2005, fall of 2005. Was the
 19 topic discussed at that point amongst the
 20 senior people you were dealing with concerning
 21 the possibility of losing your insurance
 22 coverage if you sent the letters and you were
 23 sued, did it come up then?
 24 MS. PILGRIM:
 25 A. You mean did we as an executive team talk

1 of the panelling? You know, if there was a
 2 panel meeting that day or the next day you
 3 would be kind of kept up to date as to where
 4 things were?
 5 MS. PILGRIM:
 6 A. Um-hm, that's true.
 7 COFFEY, Q.C.:
 8 Q. Okay. Exhibit P-0806? This is some e-mails
 9 of October 18th and October 24, 2005, it
 10 involved Ross Reid and Denise Dunn on behalf
 11 of Bob Williams. And the first of them there,
 12 in effect, from Bob Williams says, "Dear Mr.
 13 Reid, I just wanted to let you know that on
 14 Friday, October 21st Patricia Pilgrim, COO,
 15 responsible for the cancer care program and
 16 myself met with," the patient's name is
 17 redacted, "to review her concerns." The
 18 Commissioner has heard evidence about this
 19 particular aspect of the matter before. Why
 20 were you involved in this, Ms. Pilgrim, in the
 21 meeting?
 22 MS. PILGRIM:
 23 A. Bob asked me to go along with him.
 24 COFFEY, Q.C.:
 25 Q. Okay. And for what purpose?

1 about -
 2 COFFEY, Q.C.:
 3 Q. Or amongst it, did you hear it amongst anyone
 4 that you were involved with in October, 2005,
 5 discuss the idea, did you discuss it with or
 6 overhear anyone discussing the idea or notion
 7 that if we send the letters, we may not end up
 8 with insurance coverage if we get sued, did
 9 that come up?
 10 MS. PILGRIM:
 11 A. That's not in my memory, that, no.
 12 COFFEY, Q.C.:
 13 Q. Okay. Exhibit--as I said, this e-mail, this
 14 happens--this is an e-mail of October 21st,
 15 2005 at 8:26 a.m. to Dr. Williams and
 16 yourself. And this is one from Heather
 17 Predham and there are quite a number of these,
 18 we're going to see them in the fall. She just
 19 says, "I just wanted to give you an update re
 20 the panelling yesterday evening." And she
 21 goes on to talk about that, the status of the
 22 panelling. Ms. Pilgrim, then as the fall went
 23 on I'm going to suggest to you yourself and
 24 Dr. Williams, certainly, were kept apprised
 25 almost daily by Ms. Predham as to the status

1 MS. PILGRIM:
 2 A. Just so we could both hear what the lady had
 3 to say. And I mean, we'd both been involved,
 4 so with both of us there the richness of what
 5 we could share with her or tell her about was
 6 enhanced, so he just asked me to accompany
 7 him. That wouldn't be unusual that we would,
 8 where we could, have two people sit down with
 9 a patient or a family member or someone
 10 bringing any concern forward.
 11 COFFEY, Q.C.:
 12 Q. Do you recall what her concerns were?
 13 MS. PILGRIM:
 14 A. Not particularly. There were several that we
 15 met with. I'm wondering if this is the person
 16 who was upset about how she found out about
 17 this.
 18 COFFEY, Q.C.:
 19 Q. Possibly, yeah. Then again, there are a
 20 number of -
 21 MS. PILGRIM:
 22 A. Yeah, there were several people that we met
 23 with. You know, we met with the sister of one
 24 patient. I think this is the individual
 25 patient, though, who was a young lady who, you

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1 know, she was upset by how she found out and
 2 how we were handling this.
 3 COFFEY, Q.C.:
 4 Q. And I take it that's upset because she found
 5 out publicly that this was going on?
 6 MS. PILGRIM:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. Through the media?
 10 MS. PILGRIM:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. Okay. She fell into that category?
 14 MS. PILGRIM:
 15 A. Yes, and she, you know, she really didn't
 16 disagree (sic.) with what we had done and she
 17 wanted to tell us so.
 18 COFFEY, Q.C.:
 19 Q. I'm sorry, she didn't?
 20 MS. PILGRIM:
 21 A. She didn't agree with how we were handling -
 22 COFFEY, Q.C.:
 23 Q. Oh, didn't agree, okay.
 24 MS. PILGRIM:
 25 A. - this and she wanted us to know personally

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1 from her.
 2 COFFEY, Q.C.:
 3 Q. Exhibit P-0664? And this is an e-mail of
 4 October 25th from Ms. Predham to, again,
 5 yourself and Dr. Williams and Dr. Cook. And
 6 this is kind of one of those status memos in
 7 terms of the results received from Mount
 8 Sinai, what category to date then they fall
 9 into, how many are not back, contact with
 10 people down here. The phone calls have
 11 started to advise people about being retested.
 12 And the difficulty she's having contact a
 13 certain number of people, at that point 37
 14 they were having difficulty reaching. And she
 15 speaks about the regions and who would be
 16 contacting people within the other--patients
 17 who fell within the other health authorities.
 18 If we could look, please, at Exhibit P-2977?
 19 This is an e-mail of October 25th, the
 20 responding from yourself to Ms. Predham,
 21 responding to her e-mail I just looked at. "I
 22 agree that--right, I agree that the other
 23 regions should do their own calling. However,
 24 they are not feeling to confident re this and
 25 this is a factor to be considered?" And you

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1 pose it as a question?
 2 MS. PILGRIM:
 3 A. Um-hm.
 4 COFFEY, Q.C.:
 5 Q. What was then the outcome of that?
 6 MS. PILGRIM:
 7 A. We would have followed up, if I remember
 8 correctly now, we would have--there were other
 9 discussions with the other regions to try to
 10 clarify their roles and any information that
 11 we were using to share that. But they didn't-
 12 -because they weren't working with this, they
 13 still didn't understand the issue as well as
 14 they wanted to. And I can remember we had
 15 conversations with some of the quality people
 16 in the other regions just talking to them
 17 about what had gone on and just what this
 18 whole process was about.
 19 COFFEY, Q.C.:
 20 Q. And you understand that they--as you phrase
 21 it, they're not feeling too confident?
 22 MS. PILGRIM:
 23 A. No. With, you know, they needed to be brought
 24 more into the loop of what was going on here.
 25 COFFEY, Q.C.:

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1 Q. Was any thought given at any point, to your
 2 knowledge, about, like, having someone
 3 provincially do this, kind of as a -
 4 MS. PILGRIM:
 5 A. If we had to do it again, there would be
 6 someone.
 7 COFFEY, Q.C.:
 8 Q. I appreciate. At the time -
 9 MS. PILGRIM:
 10 A. No, I think at this time we were just going
 11 into it head on and there was no thought about
 12 that.
 13 COFFEY, Q.C.:
 14 Q. Exhibit P-2974? Now, Ms. Pilgrim, this is an
 15 e-mail from yourself to Ms. Thomas-Pennell and
 16 Heather Predham. It's, the subject is
 17 "Response to the MUSE," which I take it is a
 18 Memorial University publication?
 19 MS. PILGRIM:
 20 A. It is, that's correct, yes.
 21 COFFEY, Q.C.:
 22 Q. So October 25th, 2005 you have an attachment,
 23 and ER.doc. And you say, "My response to the
 24 MUSE. I know you will edit, so feel free. By
 25 the way, I'm not proposing leaving the last

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1 sentence dangling there as an invitation just
 2 in case they decide to print this as is. I
 3 just noticed this as I reread. Thought I
 4 would mention it so neither of you have
 5 palpitations when you read it." And this is a
 6 draft of a response, I take it, to certain
 7 questions the MUSE had posed?
 8 MS. PILGRIM:
 9 A. Yes, they had given us a list of questions.
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 MS. PILGRIM:
 13 A. And they wanted to publish in their newspaper.
 14 COFFEY, Q.C.:
 15 Q. And the last sentence in question reads, "Any
 16 person has the right to consider legal actions
 17 at any time."
 18 MS. PILGRIM:
 19 A. I was just saying I'll couch that another way,
 20 I'm just not going to leave that out there.
 21 COFFEY, Q.C.:
 22 Q. And it's, what I wanted to ask you about was
 23 why were you tasked with responding to the
 24 MUSE, drafting of response?
 25 MS. PILGRIM:

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1 A. Any time you see me doing anything like this
 2 it's probably because everybody else was up to
 3 their neck and I said I would do it to get it
 4 done.
 5 COFFEY, Q.C.:
 6 Q. And that's everybody else in the group?
 7 MS. PILGRIM:
 8 A. The people who were, you know, they were all -
 9 COFFEY, Q.C.:
 10 Q. Central, the core?
 11 MS. PILGRIM:
 12 A. - very busy doing whatever they were doing and
 13 I would have said, look, give that to me, I'll
 14 put something down that you can react to. And
 15 they would react and they'd change it.
 16 COFFEY, Q.C.:
 17 Q. Exhibit P-3160? This is an e-mail from Ms.
 18 Predham to yourself and Ms. Pennell the same
 19 day responding to your e-mail. She says, "I
 20 made a couple of changes. You know, I'd bet
 21 we get more feedback from this than the
 22 others." What did you understand by Ms.
 23 Predham's remark there about more feedback
 24 from this than the others?
 25 MS. PILGRIM:

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1 A. I don't know if I had any particular
 2 understanding. It doesn't come to me. I
 3 mean, I guess I would have been thinking the
 4 readership of the MUSE maybe you would be
 5 getting people who would call us more because
 6 of the group that you're reaching.
 7 COFFEY, Q.C.:
 8 Q. And this sentence, the last sentence in the
 9 draft, the draft has been changed a little bit
 10 and the last sentence has been expanded upon
 11 to read, "If a person affected by this issue
 12 feels they must pursue legal action, he or
 13 she, like any person, has that right."
 14 MS. PILGRIM:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. And there is, as well, if one compares it side
 18 by side, and Ms. Predham has added this word
 19 "critical" and the word "also" up there, from
 20 yours?
 21 MS. PILGRIM:
 22 A. Um-hm.
 23 COFFEY, Q.C.:
 24 Q. If we could look, please, at Exhibit P-2975?
 25 This is again a continuation of that series of

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1 e-mails. And this is the one where she says,
 2 "I made a couple of changes." And then Ms.
 3 Thomas-Pennell gets involved and says, October
 4 25th, "We need to answer the how many are
 5 affected by this question diplomatically."
 6 This is an exchange between her and Ms.
 7 Predham. She posed that question and Ms.
 8 Pennell is saying we have to answer that
 9 diplomatically. And then Ms. Predham comes
 10 back to Ms. Pennell and says, "I think we've
 11 answered that in some other media interviews,
 12 I'm not sure which right now, but we should be
 13 consistent. Doesn't Dr. Williams say 70 to
 14 100 could be affected????" and there are four
 15 question marks. And then Ms. Pennell
 16 responded the same day to Ms. Predham saying,
 17 "We've used anywhere from five to ten percent
 18 of the people who are retested, but I'm not
 19 sure we know a" quote "number" end quote,
 20 "until the test results come back." And then
 21 Ms. Predham goes back to Ms. Pennell, "So our
 22 response could be 'at this point in time we
 23 can't say exactly, but we anticipate that five
 24 to ten percent of the patients who are having
 25 their samples retested may be affected by the

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1 new results.' How is that?" If we could,
 2 because those latter e-mails don't involve an
 3 exchange directly with yourself, but if we
 4 look at 2976, please? This is an e-mail of
 5 the same date, October 25th, from yourself to
 6 Ms. Predham, and at the top of the page there.
 7 And attached at page two is the actual, I
 8 gather, the ER.doc that you were sending as
 9 being the final version. Right there you say
 10 "Here is the final version from me, you will
 11 change. Pat."
 12 MS. PILGRIM:
 13 A. That's correct, yes, um-hm.
 14 COFFEY, Q.C.:
 15 Q. And that's the Memorial University, the MUSE's
 16 questions in bold print and the answers
 17 Eastern Health is providing. You'll note here
 18 in three, "We anticipate that an eight to ten
 19 percent--that eight to ten percent of those
 20 retested will be affected. Those affected
 21 will be contacted by their physician to
 22 discuss the results." At least at that point
 23 in time?
 24 MS. PILGRIM:
 25 A. Um-hm.

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1 COFFEY, Q.C.:
 2 Q. The draft. And so where did you get the eight
 3 to ten percent, do you know?
 4 MS. PILGRIM:
 5 A. We had heard, from my perspective we had heard
 6 Dr. Williams saying the eight to ten percent.
 7 But I think when he used it, he was meaning
 8 eight to ten percent of tests period, not
 9 retested. So as I read that, that's not
 10 really correct what's in there. And as you
 11 can appreciate, we were having--any time we
 12 got into these percentages and numbers, you
 13 had--we were having difficulty with this
 14 because they were all over the map in terms of
 15 what they might be. It just depended on who
 16 you were reading and what you were listening
 17 to. I mean, you had a range, for example, in
 18 your--one I saw a range of positivity in your
 19 lab could go from like 55 percent to 80
 20 percent. There were big ranges with them.
 21 COFFEY, Q.C.:
 22 Q. What I'm getting at in respect of this, Ms.
 23 Pilgrim, is is this, is is that if we look
 24 back on the media coverage?
 25 MS. PILGRIM:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. Right from the first week of October -
 4 MS. PILGRIM:
 5 A. Um-hm, we were saying -
 6 COFFEY, Q.C.:
 7 Q. - we will see that ten percent, Dr. Williams
 8 is quoted as saying ten percent of all those
 9 originally tested -
 10 MS. PILGRIM:
 11 A. Yes, he wasn't -
 12 COFFEY, Q.C.:
 13 Q. - for breast cancer ER/PR?
 14 MS. PILGRIM:
 15 A. - saying up to ten percent of the retests,
 16 though.
 17 COFFEY, Q.C.:
 18 Q. No, it was ten percent of all.
 19 MS. PILGRIM:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. The original testing, that's what he's quoted
 23 as saying. And that -
 24 MS. PILGRIM:
 25 A. Ten percent of -

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1 COFFEY, Q.C.:
 2 Q. - ten percent figure, it's transposed here to
 3 -
 4 MS. PILGRIM:
 5 A. Put here.
 6 COFFEY, Q.C.:
 7 Q. - eight to ten percent of those retested?
 8 MS. PILGRIM:
 9 A. And we get it wrong.
 10 COFFEY, Q.C.:
 11 Q. And the actual number that Dr. Williams
 12 originally said was about 27 percent of people
 13 would be retested.
 14 MS. PILGRIM:
 15 A. Right.
 16 COFFEY, Q.C.:
 17 Q. Twenty-seven overall?
 18 MS. PILGRIM:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. And I'm going to discuss this with you right
 22 now. Ten percent of the total of all breast
 23 cancer patients -
 24 MS. PILGRIM:
 25 A. Is about 270.

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1 COFFEY, Q.C.:

2 Q. Divided by 27 percent of all those, of all the

3 negatives, in effect, is close to 40 percent?

4 Ten over 27.

5 MS. PILGRIM:

6 A. Yes.

7 COFFEY, Q.C.:

8 Q. Is close to 40 percent, it's just under 40

9 percent?

10 MS. PILGRIM:

11 A. Okay.

12 THE COMMISSIONER:

13 Q. So wait now, are you putting to the witness

14 that -

15 MS. PILGRIM:

16 A. Of the total, of the total.

17 COFFEY, Q.C.:

18 Q. Yes.

19 THE COMMISSIONER:

20 Q. - ten percent of the total -

21 COFFEY, Q.C.:

22 Q. Divided by 27 percent of the total will give

23 you, it's about 37, 38 percent. You can do

24 the arithmetic.

25 MS. PILGRIM:

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1 A. Well, I got to think about that.

2 COFFEY, Q.C.:

3 Q. Ten.

4 MS. PILGRIM:

5 A. Ten -

6 COFFEY, Q.C.:

7 Q. Ten over 25 -

8 MS. PILGRIM:

9 A. I would say ten percent of the--say if the

10 total was 3000.

11 COFFEY, Q.C.:

12 Q. Yes.

13 MS. PILGRIM:

14 A. So ten percent of the total would be 300.

15 COFFEY, Q.C.:

16 Q. Yes.

17 MS. PILGRIM:

18 A. Divided by -

19 COFFEY, Q.C.:

20 Q. Well, 27 percent of 3000.

21 MS. PILGRIM:

22 A. 27 percent of 3000.

23 COFFEY, Q.C.:

24 Q. Which -

25 THE COMMISSIONER:

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1 Q. Well, but are you talking about two different

2 things? I'm sorry, I'm not following. There

3 is the percentage of people who would have

4 been retested.

5 COFFEY, Q.C.:

6 Q. Which is 27 percent, according to Bob Williams

7 in the first week of October, 2005.

8 MS. PILGRIM:

9 A. That was the number that we were given.

10 COFFEY, Q.C.:

11 Q. Yes.

12 MS. PILGRIM:

13 A. You could expect -

14 COFFEY, Q.C.:

15 Q. 27 percent.

16 MS. PILGRIM:

17 A. That changed.

18 THE COMMISSIONER:

19 Q. 27 percent.

20 MS. PILGRIM:

21 A. Of the retests.

22 COFFEY, Q.C.:

23 Q. No, 27 percent of all breast cancer patients

24 were negative.

25 MS. PILGRIM:

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1 A. Right, yes. That was one number, um-hm.

2 COFFEY, Q.C.:

3 Q. And they would all be retested?

4 MS. PILGRIM:

5 A. Right, um-hm.

6 COFFEY, Q.C.:

7 Q. And he also in the same article, same

8 interview said that ten percent of all breast

9 cancer patients he expected would have changed

10 results, anticipated would have changed

11 results.

12 MS. PILGRIM:

13 A. Um-hm.

14 COFFEY, Q.C.:

15 Q. Right?

16 MS. PILGRIM:

17 A. Right. So if there were 2700, he would expect

18 it to get 270 changes.

19 COFFEY, Q.C.:

20 Q. Yes.

21 MS. PILGRIM:

22 A. Right, um-hm.

23 COFFEY, Q.C.:

24 Q. Out of the total number that he expected to be

25 retested.

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1 MS. PILGRIM:
 2 A. But that was based on a false negativity rate
 3 purely.
 4 COFFEY, Q.C.:
 5 Q. Sure.
 6 MS. PILGRIM:
 7 A. So if you factor other reasons why you might
 8 have -
 9 THE COMMISSIONER:
 10 Q. I'm sorry, what was based on the false
 11 negativity rate?
 12 MS. PILGRIM:
 13 A. My understanding when he said 10 percent, that
 14 was based on the characteristic of this test
 15 which was the false negativity rate. You
 16 could have up to 10 percent false negativity
 17 rate with this test.
 18 COFFEY, Q.C.:
 19 Q. If I could in relation to this, this 8 to 10
 20 percent of those retested is just plain wrong?
 21 MS. PILGRIM:
 22 A. That is--yeah, now that I look at it there,
 23 it's not what--and I can't tell you if we
 24 would have come up with that number from
 25 somewhere else, Mr. Coffey. I mean, when I

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1 look at it there now, I'm saying, well, that's
 2 not what Dr. Williams was saying because you
 3 wouldn't have the retested there.
 4 COFFEY, Q.C.:
 5 Q. He does say, "Will be affected" because -
 6 MS. PILGRIM:
 7 A. Well, there were more than 8 to 10 percent of
 8 the total group. It's going to be more than
 9 that for the retest group, right.
 10 COFFEY, Q.C.:
 11 Q. So at the time you were intending to convey to
 12 the MUSE what?
 13 MS. PILGRIM:
 14 A. As I read it now, I think we were intending to
 15 convey what Dr. Williams was saying, but we
 16 didn't say it correctly. I mean, I'm only
 17 surmising at this time now. I don't even--the
 18 10 percent I heard about was always of your
 19 total group, you could expect up to a 10
 20 percent change if you retested.
 21 COFFEY, Q.C.:
 22 Q. At the bottom of the first page of the
 23 exhibit, October 25th, e-mail of yourself--
 24 from yourself to Ms. Pennell and Ms. Predham,
 25 you say, "Hi there, I have made the suggested

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1 changes and added the piece on how many. Dr.
 2 Williams is also reviewing. Does anyone else
 3 need to see this before we send? What about
 4 Dan.". So I take it you were contemplating
 5 sending this to Dan Boone to have him vet it.
 6 MS. PILGRIM:
 7 A. Just to let him see it, uh-hm.
 8 COFFEY, Q.C.:
 9 Q. Do you know if it was sent to him?
 10 MS. PILGRIM:
 11 A. No, can't remember.
 12 COFFEY, Q.C.:
 13 Q. Ms. Pennell responded to yourself and Ms.
 14 Predham saying, "No, we don't vet media
 15 interviews by Dan. At least we haven't to
 16 this point. Someone send final CAP version to
 17 me and I'll send it on to the MUSE", and you
 18 then commented upon that two minutes later
 19 saying, "I will send the final version very
 20 shortly, once I have heard from Dr. W. and
 21 Heather. I am the one who answered the
 22 questions on this and I want to be identified
 23 as the Chief Operating Officer for Cancer Care
 24 Services within Eastern Health, not the whole
 25 title here, signed, Pat", and then you send

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1 the final version. Now if we could look,
 2 please, at P-1980.
 3 THE COMMISSIONER:
 4 Q. Sorry, Mr. Coffey, but just before we move on,
 5 I just want to make sure I understand clearly
 6 the information contained in the response to
 7 the MUSE, from your perspective, is not new
 8 information, but is a misstatement of old
 9 information?
 10 MS. PILGRIM:
 11 A. That's what that would look like to me there
 12 now as I read it, yes. It was 8 to 10 percent
 13 of all patients who were tested, not who were
 14 retested. So it looks like even though we all
 15 read it, it went out like that, but in my mind
 16 now--and we had no discussion about that after
 17 either.
 18 COFFEY, Q.C.:
 19 Q. Well, actually -
 20 MS. PILGRIM:
 21 A. We did, did we?
 22 COFFEY, Q.C.:
 23 Q. If I could, P-1980.
 24 MS. PILGRIM:
 25 A. All right, because maybe Dr. Williams read it

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1 after.

2 COFFEY, Q.C.:

3 Q. This is an e-mail from Dianne Smith, your
 4 executive assistant, October 25th, 2005, to
 5 the representative of the MUSE. The subject
 6 is response to questions, re: MUSE story on
 7 breast cancer tests. The attachment is MUSE
 8 response.doc, and she writes, "In reply to
 9 your questions for upcoming MUSE story on
 10 breast cancer test, attached is response from
 11 Eastern Health". If we look at page two,
 12 which is the actual, I gather, what was sent
 13 to the MUSE finally, here number three, "How
 14 many women do you think will be affected, and
 15 how will you remedy this problem", and the
 16 response given to MUSE actually is "We
 17 anticipate that less than 10 percent of
 18 patients will be affected. Those affected
 19 will be contacted by their physician".

20 MS. PILGRIM:

21 A. Yes.

22 COFFEY, Q.C.:

23 Q. So some time between your draft -

24 MS. PILGRIM:

25 A. So we changed it, which is my understanding of

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1 it, it was 10 percent of the total patients.

2 COFFEY, Q.C.:

3 Q. Here the first question posed by the MUSE is
 4 what went wrong with the test, do you feel the
 5 error was primarily human, and the response
 6 is, "ER/PR test issue is still currently under
 7 investigation by Eastern Health. Retesting of
 8 the previous results is a critical part of
 9 this investigation. We have experts from
 10 other parts of Canada visit our laboratory as
 11 part of this process. We need to complete our
 12 investigation before we can make any
 13 conclusions about this issue". Now, Ms.
 14 Pilgrim, the issue was what went wrong with
 15 the tests.

16 MS. PILGRIM:

17 A. Uh-hm.

18 COFFEY, Q.C.:

19 Q. By the end of October, 2005, I'm going to
 20 suggest to you Eastern Health had a fair idea
 21 of what had gone wrong with the tests, and,
 22 therefore, what I wanted to ask you is this,
 23 why wasn't the MUSE told the answer, or what
 24 was known at the time?

25 MS. PILGRIM:

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1 A. I mean, we had a fair idea of what had gone on
 2 with the tests, but, I mean, even as I sit
 3 here today, Mr. Coffey, I know a lot more
 4 today than I did then, but within Eastern
 5 Health, I still don't know about all those
 6 factors that went on in the lab, what impact
 7 it actually had on people's results. I mean,
 8 that's the part I still don't know. So, you
 9 know, the part that we have to do now which
 10 some of our pathologists are doing is looking
 11 at the correlation between slides that, you
 12 know, where you had, say, Dr. Mullen give an
 13 indication with the slide that there was a
 14 problem with fixation and being able to say,
 15 well, were those the ones where we had the
 16 mistakes. I mean, there's a lot of work. We
 17 really know all of the things that could have
 18 contributed, but which of those really
 19 contributed and had the most impact on the
 20 results. Like, there's many things,
 21 obviously, that added up to what happened, but
 22 what actually did happen, and that's the part
 23 of the work that we still haven't concluded
 24 ourselves.

25 COFFEY, Q.C.:

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1 Q. Was any consideration given to telling the
 2 MUSE, for example, that it did involve
 3 fixation issues -

4 MS. PILGRIM:

5 A. No, not at the time.

6 COFFEY, Q.C.:

7 Q. And did involve interpretation issues, and
 8 quality assurance, and what I'm asking you is
 9 why not?

10 MS. PILGRIM:

11 A. Because I think the message that we just
 12 wanted to get out to the MUSE at that time is
 13 we are investigating this and at some point we
 14 will be able to give answers to this, but
 15 right now it's still under investigation and
 16 there's probably still other things we need to
 17 learn about this, and indeed there were, Mr.
 18 Coffey, many other things at this point that
 19 we needed to learn about this.

20 THE COMMISSIONER:

21 Q. So I take it from your response that you would
 22 give that same answer today?

23 MS. PILGRIM:

24 A. Today I think we--if I had to say to you today
 25 what happened in the lab, or what happened

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1 with these tests, and I had to sit down and
 2 try to write a response to you, I would
 3 probably use more terminology than I used in
 4 that in terms of the things that we've heard
 5 about, you know, with quality in the lab and
 6 fixation, and things like that, and try to
 7 explain it, but in my mind, and I may have
 8 missed something here, but I'm still looking
 9 for what were the biggest factors here that
 10 led to this, was it technical, was it things
 11 that technicians were or were not doing, and
 12 in my mind it was a combination of both. It
 13 was the interpretation and the technological
 14 issues. So I probably would today,
 15 Commissioner, be able to say a little bit more
 16 to you today because I know more about it, and
 17 I certainly wouldn't be the one that would be
 18 writing that answer for you. I'd make sure it
 19 was somebody else in our organization.
 20 THE COMMISSIONER:
 21 Q. So would you still be saying we need to
 22 complete our investigation?
 23 MS. PILGRIM:
 24 A. Yeah, there's parts of this that we still--
 25 which we have started doing now within Eastern

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1 Health, and our intention is to tell this
 2 story, but a part of telling this story is to
 3 have--we have to do more work on doing some
 4 analysis of the information that we have. So
 5 today, I'm still not 100 percent--I wouldn't
 6 be able to say to you with 100 percent
 7 certainty all is understood about this, but we
 8 certainly know a lot more than we did when we
 9 started, and by the time we finish telling our
 10 story, we will put a lot out there, I think, a
 11 lot more to the public and our patients about
 12 what we have concluded through this whole
 13 exercise.
 14 COFFEY, Q.C.:
 15 Q. Is there any -
 16 MS. PILGRIM:
 17 A. But we do plan to tell the story.
 18 COFFEY, Q.C.:
 19 Q. Is there any estimated time of completion?
 20 MS. PILGRIM:
 21 A. We've started--we've engaged somebody who is
 22 going to write the story for us, and we've got
 23 a plan about what we're going to put in it,
 24 and our objective is with the story--I guess
 25 we've been just calling it "telling our

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1 story", but our objective is that number one,
 2 we can communicate more to the public and to
 3 our patients; number two, that we can share
 4 across Canada and wherever else, we certainly
 5 would like to share our experience with other
 6 organizations because I think this would be a
 7 terrible thing if we didn't, and we will be
 8 using it to do presentations and also making
 9 some case studies out of our experience that
 10 can be used to educate and to help others.
 11 COFFEY, Q.C.:
 12 Q. In relation to that, I take it then, this is
 13 part of the ongoing response by Eastern Health
 14 to its patients in relation to this matter?
 15 MS. PILGRIM:
 16 A. Yes, because we said that we would--you know,
 17 we would finish this investigation and we
 18 would get to a stage where we could tell
 19 people more about what happened, and how we
 20 responded or didn't respond, and the lessons
 21 that we learned. I mean, the public has kind
 22 of heard about what happened in the lab and
 23 what we've done, but I think the public and
 24 the patients need to hear from us about the
 25 mistakes that we made in terms of how we dealt

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1 with this issue and what we would do
 2 differently if we had to deal with it again,
 3 and then I think other organizations will be
 4 very interested in us sharing with them as
 5 well.
 6 COFFEY, Q.C.:
 7 Q. When was the decision made to do this?
 8 MS. PILGRIM:
 9 A. Oh, telling the story?
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 MS. PILGRIM:
 13 A. We've been talking about that certainly for
 14 well over a year.
 15 COFFEY, Q.C.:
 16 Q. So since the Commission of Inquiry was
 17 established, after the establishment of the
 18 Commission of Inquiry?
 19 MS. PILGRIM:
 20 A. I don't know.
 21 COFFEY, Q.C.:
 22 Q. May 15th--well, the Commission of Inquiry was
 23 announced on May 22nd.
 24 MS. PILGRIM:
 25 A. No, I'd say before that--you know, before

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1 George was there--before George left.
 2 COFFEY, Q.C.:
 3 Q. He was there for two months.
 4 MS. PILGRIM:
 5 A. He was there, but well before that we talked
 6 about that, we're going to tell this story.
 7 COFFEY, Q.C.:
 8 Q. Okay, is there any document that you can point
 9 the Commissioner to that records that?
 10 MS. PILGRIM:
 11 A. I can go back and see when it first appeared
 12 in any our minutes and things, yes.
 13 COFFEY, Q.C.:
 14 Q. Okay.
 15 MS. PILGRIM:
 16 A. I'll do that.
 17 COFFEY, Q.C.:
 18 Q. Okay, that has evolved into -
 19 MS. PILGRIM:
 20 A. It may have been since the Commission of
 21 Inquiry started. It might have been, you
 22 know, but I can certainly see where it first
 23 showed up in minutes and things for you. We
 24 were talking about it for quite a while now.
 25 COFFEY, Q.C.:

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1 Q. These would be minutes of whom?
 2 MS. PILGRIM:
 3 A. Minutes that we have--I think you've seen our
 4 working group--some of our working group
 5 minutes, so it certainly would have been there
 6 about telling the story.
 7 COFFEY, Q.C.:
 8 Q. And that working group was established in the
 9 fall of 2007?
 10 MS. PILGRIM:
 11 A. Yeah, that was just kind of an ongoing
 12 communication group that we put together prior
 13 to the Commission starting, getting ready for
 14 it.
 15 COFFEY, Q.C.:
 16 Q. When was that?
 17 MS. PILGRIM:
 18 A. Well, as soon as the Commission of Inquiry was
 19 announced -
 20 COFFEY, Q.C.:
 21 Q. It was after, yeah.
 22 MS. PILGRIM:
 23 A. That would have been announced. We put
 24 together a group then who kind of could lead
 25 us through that, so--yeah, it probably was

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1 around that time, Mr.--it seems to me, like,
 2 though, that Mr. Tilley was talking about it
 3 before that.
 4 COFFEY, Q.C.:
 5 Q. And who is the person responsible for heading
 6 this up?
 7 MS. PILGRIM:
 8 A. Moi--me.
 9 COFFEY, Q.C.:
 10 Q. Yourself, okay, you're the person who's
 11 organizing this?
 12 MS. PILGRIM:
 13 A. I'm the--we have a small group of -
 14 COFFEY, Q.C.:
 15 Q. There's somebody hired to tell this story.
 16 That's the way you phrased it?
 17 MS. PILGRIM:
 18 A. Yes, there is, yeah.
 19 COFFEY, Q.C.:
 20 Q. Who's that?
 21 MS. PILGRIM:
 22 A. We've got someone who's been engaged to tell
 23 the story.
 24 COFFEY, Q.C.:
 25 Q. Who is that?

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1 MS. PILGRIM:
 2 A. Diana Quinton.
 3 COFFEY, Q.C.:
 4 Q. Okay.
 5 MS. PILGRIM:
 6 A. And--because of her story telling skill.
 7 We've had meetings about what we want in
 8 there, what we want, you know--first of all,
 9 we sat down and really talked about, well,
 10 what is the importance of telling this story,
 11 and then there will be the engagement of
 12 people in--because, you know, there's various
 13 parts to this story. There's a lab part,
 14 there's a communications part, there's an
 15 administrative part. So, you know, we're very
 16 much now getting engaged in that and I would
 17 expect that to be done over the next six
 18 months or so.
 19 COFFEY, Q.C.:
 20 Q. So it's now October. So the spring of 2009?
 21 MS. PILGRIM:
 22 A. Yes, after Christmas, because we want to be
 23 able to get it out there and be ready for--
 24 certainly get it out to the public and to
 25 patients, and then to be ready to do the

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1 rounds in terms of national conventions and
 2 things like that.
 3 COFFEY, Q.C.:
 4 Q. Right now are there any patients actually
 5 involved?
 6 MS. PILGRIM:
 7 A. There will be patients involved.
 8 COFFEY, Q.C.:
 9 Q. There will be?
 10 MS. PILGRIM:
 11 A. Uh-hm. We've had some discussion with--well,
 12 one patient, in particular, Gerri Rogers,
 13 we've met with her, myself and Louise Jones,
 14 and she's offered to be involved in anything
 15 that she could do to help. So we'll be taking
 16 her up on that as well.
 17 COFFEY, Q.C.:
 18 Q. Exhibit P-0095, please. This is an e-mail of
 19 October 26th from Ms. Predham, kind of one of
 20 these status report e-mails to yourself and
 21 Dr. Williams, the primary recipients. Now at
 22 this point in time, Ms. Predham was still
 23 reporting to you?
 24 MS. PILGRIM:
 25 A. Yes, about ready to be switched over, but

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1 still -
 2 THE COMMISSIONER:
 3 Q. Sorry, what was that question?
 4 COFFEY, Q.C.:
 5 Q. I said Ms. Predham was still reporting to Ms.
 6 Pilgrim at that point.
 7 THE COMMISSIONER:
 8 Q. I'm sorry, I thought you said Ms. Pilgrim was
 9 reporting to Ms. Predham.
 10 COFFEY, Q.C.:
 11 Q. No, I apologize.
 12 THE COMMISSIONER:
 13 Q. Perhaps you did say Predham. I just picked up
 14 Pilgrim.
 15 COFFEY, Q.C.:
 16 Q. Here you do note--Ms. Predham notes to
 17 yourself--tells yourself and Dr. Williams
 18 that--she says, "Here are the latest numbers
 19 from the ER/PR contacting. I just want to let
 20 you know that Nancy Parsons, Janet Laidley,
 21 and Deanne Emberley have done a tremendous job
 22 with this task. It is extremely draining, and
 23 they have done all of this notification in the
 24 day and in the evenings". By the end of
 25 October then, Ms. Pilgrim, were you aware that

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1 the people centrally involved in this were
 2 under considerable stress?
 3 MS. PILGRIM:
 4 A. I certainly knew the job that they were doing
 5 and how draining it could be when you were
 6 talking to these families and these patients.
 7 COFFEY, Q.C.:
 8 Q. Was any thought at any point to your knowledge
 9 ever given by anyone in the senior executive
 10 in Eastern Health to consulting someone
 11 outside about how--a crisis response expert?
 12 Was any thought ever given to that that you're
 13 aware of?
 14 MS. PILGRIM:
 15 A. I know there was discussions about crisis
 16 communication which would include a lot of
 17 things, you know, that we--I can remember
 18 Susan Gillam, you know, certainly letting
 19 George know and the rest of us know that this
 20 was--what we were dealing with here was beyond
 21 her ability, and anything that she felt she
 22 had the skill or the confidence to handle.
 23 COFFEY, Q.C.:
 24 Q. That was Susan who?
 25 MS. PILGRIM:

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1 A. Susan--oh, I said Susan Gillam; sorry, Susan
 2 Bonnell.
 3 COFFEY, Q.C.:
 4 Q. Yes, I apologize, go ahead.
 5 MS. PILGRIM:
 6 A. So there was definitely an understanding
 7 within our organization that this was bigger
 8 than any of us had ever dealt with before, and
 9 discussions going on--now whether it was this
 10 early or not, but it probably was, I think--it
 11 might have been or it might have been sometime
 12 after that, that those discussions started
 13 about is there any way we can bring in a team,
 14 or consultant, or somebody to look at what
 15 we're doing and help us get this--you know,
 16 improve what we're doing here or give us some
 17 advice. For Heather, any discussions I would
 18 have had with Heather would have been are
 19 there other people that we can bring into
 20 this. I remember having a discussions with her
 21 at one time about, you know, we need to be
 22 bringing some of the Cancer Centre people, the
 23 people who worked in the Cancer Centre into
 24 this to take some of this on, and to take some
 25 of this because you wouldn't have to be making

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1 that many calls, but we never thought about
 2 taking this particular piece and contracting
 3 it out.
 4 COFFEY, Q.C.:
 5 Q. And this is just here -
 6 MS. PILGRIM:
 7 A. Yeah.
 8 COFFEY, Q.C.:
 9 Q. This happens to be kind of a screen capture,
 10 as it were, of what was going on at the time.
 11 MS. PILGRIM:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. I'm talking more generally.
 15 MS. PILGRIM:
 16 A. Yeah.
 17 COFFEY, Q.C.:
 18 Q. Because this is just an example.
 19 MS. PILGRIM:
 20 A. Well the only thing, you know, certainly I
 21 would have been talking to Heather about other
 22 resources that I could give her.
 23 COFFEY, Q.C.:
 24 Q. Did she ever ask you for any?
 25 MS. PILGRIM:

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1 A. Heather? No, what she did was at this point,
 2 I guess Heather had, you know, she was working
 3 with people that she knew, even though there
 4 was a lot of work to be done here, they had it
 5 organized out amongst themselves and really, I
 6 think what she told me was to bring anybody
 7 into this at this time would just create more
 8 work for her, because then you'd have to get
 9 somebody up to scratch with what they were
 10 doing.
 11 COFFEY, Q.C.:
 12 Q. Exhibit P-1320? This is Ms. Predham, October
 13 28th, an e-mail again to yourself and Dr.
 14 Williams giving an update, giving the stats
 15 from the panel yesterday evening. And in the
 16 third paragraph, she says, "With the numbers
 17 from the previous two weeks, that gives us,
 18 out of a total of 46, 21 whose treatment has
 19 been impacted." Do you see that, it's the
 20 third line?
 21 MS. PILGRIM:
 22 A. Yes, I do, uh-hm.
 23 COFFEY, Q.C.:
 24 Q. So you would have understood by the end of
 25 October here that 46 people had been panelled

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1 because their ER/PR results from Mount Sinai
 2 were different.
 3 MS. PILGRIM:
 4 A. Uh-hm.
 5 COFFEY, Q.C.:
 6 Q. And 21 of them had had their treatment
 7 impacted.
 8 MS. PILGRIM:
 9 A. Right, about a third.
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 COFFEY, Q.C.:
 13 Q. What was your understanding about what was
 14 meant by treatment impacted?
 15 MS. PILGRIM:
 16 A. Oh, I would have understood by that that the
 17 panel had reviewed them and they would have
 18 been recommended to go on Tamoxifen or an
 19 aromatase inhibitor. I've read many panel
 20 letters, I don't think they get into anything
 21 else, it was mainly whether the patient could
 22 now benefit from a hormonal agent.
 23 COFFEY, Q.C.:
 24 Q. And Exhibit P-0018, page 17, please? Actually
 25 page 16, I apologize. This is the meeting of

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1 the Board of Trustees. You're there as an
 2 attendee, toward the right-hand side, if you
 3 look down. Looking here, actually at page 18
 4 of the exhibit, bottom of the page, there's a
 5 note of ER/PR testing for breast screening
 6 update, and then -
 7 MS. PILGRIM:
 8 A. For breast screening -
 9 COFFEY, Q.C.:
 10 Q. Yes, that's what it says and I appreciate it
 11 wasn't that. "Dr. Robert Williams provided an
 12 update on ER/PR testing for breast screening"-
 13 -and it goes on to talk about the review
 14 panel, to tell the Board about that. The
 15 Board is told about the decision not to send
 16 written correspondence in favour of direct
 17 contact to allow for dialogue and to ensure
 18 understanding. When we look down through
 19 this, there's no reference to Mr. Boone having
 20 pointed out to the executive that in his view,
 21 you might be, by sending a letter, creating a
 22 cause of action. Were the trustees told about
 23 that?
 24 MS. PILGRIM:
 25 A. No.

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1 COFFEY, Q.C.:

2 Q. There is a reference in the third last line of

3 page 19, very last paragraph, "The

4 organization ensures HIROC have been involved

5 in this file from the onset." So this is the

6 end of October, I take it then that the

7 trustees would have understood that HIROC had

8 their--was involved in this right from the

9 beginning?

10 MS. PILGRIM:

11 A. Trustees, well in my experience trustees will

12 often ask when you are telling them about

13 something like this, they're certainly

14 interested in knowing, you know, so we've got

15 insurance for this, this seems like this is

16 going to be very big, yeah, so they'll usually

17 ask you. It's just as well to tell them

18 because most of them will ask you anyway.

19 COFFEY, Q.C.:

20 Q. At any point did any of the trustees raise any

21 concern about any conflict of interest between

22 Eastern Health's interest and HIROC's

23 interests? Did any trustees do that?

24 MS. PILGRIM:

25 A. No.

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1 COFFEY, Q.C.:

2 Q. Did any of the executive do it?

3 MS. PILGRIM:

4 A. We have had discussion at the executive about

5 the role of the risk manager and that's kind

6 of been ongoing over the years, you know, the

7 risk manager is connected, you know, they are

8 the liaison with the insurance company, but

9 because they developed this type of a

10 relationship with the insurance company, I

11 know it's come up in our organization in terms

12 of our premiums and things, you know, does our

13 risk manager or do risk managers in general

14 contact the insurance companies too much with

15 too many claims. It's come up in that way.

16 COFFEY, Q.C.:

17 Q. Okay, that way, how about otherwise in terms

18 of HIROC's interest in minimizing potential

19 payout by it under the insurance policy might

20 not coincide with the role of Eastern Health

21 and providing care to its patients, was that

22 ever brought up by any executive member that

23 you can recall?

24 MS. PILGRIM:

25 A. Not that I can recall, I mean George was on

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1 the HIROC Board, I guess at this time. Not

2 that I can recall, Mr. Coffey, you know, I

3 would only have to say to you again that the

4 involvement of Dan Boone, it's not unusual for

5 us to involve him and to run things by him and

6 to keep him in the loop, but, you know, lots

7 of times, you know, he gives us good advice

8 lots of times, things we wouldn't think about

9 sometimes, just in a--from a handling the

10 situation point of view. But, you know, we

11 don't listen to what he has to say all the

12 time, he's just one of many voices that--many

13 times we don't take his advice.

14 COFFEY, Q.C.:

15 Q. Do you understand, yourself, to this day that

16 HIROC's interests may not be the same as

17 Eastern Health's? It may not be always

18 coincided, you understand that?

19 MS. PILGRIM:

20 A. I do, yes.

21 COFFEY, Q.C.:

22 Q. And you've understood that for how long?

23 MS. PILGRIM:

24 A. A long time.

25 COFFEY, Q.C.:

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1 Q. Going back to before this became--before the

2 middle of 2005?

3 MS. PILGRIM:

4 A. Right.

5 COFFEY, Q.C.:

6 Q. Exhibit P-3163? Ms. Predham, this is an e-

7 mail of November 3rd, 2005 from George Tilley

8 to Moira Hennessey and Dr. Williams. And

9 there's one below that from Moira Hennessey to

10 George Tilley of the same date. The

11 Commissioner has seen this before. I wanted

12 to ask you about it, the subject matter. Ms.

13 Hennessey on that day asked George Tilley for

14 an update on the contacting of patients.

15 "Where are we and when will all patients be

16 contacted. We need to ensure that the

17 Minister can state all patients have been

18 contacted when the House opens later this

19 month."

20 MS. PILGRIM:

21 A. Uh-hm.

22 COFFEY, Q.C.:

23 Q. And then also, "Have you received the report

24 from the chief pathologist at the B.C. Cancer

25 Institute and the chief technologist in Mount

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1 Sinai? If yes, can you give me a quick update
 2 to reflect in the Minister's House of Assembly
 3 note?" Dealing with the second point first,
 4 did this come up to your knowledge amongst the
 5 executive or involving yourself, anyway, were
 6 you aware that this request had come from the
 7 Department of Health in the beginning of
 8 November, 2005, in effect asking for what did
 9 the external reviewers find?
 10 MS. PILGRIM:
 11 A. I might not have been aware of that at the
 12 time. I think even at this time now, I've
 13 probably moved on from quality here now.
 14 COFFEY, Q.C.:
 15 Q. And here -
 16 MS. PILGRIM:
 17 A. So I might have had less chance of being
 18 copied on t hat.
 19 COFFEY, Q.C.:
 20 Q. And here we look at the first topic, the
 21 update on the contacting of patients, the idea
 22 of the notion that "we"--whoever the we is--
 23 "need to ensure that the Minister can state
 24 all patients have been contacted with the
 25 House opens later this month." Were you asked

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1 about that? Did that come up?
 2 MS. PILGRIM:
 3 A. I don't remember being asked, me being asked
 4 personally about that. It doesn't mean it
 5 wouldn't be. Moira didn't talk to me at that
 6 time that I remember.
 7 COFFEY, Q.C.:
 8 Q. No, I'm not suggesting she--I'm just talking
 9 about within your own organization. She made
 10 the request to George Tilley who is the boss.
 11 MS. PILGRIM:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. And, like did George discuss it within the
 15 organization that you can recall?
 16 MS. PILGRIM:
 17 A. Not with me that I can recall.
 18 COFFEY, Q.C.:
 19 Q. Okay.
 20 MS. PILGRIM:
 21 A. But now, I think we're getting ready for the
 22 House to open, right, so there's all kinds of
 23 calls coming in now as they start getting the
 24 portfolios ready for the various ministers, so
 25 you know, I may or may not have been aware of

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1 it.
 2 COFFEY, Q.C.:
 3 Q. Exhibit P-0677? This is an e-mail from Ms.
 4 Predham of November 4th to yourself and other
 5 individuals, you'll see it there at the top of
 6 the page. She's giving you an update on the
 7 panel yesterday evening, she notes. And then
 8 partway down the page, she says, "So all the
 9 patients with results have now been contacted
 10 and/or reviewed." And she's going to give
 11 yourself an overall summary today later today.
 12 MS. PILGRIM:
 13 A. Uh-hm. Heather would always say "all the
 14 patients that I know about", she would always
 15 say that.
 16 COFFEY, Q.C.:
 17 Q. Why would--what did you understand that caveat
 18 -
 19 MS. PILGRIM:
 20 A. Because this was changing every day and she
 21 was, you know, they had a system set up
 22 whereby she would get the results from the
 23 lab, but then she found out that, you know,
 24 there were consults being sent off apart from
 25 that through the pathologists and there was a

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1 period of time that she didn't know about
 2 that, so then she had to put in that other--
 3 so, you know, this was always changing and
 4 Heather, I don't think felt totally
 5 comfortable, so any time she'd talk to you,
 6 she'd say "the ones that I know about, I can
 7 tell you the ones that I know about."
 8 COFFEY, Q.C.:
 9 Q. So you understood at the time, as her
 10 superior, that she was giving you no assurance
 11 that we've identified everyone?
 12 MS. PILGRIM:
 13 A. She was letting me know, as she always did,
 14 that every time we meet to talk about this,
 15 something changes. "I learn something else".
 16 COFFEY, Q.C.:
 17 Q. And from your perspective at that time, did
 18 Mr. Tilley and Dr. Williams understand that?
 19 MS. PILGRIM:
 20 A. Yes--well Dr. Williams would have known it
 21 because he was meeting as things were
 22 changing, I don't know how much of that he
 23 would have had to share with George.
 24 COFFEY, Q.C.:
 25 Q. Exhibit P-0149? And here there are two e-

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1 mails, one from Ms. Predham of November 4th
 2 responding to Ms. Hennessey, the Commissioner
 3 has seen this before, but as well to address
 4 the issue of whether you were still being kept
 5 apprised of this, she forward that "FYI, I had
 6 to send this Friday afternoon to Moira
 7 Hennessey for Dr. Williams." On November 7th,
 8 that Monday, she sent that to Pam Elliott and
 9 copied it to yourself.

10 MS. PILGRIM:
 11 A. Uh-hm.

12 COFFEY, Q.C.:
 13 Q. If we look at this, on the second page in the
 14 second last sentence, she told Ms. Hennessey,
 15 "I understand that Dr. Williams has attempted
 16 to reach you to discuss the quality review.
 17 He will be following up with you on Monday."
 18 Now at the time you got this, did you
 19 understand that Dr. Williams would be speaking
 20 with the Department of Health about the
 21 quality reviews?

22 MS. PILGRIM:
 23 A. He would have been giving her some kind of a
 24 response about the quality reviews. How much
 25 he was going to tell her about them or share,

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1 but he would have, you know--I would have
 2 interpreted that as he will follow up with
 3 her. It's not in this e-mail, but he'll
 4 follow up with her and talk to her about it.

5 COFFEY, Q.C.:
 6 Q. Exhibit P-0021 please, page 53? Again, this
 7 is a MAC meeting of November 9th, 2005, you
 8 didn't make that particular meeting, you have
 9 regrets here, but when one looks to those in
 10 attendance, you can see--and you would have
 11 gotten a copy of these minutes afterward, I
 12 take it, yourself?

13 MS. PILGRIM:
 14 A. Uh-hm.

15 COFFEY, Q.C.:
 16 Q. The Commissioner can see now the various
 17 people involved and at the bottom of the first
 18 page, there is a note, "Dr. Don Cook gave an
 19 update on ER/PR receptors and advised that at
 20 present there is no testing being performed
 21 here, with all tests being forwarded to Mount
 22 Sinai." At the top of the next page, Dr. D.
 23 Banerjee is identified, performed an external
 24 quality review of the immunohistochemistry
 25 service and has just submitted a report with

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1 recommendations, as well a proposal from the
 2 leadership team of the Laboratory Medicine
 3 Program has been forwarded to the executive
 4 team of Eastern Health for their approval.
 5 And he noted that it was on the agenda for the
 6 Canadian Association of Pathologists in late
 7 November. So the MAC, as of the beginning of-
 8 -well as of the end of the first week of
 9 November, 2005, had identified to it Dr.
 10 Banerjee as the external reviewer. And the
 11 members of the MAC would have known that.

12 MS. PILGRIM:
 13 A. Uh-hm, that's correct.

14 COFFEY, Q.C.:
 15 Q. Including yourself. Exhibit P-0387, this is
 16 an e-mail, well it's a couple of e-mails of
 17 November 14th, 2005. Ms. Pilgrim, to put this
 18 in context for you, Mr. Dawe that day sent to
 19 Dr. Williams and George Tilley an e-mail about
 20 priority of retesting of breast cancer
 21 patients.

22 MS. PILGRIM:
 23 A. Uh-hm.

24 COFFEY, Q.C.:
 25 Q. And after acknowledging that Bob Williams

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1 isn't available, he refers to a patient that
 2 had contacted the Canadian Cancer Society and
 3 "she was told the testing is being done in
 4 alphabetical order and is worried that it
 5 hasn't been prioritized. She's also concerned
 6 with the general lack of information from the
 7 frontline staff at the Cancer Clinic. She
 8 will be talking to the media on this to let
 9 you know. Can you tell me if there is any
 10 priority procedure in place for the
 11 retesting." And then at the top of the page
 12 here, there's an e-mail from Mr. Tilley to Dr.
 13 Williams on November 14th saying, "Denise"--
 14 which I presume is for her attention to bring
 15 to Bob Williams' attention. "I sent this to
 16 Pat Pilgrim earlier today to follow up.
 17 Thanks." Do you recall then what happened
 18 with respect to this?

19 MS. PILGRIM:
 20 A. Yes, I remember that we did follow up with
 21 this, we had to get information out that we
 22 were not doing this in alphabetical order, so
 23 we had to correct that.

24 COFFEY, Q.C.:
 25 Q. How as that corrected?

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1 MS. PILGRIM:
 2 A. Well with this lady it was corrected and -
 3 COFFEY, Q.C.:
 4 Q. Was any effect made publicly to correct it?
 5 MS. PILGRIM:
 6 A. Yes, it seems to me that we did make a public
 7 announcement about that at that time, but I
 8 remember--I think this lady was actually put
 9 on to Nancy Parsons or Heather Predham who
 10 talked to her and, you know, she was upset,
 11 obviously, and really felt that she didn't
 12 have the information that she needed and
 13 anyway, we were able to give her some
 14 information as much as we could and certainly
 15 able to correct the issue about alphabetical
 16 order with her.
 17 COFFEY, Q.C.:
 18 Q. And the -
 19 MS. PILGRIM:
 20 A. I talked to a couple of patients myself. I
 21 don't think she was one that I talked to
 22 myself.
 23 COFFEY, Q.C.:
 24 Q. Did you pursue the issue of, the assertion
 25 that she is concerned about a general lack of

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1 information from the frontline staff at the
 2 Cancer Clinic?
 3 MS. PILGRIM:
 4 A. Yeah, I think I talked to Sharon Smith about
 5 that. We had talked to the Cancer Clinic
 6 staff about really putting calls through or
 7 trying to get patients connected with our
 8 patient relations officer and it may have been
 9 at this point, Mr. Coffey, I think we did put
 10 some information sheets around down in the
 11 Cancer Centre as well, because there's a lot
 12 of patients and their families who are sitting
 13 around down there, and so we made some
 14 information available there as well.
 15 COFFEY, Q.C.:
 16 Q. If we look, please, at Exhibit P-0693? This
 17 is an e-mail from Heather Predham of December
 18 13th, 2005 to a number of individuals,
 19 including yourself. She says, "We have
 20 received a Statement of Claim regarding ER/PR.
 21 Eastern Health is the only one named and it is
 22 concerning the ER/PR results we obtained on
 23 Michelle Hanlon. It appears that Ms. Hanlon
 24 was one of the first five that we retested
 25 "and she outlines numerous, from the letter A

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1 to Q--"on how we were negligent and liable."
 2 Her lawyer is named there. "If you have any
 3 questions, let me know." Now, Ms. Pilgrim,
 4 from your perspective, after a Statement of
 5 Claim then was received by Eastern Health, did
 6 that in any way change Eastern Health's
 7 approach to this entire matter? What, if
 8 anything, changes?
 9 MS. PILGRIM:
 10 A. I don't think so. I don't think that changed
 11 our approach. Do you mean about whether we
 12 were going to go out and talk publicly about
 13 this or anything that we were doing?
 14 COFFEY, Q.C.:
 15 Q. Anything.
 16 MS. PILGRIM:
 17 A. I think this was just more for our information
 18 that we've received the first Statement of
 19 Claim.
 20 COFFEY, Q.C.:
 21 Q. Is there any understanding--was there any
 22 understanding within Eastern Health as to
 23 whether or as to how a Statement of Claim was
 24 to be responded to, other than obviously
 25 retaining your lawyer and having him or her

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1 deal with it, but in terms of the
 2 organization's overall dealing with an issue
 3 that's involved in a Statement of Claim. I'm
 4 not suggesting there was -
 5 MS. PILGRIM:
 6 A. There wouldn't be any particular way the
 7 organization would respond.
 8 COFFEY, Q.C.:
 9 Q. Exhibit P-1077? Now this is an e-mail of
 10 January 11th, 2006--two of them, actually.
 11 The first one in time is the one from Ms.
 12 Predham to a number of individuals, including
 13 yourself. Now why would Ms. Predham be
 14 sending it to you, as well as Pam Elliott, at
 15 this point in time?
 16 MS. PILGRIM:
 17 A. Got the Cancer Care Program and probably just
 18 old habits never die, she was--she was just so
 19 used to e-mailing me and Heather sometimes
 20 would e-mail whomever she thought might be
 21 able to give her some advice sometimes on
 22 things as well.
 23 COFFEY, Q.C.:
 24 Q. Now in relation to this matter, she talks
 25 about a particular patient's circumstances and

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1 beginning about right here, and she says,
 2 "That left a group of samples that were done
 3 on our automated Ventana from April 2004 to
 4 August 2005 that were not validated by Mount
 5 Sinai. The decision was made in the fall to
 6 send these samples up to Mount Sinai as well.
 7 We now have a lady whose original sample
 8 showed a degree of positivity under the 10
 9 percent level, so it was sent to Mount Sinai,
 10 but came back completely negative. She has
 11 been informed and has been taken off Arimidex.
 12 We now have two more results back with the
 13 same situation. I guess you could say that
 14 they are false positives. These two will be
 15 panelled at this Thursday's meeting." Now,
 16 was this the first time that the idea of false
 17 positives to your knowledge surfaces?
 18 MS. PILGRIM:
 19 A. Probably, probably the first time. We started
 20 calling them retro converters at some point,
 21 these cases, but this would have been, you
 22 know, this is another thing about ER/PR,
 23 almost everyday there would be another twist
 24 to this that we hadn't heard about before.
 25 COFFEY, Q.C.:

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1 Q. Here it says, "The explanation from the lab is
 2 that this can be expected because of the
 3 different platforms for testing, but it is, of
 4 course, a totally new aspect of the situation.
 5 I just want to make sure you're aware and I'll
 6 keep you updated." So that's the initial
 7 reaction recorded here and at least you would
 8 have understood was the lab was explaining,
 9 your own lab was explaining that this would be
 10 due to the change from one platform to
 11 another, i.e. from the Ventana platform to the
 12 Mount Sinai's DAKO?
 13 MS. PILGRIM:
 14 A. And I don't know who in the lab was explaining
 15 that. She didn't say who she talked to.
 16 COFFEY, Q.C.:
 17 Q. But I'm asking you at the time, as a recipient
 18 of this, you would have understood that Ms.
 19 Predham was telling you that she had been told
 20 that the lab was saying it's because we're
 21 using a Ventana and Mount Sinai is using a
 22 DAKO.
 23 MS. PILGRIM:
 24 A. A DAKO, yes.
 25 COFFEY, Q.C.:

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1 Q. Do you know if that was ever pursued to your
 2 knowledge?
 3 MS. PILGRIM:
 4 A. I'm sure that was discussed at the, you know,
 5 when they would meet, Heather would bring
 6 these things forward. I don't know if they
 7 ever did anything about it, but the
 8 characteristic of this, Mr. Coffey, was every
 9 other day there would be something else you
 10 didn't know about and people were learning as
 11 this went along. And Heather, or whomever,
 12 would bring this back and I think on top of
 13 this one was when Sharon Smith had just been
 14 away to a big cancer work shop or symposium
 15 down in San Antonio and I think she responded
 16 to that as well, that she had heard about
 17 that.
 18 COFFEY, Q.C.:
 19 Q. Exhibit P-1351? This is an e-mail of January
 20 30th, 2006 from Ms. Predham, again to a number
 21 of individuals, including yourself. She says,
 22 "I've reviewed the results that we've received
 23 from Mount Sinai and here is a summary." I
 24 take it this would be presumably the results
 25 that Mount Sinai send in bulk in January of

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1 2006. She notes, "Please note the numbers are
 2 a bit different than I have given you before
 3 and here are some reasons, the number to be
 4 panelled are high. The group decided that any
 5 change in ER/PR status would require the
 6 review to confirm that appropriate treatment
 7 was given." And she goes on to talk about
 8 other things. The bullet there, "The people
 9 with no results are samples that Mount Sinai
 10 have determined are DCIS or have no tumour.
 11 Obviously we didn't agree originally and these
 12 require follow up." Now, was this, for you,
 13 was this the kind of your introduction to the
 14 DCIS issue?
 15 MS. PILGRIM:
 16 A. I can remember asking a question about that
 17 because I didn't understand that. That was, I
 18 think when I first heard that in St. John's,
 19 we didn't send DCIS away for ER/PR testing,
 20 but some of the other boards did and there
 21 were samples that were sent away and came back
 22 as DCIS or no tumour and that meant that the
 23 pathologist wouldn't just put that in as a--
 24 the pathologist, for example, Mount Sinai, if
 25 they sent it back as DCIS, they did not test

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1 ER/PR on it.
 2 COFFEY, Q.C.:
 3 Q. Yes.
 4 MS. PILGRIM:
 5 A. So the pathologist would not enter that into
 6 the system as a final result until there was
 7 verification that someone in the respective
 8 lab went back and looked at all the blocks and
 9 made sure that, you know, there wasn't
 10 anything else that needed to be retested and
 11 that it coincided with the original
 12 interpretation. That was the first I'd heard
 13 of that, that meant there was more steps to
 14 these particular people.
 15 COFFEY, Q.C.:
 16 Q. And now there's a reference to, at the bottom
 17 of the page, "Meanwhile, we are informing the
 18 confirmed negatives starting this a.m."
 19 MS. PILGRIM:
 20 A. Right.
 21 COFFEY, Q.C.:
 22 Q. And Ms. Parsons has told the Commissioner
 23 that, perhaps before this, but certainly by
 24 this point in time and shortly afterward that
 25 at times she would get phone calls--she made

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1 the phone calls telling people that their
 2 results came back confirmed negative.
 3 MS. PILGRIM:
 4 A. Uh-hm.
 5 COFFEY, Q.C.:
 6 Q. She would also get phone calls from people
 7 asking about results, okay?
 8 MS. PILGRIM:
 9 A. Uh-hm.
 10 COFFEY, Q.C.:
 11 Q. And she knew what the results were because you
 12 could see them on a list or a computer screen
 13 and they had changed and converted.
 14 MS. PILGRIM:
 15 A. Uh-hm.
 16 COFFEY, Q.C.:
 17 Q. And she was telling them that she had nothing
 18 to tell them at that point in time. Were you
 19 aware that she was doing that?
 20 MS. PILGRIM:
 21 A. I don't ever remember being in a discussion
 22 about that with anybody, like, you know, it
 23 was nothing like we have this issue, we need
 24 to sit down and talk about this as a group,
 25 but I don't remember any kind of a coming

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1 together. Was I aware that they were
 2 sometimes getting calls from patients? I
 3 mean, I don't know. I've been aware of it for
 4 awhile, I don't know if I was aware of it
 5 then. I really don't. But, you know, I was
 6 never asked or we never actually had a meeting
 7 about it or anything about, you know, if this
 8 is making people feel uncomfortable, well what
 9 are the alternatives to this, you know, is
 10 there something that we can do here? I mean,
 11 we know that the most ideal way to have had
 12 people calling in would to have really been to
 13 have an oncologist at the end of that line,
 14 and that was absolutely not practical. We
 15 chose nurses because nurses do, you know, they
 16 are skilled in therapeutic communication and
 17 we did know that many people would be upset
 18 and needing someone to talk to them and offer
 19 them, you know, guidance or further support.
 20 COFFEY, Q.C.:
 21 Q. So you didn't know that Ms. Parsons--well,
 22 she's told the Commissioner that she was quite
 23 uncomfortable having to tell people in that
 24 period of time?
 25 MS. PILGRIM:

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1 A. I would say, yeah--you know, what I said to
 2 you is I don't remember that we ever actually
 3 sat down and talked about this as an issue
 4 that we need to see if there's anything else
 5 that we can do about it.
 6 COFFEY, Q.C.:
 7 Q. So you're telling the Commissioner, look, I
 8 was aware of it, but we didn't discuss it?
 9 MS. PILGRIM:
 10 A. I'd say I was aware of it, yes, yeah, but it's
 11 not something that came up as something we
 12 really needed to sit down and talk about.
 13 THE COMMISSIONER:
 14 Q. Sorry, but while we're on the subject of Ms.
 15 Parsons, there was something you raised
 16 yesterday which has been sort of percolating
 17 with me, and that was this business of her
 18 being in a position where she felt that she
 19 could not respond to a question--or could not
 20 respond with the true answer to patients who
 21 called whose results were back, but where
 22 there had been a change, because as she put
 23 it, or at least as I understood what she was
 24 saying, as a nurse it was not for her to tell
 25 patients about changes in diagnosis or changes

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1 in treatment.

2 MS. PILGRIM:

3 A. Uh-hm.

4 THE COMMISSIONER:

5 Q. And whether one quibbles about whether she

6 could have given the number and then said

7 nothing else, or not, I suppose, perhaps is

8 not the point, but I now understand from the

9 information that you have given, it's been

10 referred to by others, that at the moment Ms.

11 Smith is responding to telephone inquiries

12 regarding patients who are deceased, is that

13 correct?

14 MS. PILGRIM:

15 A. Yes. Some time this year, I guess, when we--

16 it started, I think, when we started with the

17 phone calls from the next of kin of the

18 deceased. We felt that the most appropriate

19 place for these calls to be coming would be

20 into the Cancer Centre, and, you know, really

21 questioned why we had put that in the quality

22 department in the first place really, and I

23 think it just comes from when all else fails,

24 put it in quality, and quality tends to take

25 it on. You know, that's just an aside, but

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1 really when we thought about it, we thought,

2 you know, why aren't we sending patients to

3 the Cancer Centre where people like Sharon

4 Smith are answering their calls, and if she

5 can't answer questions, she can get an answer

6 to them very quickly. You know, she's

7 connected.

8 THE COMMISSIONER:

9 Q. I took from your response yesterday that you

10 did not see the role of a nurse quite so

11 narrowly as Ms. Parsons had expressed it. Was

12 I incorrect in that?

13 MS. PILGRIM:

14 A. I think what I was saying was that Ms.--it's

15 not without--it's not outside the scope of

16 nursing practice, per se, to be able to

17 discuss results with a patient, but it depends

18 upon that particular nurse's scope, does she

19 feel familiar with this, is this her area of

20 practice. So for Nancy Parsons, she would be

21 much less--so within her own, as she has

22 practised nursing, she was much less able and

23 comfortable to talk about things with patients

24 as, for example, a Sharon Smith or a Chris

25 Power over in the Cancer Centre would be.

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1 THE COMMISSIONER:

2 Q. Okay.

3 MS. PILGRIM:

4 A. So it's not that no nurse can talk about it,

5 but it's just has this been within your own

6 scope of practice and do you feel comfortable

7 with doing this.

8 THE COMMISSIONER:

9 Q. So for those--do I conclude then from what

10 you're saying, for those patients who called

11 that Ms. Parsons felt she could not answer

12 their questions, and, therefore, to whom she

13 said, I'm sorry, I have no information or

14 whatever the phrase was that she used, which

15 effectively meant that she was telling them

16 nothing, had it not been Nancy Parsons, but

17 Ms. Sharon Smith or one of the other nurses

18 you referred to who are in the Cancer Clinic

19 who was answering that phone call, that

20 response would have been different?

21 MS. PILGRIM:

22 A. I would say that Sharon probably would have

23 felt more comfortable, yes, talking to the

24 patient. Again it depends on the question the

25 patient is asking you. If we had made a

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1 decision that we are not going to share

2 results with the patient because, you know,

3 even when these results--I could look them up

4 in the computer, they're there, but the

5 patient hasn't even been panelled yet, you

6 know, so really those results haven't been

7 dealt with. If we had made the decision

8 amongst the communicators that we are not

9 going to be giving any patient whose results

10 have changed, they have to be given the

11 information from their physician, well, Sharon

12 Smith wouldn't have given them any more than

13 Ms. Parsons did.

14 THE COMMISSIONER:

15 Q. Was that made? You see my --

16 MS. PILGRIM:

17 A. I'm confusing you.

18 THE COMMISSIONER:

19 Q. Yes, you're confusing me. Anyway, see my

20 little dilemma here because when Ms. Parsons

21 came and gave her version of what occurred, I

22 understood one thing, and then in response to

23 the question yesterday, you said something

24 which caused me to question that.

25 MS. PILGRIM:

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1 A. Uh-hm.
 2 THE COMMISSIONER:
 3 Q. So now I'm saying was that patient who Ms.
 4 Parsons cited as an example, for example, you
 5 know, the patient who she knew two or three
 6 months before the patient was panelled that
 7 there had been a change, and, therefore, we
 8 can take it that there was a delay at that
 9 period of time, at least for one patient, in
 10 the results coming back and the patient being
 11 informed and being in a position to make a
 12 decision about treatment or whatever she and
 13 her doctor decided. I'm saying to myself,
 14 would that patient have been in a position to
 15 make a decision earlier if another person had
 16 been at the end of the line, and that's really
 17 the question I'm asking.
 18 MS. PILGRIM:
 19 A. I know now why I've confused you, I think.
 20 THE COMMISSIONER:
 21 Q. Uh-hm.
 22 MS. PILGRIM:
 23 A. When I was speaking about scope of practice,
 24 just to get that out of the way, it's not
 25 outside the scope of nursing practice for a

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1 nurse to discuss results with a patient. So I
 2 just wanted to get that out of the way. It's
 3 not like nurses can't do that.
 4 THE COMMISSIONER:
 5 Q. Uh-hm.
 6 MS. PILGRIM:
 7 A. In this circumstance, there was a decision
 8 made if the result came back and had changed,
 9 that they weren't going to be telling the
 10 patients the change. So, therefore--I'm sorry
 11 that I confused you, but, like, Sharon Smith
 12 wouldn't have said any more to that patient
 13 about that than Nancy Parsons would have
 14 because of the decision they made, not because
 15 of their scope of practice, but because of the
 16 decision they made.
 17 THE COMMISSIONER:
 18 Q. So the answer to the patient who is in
 19 conversation with the person who could tell
 20 them about a change in result -
 21 MS. PILGRIM:
 22 A. Uh-hm.
 23 THE COMMISSIONER:
 24 Q. Is not that you did not get that information
 25 when you made your phone call because Nancy

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1 Parsons wasn't a person who could talk to you
 2 about that?
 3 MS. PILGRIM:
 4 A. No.
 5 THE COMMISSIONER:
 6 Q. It was because a decision had been made that
 7 discussions about results would not be told -
 8 MS. PILGRIM:
 9 A. Would come from physicians.
 10 THE COMMISSIONER:
 11 Q. Until after the panelling process, and would
 12 come from physicians?
 13 MS. PILGRIM:
 14 A. That's correct, that's correct. Sorry for the
 15 confusion.
 16 COFFEY, Q.C.:
 17 Q. I appreciate that. Who made that decision and
 18 when?
 19 MS. PILGRIM:
 20 A. I guess it would have been made by the group.
 21 It would have been discussed somewhere through
 22 that group at some point. I don't know
 23 exactly when it would have been made.
 24 COFFEY, Q.C.:
 25 Q. Would it have been done fairly early on?

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1 MS. PILGRIM:
 2 A. Well, as soon as they decided, you know, that
 3 they were going to start telling patients now
 4 as results came back -
 5 COFFEY, Q.C.:
 6 Q. To call Nancy.
 7 MS. PILGRIM:
 8 A. They would have been having questions about
 9 it, so how much are we going to tell these
 10 patients, and that's when that would have been
 11 made, yeah, by the group.
 12 COFFEY, Q.C.:
 13 Q. And that would be--there's an e-mail, I
 14 believe, October 3rd or 4th, 2005, from Ms.
 15 Bonnell to everybody really within Eastern
 16 Health.
 17 MS. PILGRIM:
 18 A. About what?
 19 COFFEY, Q.C.:
 20 Q. To senior people about redirect all calls that
 21 you get to Ms. Parsons.
 22 MS. PILGRIM:
 23 A. Right.
 24 COFFEY, Q.C.:
 25 Q. Concerning ER/PR.

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1 MS. PILGRIM:
 2 A. Yeah.
 3 COFFEY, Q.C.:
 4 Q. Now some of Mount Sinai's initial results were
 5 already back.
 6 MS. PILGRIM:
 7 A. Uh-hm.
 8 COFFEY, Q.C.:
 9 Q. So even by that early stage it would have been
 10 understood by the group that Ms. Parsons is
 11 going to get calls potentially from people
 12 asking -
 13 MS. PILGRIM:
 14 A. Right.
 15 COFFEY, Q.C.:
 16 Q. What are my results? She might know that
 17 there was a conversion and -
 18 MS. PILGRIM:
 19 A. And the decision was we're not going to share
 20 them even when they're back.
 21 COFFEY, Q.C.:
 22 Q. And was--to your knowledge, did the group
 23 discuss the downside of that, the cons of
 24 that?
 25 MS. PILGRIM:

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1 A. I wouldn't have been amongst those
 2 discussions. I would say--I mean, I'm only
 3 surmising that they did. I mean, when they
 4 knew that they were taking this on, I mean I
 5 know these women, Heather, Nancy, and Janet
 6 Laidley, and Deanne. They would have had
 7 discussions amongst themselves about what they
 8 were doing, we've got to be consistent with
 9 this, what are we saying here, what are we
 10 saying there, and they would have kind of gone
 11 through in their minds all the eventualities
 12 that they might get with patients who were
 13 calling in.
 14 COFFEY, Q.C.:
 15 Q. Just one second, please, Commissioner. If we
 16 could, please, bring up Exhibit P-2963. This
 17 is an e-mail, and we looked at this yesterday,
 18 of October 7th, 2005. This may refresh your
 19 memory in relation to this. There's an
 20 attachment which is that spreadsheet--I'm
 21 sorry, flow chart, retesting process for
 22 samples outside the St. John's area, and down
 23 below there on the left hand side is results;
 24 is the patient an active patient at the Cancer
 25 Clinic; yes, communicate the results to the

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1 Cancer Clinic for notification--no, I'm sorry,
 2 this is before the panelling, I apologize,
 3 just thinking about it. Do you know if there
 4 was a flow chart done up for what would happen
 5 after the review panel got involved?
 6 MS. PILGRIM:
 7 A. Not that I saw.
 8 COFFEY, Q.C.:
 9 Q. Okay.
 10 MS. PILGRIM:
 11 A. I think this was mainly when we were talking
 12 to the regions.
 13 COFFEY, Q.C.:
 14 Q. The regions.
 15 MS. PILGRIM:
 16 A. We wanted to put it in a schematic for them.
 17 COFFEY, Q.C.:
 18 Q. And we'll see some flow charts later that were
 19 created later on.
 20 MS. PILGRIM:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. P-0400, please. Here are some e-mails of
 24 January 30th, 2006, concerning formulation of
 25 key messages for potential media inquiries

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1 following The Independent story of January
 2 29th. Now you're not a recipient--neither a
 3 sender nor recipient of these, and again if we
 4 could look then at Exhibit P-2009. I'm trying
 5 to give the Commissioner some sense of the
 6 documentation flow involving yourself at the
 7 time in this era. This is an e-mail of
 8 February 1st, 2006, which is two days later
 9 from Heather Predham. She includes yourself,
 10 amongst others in this, and she says, "I
 11 thought I would give you all an update before
 12 I brave the snow to go home" and this is an
 13 update of where she is with the notifications,
 14 well, the results actually and the
 15 notifications and the panelling, I believe, at
 16 least certainly the panelling, confirmed
 17 negative to be panelled and require further
 18 review this DCIS issue. She's looking for
 19 direction as to who to contact in Clarendville
 20 or Carbonear to discuss notification of the
 21 confirmed negatives in the panelling. Then it
 22 talks about the other regions. So by that
 23 point, and there's a spreadsheet attached,
 24 beginning of February what was--do you have
 25 any real sense now, looking back on it, as to

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1 what aspects of this you were involved in or
 2 being kept in the loop on and what you
 3 weren't, because the key messages are not
 4 being sent to you, at least there's no
 5 indication?
 6 MS. PILGRIM:
 7 A. I would have been further removed from this at
 8 this point, mainly because I didn't have the
 9 quality department at this point. But I was
 10 still getting some information, you know,
 11 about numbers and what was happening, so I
 12 was--mainly, I think, you know, it would have
 13 been mainly Heather who every now and then
 14 would keep me in the loop. I wasn't going to
 15 meetings that I know about. Pam Elliott was
 16 in the department by this time. She would
 17 have been reporting to Dr. Williams.
 18 COFFEY, Q.C.:
 19 Q. Okay. If we could, please, Exhibit P-1099?
 20 If it involved the cancer clinic, you would
 21 expect to be dealt with or informed?
 22 MS. PILGRIM:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Okay. This particular e-mail, February 7,

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1 2006 is to Dr. Williams, yourself and Ms.
 2 Elliott. The subject is "A lawyer." And it
 3 says, "I wanted to make you aware that a
 4 patient who had converted was seen by a social
 5 worker at the cancer clinic and was advised to
 6 get in touch with the lawyers that are suing
 7 us. I believe the patient inquired if the
 8 social worker knew and was told which law firm
 9 it was. Nancy was speaking to this lady
 10 shortly after and told this, she followed up
 11 with the social worker at the cancer clinic.
 12 The social worker didn't see an issue with it.
 13 Indeed, they recommend lawyers all the time
 14 for their patients re wills and the like. I
 15 have always told the previous Health Care
 16 Corporation of St. John's social workers never
 17 to do the latter, because if the lawyer is a
 18 crook or incompetent and we have referred him,
 19 we could be perceived to have some
 20 responsibility. We can refer them to the
 21 phone book or the Law Society and find a phone
 22 number once they choose, but we should never
 23 refer them directly to a law firm. With the
 24 other matter, I do have a problem with our own
 25 staff making it easier for patients to sue us,

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1 but I can admit that this may be a risk
 2 manager's slant and I would like your feedback
 3 on what to do with the situation." Signed,
 4 "Heather." Now, you were responsible for the
 5 cancer clinic at the time?
 6 MS. PILGRIM:
 7 A. I am.
 8 COFFEY, Q.C.:
 9 Q. And the social worker is working as a
 10 subordinate of yourself.
 11 MS. PILGRIM:
 12 A. Absolutely.
 13 COFFEY, Q.C.:
 14 Q. What, if anything, did you do following
 15 receipt of this?
 16 MS. PILGRIM:
 17 A. Well, I think that was a risk manager's slant
 18 that Heather was putting on that. I could see
 19 her concern about, you know, should it be our
 20 role to just pick a lawyer's name out of a
 21 phone book and give to a patient. I mean, I'm
 22 certainly not saying that lawyers are rogues
 23 and incompetent, but you could find one and
 24 that might be just the one we would refer a
 25 patient to, so there would be a risk

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1 management issue for us there. But whether or
 2 not--I mean, we got over that and moved on
 3 and, you know, we certainly freely started
 4 giving the name of who--you know, if we had--I
 5 know when we got into the class action
 6 lawsuit, we had no problem, we were freely
 7 giving patients the name of the law firm that
 8 was taking that on.
 9 COFFEY, Q.C.:
 10 Q. At the time, to the point, okay, because Ms.
 11 Predham was the project manager for this
 12 within Eastern Health?
 13 MS. PILGRIM:
 14 A. Yes, yeah.
 15 COFFEY, Q.C.:
 16 Q. And she herself is acknowledging in an e-mail
 17 to yourself and Dr. Williams and Ms. Elliott
 18 that, you know, she may have a risk manager's
 19 slant that she would -
 20 MS. PILGRIM:
 21 A. I might be overreacting a little bit.
 22 COFFEY, Q.C.:
 23 Q. Yes. At that point did that raise any
 24 concerns with yourself about she's managing
 25 this on behalf of Eastern Health, the whole of

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1 it?

2 MS. PILGRIM:

3 A. Um-hm. But you could tell she was having a

4 little bit of tell me if I'm going too far

5 with this, because that's why she e-mailed us.

6 COFFEY, Q.C.:

7 Q. And she is the one arranging the panelling?

8 MS. PILGRIM:

9 A. Um-hm.

10 COFFEY, Q.C.:

11 Q. Ensuring the patients are contacted?

12 MS. PILGRIM:

13 A. Um-hm.

14 COFFEY, Q.C.:

15 Q. What they're told when they're contacted?

16 MS. PILGRIM:

17 A. Um-hm, correct.

18 COFFEY, Q.C.:

19 Q. And yet, to have seen fit, despite her risk--

20 her self-acknowledged risk manager slant to

21 continue to have her do that?

22 MS. PILGRIM:

23 A. But she was sharing--you know, it's not like

24 Heather was sitting down with a group and

25 saying, now, you're going to tell these

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1 patients what I'm telling you to tell them. I

2 mean, there were a lot of other people who saw

3 that. And you know, I do have to say to you

4 again, Mr. Coffey, that Heather did have a

5 risk management hat, but she very much had her

6 quality hat on at all times, as well. I never

7 had any concerns that she was too much the

8 other way.

9 COFFEY, Q.C.:

10 Q. And now, looking back on it, how appropriate

11 do you think it was?

12 MS. PILGRIM:

13 A. For what?

14 COFFEY, Q.C.:

15 Q. To have her doing this?

16 MS. PILGRIM:

17 A. Oh, now, looking back on it, not because of

18 her risk management hat or -

19 COFFEY, Q.C.:

20 Q. Okay, so you wouldn't see anything wrong with

21 -

22 MS. PILGRIM:

23 A. No, not -

24 COFFEY, Q.C.:

25 Q. Having somebody tomorrow do that?

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1 MS. PILGRIM:

2 A. What I would see wrong is that, you know, we

3 expected Heather to be doing this as well as

4 everything else she was doing.

5 COFFEY, Q.C.:

6 Q. So if tomorrow something was to happen, you

7 would -

8 MS. PILGRIM:

9 A. Tomorrow we would, if we were going to -

10 COFFEY, Q.C.:

11 Q. Would you have a risk manager be the project

12 manager for Eastern Health in responding to

13 the situation?

14 MS. PILGRIM:

15 A. No. Because we would have somebody totally

16 pulled out of their job and that would be

17 their only job. I guess I don't have the same

18 concerns that you have about this. I've never

19 really run into, in all of my years, where I

20 saw a risk manager setting things up or

21 manipulating more on the side of the insurer

22 than on the side of patient care, I've never

23 seen that. And I've only seen two risk

24 managers, I've only worked with two and

25 they've always been very much on the patient

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1 quality side of things.

2 COFFEY, Q.C.:

3 Q. Despite the assertion there that we shouldn't

4 be involved in helping people sue us?

5 MS. PILGRIM:

6 A. Yeah, that's what she said. But, you know, we

7 do, I mean, we sit down with families, and she

8 would have known that, too, when families say,

9 well, you know, I'm going to a lawyer and we

10 say, well, that's your right. But she's

11 saying, but don't have staff saying, oh, yeah,

12 but go talk to Bern Coffey, you know, he

13 mightn't be a good lawyer to send you to or

14 whatever. So that's what she's saying there.

15 COFFEY, Q.C.:

16 Q. Exhibit P-0019, please?

17 THE COMMISSIONER:

18 Q. Mr. Coffey, it's around time for the morning

19 break, so when you get a moment.

20 COFFEY, Q.C.:

21 Q. Thank you, Commissioner. P-0019, page 29.

22 This is a board of trustees minutes of a

23 February 23rd, 2006. "ER/PR retesting

24 update." "Dr. Williams provided an update on

25 the ER/PR as follows." And it goes on at some

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1 length. There's a reference to the "Canadian
 2 Medical Protective Association is involved
 3 from the perspective of potential litigation
 4 involving our pathologists." So that was
 5 discussed at the board level at the end of
 6 February, 2006, at least they were informed
 7 about it by Dr. Williams. There's a reference
 8 to Dr. Gown. And then I wanted to ask you
 9 about this, "The Newfoundland branch of
 10 Canadian Cancer Society continues to be
 11 updated on the situation."
 12 MS. PILGRIM:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. Were you involved in updating Mr. Dawe?
 16 MS. PILGRIM:
 17 A. No.
 18 COFFEY, Q.C.:
 19 Q. At that point in time?
 20 MS. PILGRIM:
 21 A. I was not, no. That was left, really--well,
 22 in the beginning my understanding was that
 23 George and Dr. Williams had been meeting with
 24 Mr. Dawe. And then again my understanding was
 25 that it was Dr. Williams who periodically was

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1 touching base with Mr. Dawe to update him.
 2 COFFEY, Q.C.:
 3 Q. Now, if we could, then, Commissioner, break?
 4 Thank you.
 5 THE COMMISSIONER:
 6 Q. Take 15 minutes.
 7 (BREAK)
 8 THE COMMISSIONER:
 9 Q. Please be seated.
 10 COFFEY, Q.C.:
 11 Q. Ms. Pilgrim -
 12 THE COMMISSIONER:
 13 Q. If you're looking for an exhibit, you're going
 14 to have to wait a moment.
 15 COFFEY, Q.C.:
 16 Q. Yes, I appreciate that. While we're waiting
 17 for--the Registrar is coming now. Thank you.
 18 THE COMMISSIONER:
 19 Q. She missed the call.
 20 COFFEY, Q.C.:
 21 Q. Exhibit P-2487, please? This is a couple of
 22 e-mails of February 24, 2006, Ms. Pilgrim. In
 23 the main there again you're included in the
 24 first distribution from Ms. Predham. 24--I
 25 apologize. 2847. Thank you, Registrar. This

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1 is an e-mail February 24, 2006 from Ms.
 2 Predham. You are listed in the distribution
 3 of the first e-mail. And it says, "Here's a
 4 summary to date. We had 26 last night. We
 5 also had a discussion and made some decisions
 6 re two groups." Now, were you involved in the
 7 actual decisions involving these -
 8 MS. PILGRIM:
 9 A. No, no, I was not.
 10 COFFEY, Q.C.:
 11 Q. You would have understood the decision here in
 12 this context was being made by whom?
 13 MS. PILGRIM:
 14 A. The panel, I would think. That was groups of
 15 patients that were coming to the panel.
 16 COFFEY, Q.C.:
 17 Q. And so at the time as the recipient of this
 18 you understood that there's a decision being
 19 made by the panel about two different groups
 20 of people?
 21 MS. PILGRIM:
 22 A. And there would have been pathologists and
 23 oncologists at the panel.
 24 COFFEY, Q.C.:
 25 Q. Now here under "DCIS, no tumour" there were

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1 some as well if they were originally DCIS and
 2 are still DCIS from Mount Sinai then really
 3 that wouldn't impact their treatment. Do you
 4 know if those people were ever told?
 5 MS. PILGRIM:
 6 A. The DCIS -
 7 COFFEY, Q.C.:
 8 Q. For example -
 9 MS. PILGRIM:
 10 A. - and no treatment? And no tumour?
 11 COFFEY, Q.C.:
 12 Q. No, the people who were, for example, DCIS,
 13 okay, Mount Sinai reported DCIS.
 14 MS. PILGRIM:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Which meant that they didn't come back with an
 18 ER/PR result.
 19 MS. PILGRIM:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. But this indicates that the DCIS patients,
 23 DCIS in the sense that Mount Sinai reports
 24 DCIS ended up in front of the panel?
 25 MS. PILGRIM:

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1 A. They did.
 2 COFFEY, Q.C.:
 3 Q. The panel then looked at them and it's noted
 4 here "We have been reviewing the pathology
 5 reports as we go along re these results. If
 6 they were previously diagnosed as DCIS, we
 7 have been notifying the region but not
 8 panelling the person as the ER/PR result does
 9 not impact treatment of people with this type
 10 of cancer."
 11 MS. PILGRIM:
 12 A. Um-hm.
 13 COFFEY, Q.C.:
 14 Q. Okay. And that would presumably be true also
 15 within St. John's?
 16 MS. PILGRIM:
 17 A. Right.
 18 COFFEY, Q.C.:
 19 Q. If the person was previously DCIS and now
 20 Mount Sinai is confirming that, then nothing
 21 has changed for them and it certainly doesn't
 22 impact their treatment. Were those
 23 individuals, to your knowledge, ever told that
 24 they had been retested and had come back as
 25 DCIS?

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1 MS. PILGRIM:
 2 A. Yes, they have been.
 3 COFFEY, Q.C.:
 4 Q. They have been. And when was that?
 5 MS. PILGRIM:
 6 A. I believe that through this process there was
 7 a decision by this panel that because Mount
 8 Sinai did not do ER/PR on DCIS, that really
 9 they weren't a part of the testing, so Eastern
 10 Health had said, well, we're not going to
 11 include them and we're not going to contact
 12 them because really they weren't part of what
 13 we set out to do. They should have never been
 14 sent off in the first place.
 15 COFFEY, Q.C.:
 16 Q. Despite the fact that they had an ER negative
 17 result?
 18 MS. PILGRIM:
 19 A. But they had been retested.
 20 COFFEY, Q.C.:
 21 Q. Well, they had initially, to get sent to Mount
 22 Sinai at all, they had to have had an ER and
 23 PR done?
 24 MS. PILGRIM:
 25 A. They did have them done, right.

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1 COFFEY, Q.C.:
 2 Q. And an ER negative result?
 3 MS. PILGRIM:
 4 A. Right. Some of them didn't get sent. I know
 5 that they would be kind of stopped when Dr.
 6 Cook was reviewing things to send off or one
 7 of our pathologists, they would just send back
 8 to the area that sent them, to the region and
 9 say, we don't do ER/PR on DCIS and these won't
 10 be sent. But some of them did get sent. And
 11 my understanding, because I wasn't involved in
 12 these decisions, but I've come to find out
 13 after that the original thought was that they
 14 really weren't retested for ER/PR at Mount
 15 Sinai, so we really won't call these patients.
 16 After that the decision, after rethinking
 17 that, it was, well, you know, they were sent
 18 for retesting, there was a sample that was
 19 sent and we really should be calling them to
 20 let them know. Plus, some of these patients
 21 actually had, there were other issues with
 22 them. When they went back to verify, they
 23 found out that they weren't DCIS at all or we
 24 had treated--we had treated them as if they
 25 had invasive cancer in the first place, so

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1 they were patients who had a changed
 2 diagnosis.
 3 COFFEY, Q.C.:
 4 Q. Sure. And I'll get there, this next
 5 paragraph.
 6 MS. PILGRIM:
 7 A. Yeah.
 8 COFFEY, Q.C.:
 9 Q. But in terms of the ones who were confirmed
 10 DCIS, confirmed in the sense of originally
 11 DCIS, confirmed DCIS.
 12 MS. PILGRIM:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. The initial reaction by Eastern Health, you
 16 came to find out afterward?
 17 MS. PILGRIM:
 18 A. Yes. And -
 19 COFFEY, Q.C.:
 20 Q. Was not to inform them because they weren't
 21 part of the retest ER?
 22 MS. PILGRIM:
 23 A. Yeah.
 24 COFFEY, Q.C.:
 25 Q. When was the decision made -

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1 MS. PILGRIM:
 2 A. And I -
 3 COFFEY, Q.C.:
 4 Q. - to inform them?
 5 MS. PILGRIM:
 6 A. It was probably when NLCHI was involved in the
 7 review.
 8 COFFEY, Q.C.:
 9 Q. So that would be -
 10 MS. PILGRIM:
 11 A. That they came up again as a question, it was
 12 reconsidered again and the decision was, well,
 13 they were retested, we should be telling them
 14 that they were retested.
 15 COFFEY, Q.C.:
 16 Q. And that would be in the summer, into the
 17 fall, 2007?
 18 MS. PILGRIM:
 19 A. Yeah, probably fairly early in the game as,
 20 you know -
 21 COFFEY, Q.C.:
 22 Q. In terms of new cases involving -
 23 MS. PILGRIM:
 24 A. They would have come up for discussion again
 25 and, yeah, the fall of last year.

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1 COFFEY, Q.C.:
 2 Q. Now, the other category here is "The others
 3 will require the slides interpretations and
 4 clinical history be panelled with the group of
 5 pathologists and oncologists to see where the
 6 discrepancy lies." So the others in this
 7 context would be those who were originally
 8 diagnosed as other than DCIS, not DCIS, and
 9 now Mount Sinai were saying they are DCIS, in
 10 Mount Sinai's opinion, the block they got,
 11 Mount Sinai had? This is -
 12 MS. PILGRIM:
 13 A. Yeah, so if they were previously DCIS, blah,
 14 blah, blah, and then if they weren't
 15 previously DCIS--now and really the decision
 16 that was made after all of this was said and
 17 done that any case that came back from Mount
 18 Sinai with a DCIS interpretation on it,
 19 everyone of those had to be reviewed by the
 20 region to verify if they were DCIS or if they
 21 were not originally. So that's what we're
 22 saying there.
 23 COFFEY, Q.C.:
 24 Q. And by the region, that might include Eastern
 25 Health?

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1 MS. PILGRIM:
 2 A. Oh, all the regions were supposed to do their
 3 own.
 4 COFFEY, Q.C.:
 5 Q. And here -
 6 THE COMMISSIONER:
 7 Q. Sorry, I just want to make sure I've got it.
 8 Was that so for all DCIS patients even though
 9 originally diagnosed as DCIS?
 10 MS. PILGRIM:
 11 A. If they came back from Mount Sinai with a
 12 DCIS, the health authorities agreed that they
 13 would verify within their own labs by going
 14 back and looking and was this patient
 15 originally DCIS, yes or no, and if they
 16 weren't, then looking further into them. They
 17 did that verification.
 18 THE COMMISSIONER:
 19 Q. All right. So if they had not been DCIS on
 20 the original test within Newfoundland and
 21 Labrador -
 22 MS. PILGRIM:
 23 A. Right.
 24 THE COMMISSIONER:
 25 Q. Then you had somebody pull, presumably all the

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1 other slides to determine whether or not, in
 2 the opinion of the pathologist, this is a
 3 confirmed DCIS or whether perhaps other blocks
 4 might indicate otherwise?
 5 MS. PILGRIM:
 6 A. Right, and sometimes you would have a
 7 difference of opinion. So Mount Sinai sent
 8 back and said this is DCIS. They went back
 9 and looked. They hadn't considered it DCIS
 10 before and they would probably go for a third
 11 opinion. Some of them were sent to Sunnybrook
 12 or somewhere else for a third opinion on them.
 13 COFFEY, Q.C.:
 14 Q. And here, under two, "retroconverters, this
 15 group are ones that were originally ER/PR
 16 positive but have come back from Mount Sinai
 17 as ER/PR negative. These will require review
 18 of both our slides and Mount Sinai's slides,
 19 as well as the clinical history of the
 20 patient. We have five in this group right now
 21 that will be deferred to the end of the
 22 panelling so they can be done as a group.
 23 Along with five are four others that although
 24 had a degree of positivity when originally
 25 stained were considered clinically as

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1 negative, so they were not treated. All four
 2 have been considered as confirmed negative and
 3 contacted."
 4 Now with respect to this, do you know
 5 why--were you told why this group was going to
 6 be deferred to the end of the panelling?
 7 MS. PILGRIM:
 8 A. No.
 9 COFFEY, Q.C.:
 10 Q. Now the assertion that "although they had a
 11 degree of positivity when originally stained
 12 were considered clinically as negative, so
 13 they were not treated."
 14 MS. PILGRIM:
 15 A. So from a lab point of view, they were
 16 positive, but from a clinical point of view,
 17 they were negative.
 18 COFFEY, Q.C.:
 19 Q. Okay. So as they were now considered
 20 negative, based upon Mount Sinai's results,
 21 they wouldn't get treatment and they hadn't
 22 gotten treatment originally. Okay. Would
 23 they have been told, do you know?
 24 MS. PILGRIM:
 25 A. By the time we got through all of this,

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1 anybody who had been retested had been told.
 2 COFFEY, Q.C.:
 3 Q. Would they be told in the--like in the first
 4 wave, before NLCHI, or would they have ended
 5 up -
 6 MS. PILGRIM:
 7 A. No, no, this wouldn't have been one, I think,
 8 that it took--we waited until NLCHI to tell
 9 them. We didn't.
 10 COFFEY, Q.C.:
 11 Q. What would they have been told, the group
 12 right there?
 13 MS. PILGRIM:
 14 A. Well, a person who went from positive to
 15 negative, right -
 16 COFFEY, Q.C.:
 17 Q. Well, they were -
 18 MS. PILGRIM:
 19 A. - could have been a person who was treated
 20 very aggressively with cancer and now we have
 21 a result back on them which--and we review
 22 this patient, because all these people were
 23 reviewed, and in some cases, you know, in some
 24 cases, like they were really--they shouldn't
 25 have gotten the treatment that they got, yeah.

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1 COFFEY, Q.C.:
 2 Q. Oh yes, I appreciate. No, I'm not talking
 3 about--I just want to focus -
 4 MS. PILGRIM:
 5 A. Okay.
 6 COFFEY, Q.C.:
 7 Q. - I appreciate that you're looking at the
 8 retroconverters.
 9 MS. PILGRIM:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And we'll deal with that, in the summer of
 13 '06.
 14 MS. PILGRIM:
 15 A. Right. Oh, I thought you were asking me -
 16 COFFEY, Q.C.:
 17 Q. No.
 18 MS. PILGRIM:
 19 A. No, sorry.
 20 COFFEY, Q.C.:
 21 Q. There's this group that you've just spoke
 22 about, "although had a degree of positivity
 23 when originally stained, were considered
 24 clinically as negative, so they were not
 25 treated." They'd never received treatment -

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1 MS. PILGRIM:
 2 A. That's right.
 3 COFFEY, Q.C.:
 4 Q. - for, based upon them being hormone positive.
 5 MS. PILGRIM:
 6 A. Right.
 7 COFFEY, Q.C.:
 8 Q. Now, of course, Mount Sinai was saying they
 9 were zero--negative, zero, zero, so they
 10 wouldn't get the treatment. I'm just asking
 11 you was that group told, that group of--along
 12 with this five are four others. Were those
 13 four others told, do you know?
 14 MS. PILGRIM:
 15 A. Yes, they would have been.
 16 COFFEY, Q.C.:
 17 Q. When?
 18 MS. PILGRIM:
 19 A. I don't know. I'd have to look at the
 20 database as to when they were told.
 21 COFFEY, Q.C.:
 22 Q. Okay. They would be told that they had been
 23 retested. They were originally considered -
 24 MS. PILGRIM:
 25 A. And what the results were.

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1 COFFEY, Q.C.:

2 Q. - clinically negative. Now they're zero,

3 zero, no treatment change.

4 MS. PILGRIM:

5 A. And so you remained negative.

6 COFFEY, Q.C.:

7 Q. Sure.

8 MS. PILGRIM:

9 A. Clinically negative, from a point of view of

10 making any decisions about treatment for you.

11 COFFEY, Q.C.:

12 Q. If we could look, please, at Exhibit P-1362?

13 This is a series of e-mails in March 2006

14 dealing with an ATIPP request from Mark Quinn

15 of CBC, okay.

16 MS. PILGRIM:

17 A. Yes.

18 COFFEY, Q.C.:

19 Q. And at the bottom of the page here, March

20 17th, 2006, there's an e-mail from yourself to

21 a number of individuals, Ms. Predham, Dr.

22 Williams, Ms. Bonnell, Pam Elliott, Terry

23 Gulliver, Don Cook, Nash Denic, Sharon Smith

24 and George Tilley, copied to a number of

25 others who I take it are within the Quality

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1 department. Am I right on that?

2 MS. PILGRIM:

3 A. Are you talking all the cc's?

4 COFFEY, Q.C.:

5 Q. Yes.

6 MS. PILGRIM:

7 A. No, they're -

8 COFFEY, Q.C.:

9 Q. And some of them are otherwise, too.

10 MS. PILGRIM:

11 A. Yeah, there's nobody there that's in the

12 Quality--Debbie Parsons.

13 COFFEY, Q.C.:

14 Q. I apologize.

15 MS. PILGRIM:

16 A. She would have been in the Quality department.

17 COFFEY, Q.C.:

18 Q. And other individuals. This ATIPP request,

19 and you write "in my opinion, this has to stay

20 with Quality for now. We cannot have

21 individual programs and departments taking the

22 lead in responding to these requests. If it

23 means we have to put on an extra resource in

24 Quality until we get our permanent structure

25 worked out, well, this is what we have to do.

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1 Some 'one' person has to coordinate this. My

2 thoughts, for what they are worth. Pat."

3 And so, I take it, Ms. Pilgrim, that up

4 to that point in time, this is mid March 2006,

5 Eastern Health didn't have any structure in

6 place to deal with ATIPP?

7 MS. PILGRIM:

8 A. We didn't have an ATIPP coordinator.

9 COFFEY, Q.C.:

10 Q. And you are, in effect, suggesting that there

11 be a defacto ATIPP coordinator put in place,

12 some one person?

13 MS. PILGRIM:

14 A. Well, I wanted to keep it within the Quality

15 umbrella. I didn't want everybody everywhere

16 starting to respond to ATIPP requests.

17 COFFEY, Q.C.:

18 Q. At the top of the page there, there's an e-

19 mail from Dianne Smith to Heather Predham on

20 March 20th saying "I told Pat you called on

21 Friday regarding your message below. She

22 advised no, you don't need to clarify this

23 with everyone. If you still need Pat to call,

24 please let me know." So as it turned out,

25 where did it remain?

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1 MS. PILGRIM:

2 A. With Quality.

3 COFFEY, Q.C.:

4 Q. And who actually coordinated it, do you

5 recall?

6 MS. PILGRIM:

7 A. I don't recall, to tell you the truth.

8 COFFEY, Q.C.:

9 Q. Okay. Exhibit -

10 MS. PILGRIM:

11 A. I mean, I'm thinking of a name, but I don't

12 recall--I think it was one of the Quality

13 facilitators.

14 COFFEY, Q.C.:

15 Q. P-3166? 3166. It's a couple of e-mails of

16 March 27th, 2006. Ms. Deanne Emberley, I take

17 it, is the person.

18 MS. PILGRIM:

19 A. That's the one I was thinking about, yeah.

20 COFFEY, Q.C.:

21 Q. Yes.

22 MS. PILGRIM:

23 A. That it was Deanne.

24 COFFEY, Q.C.:

25 Q. Ms. Predham, on March 27th, sent an e-mail to

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1 a number of individuals, including yourself,
 2 saying "Deanne Emberley will be coordinating
 3 this request right now. We are currently on
 4 day nine, so if you could forward your
 5 information to Deanne ASAP, we would greatly
 6 appreciate it. I think the corporate
 7 communications information is en route. In
 8 speaking with Dan Boone, we do have an
 9 additional exception. Anything Dan was
 10 present for could be identified as solicitor
 11 privileged." Now do you know if, in fact,
 12 that was the tact actually taken or position
 13 taken?
 14 MS. PILGRIM:
 15 A. Which particular request was this from Mark
 16 Quinn? This wasn't for the results, was it?
 17 COFFEY, Q.C.:
 18 Q. No, this is--if I could, I'll just--one
 19 moment.
 20 MS. PILGRIM:
 21 A. Is this just for information as to where we
 22 were and -
 23 COFFEY, Q.C.:
 24 Q. If we could, Exhibit P-1960? Bottom of the
 25 page, there's a March 15th, 2006 e-mail from

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1 Ms. Predham. She, in quotes, says that "Mr.
 2 Quinn is asking for all reports, memos,
 3 letters, briefing notes, and e-mails at the
 4 Eastern Regional Health Authority between May
 5 1, 2005 and the present regarding hormone
 6 receptor tests for people with breast cancer."
 7 That's the request.
 8 MS. PILGRIM:
 9 A. Yes, okay.
 10 COFFEY, Q.C.:
 11 Q. So then if we could then look at P-3166? Can
 12 you then tell me if the--what the approach was
 13 to responding to that, in terms of was
 14 privilege, solicitor client privilege claimed
 15 for everything for which Dan Simmons was--I'm
 16 sorry, Dan Boone, I apologize, was present?
 17 MS. PILGRIM:
 18 A. I wouldn't know that.
 19 COFFEY, Q.C.:
 20 Q. That would be known by Ms. Emberley?
 21 MS. PILGRIM:
 22 A. I can only surmise that it probably would have
 23 been, but I wouldn't know that detail.
 24 COFFEY, Q.C.:
 25 Q. Ms. Emberley would be the one, I take it?

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1 MS. PILGRIM:
 2 A. She would be the one, yeah.
 3 COFFEY, Q.C.:
 4 Q. And she, at the time, was in Quality?
 5 MS. PILGRIM:
 6 A. Quality, she was one of the -
 7 COFFEY, Q.C.:
 8 Q. Reporting to Dr. Williams at that point?
 9 MS. PILGRIM:
 10 A. Yeah, reporting to Pam Elliott.
 11 COFFEY, Q.C.:
 12 Q. Pam Elliott
 13 MS. PILGRIM:
 14 A. To Dr. Williams, yes.
 15 COFFEY, Q.C.:
 16 Q. If we could, please, Exhibit P-1117, 1117?
 17 This is an e-mail of March 15th, 2006 from Ms.
 18 Predham to a number of individuals, including
 19 yourself. She says "Just an FYI. My sources
 20 in Health Records informs me that Dr. Charlie
 21 Hutton has been retained by a law firm and is
 22 currently reviewing a number of charts related
 23 to ER/PR. She is compiling a list of all the
 24 charts and I will let you know the results.
 25 He does the majority of his work for Ches

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1 Crosbie, but he also does the occasional job
 2 for Roebothan McKay Marshall," signed Heather.
 3 Now Heather, Health Records in this context
 4 would be--would they be in the Cancer Centre?
 5 MS. PILGRIM:
 6 A. Both. Dr. Hutton was, at this time, the
 7 information that I was being given was that he
 8 was going to the Health Records area in the
 9 Cancer Centre and he was also going to the
 10 Health Records within the Health Sciences
 11 Centre and asking for patient records.
 12 COFFEY, Q.C.:
 13 Q. And so in this context here, I take it, you
 14 would have understood Ms. Predham was acting
 15 in her role as risk manager here?
 16 MS. PILGRIM:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. Compiling a list of all charts that Dr. Hutton
 20 was looking for, and were you given a list of
 21 the charts he looked at?
 22 MS. PILGRIM:
 23 A. I don't know if I ever actually saw the list.
 24 I eventually had to intervene here with Dr.
 25 Hutton, in terms of his, you know, the things

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1 that he was doing within the organization.
 2 COFFEY, Q.C.:
 3 Q. Could you tell the Commissioner about that?
 4 MS. PILGRIM:
 5 A. Well, the first report that I got was that he
 6 had gone to the Cancer Centre and everybody
 7 knows Dr. Hutton, you know, he's a very well
 8 known figure within--certainly within that
 9 building, and he had procured some patient
 10 records, this is what I was told, that he did
 11 not have the proper approval for, and the
 12 person who was there, because he was Dr.
 13 Hutton, she gave him the records for him to
 14 review, which was wrong, and we talked to her
 15 about that. The other things that he was
 16 requesting through the Health Sciences and
 17 things, he did have proper verification of
 18 approval to get those things, but then, the
 19 next thing I hear, he was in the lab and he
 20 was just making people feel uncomfortable in
 21 the lab. He was walking up to people and
 22 asking them for information and making
 23 comments about what was going on with the
 24 ER/PR and at one--again, I was just being
 25 given this now from laboratory personnel, and

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1 at one point, he walked into the pathology lab
 2 and said to the technicians there that, you
 3 know, "you better get the bucket out and clean
 4 this place up because I'm bringing Ches
 5 Crosbie in through here on a Saturday
 6 morning." That was the story that I got.
 7 COFFEY, Q.C.:
 8 Q. Yes.
 9 MS. PILGRIM:
 10 A. So you know, Dr. Hutton was employed by, I
 11 think, the Department of Justice. He really
 12 didn't have any access to our lab on a
 13 Saturday morning, and we really didn't know
 14 what he was up to really. So we talked to Dr.
 15 Simon Avis, who was his boss, and I actually
 16 asked Dr. Hutton to come over and talk to me
 17 in my office, and I explained to him that he
 18 was making people feel uncomfortable with the
 19 questions that he was asking and the things
 20 that he was saying and could he please cease
 21 and desist doing that, and he apologized, said
 22 to me that "yeah, well, I can see where you're
 23 coming from with that" and I never heard
 24 anything about it after.
 25 COFFEY, Q.C.:

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1 Q. And when was this, the conversation with Dr.
 2 Hutton?
 3 MS. PILGRIM:
 4 A. That would have been, I would say, probably
 5 April--because this, you know, every now and
 6 then you'd get this report, April or May of
 7 last year, of that year.
 8 COFFEY, Q.C.:
 9 Q. Of 2006?
 10 MS. PILGRIM:
 11 A. Yeah.
 12 COFFEY, Q.C.:
 13 Q. Okay, and if we could, please, look at Exhibit
 14 P-0048, please? This is the cover letter of
 15 May 2nd, 2006, involving Ms. Wegrynowski's
 16 return visit report, which itself is dated May
 17 2nd, 2006. You see that's one of four? See
 18 that there?
 19 MS. PILGRIM:
 20 A. Um-hm, yes, I do.
 21 COFFEY, Q.C.:
 22 Q. This one, the source here is indicated to be
 23 the VP Medical and Diagnostic Services, okay?
 24 MS. PILGRIM:
 25 A. Right.

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1 COFFEY, Q.C.:
 2 Q. Source in the sense of Eastern Health's
 3 lawyers had that impressed on it before it was
 4 sent to the Commission. If we could bring up,
 5 please, Exhibit--so that's one of four. If we
 6 could bring up, please, Exhibit P-3168? P-
 7 3168. This is this--it's the same report, see
 8 it, same date, same author. This is two of
 9 four, and here, the source is indicated to be
 10 yourself, Volume 3, Tab 5, Lab External
 11 Reviews, and I can take you to others where
 12 Dr. Denic has indicated that at times he wrote
 13 in respect of some of the original reports in
 14 the fall of '05, like six of eight, seven of
 15 eight or whatever he wrote on it, got up as
 16 far as eight, okay. I want to ask you this,
 17 Ms. Pilgrim. What do you know about--what can
 18 you tell the Commissioner about how many of
 19 these reports existed, how many copies of each
 20 of them existed, how they were numbered, and
 21 how they were distributed?
 22 MS. PILGRIM:
 23 A. Not very much.
 24 COFFEY, Q.C.:
 25 Q. Okay.

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1 MS. PILGRIM:
 2 A. I know there were four originally, and I only
 3 know that because somebody told me that. I
 4 wasn't involved with distributing them or
 5 numbering them, but there were four original
 6 ones that were done.
 7 COFFEY, Q.C.:
 8 Q. Yes.
 9 MS. PILGRIM:
 10 A. And then my understanding was that, and I
 11 might be wrong, but in my understanding, some
 12 point along the line, there were four more
 13 done that were distributed.
 14 COFFEY, Q.C.:
 15 Q. Now did you ever find, or your understanding
 16 in that regard is from whom and who were they
 17 distributed to?
 18 MS. PILGRIM:
 19 A. That's just general information that I gleaned
 20 over time and who would have told me, I don't
 21 know. I might have had some discussion with--
 22 I think I probably did have some discussion
 23 with Joyce Penney about this. She would have
 24 been the executive assistant in the CEO's
 25 office.

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1 COFFEY, Q.C.:
 2 Q. Yes.
 3 MS. PILGRIM:
 4 A. About how many reports they had and who they
 5 gave them to, because I think we were actually
 6 trying to find that information out for the
 7 Commission, and I understood, it might have
 8 been from Heather or it might have been from
 9 Bob Williams, that at the very beginning,
 10 there were four copies of these reports made.
 11 COFFEY, Q.C.:
 12 Q. Yes.
 13 MS. PILGRIM:
 14 A. And Dr. Williams had one and one went to the
 15 lab, Heather Predham had one.
 16 COFFEY, Q.C.:
 17 Q. Dr. Cook probably had one too.
 18 MS. PILGRIM:
 19 A. And Dr. Cook, yeah, I don't--there were four
 20 very original ones.
 21 COFFEY, Q.C.:
 22 Q. And then in the distribution of the other
 23 four, number six through eight?
 24 MS. PILGRIM:
 25 A. George Tilley would have gotten one then.

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1 COFFEY, Q.C.:
 2 Q. Nash Denic has told us he got one.
 3 MS. PILGRIM:
 4 A. George would have gotten one. I really--I
 5 can't tell you. I did know that at one point,
 6 but I can't remember it now.
 7 COFFEY, Q.C.:
 8 Q. Would you even be able to go back to the
 9 source you found it before and -
 10 MS. PILGRIM:
 11 A. Well, it would be Joyce for the second four.
 12 COFFEY, Q.C.:
 13 Q. If you could check with her?
 14 MS. PILGRIM:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. In terms of that and -
 18 MS. PILGRIM:
 19 A. I think we did send you that information. We
 20 never did?
 21 COFFEY, Q.C.:
 22 Q. I stand to be -
 23 MR. SIMMONS:
 24 Q. Yes, it's the--whatever information was
 25 gathered through Ms. Pilgrim and others has

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1 been passed along by responses to questions
 2 that were posed.
 3 COFFEY, Q.C.:
 4 Q. Yes. Well, the response that we got from Mr.
 5 Simmons was that they don't know. That was if
 6 I recall the response. So I'm just--that's
 7 why -
 8 MR. SIMMONS:
 9 Q. (Inaudible).
 10 COFFEY, Q.C.:
 11 Q. I know, I appreciate that, Mr. Simmons, but
 12 that's why -
 13 MS. PILGRIM:
 14 A. Well, if that's the response, I guess that's
 15 the response because I had the discussion
 16 with--because the second lot would have come
 17 from Joyce. That's where they were
 18 distributed from, and you know, I think one of
 19 those copies had been done for John Abbott,
 20 that never ever got to John Abbott. It would
 21 have been George, there would have been Nash.
 22 There would have been one other, and I guess
 23 we couldn't find who the other one was. I
 24 would have no more information because the
 25 information that we gave you would have been

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1 the information we would have gotten from
 2 Joyce.
 3 COFFEY, Q.C.:
 4 Q. To this day, do you know if anyone has a
 5 collection of one of eight, two of eight,
 6 three of eight, four of eight, five of eight,
 7 six of eight, seven of eight and eight of
 8 eight, like a copy of everyone?
 9 MS. PILGRIM:
 10 A. I don't know, no. That's a good question, but
 11 I don't know.
 12 COFFEY, Q.C.:
 13 Q. Now at the time, this came in in May of 2006,
 14 at P-0049 please? This is Dr. Banerjee's
 15 report of May 2006. Ms. Pilgrim were you
 16 advised in May, June, July, August of that
 17 year, 2006, about what their findings were in
 18 these reports?
 19 MS. PILGRIM:
 20 A. No.
 21 COFFEY, Q.C.:
 22 Q. I take it you didn't see a copy or anything.
 23 MS. PILGRIM:
 24 A. Not in any official way, no, other than they
 25 had done their report. I remember being told

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1 we have a lot of work to do.
 2 COFFEY, Q.C.:
 3 Q. Do you recall who told you that?
 4 MS. PILGRIM:
 5 A. Probably Dr. Cook, at that time.
 6 COFFEY, Q.C.:
 7 Q. Did he tell you the nature of the work?
 8 MS. PILGRIM:
 9 A. Yes, I knew a little bit about--well, "we have
 10 a lot to do. We don't write a lot of things
 11 in the lab. We perform things, but we don't
 12 write them. We've got to write a lot more
 13 things down that we do." That kind of general
 14 information. I can remember that, having a
 15 conversation with him about that.
 16 COFFEY, Q.C.:
 17 Q. At that point, were you surprised by that?
 18 MS. PILGRIM:
 19 A. Well, in health care, that's been one of the
 20 biggest problems we've had forever is people
 21 writing things down.
 22 COFFEY, Q.C.:
 23 Q. Or not writing them down, I take it.
 24 MS. PILGRIM:
 25 A. Well, yeah, either not writing them or writing

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1 them. Well, yes, it's usually not writing
 2 them, that's correct.
 3 COFFEY, Q.C.:
 4 Q. Or writing them illegibly?
 5 MS. PILGRIM:
 6 A. Yes. But so, I wouldn't say I was shocked by
 7 it, you know, because it's something that
 8 still exists and I know in my career, I've
 9 spent 30 years trying to fix it, but it's
 10 still not fixed and I'll be out of the system
 11 before it is. It's a constant struggle.
 12 COFFEY, Q.C.:
 13 Q. And so you spoke about record keeping, in the
 14 sense of having written -
 15 MS. PILGRIM:
 16 A. Writing.
 17 COFFEY, Q.C.:
 18 Q. - writing it down.
 19 MS. PILGRIM:
 20 A. It's not that we don't do it, but we don't
 21 write it.
 22 COFFEY, Q.C.:
 23 Q. And anything else? Any other work?
 24 MS. PILGRIM:
 25 A. I remember, you know, him talking about the

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1 pathology assistants and that was going to
 2 improve things, in terms of handling specimens
 3 when they come into the lab. Just various
 4 general things like that. Like he didn't read
 5 me the report or anything like that, but he
 6 did indicate that it was a good report and
 7 there was a lot of work to do.
 8 COFFEY, Q.C.:
 9 Q. And you would have understood by that point
 10 that more than--about six months or more had
 11 passed since the original reports?
 12 MS. PILGRIM:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. Did it occur to you at the time or was there
 16 any discussion at the time about the fact that
 17 six or more months had passed and there was
 18 still a lot of work to do?
 19 MS. PILGRIM:
 20 A. Probably not, no. I knew they were--you know,
 21 it wasn't that they hadn't started, but it was
 22 something that was going to take a bit of
 23 time.
 24 COFFEY, Q.C.:
 25 Q. Exhibit P-0485? Ms. Pilgrim, this is Regional

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1 Quality Council meeting, minutes of June 20th,
 2 2006. The welcome and introduction, there are
 3 regrets from yourself, but welcome and
 4 introduction, "Dr. Williams welcomed all to
 5 the initial meeting of this group and
 6 introductions were made around the table."
 7 See that? And there's an update on the
 8 Quality and Risk Management department. So
 9 you were going to be part of this Regional
 10 Quality Council?
 11 MS. PILGRIM:
 12 A. That's right. We had finally gotten to the
 13 stage within Eastern Health, the new entity,
 14 that we were going to move forward with our
 15 new quality structure and this was the first
 16 meeting.
 17 COFFEY, Q.C.:
 18 Q. And Dr. Williams was chairing it?
 19 MS. PILGRIM:
 20 A. He was, because he had Quality at that time.
 21 COFFEY, Q.C.:
 22 Q. And when Quality devolved back onto yourself,
 23 I take it you became the chair?
 24 MS. PILGRIM:
 25 A. I did.

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1 COFFEY, Q.C.:
 2 Q. Here, the draft terms of reference were
 3 reviewed. There was significant discussion
 4 about the role of the committee, and I take it
 5 then that this was really the beginning of
 6 trying to organize, on behalf of Eastern
 7 Health, a Quality council or quality group?
 8 MS. PILGRIM:
 9 A. That's right.
 10 COFFEY, Q.C.:
 11 Q. Organization wide?
 12 MS. PILGRIM:
 13 A. Absolutely.
 14 COFFEY, Q.C.:
 15 Q. And if we could, looking at the second--
 16 apologize, look at page seven, please, yes.
 17 It's the same meeting, same date, under
 18 "Quality Framework," it ends here with "there
 19 was discussion about some of the key elements
 20 that need to be included, such as" and there's
 21 a listing of them, including risk management
 22 and so on. This lists what the committee, I
 23 take it, is going to be--or the council is
 24 going to be involved in?
 25 MS. PILGRIM:

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1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. In the main?
 4 MS. PILGRIM:
 5 A. That's correct, yes.
 6 COFFEY, Q.C.:
 7 Q. If we could look then at Exhibit P-0414? Now
 8 this is a document that you provided through
 9 your counsel to the Commission. It's a
 10 Statement of Claim. This is one issued by
 11 Verna Doucette suing Eastern Health, and when
 12 we look at page seven, under "review
 13 requested. The Plaintiff claims the following
 14 relief, an order certifying the proceedings as
 15 a class proceeding." And this was issued on
 16 this particular copy, dated as--dated the 7th
 17 day of July 2007. The issue date is not here,
 18 but it's certainly around that time.
 19 MS. PILGRIM:
 20 A. 2006.
 21 COFFEY, Q.C.:
 22 Q. Apologize, 2006. I apologize. So this then
 23 is the first Statement of Claim that Eastern
 24 Health received in relation to or seeking a
 25 class action certification?

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1 MS. PILGRIM:
 2 A. That's right. It's not the first Statement of
 3 Claim, but it's the class action claim.
 4 COFFEY, Q.C.:
 5 Q. Class action. It's the beginning of July,
 6 2006.
 7 MS. PILGRIM:
 8 A. That's correct.
 9 COFFEY, Q.C.:
 10 Q. Exhibit P-0411, please? Now this is a memo of
 11 July 4th, 2006 from Ms. Predham to a number of
 12 individuals, including yourself in your
 13 capacity as COO of Child and Women's Health,
 14 rehabilitation, and this, she's bringing to
 15 the recipients attention "the two situations
 16 that have developed during our ER/PR review,
 17 the DCIS issue," and she goes on about that
 18 then the retroconverters.
 19 MS. PILGRIM:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. Now -
 23 MS. PILGRIM:
 24 A. That's my writing on that. Looks like my
 25 scribble.

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1 COFFEY, Q.C.:

2 Q. And although the source of this was Pam

3 Elliott, so this handwriting -

4 MS. PILGRIM:

5 A. It might be Pam's scribble. Looks like mine.

6 COFFEY, Q.C.:

7 Q. She concludes by saying that--that's Ms.

8 Predham concludes by saying "I will update you

9 as we deal with the remaining patients in the

10 DCIS category," and there's a reference here

11 to the representatives of Eastern Health and

12 the clinical chiefs meeting with some of the

13 retroconverters. Were you involved in that?

14 MS. PILGRIM:

15 A. No.

16 COFFEY, Q.C.:

17 Q. And how about the people who ended up in the

18 category of being changed diagnosis,

19 originally invasive and then became DCIS?

20 MS. PILGRIM:

21 A. No, not me personally.

22 COFFEY, Q.C.:

23 Q. That's what I'm saying. You weren't, that's

24 what I'm asking.

25 MS. PILGRIM:

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1 A. No, no, I wouldn't have been involved in those

2 meetings.

3 COFFEY, Q.C.:

4 Q. Now look, please, at Exhibit P-1140? This is

5 a letter of July 5th, 2006 from Dr. McCarthy

6 and Dr. Carter to Dr. Williams. It's

7 regarding the Breast Disease Site Group.

8 You're copied on it, okay?

9 MS. PILGRIM:

10 A. That's right.

11 COFFEY, Q.C.:

12 Q. And they say "please see attached proposal for

13 the development and staffing needs for the

14 Breast Disease Site Group. We look forward to

15 a prompt reply," and in effect, they're

16 looking for, I take it -

17 MS. PILGRIM:

18 A. Resources.

19 COFFEY, Q.C.:

20 Q. - resources?

21 MS. PILGRIM:

22 A. Yes.

23 COFFEY, Q.C.:

24 Q. And we look here at the page two, there's a

25 document entitled "Development of a Breast

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1 Disease Site Group for Eastern Health."

2 MS. PILGRIM:

3 A. That's correct, yes.

4 COFFEY, Q.C.:

5 Q. And it talks about a first meeting having

6 occurred in June 2006. Were you involved in

7 this group?

8 MS. PILGRIM:

9 A. No. Sharon Smith, the director of the Cancer

10 Care Program, who I worked with, she would be

11 certainly involved directly in that group,

12 with physicians and some of her staff.

13 COFFEY, Q.C.:

14 Q. So I take it that you were copied on this

15 because -

16 MS. PILGRIM:

17 A. Because the resources were going to have to

18 come from the program.

19 COFFEY, Q.C.:

20 Q. From what you were responsible for the budget

21 for?

22 MS. PILGRIM:

23 A. Me, myself and Sharon and Kara were going to

24 have to get our heads together and see where

25 we were going to come up with the resources.

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1 COFFEY, Q.C.:

2 Q. So the resources in question, they were--some

3 resources were provided?

4 MS. PILGRIM:

5 A. They were, yes, a nurse.

6 COFFEY, Q.C.:

7 Q. And that came out of the existing budget?

8 MS. PILGRIM:

9 A. No, actually I found a position within my

10 portfolio somewhere else and transferred it to

11 the Cancer Care Program.

12 COFFEY, Q.C.:

13 Q. Now if we could, please, look at Exhibit P-

14 0487, page 59? 0487, page 59. Now these are

15 Executive Management minutes of July 19th,

16 2006. At the bottom of the page there,

17 there's an announcement, "Vice President

18 Diagnostic and Medical Services announces the

19 formal announcement of Dr. Oscar Howell to the

20 position of VP Medical Services, Diagnostic

21 and Medical Services, July"--communicated July

22 17th, 2006. He's going to start September 5,

23 and Dr. Williams will finish up at the end of

24 September and then it concludes by saying

25 "George Tilley advised that in discussion with

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1 Dr. Williams, Dr. Howell and Pat Pilgrim, the
 2 Quality and Risk Management portfolio has been
 3 transferred, on an interim basis, 6 to 12
 4 months, to Pat Pilgrim, commencing September
 5 5th, 2006." So I take it that you assumed it
 6 then on that day?
 7 MS. PILGRIM:
 8 A. I would have, yes.
 9 COFFEY, Q.C.:
 10 Q. How long did it remain with you?
 11 MS. PILGRIM:
 12 A. Still with me.
 13 COFFEY, Q.C.:
 14 Q. Still. It's a long 6 to 12 months.
 15 MS. PILGRIM:
 16 A. It is. We don't have normal 6 to 12 months
 17 within Eastern Health now, Mr. Coffey.
 18 COFFEY, Q.C.:
 19 Q. If we could, please, Registrar, Exhibit P-
 20 3169? Now here, there's an e-mail from Ms.
 21 Predham to yourself. The subject is forward a
 22 briefing note. The attachment is a
 23 briefingnoteJuly31.doc and the date is July
 24 31, 2006, and Heather writes "Hi, here you go"
 25 and she says "...." We look at the second

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1 page of this exhibit, it says "prepared by
 2 Heather Predham, Assistant Director, Quality
 3 and Risk Management, July 31st, 2006." It's
 4 "re: estrogen and progesterone receptor
 5 testing: update." And it talks about the
 6 total number of patients sent for retesting
 7 was 939. "The majority of results have been
 8 returned, reviewed and the individual patients
 9 informed. Exceptions to this are listed
 10 below." And there's a comment about DCIS,
 11 comment about retroconverters and then there's
 12 a heading "Deceased" and a heading "Legal
 13 Activity." See that?
 14 MS. PILGRIM:
 15 A. I do, yes.
 16 COFFEY, Q.C.:
 17 Q. Now, how did--well, first of all, how did this
 18 come about, what was this about? First I'll
 19 ask you, why was it being sent to you?
 20 MS. PILGRIM:
 21 A. She would send summaries to me, any summaries
 22 that she was doing.
 23 COFFEY, Q.C.:
 24 Q. But this is briefing note. Do you know what
 25 the briefing note was for?

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1 MS. PILGRIM:
 2 A. I don't know, unless we were getting into now
 3 doing a briefing note for the board or doing--
 4 it doesn't look like a briefing note we would
 5 send to the board.
 6 COFFEY, Q.C.:
 7 Q. No. This ends up, when you follow the paper
 8 trail -
 9 MS. PILGRIM:
 10 A. Probably to government.
 11 COFFEY, Q.C.:
 12 Q. - to the government, yes.
 13 MS. PILGRIM:
 14 A. Yes, so we're starting now to put some
 15 information together to give government an
 16 update as to where we are. And I think she
 17 used the number 939 in that document, so she's
 18 using the number of patients that we had on
 19 record that we had retested, based on the
 20 information we had and how we had gone about
 21 putting that information together.
 22 COFFEY, Q.C.:
 23 Q. And here why would it be sent to you?
 24 MS. PILGRIM:
 25 A. I don't know. I don't remember if she was

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1 asking me for anything in particular or.
 2 COFFEY, Q.C.:
 3 Q. Well, she just says, "Here you go."
 4 MS. PILGRIM:
 5 A. I probably asked her for it. I might have
 6 asked her for it if I heard that we were doing
 7 a briefing note, we were getting ready to tell
 8 the government or update them. You know, I
 9 might have asked for that.
 10 COFFEY, Q.C.:
 11 Q. Were you aware that on July, I think it's July
 12 31st that somebody from executive council had
 13 asked for a briefing note?
 14 MS. PILGRIM:
 15 A. May or may not have been aware, Mr. Coffey.
 16 It doesn't ring a bell with me.
 17 COFFEY, Q.C.:
 18 Q. And the--here, there's something in this in
 19 particular under the retroconverters. Because
 20 this statement, "All patients who are negative
 21 for ER were included in the retesting process.
 22 As the clinical definition of negative changed
 23 over the years all patients with an ER of 30
 24 percent or less were retested." And it goes
 25 on.

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1 MS. PILGRIM:
 2 A. Right.
 3 COFFEY, Q.C.:
 4 Q. Now, that was not accurate, was it?
 5 MS. PILGRIM:
 6 A. Well, if you took the two periods that we had
 7 one period where the cutoff point was ten
 8 percent and one period where the cutoff point
 9 was 30 percent, so no, it's not. "All
 10 patients who were ER--negative for ER were
 11 included in the retesting process. As the
 12 clinical definition of negative changed over
 13 the years, all patients with an ER of 30
 14 percent or less were retested." That was only
 15 for a period of time.
 16 COFFEY, Q.C.:
 17 Q. Yes. That would be up until the end of 2000?
 18 MS. PILGRIM:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Based upon the documents we've seen?
 22 MS. PILGRIM:
 23 A. Yeah.
 24 COFFEY, Q.C.:
 25 Q. So okay, so it comes over to you. Do you know

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1 if you responded?
 2 MS. PILGRIM:
 3 A. I have no idea.
 4 COFFEY, Q.C.:
 5 Q. Okay.
 6 MS. PILGRIM:
 7 A. About this particular one.
 8 COFFEY, Q.C.:
 9 Q. Again, around the same time, P-1155, 1155.
 10 This is an e-mail from Heather Predham of
 11 August 3rd, 2006 to yourself and others. The
 12 subject is "Seriously flawed story on CBC."
 13 And she refers to, "I was just going to e-mail
 14 you back and say that the article is wrong
 15 when it says that the while DCIS issue is
 16 included in the lawsuit, but I decided to
 17 check and make sure before I e-mailed you."
 18 And it says, "Nancy, Dr. Denic and Dr. Laing
 19 met with the three women on July 12th. The
 20 claim is dated July 7th. How did Ches know to
 21 include this paragraph when only a very
 22 limited number of people knew this part of the
 23 whole thing?" And she then cites paragraph 12
 24 of the set -
 25 MS. PILGRIM:

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1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. - Statement of Claim. Now, what do you recall
 4 about what happened after you received this in
 5 relation to this subject matter?
 6 MS. PILGRIM:
 7 A. Right now I don't recall very much about this
 8 one. I think this was before we had even
 9 told--sorry, we had even told or met with some
 10 of these women who really had a changed
 11 diagnosis.
 12 COFFEY, Q.C.:
 13 Q. Yes.
 14 MS. PILGRIM:
 15 A. It really didn't have anything to do with
 16 ER/PR, but as a byproduct of doing that. This
 17 was included in a claim before that.
 18 COFFEY, Q.C.:
 19 Q. Yes.
 20 MS. PILGRIM:
 21 A. So how could the claimants know about this
 22 when it wasn't even out there to the patients?
 23 COFFEY, Q.C.:
 24 Q. Oh, I appreciate that.
 25 MS. PILGRIM:

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1 A. Yeah.
 2 COFFEY, Q.C.:
 3 Q. That's exactly what she's saying.
 4 MS. PILGRIM:
 5 A. Right.
 6 COFFEY, Q.C.:
 7 Q. I'm just asking you do you recall, and bearing
 8 that in mind, what, if any, inquiries were you
 9 aware of were made in relation to this?
 10 MS. PILGRIM:
 11 A. No, no.
 12 COFFEY, Q.C.:
 13 Q. Okay. Because you were only--you're only one
 14 of four people?
 15 MS. PILGRIM:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Sent the e-mail.
 19 MS. PILGRIM:
 20 A. And I wouldn't -
 21 COFFEY, Q.C.:
 22 Q. And Dr. Williams is certainly one of them.
 23 MS. PILGRIM:
 24 A. Yeah.
 25 COFFEY, Q.C.:

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1 Q. Exhibit P-3170? This is an e-mail from Susan
 2 Bonnell to again a number of individuals,
 3 including yourself, August 4, 2006. The
 4 attachment is called, well, the subject is
 5 "Message requires immediate response." The
 6 attachment is "A message for The Current.doc."
 7 And then there's a text that accompanies it.
 8 And the Commissioner had heard a number of
 9 witnesses refer to this, in particular, Susan
 10 Bonnell and Mr. Tilley. At the time that you
 11 reviewed this did anything in your review of
 12 it strike you as potentially misleading?
 13 Because this, you would have understood, was
 14 going out to The Current, the CBC Current?
 15 MS. PILGRIM:
 16 A. I remember this was George was, I think, had a
 17 few days off or something and they wanted some
 18 information from us.
 19 COFFEY, Q.C.:
 20 Q. Yes.
 21 MS. PILGRIM:
 22 A. No, anything that would have jumped out at me
 23 that I would have seen, I would have talked
 24 about at the time and asked to have it
 25 changed.

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1 COFFEY, Q.C.:
 2 Q. And you don't recall doing so, you know,
 3 asking for any changes?
 4 MS. PILGRIM:
 5 A. Oh, I might have, but -
 6 COFFEY, Q.C.:
 7 Q. In particular, the one I'm referring to "As
 8 part of the review we've identified a small
 9 number of cases that require further follow
 10 up. We are in the process of reviewing and
 11 addressing each of these cases individually."
 12 Which I take it in the context would be the
 13 DCIS and the retroconverters, at the time
 14 frame?
 15 MS. PILGRIM:
 16 A. Yeah, um-hm.
 17 COFFEY, Q.C.:
 18 Q. But the overall impression when one reads this
 19 is is that--because there's a reference up
 20 here to small number of--"we discovered
 21 inconsistencies in a small number of results."
 22 MS. PILGRIM:
 23 A. Um-hm.
 24 COFFEY, Q.C.:
 25 Q. You know, in the majority of cases the

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1 patient's treatment was confirmed appropriate,
 2 which is literally true. "As part of the
 3 review a small number of cases require further
 4 follow up." The impression overall, reading
 5 this, is that there are not a lot of people
 6 affected by this, potentially. So at the time
 7 when you read it, I'm just asking you did it
 8 occur to you that that was the -
 9 MS. PILGRIM:
 10 A. No, I didn't see -
 11 COFFEY, Q.C.:
 12 Q. - potential interpretation of it?
 13 MS. PILGRIM:
 14 A. Didn't see that as misleading, no.
 15 COFFEY, Q.C.:
 16 Q. Okay. I'm not saying necessarily it is, it's
 17 just it's one of the impressions the
 18 Commissioner had heard.
 19 MS. PILGRIM:
 20 A. It wouldn't have jumped out at me, no.
 21 COFFEY, Q.C.:
 22 Q. In terms of that, Ms. Pilgrim, I wanted to ask
 23 you about that. In the context in the middle
 24 of the summer, having sent this -
 25 MS. PILGRIM:

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1 A. 2006.
 2 COFFEY, Q.C.:
 3 Q. Six.
 4 MS. PILGRIM:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. I take it you, at the time, would have
 8 thought, look, I'm being sent this from the
 9 perspective of, look, if I got something
 10 really germane or important to say here, I'll
 11 say it.
 12 MS. PILGRIM:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. Other than that I just--it's for information?
 16 MS. PILGRIM:
 17 A. I would always read it because it was usually
 18 Heather that was sending it to me or sometimes
 19 Susan Bonnell, so sometimes they were just
 20 casting a little bit of a broader net for
 21 people who did have some knowledge of this
 22 just to try to make sure. So I would always
 23 read it and sometimes I would respond, usually
 24 not in writing, I would usually pick up the
 25 phone and phone somebody if I had something to

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1 say about it. And I remember at this time, by
 2 this time I'd been not as closely connected
 3 with this as I had been the year before.
 4 COFFEY, Q.C.:
 5 Q. Yes. And that's apparent even in the e-mails
 6 we've been looking at now.
 7 MS. PILGRIM:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. Just now. There is attached to this, I
 11 apologize, right there on the third page of
 12 background information on ER/PR investigation.
 13 Do you know if that was ever actually sent?
 14 We've heard evidence that The Current -
 15 MS. PILGRIM:
 16 A. I don't, no, I don't know.
 17 COFFEY, Q.C.:
 18 Q. Okay. If we could look at, please, Exhibit P-
 19 2463? This is a series of e-mails. The first
 20 of them is August 3rd, 2006. It's from Roger
 21 Green. And Mr. Green is whom? Do you know?
 22 If you don't, that's fine.
 23 MS. PILGRIM:
 24 A. One of the guys in research.
 25 COFFEY, Q.C.:

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1 Q. Okay. He's identified -
 2 MS. PILGRIM:
 3 A. At MUN, yes.
 4 COFFEY, Q.C.:
 5 Q. - as being from MUN. And it's about this
 6 faulty diagnosis -
 7 MS. PILGRIM:
 8 A. Something he read, yeah.
 9 COFFEY, Q.C.:
 10 Q. - for cancer patients lawsuit alleges. CBC
 11 story apparently posted or dated August 2nd.
 12 And he talks about what he sees as the
 13 misleading impression in relation to this
 14 affecting diagnosis.
 15 MS. PILGRIM:
 16 A. Um-hm.
 17 COFFEY, Q.C.:
 18 Q. And this is distributed to the executive team
 19 by Joyce Penney, August 4th. And then there's
 20 an e-mail from yourself August 4th to Ms.
 21 Predham. The subject is, it's left blank. It
 22 says, "Heather, please read to ensure accuracy
 23 third bullet. I am not sure if I got this
 24 right. Then I will fax to Dr. W. so he will
 25 know the status and perhaps not call you at

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1 home to get the update. Do not mind if I have
 2 Roger Green's e-mail attached. It's just
 3 inadvertent, it's just my boo-boo. I'm not
 4 sending that to Dr. W. Pat." And then you
 5 have written to Dr. Williams that, "I followed
 6 up with Heather today as per your request re
 7 the following," which is the notification of
 8 retroconverters. And it talks about the
 9 status of that, you do. And then the DCIS
 10 issue and the status of the six DCIS cases
 11 needing review and final verification. So
 12 were you--what were you drafting here, what
 13 was this about? What were you reviewing at
 14 this point in time, August 4th?
 15 MS. PILGRIM:
 16 A. This seems to be I was giving Dr.
 17 Williams, who was off, an update.
 18 COFFEY, Q.C.:
 19 Q. In relation to what?
 20 MS. PILGRIM:
 21 A. A status report about what was happening in
 22 his absence.
 23 COFFEY, Q.C.:
 24 Q. Well, here there's reference to "Notification
 25 of retroconverters and DCIS."

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1 MS. PILGRIM:
 2 A. Um-hm.
 3 COFFEY, Q.C.:
 4 Q. Now, the one thing we have seen on that is
 5 that July 31st memo with the 939 patients.
 6 MS. PILGRIM:
 7 A. Right.
 8 COFFEY, Q.C.:
 9 Q. Reference.
 10 MS. PILGRIM:
 11 A. Right.
 12 COFFEY, Q.C.:
 13 Q. That ended up at one point in one form going
 14 to the government.
 15 MS. PILGRIM:
 16 A. To the government, yeah.
 17 COFFEY, Q.C.:
 18 Q. So were you involved in reviewing that at this
 19 point in time?
 20 MS. PILGRIM:
 21 A. Probably in his absence, I was probably
 22 involved in it because there would have been
 23 nobody else to do it.
 24 COFFEY, Q.C.:
 25 Q. Here at the top of the page, August 4, 2006

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1 Ms. Predham sent you an e-mail saying, "I have
 2 the times of diagnosis of DCIS for a
 3 particular patient was '99 and two others were
 4 both 2001. The pathologist is," name is so
 5 and so "case is still here. I can't tell in
 6 who was the pathologist on the other two as
 7 they are in addendum status in the computer.
 8 I spoke with Bev, she said she needed to speak
 9 to Nash before she told me about those six.
 10 She is going to try and get in touch with him
 11 today and call me if he's not back on Monday.
 12 Pat, can you call me when you get a chance? I
 13 am concerned about the notification process
 14 for the retros given the media attention."
 15 Now, at this point in time, and I can take you
 16 to it, there had just been media attention
 17 about the class action.
 18 MS. PILGRIM:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. So did the, in particular, did media attention
 22 play a part then, the degree of media
 23 attention from time to time play a part in
 24 Eastern Health's notification of patients?
 25 MS. PILGRIM:

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1 A. Not that I know of. I mean, I can remember
 2 Heather talking about these patients. It was
 3 sometimes it was just to let you know that,
 4 you know, this will really spark the media
 5 attention even more because now we're going to
 6 be going out giving more information to
 7 patients about issues and just to make sure
 8 everybody knows that, I mean, it didn't stop
 9 us from doing it, not in my memory, Mr.
 10 Coffey. It's just we talked about it, that's
 11 all. But, you know, we still went ahead and
 12 contacted patients.
 13 COFFEY, Q.C.:
 14 Q. Exhibit P-1163? This is an e-mail or some e-
 15 mails of August 7th, 2006, the first from Ms.
 16 Bonnell to a number of individuals, the first
 17 of them is yourself. She says, "Just to
 18 follow up on our conversation this morning, I
 19 just spoke with Lynn Barter com director with
 20 the NLMA. She is going to speak with the head
 21 of their GPs group, re communicating with
 22 family physicians. She agrees with me that
 23 the messages have really gotten mixed in
 24 general conversation and suspects that many
 25 family doctors may be hearing from their

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1 patients. She'll let us know if this is
 2 accurate. In the meantime, they will help us
 3 communicate with the GPs via letter when we
 4 are ready. It would be excellent if we were
 5 in a position to communicate where we are in
 6 the review process and to clarify what the
 7 process was about, some of the results we are
 8 finding, generally speaking, and to address
 9 what we are doing as an organization to ensure
 10 quality control/confidence in the system. If
 11 you would like to get together in the next
 12 couple of days to strategize re ways to reach
 13 the various groups, let us know. I'm very
 14 nervous about doing any disclosures this week,
 15 the timing is very bad, especially given that
 16 we do not have a spokesperson to address
 17 this." And she then refers to Mr. Quinn
 18 having contacted her that morning. Now, with
 19 respect to this concern or issue raised by Ms.
 20 Bonnell about the NLMA's com director saying
 21 that they're getting calls from GPs about
 22 what's going on, because the patients
 23 apparently know more about what's going on
 24 than they do?
 25 MS. PILGRIM:

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1 A. So this was at the time when what was in the
 2 media?
 3 COFFEY, Q.C.:
 4 Q. The class action -
 5 MS. PILGRIM:
 6 A. This was Mark Quinn?
 7 COFFEY, Q.C.:
 8 Q. The class action had just -
 9 MS. PILGRIM:
 10 A. Yes. So that people knew about the class
 11 action lawsuit.
 12 COFFEY, Q.C.:
 13 Q. Yes, that was July of two thousand and -
 14 MS. PILGRIM:
 15 A. Right, um-hm.
 16 COFFEY, Q.C.:
 17 Q. So at the time, you know, having been told
 18 that, well, there's at least the NLMA is
 19 saying there's a concern about a lack of
 20 information amongst family physicians about
 21 this?
 22 MS. PILGRIM:
 23 A. Um-hm.
 24 COFFEY, Q.C.:
 25 Q. Was anything done about it, do you know?

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1 MS. PILGRIM:
 2 A. I wouldn't have known what might have been--I
 3 didn't do anything about it at that time.
 4 COFFEY, Q.C.:
 5 Q. Okay.
 6 MS. PILGRIM:
 7 A. But I'm not sure that something wasn't done
 8 through the NLMA. Dr. Williams would have
 9 probably been back the next week.
 10 COFFEY, Q.C.:
 11 Q. Yes. And here at the top of the page Ms.
 12 Smith, Sharon Smith, who worked in cancer, the
 13 cancer centre at the time, I take it, on the
 14 same day sent an e-mail to Ms. Bonnell,
 15 yourself and others. She says, "I spoke with
 16 Joy McCarthy to see if there are any calls
 17 coming in from patients in relation to all
 18 this media attention. She tells me no and if
 19 there are, she'll let me know. I asked her to
 20 let me," that is, Sharon Smith, "or Pat know
 21 if calls do come in. I'll keep you posted."
 22 So -
 23 MS. PILGRIM:
 24 A. They were just monitoring to see, you know,
 25 has this caused--you know, one of the gages

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1 that we would have about if this has created
 2 more concern in the public is that we'd be
 3 getting more calls from patients or their
 4 families. And the cancer centre would be one
 5 area we would ask and we'd also be looking to
 6 the patient relations officer to see what kind
 7 of calls they were getting.
 8 COFFEY, Q.C.:
 9 Q. Now, with respect--Exhibit P-0103, please?
 10 Now, here on August 7th at the bottom of the
 11 page there's an e-mail from yourself to Sharon
 12 Smith and Heather Predham, copied to Ms.
 13 Bonnell, Ms. Barrington and Ms. Smith. "ER/PR
 14 review process, the status" is the subject
 15 you've used. And you say, there's a long,
 16 then, I'm going to suggest to you, bearing in
 17 mind it's single spaced, a fairly long e-mail.
 18 MS. PILGRIM:
 19 A. That's why I don't send many e-mails, Mr.
 20 Coffey, they're always long.
 21 COFFEY, Q.C.:
 22 Q. From yourself and you begin by saying, "Hello,
 23 everyone. Just so we are all on the same page
 24 with the various bits and pieces of this
 25 issue," which would be the ER/PR issue, I take

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1 it?
 2 MS. PILGRIM:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. "Based on the conversation with Susan and
 6 Leona this morning and a subsequent discussion
 7 with Heather and Sharon this morning, this is
 8 my summary understanding of the status of
 9 several issues." The first bullet is
 10 "Ensuring the oncologists are kept in the
 11 loop." And you talk about then what was being
 12 done about that. The second bullet, "Ms. L
 13 and ? need to follow up with her to clarify
 14 the message about the cancer diagnosis." And
 15 you talk about what's going on with that. You
 16 then, another bullet is "'Other,'" in quotes,
 17 "Possible DCIS cases to be submitted." And
 18 then you talk about the status of that. And
 19 you do conclude that particular comment by
 20 saying, "Awaiting pathology review to be done
 21 this week...we hope!" And then the next
 22 bullet is "Communicating with other key
 23 stakeholders." And you note "Family GPs.
 24 Susan is working with--on a communique and we
 25 will all discuss this further this week.

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1 Canadian Cancer Society. Pat has left a
 2 message for Peter Dawe, who is on vacation for
 3 the next two weeks." That's yourself. And
 4 then there's, the next bullet is "Notification
 5 of the retroconverters." And you go on and
 6 talk about that at some length.
 7 MS. PILGRIM:
 8 A. Um-hm.
 9 COFFEY, Q.C.:
 10 Q. And the third line there you say, "On
 11 discussion of this, we, (Heather, Pat, Nancy
 12 and Sharon), feel we have to use the same
 13 approach to notify these
 14 patients'.....doctors, (preferably those who
 15 have or have had a relationship with a patient
 16 to meet with the patients) and disclose....s
 17 we deal with the DCIS cases which involve the
 18 pathologist (Denic) and the oncologist
 19 (Laing), meeting with each of the three cases.
 20 We all agree that this week is probably not
 21 the time to do this, even though Dr. W. wants
 22 this done ASAP." So why was this week not the
 23 time to do this?
 24 MS. PILGRIM:
 25 A. I don't know if there were people that were

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1 away.

2 COFFEY, Q.C.:

3 Q. Did it have any -

4 MS. PILGRIM:

5 A. I was feeling uncomfortable, I certainly

6 didn't feel that I should be the spokesman for

7 whatever we might get into here. And I can

8 only assume that there were probably other

9 people that were away that week. This is in

10 the middle of the summer.

11 COFFEY, Q.C.:

12 Q. Yes. You go on to say there in relation to

13 that, "We also know that," first sub bullet,

14 ""the panel"" in quotes, "had discussed this

15 and not agreed on a process. they did have

16 quality draft a letter to go out to the family

17 doctor or most responsible doctor under Kara's

18 name and she did not want her name on the

19 letter. She wanted it to go from Eastern

20 Health." And do you recall what that was

21 about?

22 MS. PILGRIM:

23 A. So this got to do with the notification of the

24 retroconverters.

25 COFFEY, Q.C.:

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1 Q. Retroconverters, yeah.

2 MS. PILGRIM:

3 A. I think it goes back to trying to just remove

4 the cancer centre from it a bit and make it an

5 Eastern Health lab issue.

6 COFFEY, Q.C.:

7 Q. And then you say finally, you conclude by

8 saying, "So, having said all of this, here is

9 the proposed plan." And then you go on to

10 talk about that. You say, "Pat to notify Dr.

11 W. that we do not think that we should be

12 notifying these patients this week but by the

13 end of the month." So did you do that?

14 MS. PILGRIM:

15 A. I have no idea, because I don't know what

16 cases these are. But I'm reading that last -

17 COFFEY, Q.C.:

18 Q. Well, the only cases really we've looked at

19 when we look above is the DCIS which is yet to

20 be confirmed.

21 MS. PILGRIM:

22 A. Yes, but I think we're talking about -

23 COFFEY, Q.C.:

24 Q. And the retroconverters.

25 MS. PILGRIM:

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1 A. - some particular three cases there.

2 COFFEY, Q.C.:

3 Q. Yes.

4 MS. PILGRIM:

5 A. And there's some question now about whether

6 all of our oncologists have been keep in the

7 loop about this. Even though we think Kara

8 has been keeping them up to date, we're not

9 quite sure.

10 COFFEY, Q.C.:

11 Q. Well, here when we look at this bullet,

12 "Notification of retroconverters. We know

13 there are four cases who are living and have

14 not been notified and one case who is

15 deceased."

16 MS. PILGRIM:

17 A. Um-hm.

18 COFFEY, Q.C.:

19 Q. "Whose husband has been calling requesting

20 information." And then there's a portion of

21 this dealing with on discussion of this we,

22 including yourself.

23 MS. PILGRIM:

24 A. Right. If you go down to the last paragraph,

25 that's what I'm saying, this will--I was going

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1 to talk to Dr. Williams to say I don't think

2 we should be going out this week. This will

3 give us time to talk with our own doctors

4 about these results, see if they are

5 comfortable notifying. I mean, to me that's

6 what I was talking about there, and then work

7 with Nash to do an information sheet. I think

8 it was just the time, Mr. Coffey.

9 COFFEY, Q.C.:

10 Q. Yes.

11 MS. PILGRIM:

12 A. We didn't have the right people around us and

13 we weren't sure that everybody was in the loop

14 that should have been in the loop on this.

15 COFFEY, Q.C.:

16 Q. And then finally here on the top of the next

17 page, "Touching base with Terry Gulliver re

18 today's The Current broadcast." And you say,

19 "I have spoken with Terry who is just back

20 from two weeks annual leave. He did not hear

21 the program but I told him what was said by

22 Ches Crosbie re 'it is harder to attract good

23 people.'" in quotes. "He will see what the

24 response is in the lab, if any. I have

25 discussed the issue re the lawyer seemingly

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1 getting this information from inside. He
 2 indicated he has already had to talk to his
 3 staff re Dr. Hutton being over in the lab
 4 asking questions. I told him he needs to
 5 follow up with Nash to ensure the message gets
 6 out that no one should be talking about this
 7 outside of the official group." I take it
 8 that that was the understanding within Eastern
 9 Health, no one should be talking about this
 10 outside of the official group?
 11 MS. PILGRIM:
 12 A. Nobody should be talking to Dr. Hutton about
 13 this outside of the official group. We wanted
 14 to try to cut down on the amount of stories
 15 that were going around so if you had Dr.
 16 Hutton coming in and asking questions, he
 17 should be sent to the right people, not just
 18 everybody giving him their version of what was
 19 going on.
 20 COFFEY, Q.C.:
 21 Q. So it's not phrased here, "follow up with
 22 Nash," Terry telling Nash ensure the message
 23 gets out.
 24 MS. PILGRIM:
 25 A. And them -

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1 COFFEY, Q.C.:
 2 Q. You intended to convey no one is to talk to
 3 Dr. Hutton?
 4 MS. PILGRIM:
 5 A. Yeah, I mean, that's what we were talking
 6 about there.
 7 COFFEY, Q.C.:
 8 Q. Well, here certainly Dr. Hutton wasn't part of
 9 the official group?
 10 MS. PILGRIM:
 11 A. No.
 12 COFFEY, Q.C.:
 13 Q. So -
 14 MS. PILGRIM:
 15 A. But I'm reading that last paragraph, Mr.--"I
 16 told him he needs to follow up with Nash to
 17 ensure the message gets out that no one should
 18 be talking about this outside of the official
 19 group." Now, I'm assuming I was talking to
 20 Dr. Hutton.
 21 COFFEY, Q.C.:
 22 Q. Whether Dr. Hutton or otherwise?
 23 MS. PILGRIM:
 24 A. Or I may have been talking about if we're
 25 saying this lawyer must have got this

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1 information from somewhere else, who is it
 2 that's going out and--and we can never control
 3 that, but we do like to say to our staff, you
 4 know, we would really like for you not to be
 5 talking about this outside the organization,
 6 to media and things like that.
 7 COFFEY, Q.C.:
 8 Q. Exhibit P-1500. And on that point, really,
 9 how much within the organization outside the
 10 group was really known about this, to your
 11 knowledge?
 12 MS. PILGRIM:
 13 A. There were lots of rumours about this and, you
 14 know, people would see this one talking to
 15 that one and, you know, one morning Pat
 16 Pilgrim might be over in the lab or, you know,
 17 somebody was over going around with Nash this
 18 morning. There was all kinds of rumours going
 19 around and we would -
 20 COFFEY, Q.C.:
 21 Q. Within the organization itself?
 22 MS. PILGRIM:
 23 A. Just trying to manage that, yes.
 24 COFFEY, Q.C.:
 25 Q. Here is an e-mail of August 8th, 2006 from

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1 yourself to Ms. Predham, Ms. Barrington and
 2 Ms. Bonnell, copied to Ms. Smith. ER/PR
 3 review is the subject. And you say, "Hi
 4 there, I got a call--I had a call in to Peter
 5 Dawe and even though he's on annual leave, he
 6 has responded that I can get him via e-mail or
 7 his cell phone, so here are the decisions we
 8 have to make. Do we contact him while on his
 9 vacation? Two, do I e-mail or do it via
 10 phone. Three, which parts of the following,
 11 if any, and what else do I include? Your
 12 thoughts, please?" Signed, "Pat." And then
 13 there's a draft here beginning, "Hi there,
 14 Peter. I understand you're on holidays and I
 15 hope you're enjoying. I was trying to touch
 16 base with you re the latest media coverage
 17 related to our ER/PR review. As you are
 18 probably aware, there has been some recent
 19 coverage involving a patient and her lawyer,
 20 Ches Crosbie. We cannot comment specifically
 21 about this case for confidentiality reasons,
 22 just to say her case is part of our review. I
 23 just wanted to update you with the latest
 24 information and offer any further
 25 clarification/information you might need. The

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1 update is as follows." And then you actually
 2 go on then about the number of--"1069 cases
 3 have been reviewed by Mount Sinai. The vast
 4 majority of these patients have been notified
 5 of the results of the review as there were
 6 several physicians across the province
 7 involved but meeting with these patients we
 8 are now verifying with them all that the
 9 patients have been contacted. We are very
 10 confident that most if not all of them have
 11 been contacted. Any results received from
 12 Mount Sinai indicating that the status of the
 13 report has changed, ie, the specimen was
 14 originally reported as ER/PR negative and upon
 15 review is reported as positive, on review by
 16 an expert panel consisting of surgeons,
 17 pathologists and oncologist. This expert
 18 panel reviews each case and makes a
 19 recommendation for any further treatment,
 20 follow up to the physician deemed to now be
 21 responsible for the patient's care. This can
 22 be a surgeon, oncologist or other. The
 23 recommendation is sent in a letter to the most
 24 responsible physician and the patient is
 25 contacted and followed up by the letter. As

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1 part of the review of over 1,000 charts, we
 2 have identified a small number of cases that
 3 require further follow up not related to the
 4 ER/PR status but an issue detected as a
 5 byproduct of the original investigation. We
 6 are in the process of notifying these patients
 7 and finalizing any recommendations related to
 8 this.
 9 As you know," and you've underlined this,
 10 "any review of this magnitude will result in
 11 identification of issues that we might not
 12 have been otherwise aware of. We are working
 13 to have the review and follow up with patients
 14 completed by the end of the summer. Then we
 15 will be in a position to analyze and summarize
 16 the results of our review and any changes we
 17 have implemented or plan to implement as a
 18 result of this. Throughout this process, we
 19 have been committed to disclosure and
 20 attention to the needs of our patients. We
 21 will continue with this focus," and you've got
 22 a space for any other comments that somebody
 23 might add.
 24 Now, Ms. Pilgrim, looking at that, I take
 25 it that at least your initial reaction, as of

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1 June 8th, 2006, was to communicate in writing
 2 with Mr. Dawe that information, perhaps other
 3 information, but certainly that? That was
 4 your own gut reaction?
 5 MS. PILGRIM:
 6 A. That's what I was considering, yes.
 7 COFFEY, Q.C.:
 8 Q. And the purpose being, I take it, that it
 9 would let him be informed in a detailed way?
 10 MS. PILGRIM:
 11 A. Right, and I didn't--I was now, at this point,
 12 because Dr. Williams was gone, I was being
 13 pulled into this, having to make decisions and
 14 things like that. So I really was out of the
 15 loop when it came to Mr. Dawe or other
 16 stakeholders that Dr. Williams had been
 17 meeting with. I kind of didn't know where he
 18 was with what they knew and how much
 19 information he had given them. So therefore,
 20 I'm asking, you know, and very simply asking,
 21 "so do I have to contact Peter Dawe on his
 22 holidays to tell him that?" Like I didn't
 23 know how much in the loop he had been, and I
 24 think the response I got was that I didn't
 25 need to contact him, and I didn't, I don't

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1 think. I think I talked to him after. I
 2 think when he got back from his holidays, I
 3 talked to him. I called him and spoke with
 4 him.
 5 COFFEY, Q.C.:
 6 Q. I'll get to that in a moment. Here, that same
 7 day, August 8th, you got an e-mail from Ms.
 8 Bonnell regarding this saying "why don't you
 9 e-mail him and let him know there have been
 10 some new developments in the media and that if
 11 he has any questions or concerns he can get in
 12 touch with you. Put the ball back in his
 13 court. Perhaps you could also tell him that
 14 we are nearing completion re: the review of
 15 ER/PR tests and should be in a position to
 16 talk about causative factors as well as
 17 operational changes, solutions, to address
 18 these very soon. I think the offer to keep
 19 him in the loop is as important, if not more
 20 important, than the actual information you can
 21 provide."
 22 Now when you received that back from Ms.
 23 Bonnell, in effect, she's telling you "don't
 24 send him the detailed information. Just
 25 simply say 'give me a call.'"

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1 MS. PILGRIM:
 2 A. And I probably would have taken that advice at
 3 that time, because she was closer to what he
 4 was being told than I was. But I know I did
 5 follow up with him, because I don't think Dr.
 6 Williams was back for a while and I do
 7 remember calling Peter and giving him
 8 information on the phone.
 9 COFFEY, Q.C.:
 10 Q. If we could look back, please, at Exhibit P-
 11 1163? We just looked at this a moment ago,
 12 the bottom of the first page here. This is
 13 the e-mail from Ms. Bonnell, August 7th, 2006,
 14 to yourself and others, and the day before,
 15 she had told you, same woman who's sending you
 16 the e-mail the following day -
 17 MS. PILGRIM:
 18 A. Is this the e-mail we saw before or this is
 19 another one?
 20 COFFEY, Q.C.:
 21 Q. This is one we've seen.
 22 MS. PILGRIM:
 23 A. This is one we've already seen?
 24 COFFEY, Q.C.:
 25 Q. Yes, the Lynn Barter one, Comm director.

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1 MS. PILGRIM:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. She says to you, she had said to you the day
 5 before, "if you would like to get together in
 6 the next couple of days to strategize re: ways
 7 to reach the various groups, let us know."
 8 MS. PILGRIM:
 9 A. Yes, she's saying that -
 10 COFFEY, Q.C.:
 11 Q. Strategizing about how to reach the various
 12 groups. You, the next day, proposed to send
 13 at least some written information, detailed
 14 information to Mr. Dawe, and she responded to
 15 you promptly saying--yes, it was promptly,
 16 relatively promptly, saying "just e-mail him
 17 and put the ball back in his court." So you
 18 didn't think that--question that, in terms of
 19 well, look, I've taken the trouble to type all
 20 this out.
 21 MS. PILGRIM:
 22 A. Well, I was typing out my thoughts because I
 23 wanted them to verify that what I had was
 24 actually what we were doing. I mean, I can
 25 remember this very clearly. I was being

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1 pulled into having to make decisions. I
 2 hadn't been involved. As a matter of fact, I
 3 was feeling a bit rusty, even though I'd been
 4 getting--mainly what I'd been getting up to
 5 this point, Mr. Coffey, was some updates about
 6 numbers and who we'd contacted and I was
 7 reluctant now to jump into this and I would do
 8 what I had to do, but if I didn't have to do
 9 it at this time, I wasn't going to do it, and
 10 so I just looked for some advice on that.
 11 COFFEY, Q.C.:
 12 Q. Exhibit P-2510, please? This is Ms. Predham's
 13 response to your e-mail of August 8th. This
 14 is August 9th, 2006. She says "actually,
 15 Susan, that is an excellent idea. That being
 16 said, your draft e-mail is good, with my two
 17 cents being that it's 969 cases, not 1,069 and
 18 I wouldn't include a third bullet at all,
 19 personally. Could we say that 'a small number
 20 of cases were not as straightforward as the
 21 majority and required more focused attention'
 22 or something like that?" I'm going to suggest
 23 to you that the second bullet there, referring
 24 to the third bullet, is referring to your e-
 25 mail?

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1 MS. PILGRIM:
 2 A. Oh yes, I'd say that's what she's talking
 3 about, yeah.
 4 COFFEY, Q.C.:
 5 Q. So you would have understood that Ms. Predham
 6 was telling you that she agreed with Susan's
 7 approach, but in any case, if you were going
 8 to go with the larger one, the longer one, get
 9 the numbers right, and modify the third bullet
 10 as she says?
 11 MS. PILGRIM:
 12 A. Right.
 13 COFFEY, Q.C.:
 14 Q. If we could go to 2511, please? This is -
 15 THE COMMISSIONER:
 16 Q. Mr. Coffey, we're nearing the luncheon break,
 17 so wherever you get the chance.
 18 COFFEY, Q.C.:
 19 Q. Thank you, Commissioner. Exhibit, this is
 20 August 11th, 2006. It's from Dianne Smith,
 21 your executive assistant, to Peter Dawe. The
 22 subject is "message from Pat Pilgrim.
 23 Forwarding on behalf of Pat. Hi Peter, I was
 24 trying to get in touch with you late last week
 25 as there were some developments in the media

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1 related to ER/PR, just in case you had any
 2 questions or concerns. Give me or Sharon
 3 Smith a call when you get back to the office
 4 after your vacation and we discuss. Pat." So
 5 I take it that you adopted Ms. Bonnell's
 6 suggested approach, which is to--in fact, it's
 7 almost the exact wording she suggested to you.
 8 MS. PILGRIM:
 9 A. Well, I take it, yeah, that I did at that
 10 point, where I hadn't been involved, and I
 11 probably said to myself "look, I'll wait until
 12 he comes back and talk to him about it."
 13 COFFEY, Q.C.:
 14 Q. And did you do so?
 15 MS. PILGRIM:
 16 A. My memory is that I did talk to him.
 17 COFFEY, Q.C.:
 18 Q. Could you tell the Commissioner what you
 19 recall, if anything, about that?
 20 MS. PILGRIM:
 21 A. I don't remember a lot about it, but I'm only
 22 assuming that I would have given him some
 23 information when I did talk to him.
 24 COFFEY, Q.C.:
 25 Q. Do you recall if you gave him the sort of

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1 detailed information that was in your draft?
 2 MS. PILGRIM:
 3 A. I don't know if I did or not.
 4 COFFEY, Q.C.:
 5 Q. Okay. Thank you, Commissioner.
 6 MS. PILGRIM:
 7 A. I think when he was on the stand, he said I
 8 didn't. But I can't remember what I exactly
 9 told him.
 10 COFFEY, Q.C.:
 11 Q. And if you were going to tell him verbally
 12 anyway, so what harm--was there any harm in
 13 telling him in writing?
 14 MS. PILGRIM:
 15 A. Again, I can't--there would have been no harm,
 16 Mr. Coffey, and I don't know why I didn't send
 17 it to him, but I can remember that I didn't
 18 want to get into this, doing things that, you
 19 know, Dr. Williams hadn't been doing. Because
 20 I think, when he came back, if I remember
 21 correctly, he probably did talk to Dr.
 22 Williams as well, and Dr. Williams had been
 23 the person who was dealing with the
 24 government. He was dealing with Peter Dawe.
 25 He was dealing with various people. So I

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1 think I just decided to opt out of this and
 2 give--you know, get in touch with Peter and
 3 say "I'll talk to you when you come back."
 4 COFFEY, Q.C.:
 5 Q. And if you did talk to him when he came back,
 6 you can't recall what you said to him?
 7 MS. PILGRIM:
 8 A. Well, I don't know why I wouldn't have told
 9 him the information I had, unless someone had
 10 said to me, "it's no good to give him--you
 11 don't need to give him all that information.
 12 He already has it." Like there would have
 13 been no particular desire on my part not to
 14 tell Peter the information I had, unless
 15 someone had said to me.
 16 COFFEY, Q.C.:
 17 Q. I come back to--unless somebody said to you,
 18 don't?
 19 MS. PILGRIM:
 20 A. Yeah, yeah, unless someone like Dr. Williams
 21 or somebody said "but sure, he already has all
 22 that information."
 23 COFFEY, Q.C.:
 24 Q. Were you ever -
 25 MS. PILGRIM:

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1 A. I mean, I'm only surmising.
 2 COFFEY, Q.C.:
 3 Q. Were you ever told by Dr. Williams or anyone
 4 else that Peter Dawe already had that
 5 information?
 6 MS. PILGRIM:
 7 A. No, probably--I don't remember that. I'm only
 8 surmising now, so I shouldn't be doing that
 9 with you.
 10 COFFEY, Q.C.:
 11 Q. Yes, and with respect, in terms of the--you
 12 drafted it, and other than perhaps cleaning up
 13 some punctuation or grammar, the e-mail, you
 14 could just have easily have sent it to him at
 15 the time.
 16 MS. PILGRIM:
 17 A. And I may have taken Susan's advice at the
 18 time. I don't remember exactly what was in my
 19 mind.
 20 COFFEY, Q.C.:
 21 Q. Thank you, Commissioner.
 22 THE COMMISSIONER:
 23 Q. All right. We'll take the luncheon break and
 24 return at 2:10.
 25 (LUNCH BREAK)

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1 THE COMMISSIONER:
 2 Q. Please be seated. Mr. Coffey.
 3 COFFEY, Q.C.:
 4 Q. Thank you, Commissioner. Commissioner, I'm
 5 advised that the following exhibits should be
 6 entered or I should request that they be
 7 entered, P-3111, that's 31-11, and then P-3209
 8 through P-3344 inclusive. That's 3209 to 3344
 9 inclusive.
 10 THE COMMISSIONER:
 11 Q. Hang on, I catch up to you. 32?
 12 COFFEY, Q.C.:
 13 Q. I'm told to 3344.
 14 THE COMMISSIONER:
 15 Q. 3344.
 16 COFFEY, Q.C.:
 17 Q. I'm just going to turn the page here.
 18 THE COMMISSIONER:
 19 Q. There's a 3245, you're not looking for that?
 20 COFFEY, Q.C.:
 21 Q. Okay, just a second then, Commissioner, if I
 22 could? 3245, I'm sorry?
 23 THE COMMISSIONER:
 24 Q. Yes, you asked for up to 3344, is that
 25 correct?

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1 COFFEY, Q.C.:
 2 Q. No, no, 33, not 3244, 3344.
 3 THE COMMISSIONER:
 4 Q. Yes, and I'm saying you don't want 3345?
 5 COFFEY, Q.C.:
 6 Q. No, Commissioner.
 7 THE COMMISSIONER:
 8 Q. All right.
 9 COFFEY, Q.C.:
 10 Q. That's something we're--Mr. Browne and I are
 11 talking about.
 12 MR. BROWNE:
 13 Q. Yes, yes, we're looking through that.
 14 THE COMMISSIONER:
 15 Q. Okay, entered.
 16 EXHIBIT ENTERED AND MARKED EXHIBIT P-3111
 17 EXHIBITS ENTERED AND MARKED EXHIBITS P-3209 THROUGH P-
 18 3344
 19 COFFEY, Q.C.:
 20 Q. Thank you, Commissioner. If we could, please,
 21 or at least we touched on this this morning,
 22 Mrs. Pilgrim, 334--actually, as well, I have
 23 to ask for 3346 which would be beyond 3345.
 24 3346 as well, Commissioner, please.
 25 THE COMMISSIONER:

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1 Q. 3346?
 2 COFFEY, Q.C.:
 3 Q. Yes.
 4 THE COMMISSIONER:
 5 Q. All right.
 6 EXHIBIT ENTERED AND MARKED EXHIBIT P-3346
 7 COFFEY, Q.C.:
 8 Q. And Ms. Pilgrim, this is an e-mail from Mr.
 9 Simmons to Ms. Chaytor, August 29th, 2008.
 10 The subject is the distribution of external
 11 review reports, and I just wanted to take you
 12 through it because--and compare it to your
 13 understanding of the situation. I appreciate
 14 this is a communication from Mr. Simmons.
 15 THE COMMISSIONER:
 16 Q. This is really the subject we were on this
 17 morning?
 18 COFFEY, Q.C.:
 19 Q. Yes, this is this, Commissioner, while it's
 20 still fresh in our memory, our minds. It says
 21 "I am afraid that we are not going to be able
 22 to give you a definitive answer about the
 23 distribution of all copies, the second group
 24 of four numbered external review reports. The
 25 notations, example five of eight, etcetera,

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1 were written on the copies by Dr. Denic. His
 2 recollection is that it was after one of the
 3 news conferences in the spring of 2007, which
 4 is consistent with the date of May 23rd '07 on
 5 the copies and that he was asked by Mr. Tilley
 6 to get copies of the reports for the
 7 Department of Health. Dr. Denic had four
 8 copies made and numbered them. He says all
 9 four went to Mr. Tilley's office," and I could
 10 just stop there, Commissioner, and note that,
 11 in fact, Dr. Denic has testified about that.
 12 THE COMMISSIONER:
 13 Q. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. And then this goes on to say, "Joyce Penney,
 16 who was Mr. Tilley's assistant at the time,
 17 says that she was asked by Dr. Denic to make
 18 copies of the reports and that he took them
 19 into Mr. Tilley's office. She understood that
 20 it was in response to the request from the
 21 Department of Health. There was no
 22 distribution list for the copies, but she
 23 thinks that some were given to Pat Pilgrim and
 24 Dr. Denic took some. This seems to make sense
 25 since Pat was not on the original distribution

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1 list and Dr. Denic did not get the first
 2 reports because he was not clinical chief when
 3 they were received. The long and short of it
 4 is that we can say that in addition to the
 5 documented distribution of the first four
 6 copies, additional copies were attached to the
 7 letter for John Abbott and were given to Pat
 8 Pilgrim and Dr. Denic, but that the precise
 9 distribution of the second four copies cannot
 10 be tracked beyond that. I don't think there's
 11 anything else that we can do to investigate
 12 this point further," and he signs, Mr.
 13 Simmons.
 14 So I wanted to ask you about this, in
 15 terms of did you get a copy at the time?
 16 That's what I'm -
 17 MS. PILGRIM:
 18 A. I did.
 19 COFFEY, Q.C.:
 20 Q. Okay, you did, and then does this then fairly
 21 summarize, to your knowledge, to date what's
 22 known about that topic?
 23 MS. PILGRIM:
 24 A. It does. Well, yes, in terms of I was just
 25 reading, this doesn't imply though that I

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1 distributed any copies, does it?
 2 COFFEY, Q.C.:
 3 Q. And if it does, that would be incorrect, I
 4 take it?
 5 MS. PILGRIM:
 6 A. Yes, that's incorrect.
 7 COFFEY, Q.C.:
 8 Q. If it happens to be just kind of written
 9 loosely that way.
 10 MS. PILGRIM:
 11 A. That's right, yes, I just got one copy.
 12 COFFEY, Q.C.:
 13 Q. You got a copy and it would have been in May
 14 of 2007?
 15 MS. PILGRIM:
 16 A. Yes, would have been last year, yeah, in the
 17 spring.
 18 COFFEY, Q.C.:
 19 Q. Just after the announcement of the Commission
 20 of Inquiry?
 21 MS. PILGRIM:
 22 A. Right.
 23 COFFEY, Q.C.:
 24 Q. Okay. Because initially, you were--very early
 25 on, you were identified within Eastern Health

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1 as the person who would be dealing with the
 2 Commission.
 3 MS. PILGRIM:
 4 A. That's right, yes.
 5 COFFEY, Q.C.:
 6 Q. And you received it in that capacity?
 7 MS. PILGRIM:
 8 A. No, not right away. I just asked for it
 9 subsequent to that.
 10 COFFEY, Q.C.:
 11 Q. Okay, and what was--why did you want a copy?
 12 MS. PILGRIM:
 13 A. I wanted to read it. I hadn't seen the
 14 reports and I wanted to read them.
 15 COFFEY, Q.C.:
 16 Q. And why did you think that was important or
 17 necessary from your perspective?
 18 MS. PILGRIM:
 19 A. Well, at that time, I was reading everything I
 20 could get my hands on about ER/PR because the
 21 fact was within Eastern Health that there were
 22 a very small number of people that had any
 23 amount of knowledge of this whole thing. So I
 24 was just trying to get myself up to scratch
 25 and be somebody else who had some knowledge as

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1 well.
 2 COFFEY, Q.C.:
 3 Q. Yes, and bearing in mind that you were about
 4 to have to deal with whomever the Commissioner
 5 was.
 6 MS. PILGRIM:
 7 A. I was, yes.
 8 COFFEY, Q.C.:
 9 Q. And who, in fact, eventually then Mr.
 10 Thompson, in his capacity, in terms of this
 11 adverse health events.
 12 MS. PILGRIM:
 13 A. That's right, I was just, you know, trying to
 14 get myself up to scratch, Mr. Coffey, with
 15 anything I could read about this.
 16 THE COMMISSIONER:
 17 Q. So I take it then, you had a copy of all of
 18 the reports done by, not just the--when you
 19 were updating yourself, bringing yourself up
 20 to scratch, you read all of the reports that
 21 had been prepared by Dr. Banerjee and Ms.
 22 Wegrynowski?
 23 MS. PILGRIM:
 24 A. I would have read--there was an initial report
 25 and a subsequent report.

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1 COFFEY, Q.C.:

2 Q. From each of them.

3 MS. PILGRIM:

4 A. Yes.

5 THE COMMISSIONER:

6 Q. From each.

7 MS. PILGRIM:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. And you would have read the four of the

11 reports?

12 MS. PILGRIM:

13 A. I would have, yeah.

14 THE COMMISSIONER:

15 Q. Okay. So can I take it that you have one of

16 the eight of each?

17 MS. PILGRIM:

18 A. I do.

19 THE COMMISSIONER:

20 Q. All right, thank you.

21 COFFEY, Q.C.:

22 Q. If we could look, please, at Exhibit P-3039?

23 This returns to August of 2006, Ms. Pilgrim.

24 This is an e-mail to Ms. Predham on August

25 10th, 2006 to Pam Elliott. The attachment is

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1 a briefingnoteaugust10.doc. She says "Hi Pam,

2 find the note attached. I made the changes to

3 the first part. I have qualms about the

4 concerns section and the factors affecting the

5 time lines, but I'll let you decide. How do

6 you want me to address it at the beginning?

7 Also, I didn't include the information about

8 the reviews. I think we can tell them that,

9 but I don't want to write it down. I'm here

10 all afternoon." Signed Heather, okay, and we

11 look at the second page of the exhibit,

12 there's a blank in the "to" here, but subject

13 matter is "re: update on estrogen and

14 progesterone receptor testing" and she begins

15 again, "based on the information, the total

16 number of patients that were sent for

17 retesting was 939. The numbers below include

18 nine patients from St. Pierre," and then there

19 are various tables and descriptions, and there

20 is evidence the Commissioner has heard that

21 this eventually, very shortly after this, ends

22 up, a version of this ends up in the

23 Department of Health, okay?

24 MS. PILGRIM:

25 A. Um-hm.

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1 COFFEY, Q.C.:

2 Q. Now at that time, do you recall any

3 discussion, August 10th, 11th, 12th, that time

4 period, 2006, about the idea, concerning the

5 idea of telling or including information about

6 the reviews and telling the Department about

7 that, but not writing it down? Do you

8 remember that coming up as a topic?

9 MS. PILGRIM:

10 A. I don't have any recall of that, no.

11 COFFEY, Q.C.:

12 Q. Here, on the third page, I'm sorry, the fourth

13 page of the exhibit, third page of the

14 document, under--apologize, under

15 retroconverters, there's a reference to--and

16 it's obvious, it's in bold and italics. It's

17 not part of the main text. Ms. Predham has

18 written, "Pam, I'm not sure about these two

19 sections as we still don't know how Ches

20 Crosbie found out this information. Also DOH

21 has already released our briefing notes in

22 that ATIPP request last time. What do you

23 think?" Do you recall any discussion, that

24 you were aware of, or you were involved in?

25 MS. PILGRIM:

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1 A. I'm just trying to get my mind around this

2 now. Is she referring to the two subsequent

3 sections or the two preceding?

4 COFFEY, Q.C.:

5 Q. Well, that's--in terms of that, it's probably

6 the two subsequent, because they don't end up

7 in the final version of this.

8 MS. PILGRIM:

9 A. So she's saying -

10 COFFEY, Q.C.:

11 Q. It's concerns -

12 MS. PILGRIM:

13 A. - "don't know how Ches Crosbie found out this

14 information."

15 COFFEY, Q.C.:

16 Q. And then "factors contributing to review time

17 line," see that?

18 MS. PILGRIM:

19 A. Yeah.

20 COFFEY, Q.C.:

21 Q. And so do you recall any discussion around

22 that? And here's why I'm raising it with you.

23 If we can look at P-3042, please? That e-mail

24 we just looked at was August 10th. This is

25 August 11th, 2006. It's from Ms. Predham to

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1 yourself. The subject is "briefing note for
 2 the Department of Health and Community
 3 Services" and it's a
 4 draftbriefingnoteAugust11th2006.doc. She
 5 writes "here is the briefing note. If you
 6 could have a glance over it before I send it,
 7 that would be great. Page me if you want to
 8 chat about it." And then we look at this,
 9 page two, draft. It's prepared by Heather
 10 Predham, doesn't say to whom it's going, and
 11 again, we have all those tables, information
 12 in them, and there is a DCIS section, a
 13 retroconverter section, a patients who are
 14 deceased section, and that's it, and
 15 apparently then, if we could go back then to
 16 3039, that concerns section and the factors
 17 contributing to review time line has been
 18 omitted by the time it makes it to you the
 19 next day, on August 11th. So I wanted to ask
 20 you, do you recall being involved in any
 21 discussions about that, about the decision
 22 apparently to omit this?
 23 MS. PILGRIM:
 24 A. No, I don't recall having any discussion with
 25 anybody about this. Doesn't mean I didn't,

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1 but I don't recall having any particular
 2 discussion around this. I had a discussion
 3 around so many of these things, Mr. Coffey, I
 4 don't--I may have, but I don't have any
 5 particular memory of sitting down with Heather
 6 or talking on the phone with Heather or Pam
 7 about this briefing note.
 8 COFFEY, Q.C.:
 9 Q. And if we could look, please, at--I'll just go
 10 to the copy that was sent to you. 3042,
 11 please? And here, looking at page four, yes,
 12 that's it, I wanted to ask you about your
 13 understanding of this on the retroconverters.
 14 It does say, again, "all patients who were
 15 negative for ER were included in the retesting
 16 process. As the clinical definition of
 17 negative changed over the years, all patients
 18 with an ER of 30 percent or less were
 19 retested." You pointed out that wouldn't be
 20 strictly speaking, the complete account of the
 21 cut off points. But it then goes on to say
 22 "that means that in the group retested, there
 23 were women who although their ER level met
 24 this clinical definition of negative, less
 25 than 30 percent, were considered positive at

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1 the time and received hormonal treatment.
 2 However, in four cases, retesting by Mount
 3 Sinai identified that women in this category
 4 now have an ER/PR status of zero percent that
 5 has been confirmed by subsequent retesting at
 6 Mount Sinai. It has been noted in the
 7 literature that false positive laboratory
 8 tests can occur."
 9 Now was it your understanding that these
 10 four, these retroconverters here, were
 11 examples of false positives or were they
 12 simply misinterpretations by pathologists, or
 13 did you know?
 14 MS. PILGRIM:
 15 A. At that time I don't remember that any
 16 pathologists had actually looked at the
 17 original slides, so they were going--because
 18 the whole issue of that, Mr. Coffey, came up
 19 after, I think it was Dr. Nash Denic actually
 20 looked at the original slides. But here we're
 21 just talking about the results from Mount
 22 Sinai versus the original results.
 23 COFFEY, Q.C.:
 24 Q. Okay. And did you ever make any inquiries
 25 yourself into the false positive, ER/PR false

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1 positive test result issue?
 2 MS. PILGRIM:
 3 A. I've had discussions about it in terms of, you
 4 know, first when we started with this, the
 5 issue with this or the limitation with this
 6 test was false negatives. I know that with
 7 any test that you do in medicine there is
 8 variability and was this test any more--was
 9 there any more of a concern with a false
 10 positive rate with this, like, how did it rank
 11 as far as concern about false negative, those
 12 types of questions just to try to understand
 13 it myself. And I would have had those
 14 discussions with Dr. Cook or Dr. Denic or Dr.
 15 Carter.
 16 COFFEY, Q.C.:
 17 Q. And when would they have been?
 18 MS. PILGRIM:
 19 A. Over time, over time, yeah. I might be
 20 sitting at a meeting that had nothing to do
 21 with that and when I got an opportunity, I
 22 would say to them.
 23 COFFEY, Q.C.:
 24 Q. Exhibit P-1447, 1447. This is Ms. Predham's
 25 e-mail to Moira Hennessey of August 11th,

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1 2006. She copied it to yourself and Ms.
 2 Elliott. The attachment is a draft briefing
 3 note, August 11, 2006. So you would have been
 4 aware on August 11th that Ms. Predham had, in
 5 fact, forwarded that draft briefing not on to
 6 Ms. Hennessey, the department -
 7 MS. PILGRIM:
 8 A. I would have been given an opportunity to see
 9 it before that, but she still sent it in draft
 10 because Dr. Williams and Dr. Denic hadn't seen
 11 it.
 12 COFFEY, Q.C.:
 13 Q. And again, in terms of the Commissioner
 14 understanding how the dynamics going on at the
 15 time, it was actually primarily still Dr.
 16 Williams concerned?
 17 MS. PILGRIM:
 18 A. Oh, yeah, yeah. I was a bit removed from this
 19 at the time, but as I told you, I was never
 20 really removed from it. But I think Heather
 21 would have felt more comfortable with Dr.
 22 Williams looking at it than me, say, to make
 23 sure.
 24 COFFEY, Q.C.:
 25 Q. Now, if we could look then and go into the

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1 fall of 2006, P-2569, please? 2569? And this
 2 is an e-mail from Heather Predham to yourself
 3 and Ms. Elliott on September 21st. The
 4 subject is ER/PR. And she's telling you, "I
 5 have to tell you both about an incident that
 6 is unfolding as we speak." And she goes on
 7 then to talk about Joy McCarthy having
 8 contacting her about a lady who had been
 9 admitted with a metastasis after being
 10 diagnosed with breast cancer in 2000. And she
 11 goes on to speak about the fact that
 12 apparently the woman had not been informed
 13 about retest results. "She was retested and
 14 the results came back in October, '05 and she
 15 as positive. She was panelled and a letter
 16 sent to Kara Laing November 4th and it appears
 17 that Kara did not see her." And "We're
 18 checking to see if Kara got the letter." So,
 19 then you're going to be--she's going to keep
 20 you informed as this progresses. "We had been
 21 contacting physicians to ensure follow up, but
 22 we are leaving the cancer clinic until last."
 23 Actually, "we were leaving the cancer clinic
 24 until last." Now, this is one example of
 25 somebody who was overlooked, there's just one

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1 here on September 21st. Would this have been
 2 the first indication you had that people had
 3 been missed in the spring, the winter--I take
 4 it that the whole of the process in contacting
 5 patients, with the exception of the retros,
 6 retroconverters, had been done?
 7 MS. PILGRIM:
 8 A. Um-hm. This was the fall of 2006?
 9 COFFEY, Q.C.:
 10 Q. Yes, this is September 21st. I'll just show
 11 you here.
 12 MS. PILGRIM:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. So this would be quite possibly the first of
 16 those, first kind of alert that people were
 17 missed?
 18 MS. PILGRIM:
 19 A. Might have been the first one. I know it was
 20 in the latter part of 2006 that we started
 21 getting some evidence of that.
 22 COFFEY, Q.C.:
 23 Q. Exhibit P -
 24 MS. PILGRIM:
 25 A. I'm not sure if she's the first one, Mr.

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1 Coffey, that I heard about, but -
 2 COFFEY, Q.C.:
 3 Q. P-1176? Because I take it by this point in
 4 September now, Ms. Predham is again reporting
 5 to yourself as of September 5th?
 6 MS. PILGRIM:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. And this is another e-mail from Ms. Predham,
 10 September 28th, 2006, to yourself and Dr.
 11 Williams and Pam Elliott. It's ER/PR
 12 communication. She says, "You are all aware
 13 of the incident last week in which a lady was
 14 admitted to the Health Sciences Centre with
 15 metastasis." And it goes on to talk about
 16 that. And then it says, "Yesterday Dr.
 17 Ganguly's secretary called Debbie and
 18 requested a copy of a letter on" the
 19 particular patient's name is redacted. "This
 20 letter was written on February 20th, 2006."
 21 And then she goes on to detail what had
 22 happened. She, in the third paragraph, says,
 23 that "Nancy received a call from a patient.
 24 She identified herself and told Nancy she had
 25 come from her regularly scheduled annual

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1 checkup with Dr. Ganguly. She was aware of
 2 the ER/PR review as we had contacted her about
 3 the review. She had called us on the 27th of
 4 October inquiring about the results and of
 5 course they weren't available then. She
 6 called again the 29th of March. Nancy
 7 returned her call and left a message, but
 8 never spoke to her. She didn't call back.
 9 Today she said no one had contacted her about
 10 the ER/PR retesting results. She was assuming
 11 that no news was good news. Dr. Ganguly told
 12 her today that 'he had not heard from anybody,
 13 but he could see by looking up her results
 14 that the retesting had been done and the new
 15 results were different from the original.'
 16 Somebody told Nancy that she was negative
 17 originally and said 'I can only assume that
 18 this means that I am now positive.'" That
 19 would be the patient speaking. "Nancy asked
 20 if there were any implications for treatment
 21 and the patient answered that Dr. Ganguly had
 22 told her, 'he had to consult with his
 23 colleagues as to whether or not she had to
 24 take Tamoxifen' and the patient was
 25 incredulous that this could happen, that she

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1 had to find out at an annual check up that she
 2 had only attended as a matter of habit and
 3 wondered what would have happened if she had
 4 never attended. She went on to inquire about
 5 the class action lawsuit and what lawyer was
 6 heading that up. Nancy told her she couldn't
 7 advise her on that matter. The process of
 8 double checking with physicians has been
 9 slowly addressed and this has not been a
 10 priority with the physicians at the cancer
 11 clinic. This will be a priority over the next
 12 week." And she goes on, Ms. Predham does, to
 13 talk about her frustration. So up to this
 14 point does that suggest, Ms. Pilgrim, that
 15 this double checking with the physicians had
 16 not extended as far as the cancer clinic up to
 17 that point?
 18 MS. PILGRIM:
 19 A. That's right.
 20 COFFEY, Q.C.:
 21 Q. And I'm going to suggest to you that the bulk
 22 of patients who had changed results, the
 23 majority of them who had changed results who
 24 got panelling letters were patients of the
 25 cancer clinic?

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1 MS. PILGRIM:
 2 A. Yes. They would still have been, yes.
 3 COFFEY, Q.C.:
 4 Q. And they had not been audited, as it were, in
 5 the sense of to check to see if they'd been
 6 told?
 7 MS. PILGRIM:
 8 A. No. Letters had been sent.
 9 COFFEY, Q.C.:
 10 Q. Yes.
 11 MS. PILGRIM:
 12 A. Well, I mean, there were several things that
 13 could have been done there that weren't. We
 14 didn't send letters to physicians, for
 15 example, by registered mail, so we really
 16 didn't have any proof that the letters had
 17 been received.
 18 COFFEY, Q.C.:
 19 Q. Yes.
 20 MS. PILGRIM:
 21 A. And in case of the physicians in the cancer
 22 centre, those letters would have gone by
 23 internal mail to a physician's office.
 24 COFFEY, Q.C.:
 25 Q. So this issue about whether the doctors had

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1 gotten them at all and then the subsequent
 2 issue about whether the doctor, if he or she
 3 had it -
 4 MS. PILGRIM:
 5 A. There were two questions, yes. Did the
 6 doctors actually get them and if they did get
 7 them, did they follow up with the patients.
 8 COFFEY, Q.C.:
 9 Q. Do you know if any record existed at the time
 10 as to the follow up with physicians outside
 11 the cancer clinic in terms of whether they had
 12 gotten the review letters and had actually
 13 communicated to their patients?
 14 MS. PILGRIM:
 15 A. No, I don't. I just know that the staff that
 16 were handling the letter, they were planning
 17 on doing a review to follow up with
 18 physicians.
 19 COFFEY, Q.C.:
 20 Q. Okay. So if we could look at 0487, please,
 21 page 75? Now, this is, I'm going to come back
 22 to the issue about, you know, patients having
 23 been or at least raising concerns about not
 24 having been informed. But in the meantime,
 25 this is executive management, it's of October

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1 18th, 2006 for Eastern Health. I wanted to
 2 ask you about something on page 75. I
 3 apologize, I just want to go back. Now,
 4 again, I wanted to bring to the Commissioner's
 5 attention, this was a period during which you
 6 were off, the period of time in the fall of
 7 2006 you were off for a short period of time--
 8 not a short.

9 MS. PILGRIM:
 10 A. I was probably gone to Ottawa somewhere, I was
 11 on a national board, yes.

12 COFFEY, Q.C.:
 13 Q. And you would have gotten the minutes
 14 afterward. Here at page 75 the following
 15 appears, it is a bullet, "Executive agreed
 16 that there is a need for more involvement with
 17 quality and risk management on conducting
 18 annual ongoing processes of quality reviews
 19 for high risk issues. Pat Pilgrim to take the
 20 lead." In your absence they have nominated
 21 you. And then there's another bullet saying,
 22 "Health authorities in relationship with
 23 government is a bigger issue. Accountability
 24 and role of the health authorities is
 25 changing. Eastern Health's position is that

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1 we make no commitment to people who are trying
 2 to circumvent the processes. This is becoming
 3 a bigger and bigger concern. Increased calls
 4 from the EAs," which would be the executive
 5 assistants, I take it?

6 MS. PILGRIM:
 7 A. Yes.

8 COFFEY, Q.C.:
 9 Q. "When staff from the department call, it is
 10 clear what the protocol is, however the
 11 political aspect is growing". Now, was that
 12 discussed afterward, to your knowledge? I
 13 appreciate you weren't there at the discussion
 14 itself.

15 MS. PILGRIM:
 16 A. I've been involved with discussions about
 17 that.

18 COFFEY, Q.C.:
 19 Q. About this?

20 MS. PILGRIM:
 21 A. Um-hm.

22 COFFEY, Q.C.:
 23 Q. Has it ever come up in the context of ER/PR,
 24 in relation to this matter?

25 MS. PILGRIM:

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1 A. No, probably not. It's more someone looking
 2 for a bed, someone has got to be admitted and
 3 they've been told they have to wait for three
 4 weeks.

5 COFFEY, Q.C.:
 6 Q. Yes.

7 MS. PILGRIM:
 8 A. Someone on the list for the OR and they've
 9 been told they have to wait for six weeks, and
 10 we get calls from MHAS offices.

11 COFFEY, Q.C.:
 12 Q. Sure, and I appreciate that, but I just, while
 13 I noticed it, I wanted to raise it, but you
 14 don't recall?

15 MS. PILGRIM:
 16 A. No, I don't remember it in relation to--as a
 17 matter of fact, I can't recall anything in
 18 relation to ER/PR other than the one from Mr.
 19 Reid and that was just to talk to the lady,
 20 right.

21 COFFEY, Q.C.:
 22 Q. And we talked -

23 MS. PILGRIM:
 24 A. But not trying to find out about a service or
 25 whatever.

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1 COFFEY, Q.C.:
 2 Q. Exhibit P-2864, please? Now to return to the
 3 matter of patients who may have been
 4 overlooked. This is about a month later, the
 5 end of October, October 26th, 2006, an e-mail
 6 from Heather Predham to a number of
 7 individuals, including yourself. "Another
 8 issue with ER/PR," she says, and she says, the
 9 patient's name is redacted, "was diagnosed
 10 with breast cancer in 1999. Original ER/PR
 11 was 30 and 40 percent. Upon retesting her
 12 ER/PR was zero, zero. This was rechecked
 13 twice by Mount Sinai and still no staining was
 14 revealed. The original slides were assessed
 15 by pathology and was found that the original
 16 interpretation was accurate. She was one of
 17 the four patients that we classified as
 18 retroconverters, in other words, she
 19 originally stained positive but now is coming
 20 back negative, the opposite of our concern.
 21 She is being treated with Tamoxifen," or "had
 22 been treated with Tamoxifen from 1999 to 2004.
 23 This was switched to Femara for extended
 24 adjuvant therapy. The Femara was discontinued
 25 in October, 2005 because of side effects. The

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1 panel had much discussion and debate on how
 2 best to disclose this information to the
 3 client. The original intent was a meeting
 4 with the client, clinical chiefs and someone
 5 from QRM, but the complicating factor at the
 6 time was the media coverage about the DCIS
 7 meetings. Upon further review the panel
 8 identified that we had earlier discovered
 9 another retroconverter who was contacted by
 10 the most responsible physician, our usual
 11 process. Therefore the day after the panel
 12 meeting, January 8th, 2006 Kara, on behalf of
 13 the panel, wrote Dr. Ahmad to recommend that
 14 she remain off the Femara and not receive any
 15 further hormonal therapy. Yesterday afternoon
 16 Nancy received a phone call from" that would
 17 be, I presume, the patient, "Apparently Dr.
 18 Ahmad sent the letter to Dr. Wayne Button, the
 19 family physician. Dr. Button called patient
 20 and gave her the letter. The patient called
 21 Nancy to get contact information on the group
 22 that is suing Eastern Health, which Nancy
 23 declined to give. I can only assume that Mr.
 24 Crosbie will now have another story. I
 25 anticipate that he will call for the total

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1 retest of all ER/PR results. We did discuss
 2 that at the panel level, but there is a
 3 documented false positive rate with this test
 4 and five out of 962 falls within that range.
 5 Of course, we can revisit this decision." She
 6 concludes by saying, "This entire ER/PR review
 7 has been very difficult and drawn out with
 8 constant hard and difficult decisions being
 9 made. The only thing that makes it bearable
 10 at all was that we were doing what we had to
 11 do to make it right for our patients. We are
 12 always 'doing the right thing'. Personally,
 13 this combined with the two situations
 14 involving Ganguly in the past two weeks has
 15 left me totally and absolutely disheartened."
 16 Now, a couple of questions about this, Ms.
 17 Pilgrim. Through Pam Elliott Ms. Predham was
 18 at that point reporting to you?
 19 MS. PILGRIM:
 20 A. That's right, she was reporting to Pam
 21 Elliott.
 22 COFFEY, Q.C.:
 23 Q. Pam and Pam to you. Was her assertion that
 24 she was, by that point, totally and absolutely
 25 disheartened, was she approached or talked to

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1 about that?
 2 MS. PILGRIM:
 3 A. Oh, I would say she was, yes.
 4 COFFEY, Q.C.:
 5 Q. By yourself?
 6 MS. PILGRIM:
 7 A. There's been many--probably by me and
 8 certainly by Pam. Usually when I would get
 9 this kind of an e-mail from Heather, obviously
 10 she was under a lot of pressure, and you would
 11 either try to get her for coffee or call her
 12 on the phone, try to meet with her and see if
 13 there was anything we could do. I mean, this
 14 was obviously two situations almost back to
 15 back and she was expressing her frustration
 16 that, you know, even when we try to do the
 17 right thing, part of what were doing was
 18 including the physicians and sending letters
 19 and even that fell apart. So she was very
 20 frustrated at that time, I remember. But I
 21 remember talking to her at that time.
 22 COFFEY, Q.C.:
 23 Q. And she would be a patient then that if these
 24 zero, zero from Mount Sinai is indeed
 25 accurate, if it is, and I don't doubt that's

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1 what they reported, if that's a true state of
 2 affairs, then it's as likely as not that she
 3 received anti-hormonal therapy unnecessarily?
 4 MS. PILGRIM:
 5 A. That she didn't need to, that's right.
 6 COFFEY, Q.C.:
 7 Q. And had it -
 8 MS. PILGRIM:
 9 A. And the -
 10 COFFEY, Q.C.:
 11 Q. - ever been the intention to notify such
 12 patients via a panel letter? Like, patients
 13 who fell into that sort of category, let them
 14 know by a panel letter?
 15 MS. PILGRIM:
 16 A. Most of the patients who actually ended up
 17 with wrong treatment like that, if not all of
 18 them, there would actually be a discussion
 19 face to face with the physician. We certainly
 20 didn't do it from quality. And Kara Laing,
 21 who was involved with a lot of these, she used
 22 to do a lot of these herself if she couldn't
 23 get another physician in the region to do it
 24 because she really felt that these patients
 25 needed to be spoken to by a physician who

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1 could answer their questions.
 2 COFFEY, Q.C.:
 3 Q. And this lady happened to fall into the
 4 category of not -
 5 MS. PILGRIM:
 6 A. She would have been, yeah, she would have been
 7 followed up with probably an oncologist.
 8 COFFEY, Q.C.:
 9 Q. Well, this would be after this, I take it, but
 10 it turned out she had gotten it from here
 11 family doctor?
 12 MS. PILGRIM:
 13 A. They had sent the letter out and they'd sent
 14 it to Wayne Button and then he sent it
 15 directly to the lady, right, which was not the
 16 intent.
 17 COFFEY, Q.C.:
 18 Q. But Dr. Button, I take it, wouldn't perhaps
 19 have known the difference himself? There
 20 would be no way he'd know.
 21 MS. PILGRIM:
 22 A. I don't even know if Dr. Button saw the
 23 letter. His secretary might have done it, you
 24 know. I mean, it was written in the letters,
 25 you know, would you please discuss this with

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1 your patient.
 2 COFFEY, Q.C.:
 3 Q. Yes.
 4 MS. PILGRIM:
 5 A. So if the doctor didn't send this on to the
 6 patient, I would say the doctor probably
 7 didn't even see the letter. It might have
 8 been done by his office staff.
 9 COFFEY, Q.C.:
 10 Q. And here the reference to Mr. Crosbie having
 11 another story, going for a total retest of
 12 ER/PR results, in this context, that would be
 13 to deal with the issue of false positives?
 14 MS. PILGRIM:
 15 A. Uh-hm.
 16 COFFEY, Q.C.:
 17 Q. I take it. It says, "We didn't discuss that
 18 at the panel level". Do you know if the group
 19 ever discussed that issue in terms of the idea
 20 of -
 21 MS. PILGRIM:
 22 A. Do you mean the group being--at this point now
 23 the group is different, right.
 24 COFFEY, Q.C.:
 25 Q. Yes.

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1 MS. PILGRIM:
 2 A. The group has somewhat fallen apart at this
 3 time. Dr. Williams is gone, Dr. Howell is
 4 here.
 5 COFFEY, Q.C.:
 6 Q. Yes.
 7 MS. PILGRIM:
 8 A. I think Dr. Don Cook is still here at this
 9 point, and Heather is still here, and I don't
 10 know how regularly they were meeting at this
 11 time.
 12 COFFEY, Q.C.:
 13 Q. And you around this time would have been
 14 joining the group, as it were, I'm going to
 15 suggest to you?
 16 MS. PILGRIM:
 17 A. I would have been coming back to Quality at
 18 this time, yeah. At this time I would have
 19 had Quality reporting back to me again.
 20 COFFEY, Q.C.:
 21 Q. So do you know if--other than in the panel,
 22 the physician review panel, do you know if the
 23 issue of or the idea of retesting all ER/PR
 24 results, not just the negative ERs, but all,
 25 was ever discussed?

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1 MS. PILGRIM:
 2 A. I know it's been discussed many times.
 3 COFFEY, Q.C.:
 4 Q. I'm thinking of up to this point.
 5 MS. PILGRIM:
 6 A. But you mean in relation to this and what Mr.
 7 Crosbie may or may not want to say about it?
 8 COFFEY, Q.C.:
 9 Q. Up to the end of October, 2006, up to that
 10 point and point and prior to that, to your
 11 knowledge, had the idea of retesting all ER
 12 and PR, including the positives, ER positives,
 13 had that ever been discussed and decided
 14 against, to your knowledge, in light of the
 15 idea or the acknowledge, or the view anyway,
 16 that there were such things as false
 17 positives?
 18 MS. PILGRIM:
 19 A. Not to my knowledge, no.
 20 COFFEY, Q.C.:
 21 Q. I take it that has come up since?
 22 MS. PILGRIM:
 23 A. Oh, yes, it's come up.
 24 COFFEY, Q.C.:
 25 Q. And we'll come to that.

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1 MS. PILGRIM:
 2 A. Because there's more of these as we move
 3 along.
 4 COFFEY, Q.C.:
 5 Q. Yes, Exhibit P-0426, please. Ms. Pilgrim,
 6 this is an e-mail of November 7th, 2006, from
 7 Joyce Penney, to a number of individuals,
 8 including yourself, you're right there. The
 9 subject is confirmation of ER/PR presentation
 10 to Executive, 21 November, 2006, at 8:30, and
 11 it's an advance notice that there will be a
 12 presentation to Executive by Dr. Nash Denic
 13 and his team on ER/PR at the November 21st,
 14 2006, Executive meeting. Were you involved in
 15 the preparation for that presentation
 16 yourself?
 17 MS. PILGRIM:
 18 A. No.
 19 COFFEY, Q.C.:
 20 Q. Did you attend it, do you recall?
 21 MS. PILGRIM:
 22 A. I don't know if I was at that meeting or not.
 23 I certainly attended presentations that Nash
 24 would have given. I think this is the one
 25 where he has slides and actually shows what a

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1 pathologist -
 2 COFFEY, Q.C.:
 3 Q. Yes.
 4 MS. PILGRIM:
 5 A. Would see under a microscope. So I would have
 6 seen that slide, but whether I would have seen
 7 it here or somewhere else, because he did use
 8 that in a press conference as well.
 9 COFFEY, Q.C.:
 10 Q. We understand that on November 21st, and there
 11 was also a presentation for medical staff kind
 12 of at large, oncologists, pathologists and so
 13 on.
 14 MS. PILGRIM:
 15 A. Yes, they did.
 16 COFFEY, Q.C.:
 17 Q. Did you attend that one?
 18 MS. PILGRIM:
 19 A. No, not the at large one.
 20 COFFEY, Q.C.:
 21 Q. So the Executive one--if you went to either of
 22 them, it would be the Executive one?
 23 MS. PILGRIM:
 24 A. And I would have been sitting in the audience
 25 at the press conference too where he did a

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1 presentation.
 2 COFFEY, Q.C.:
 3 Q. I'll get to that in a moment.
 4 MS. PILGRIM:
 5 A. Okay.
 6 COFFEY, Q.C.:
 7 Q. But in the meantime, this would be Dr. Carter
 8 presented, Dr. Oscar Howell spoke.
 9 MS. PILGRIM:
 10 A. He was there at well, yeah.
 11 COFFEY, Q.C.:
 12 Q. In the Executive one?
 13 MS. PILGRIM:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. So -
 17 MS. PILGRIM:
 18 A. I think Kara was there too.
 19 COFFEY, Q.C.:
 20 Q. Yes, so you probably then did see the
 21 Executive one?
 22 MS. PILGRIM:
 23 A. Yes, I was definitely in that kind of a
 24 meeting, uh-hm.
 25 COFFEY, Q.C.:

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1 Q. Exhibit P-2107. This is an e-mail of November
 2 19th, 2006, from Ms. Predham to Ms. Elliott
 3 and yourself. She says, "I met with Bev
 4 Carter, Ford Elms, Don Cook, Nash Denic, and
 5 Susan Bonnell, on Friday afternoon. We
 6 reviewed the presentation for Monday and it's
 7 very good and comprehensive. As always, Bev's
 8 comments in the meeting were a little bit
 9 alarmist in nature, but she is only speaking
 10 about ER and PR testing at the presentation",
 11 and she goes on then to talk about Dr. Howell
 12 having called her. In the second paragraph
 13 she says, "He arranged", so Dr. Howell
 14 "arranged for Nash to give me the summary
 15 document of the reviewer's recommendations and
 16 the lab's actions. It has not been updated
 17 since June", and a lot of the
 18 recommendations have ongoing next to it. "At
 19 Friday's meeting, we decided that Monday a.m.
 20 we will meet and do a CAP audit of the lab to
 21 see how we are doing. This will be an audit
 22 of documentation mostly. I'll update you on
 23 how it goes". Now had you seen the
 24 recommendations, this list of recommendations
 25 up to that point, do you know?

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1 MS. PILGRIM:
 2 A. I don't--I don't know, Mr. Coffey, if I had
 3 seen them up to that time. I mean, I did see
 4 them, whether I had actually seen them in
 5 November or not.
 6 COFFEY, Q.C.:
 7 Q. And did you get updated on this CAP audit?
 8 MS. PILGRIM:
 9 A. Yeah, I remember at this time too Oscar was--I
 10 mean, this was when I think Oscar really got
 11 fairly intense about making sure that there
 12 were regular updates and things coming on this
 13 action plan, like, an action plan around these
 14 recommendations, and really took control of
 15 that as being his responsibility and he was
 16 going to make sure from here on in that there
 17 was a regular schedule of getting updates with
 18 that. I can remember that discussion. So it
 19 might have been in relation to this.
 20 COFFEY, Q.C.:
 21 Q. Do you remember being updated on this CAP
 22 audit?
 23 MS. PILGRIM:
 24 A. Not in particular, no.
 25 COFFEY, Q.C.:

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1 Q. Here the reference at the beginning here to,
 2 "As always Bev's comments in the meeting were
 3 a little bit alarmist in nature, but she's
 4 only speaking about ER/PR testing at the
 5 presentation", the assertion that Bev's
 6 comments at the meeting as always were a
 7 little bit alarmist in nature, had you heard
 8 that before, that sort of assertion or comment
 9 upon Bev Carter's -
 10 MS. PILGRIM:
 11 A. Well, what I had heard about Dr. Carter, I
 12 didn't know her very well, I had been in a few
 13 meetings with her, but she did tend to--she
 14 was very passionate about this, and some
 15 people saw her as being, you know, maybe it
 16 wasn't quite as bad as she was making it sound
 17 it whatever. That's what I remember.
 18 COFFEY, Q.C.:
 19 Q. Who was of the view that maybe it wasn't quite
 20 as bad as maybe she was making it sound?
 21 MS. PILGRIM:
 22 A. That would have been what Heather was
 23 expressing there, it's alarmist.
 24 COFFEY, Q.C.:
 25 Q. That's Heather, but was there anyone else

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1 within your earshot expressed the same view or
 2 held the same view?
 3 MS. PILGRIM:
 4 A. No, probably would have been Heather. I don't
 5 know who else would have talked to me about
 6 Bev Carter.
 7 COFFEY, Q.C.:
 8 Q. How about your view, did you have a view one
 9 way or the other?
 10 MS. PILGRIM:
 11 A. No, because I didn't even know the woman
 12 really. I had only been in her presence
 13 probably once up to that point.
 14 COFFEY, Q.C.:
 15 Q. Did Ms. Predham ever advise you as to what it
 16 was about Mr. Carter's comments that she found
 17 alarmist, that she considered alarmist?
 18 MS. PILGRIM:
 19 A. Well, I think--no, what I remember is by her
 20 saying alarmist, it's really making it seem
 21 like it's worse than it is. That's all that I
 22 remember about that.
 23 COFFEY, Q.C.:
 24 Q. What seemed worse than what is?
 25 MS. PILGRIM:

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1 A. The information or whatever it is that we're
 2 doing here, that we're not doing enough, or
 3 we're not doing it well enough, that would be
 4 my sense of what Heather meant by that. You
 5 know, it's like the cup half empty type
 6 approach to things.
 7 COFFEY, Q.C.:
 8 Q. And P-2108. These are the minutes of the
 9 Executive Management meeting of November 21st,
 10 2006, at 8:30 a.m. You are listed as present.
 11 The guests for the ER/PR presentation are
 12 listed there. This is kind of, I suspect,
 13 Nash Denic and the group supporting him.
 14 Almost lump Mr. Boone into that category,
 15 presumably he was there to see it.
 16 MS. PILGRIM:
 17 A. He was.
 18 COFFEY, Q.C.:
 19 Q. He was there, exactly. Here it begins by
 20 saying, "George Tilley welcomed Dr. Nash Denic
 21 and his team to the executive meeting for the
 22 purposes of providing an overview of the ER/PR
 23 testing experience. A similar presentation
 24 was given to medical staff. A copy of the
 25 detailed slide presentation that was given to

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1 the medical staff was circulated". You got a
 2 copy of the slide presentation?
 3 MS. PILGRIM:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. And it's noted here, "Dr. Denic's presentation
 7 focused on the reliability of the testing, the
 8 variables that influence the results.
 9 Discussion focused on documentation,
 10 standardized procedures, semi-automated
 11 systems versus the new Ventana System, and Dr.
 12 Laing's presentation focused on epidemiology
 13 adjuvant therapy, metastatic cancer hormone
 14 receptors", and she goes on from there. "The
 15 following points were raised during the
 16 presentation; the organization cannot speak
 17 publicly on the findings and recommendations
 18 of the review because there is currently a
 19 class action lawsuit ongoing. This
 20 information is protected under The Evidence
 21 Act. Discussion ensued regarding the need to
 22 share the experience with the other
 23 pathologists within the province. Dr. Howell
 24 and Dan Boone to discuss further prior to
 25 making any decision to discuss the reviewer's

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1 report with the provincial pathologists". Did
 2 you ever hear anything further about that?
 3 MS. PILGRIM:
 4 A. That particular discussion?
 5 COFFEY, Q.C.:
 6 Q. Yes.
 7 MS. PILGRIM:
 8 A. No.
 9 COFFEY, Q.C.:
 10 Q. So -
 11 MS. PILGRIM:
 12 A. No, I didn't.
 13 COFFEY, Q.C.:
 14 Q. The idea of at least letting the other regions
 15 know?
 16 MS. PILGRIM:
 17 A. Yes, how much they could talk to the other
 18 regions about it.
 19 COFFEY, Q.C.:
 20 Q. And the third bullet refers to, "We have to
 21 position ourselves appropriately so the public
 22 has confidence in the laboratory, and the
 23 people who have been waiting for information
 24 to have confidence in understanding the events
 25 related to the ER/PR testing. A subgroup will

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1 be established to identify key messages to be
 2 delivered and develop a strategic
 3 communication plan. Dr. Howell, in
 4 conjunction with Susan Bonnell, will lead a
 5 subgroup to develop the communication
 6 strategy". Did it occur to you, Ms. Pilgrim,
 7 in listening to this presentation and then the
 8 discussion which apparently were raised during
 9 the presentation, if you couldn't speak
 10 publicly on the findings and recommendations
 11 of the reviews, that it might be difficult to
 12 maintain public confidence? Did that come up
 13 during the discussion?
 14 MS. PILGRIM:
 15 A. I think certainly we recognized that part of
 16 the problem with public confidence was how we
 17 were handling the communication. You know,
 18 that was part of the reason or one of the
 19 underlying problems. I know that it as
 20 around--it was probably around this time too,
 21 and I think I've said that before, there was
 22 some point at which Susan Bonnell said this
 23 was much bigger than her ability to deal with
 24 it, with the background and experience that
 25 she had.

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1 COFFEY, Q.C.:
 2 Q. What, if any, steps were taken to sort remedy
 3 that or to address it?
 4 MS. PILGRIM:
 5 A. I think it was around that time that there was
 6 some calls went out. Is this in 2006?
 7 COFFEY, Q.C.:
 8 Q. Yes.
 9 MS. PILGRIM:
 10 A. The fall of 2006. I think that was the
 11 beginning for some inquiries out into the
 12 community about whether there were some public
 13 communications companies that could come in
 14 and help us with this. I think some of us in
 15 our naivety, you know--I didn't understand
 16 anything about public communications, so, you
 17 know, we thought we should be out there more,
 18 and, you know, a lot of other people are very
 19 visible out in the community, we should be out
 20 there, and I think we were thinking wrongly--
 21 like, there had been a lot of damage done that
 22 was going to take us a long time to build
 23 public confidence.
 24 COFFEY, Q.C.:
 25 Q. This third last bullet says, "The MAC, Medical

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1 Advisory Committee, is a key group that
 2 confidence will be restored".
 3 MS. PILGRIM:
 4 A. Uh-hm.
 5 COFFEY, Q.C.:
 6 Q. Whose confidence will need to be restored.
 7 "The MAC has a major quality role and a direct
 8 line for reporting to the board. Dr. Howell
 9 is going to follow-up with the MAC". Was
 10 there any plans to actually let the MAC know
 11 what the reviewers had found?
 12 MS. PILGRIM:
 13 A. I think -
 14 COFFEY, Q.C.:
 15 Q. Because you're dealing in this context now.
 16 COFFEY, Q.C.:
 17 Q. No, MAC, I think, would have been shocked if
 18 we talked about that because they thought it
 19 was a peer review, and, I mean, they were--
 20 when we got into that whole issue about peer
 21 review, and we had to go to court, I mean, the
 22 MAC were just absolutely appalled that this
 23 was even happening because they thought this
 24 was a peer review.
 25 COFFEY, Q.C.:

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1 Q. Now in that context -
 2 MS. PILGRIM:
 3 A. And still haven't gotten over it really.
 4 COFFEY, Q.C.:
 5 Q. And in that context, Ms. Pilgrim, this is a
 6 group in the main of doctors.
 7 MS. PILGRIM:
 8 A. MAC, with a few other invited guests, yes.
 9 COFFEY, Q.C.:
 10 Q. Group of physicians.
 11 MS. PILGRIM:
 12 A. To provide information, yes.
 13 COFFEY, Q.C.:
 14 Q. Generally experienced physicians?
 15 MS. PILGRIM:
 16 A. Absolutely, yeah.
 17 COFFEY, Q.C.:
 18 Q. And it was seen and recognized on November
 19 21st that their confidence had to be--will
 20 need to be restored, that's the phrase that's
 21 used, okay, will need to be restored, okay. So
 22 you're telling the Commissioner that it was
 23 envisaged that the MAC's confidence could be
 24 restored, this group of presumably
 25 knowledgeable physicians, without them knowing

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1 what the reason for the problem was in the
 2 beginning, or reasons for the problem, that it
 3 was envisaged that the MAC would sign on to
 4 this, have their confidence restored, without
 5 ever knowing why --
 6 MS. PILGRIM:
 7 A. Uh-hm.
 8 COFFEY, Q.C.:
 9 Q. Things had gone wrong. Is that the situation?
 10 MS. PILGRIM:
 11 A. I don't know if that's what that means there,
 12 Mr. Coffey. Seems to me that--I don't know if
 13 it's at this time, but I know we were having
 14 discussion about this. There was the concern
 15 about the public's loss of confidence in not
 16 only Eastern Health, but the health care
 17 system, in general, and I know that we had
 18 identified MAC as a group that could help with
 19 restoring this competence.
 20 COFFEY, Q.C.:
 21 Q. Yes.
 22 MS. PILGRIM:
 23 A. I'm not so sure that we were talking about
 24 MAC's confidence or that they could help with
 25 restoring confidence.

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1 COFFEY, Q.C.:
 2 Q. And -
 3 MS. PILGRIM:
 4 A. Because a lot of them are very well known,
 5 they're very credible, and could they somehow
 6 help.
 7 COFFEY, Q.C.:
 8 Q. So they would be asked to sign on to this
 9 effort without ever actually being told what
 10 the problem was in the beginning or the
 11 problems, the reasons for the problems in the
 12 beginning?
 13 MS. PILGRIM:
 14 A. Well, MAC was very concerned about what was
 15 happening in the media and publicly, and they
 16 talked about this all the time, and couldn't
 17 see why Eastern Health wasn't out there
 18 correcting it. We were being bombarded with
 19 that all the time, that, you know, why isn't
 20 somebody out there from Eastern Health saying
 21 this, that, and something else.
 22 COFFEY, Q.C.:
 23 Q. What was the "this, that, and something else",
 24 if you could?
 25 MS. PILGRIM:

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1 A. Well, why aren't we responding, you know, if
 2 you've got--I don't know, at this point, I
 3 guess, we didn't have the Minister of Health
 4 out there as we did subsequent to that, but
 5 they were kind of losing--they were giving us
 6 pressure that we should be out making sure
 7 that the public is not losing confidence, we
 8 should be more pro-active about that.
 9 COFFEY, Q.C.:
 10 Q. And within a month -
 11 MS. PILGRIM:
 12 A. Uh-hm.
 13 COFFEY, Q.C.:
 14 Q. I can take you to the media reports after
 15 December 12th, 2006, in the immediate
 16 aftermath of that there were two questions
 17 really posed.
 18 MS. PILGRIM:
 19 A. Uh-hm.
 20 COFFEY, Q.C.:
 21 Q. By Mr. Dawe and others.
 22 MS. PILGRIM:
 23 A. Uh-hm.
 24 COFFEY, Q.C.:
 25 Q. Publicly.

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1 MS. PILGRIM:
 2 A. Right.
 3 COFFEY, Q.C.:
 4 Q. How many had changed results, number one?
 5 MS. PILGRIM:
 6 A. Right.
 7 COFFEY, Q.C.:
 8 Q. And number two, why had there been a problem
 9 in the first place.
 10 MS. PILGRIM:
 11 A. Uh-hm, that's right.
 12 COFFEY, Q.C.:
 13 Q. And the media reports said that Eastern Health
 14 had refused to answer of those questions. So
 15 what I'm asking you is -
 16 MS. PILGRIM:
 17 A. This is prior to the November press
 18 conference?
 19 COFFEY, Q.C.:
 20 Q. December.
 21 MS. PILGRIM:
 22 A. December, I mean, press conference, yes.
 23 COFFEY, Q.C.:
 24 Q. What I'm asking you about is this, is this the
 25 sort of thing then that the MAC was

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1 complaining that you're not out there
 2 addressing because that's the two things that
 3 apparently were in the public forum at the
 4 time?
 5 MS. PILGRIM:
 6 A. No, that's not what--no, that's not what they
 7 were saying.
 8 COFFEY, Q.C.:
 9 Q. So what were they saying?
 10 MS. PILGRIM:
 11 A. They were saying that we're kind of getting
 12 beat up out there in the public, and why isn't
 13 somebody out there trying to fix it.
 14 COFFEY, Q.C.:
 15 Q. Well, that's the -
 16 MS. PILGRIM:
 17 A. You know, the things you would get from
 18 physicians would be, well, why isn't somebody
 19 out there saying to the public, you know, no
 20 test is 100 percent accurate, like, why isn't
 21 that out there. You would get things like why
 22 isn't somebody out there talking about the
 23 science of this test, you know, we're hearing
 24 all about this, and, yes, you know, this was
 25 an incident that occurred, but there's more to

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1 this that the public needs to understand. So,
 2 you know, you would always--every time you
 3 would meet physicians, they would be saying
 4 things like that to you.
 5 COFFEY, Q.C.:
 6 Q. And do you recall ever being asked, well, what
 7 went wrong?
 8 MS. PILGRIM:
 9 A. Not me personally, but I'm sure they were
 10 probably talking to Nash Denic and--you know,
 11 they wouldn't ask me personally what went
 12 wrong, but I would get questions like, you
 13 know, Pat, where's your methodologist, why
 14 don't you get people who know about research,
 15 why don't you get people who know about
 16 testing and the variability in testing.
 17 That's the kind of thing that they would say.
 18 COFFEY, Q.C.:
 19 Q. What would you tell them?
 20 MS. PILGRIM:
 21 A. Pardon me?
 22 COFFEY, Q.C.:
 23 Q. What did you tell them?
 24 MS. PILGRIM:
 25 A. I would bring it back to the group and we

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1 would talk about it, you know. I had one
 2 doctor come over in my office one day with all
 3 the math done to show me that, look, you know,
 4 this test has this much variability, and if
 5 you did what you guys did, here's the numbers
 6 that you would come up, and you came up with
 7 the exact same numbers that you did. I mean,
 8 this is the kind of thing I was getting.
 9 COFFEY, Q.C.:
 10 Q. To your knowledge, did any of these physicians
 11 who were complaining about your inactivity
 12 from their perspective--to your knowledge, did
 13 any of them know what the reviewers had found,
 14 and, in fact, Dr. Cook and Dr. Carter had
 15 found?
 16 MS. PILGRIM:
 17 A. I don't know that because I don't know what
 18 conversations they would have had.
 19 COFFEY, Q.C.:
 20 Q. But that was certainly not generally known?
 21 MS. PILGRIM:
 22 A. No.
 23 COFFEY, Q.C.:
 24 Q. What Banerjee said -
 25 MS. PILGRIM:

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1 A. And they were talking about in general,
 2 somebody in the--the reality of health care is
 3 that none of this is 100 percent. So that was
 4 what I would be looking at more there than MAC
 5 having lost confidence in the health care
 6 system. That would be more my understanding
 7 of that.
 8 COFFEY, Q.C.:
 9 Q. And there's a second last bullet there,
 10 "Quality and Risk Management are confident the
 11 appropriate processes are in place. Heather
 12 Predham advised that there are some
 13 recommendations from the review that have yet
 14 to be implemented". Do you recall being told
 15 how many, why they hadn't been?
 16 MS. PILGRIM:
 17 A. No, she didn't go into any details. I think,
 18 as I told you, I do remember that Oscar, who
 19 was fairly new to the organization, he had
 20 been through, I think, a very steep learning
 21 curve with his orientation, and it was around
 22 this time that I know that he was determined
 23 that he was going to be on top of what
 24 improvements we were making in the lab.
 25 COFFEY, Q.C.:

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1 Q. Now with respect to that, at that point then
 2 did Dr. Howell, in effect, communicate to you
 3 that he was taking control of this?
 4 MS. PILGRIM:
 5 A. Well, Dr. Howell was always in control of the
 6 lab.
 7 COFFEY, Q.C.:
 8 Q. Okay, but the issue itself, ER/PR?
 9 MS. PILGRIM:
 10 A. Dr. Howell and I never had a conversation
 11 about who was doing what with ER/PR. So my
 12 understanding was that it was his program and
 13 he was responsible, so I would not have been
 14 following up about action plans or anything in
 15 the lab.
 16 COFFEY, Q.C.:
 17 Q. I'm asking you, because you raised it in terms
 18 of -
 19 MS. PILGRIM:
 20 A. Uh-hm.
 21 COFFEY, Q.C.:
 22 Q. Around this time it was Dr. Howell--your
 23 impression -
 24 MS. PILGRIM:
 25 A. Steep learning curve.

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1 COFFEY, Q.C.:
 2 Q. But he's now taken this on as his.
 3 MS. PILGRIM:
 4 A. With this--you know, there was a commitment
 5 that there is a list of recommendations, I
 6 want to see an action plan, and I will be
 7 meeting regularly with the leadership team to
 8 get updates on that.
 9 COFFEY, Q.C.:
 10 Q. That bullet ends with, "Documentation is of
 11 paramount importance, and must be monitored
 12 and reviewed".
 13 MS. PILGRIM:
 14 A. Uh-hm.
 15 COFFEY, Q.C.:
 16 Q. Do you recall being told on November 21st,
 17 2006, that almost no documentation had yet
 18 been created?
 19 MS. PILGRIM:
 20 A. In regards to the action plan?
 21 COFFEY, Q.C.:
 22 Q. Well, the ER--well, Trish Wegrynowski's report
 23 recommended a whole bunch of documentation.
 24 MS. PILGRIM:
 25 A. Uh-hm.

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1 COFFEY, Q.C.:

2 Q. And the Commission has seen a 300 and some odd

3 page exhibit.

4 MS. PILGRIM:

5 A. I remember--you mean--I remember things like

6 in terms of standard operating procedures,

7 things that had to be done, and I know Oscar

8 was in the process of getting a quality

9 person, I think, at this time, probably was

10 starting to get Lynn Wade, who he eventually

11 got. So, yes, I certainly understood that

12 there were some delays in getting on with some

13 of these things.

14 COFFEY, Q.C.:

15 Q. Now in--and the delays that had occurred up to

16 that point continued for some period of time,

17 to your knowledge, afterward?

18 MS. PILGRIM:

19 A. Yeah, there was a period of time where it

20 wasn't coming together as we would have liked

21 to, but then it started to come together

22 fairly quickly in terms of--there were things

23 happening, but you couldn't see documented

24 evidence of all of it.

25 COFFEY, Q.C.:

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1 Q. Exhibit P-3057, please. This is an e-mail

2 from Heather Predham to yourself, November

3 30th --

4 REGISTRAR:

5 Q. Excuse me, Mr. Coffey (inaudible) witness.

6 COFFEY, Q.C.:

7 Q. 3057?

8 REGISTRAR:

9 Q. Yes, yes, it's not entered into evidence. We

10 can have it (inaudible).

11 COFFEY, Q.C.:

12 Q. Sure, if you could, please, thanks.

13 THE COMMISSIONER:

14 Q. 3057.

15 COFFEY, Q.C.:

16 Q. Yes, if you would, Commissioner, please.

17 THE COMMISSIONER:

18 Q. Entered.

19 EXHIBIT P-3057 MARKED AND ENTERED

20 COFFEY, Q.C.:

21 Q. I suspect it was for Ms. Predham.

22 REGISTRAR:

23 Q. Yes.

24 COFFEY, Q.C.:

25 Q. But in any case, it's an e-mail from Ms.

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1 Predham to yourself, Ms. Pilgrim. The subject

2 is briefing note to the Minister of Health,

3 dated November 30th '06. The attachment is

4 summary of numbers, November 23rd, 2006.doc.

5 There it is on page two. I presume this is

6 the attachment, and that, if one wants to

7 compare it, is really the material generally

8 contained, if not entirely contained in the

9 briefing note to the Minister of Health, dated

10 November 23rd. Had you been involved in the

11 preparation of this data?

12 MS. PILGRIM:

13 A. No.

14 COFFEY, Q.C.:

15 Q. Why was it on November 30th, you asked--it was

16 sent to you?

17 MS. PILGRIM:

18 A. I was in charge of Quality. I don't know if

19 she thought I might be involved in the meeting

20 with the Minister of Health. I mean, it

21 wouldn't be unusual for me to be present at

22 meetings with government officials. I may

23 have asked her for if it I knew she was

24 putting together a most recent--I really can't

25 tell you. It could be many reasons why I

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1 would get it.

2 COFFEY, Q.C.:

3 Q. Exhibit P-0487, page 87. These are executive

4 management minutes of 6th September--I'm

5 sorry, 6th December, 2006, paragraph 3.7,

6 ER/PR estrogen and progesterone testing

7 review, media briefing, and just look back to

8 the page before, you're listed as being in

9 attendance. Here "Dr. Howell advised that

10 next week there will be a briefing to the

11 media on ER/PR. Susan Bonnell is involved in

12 preparing the media briefing. Executive

13 discussed the pros and cons of going back to

14 the media on this issue, including the

15 limitations, due to the fact that findings of

16 the reviewer are protected under The Evidence

17 Act. However, the executive was supportive of

18 moving forward with the media briefing,

19 including the technical briefing, to cover

20 areas such as chronology of events,

21 understanding of the principles and practises

22 of disclosure, understanding the ER/PR test.

23 The organization plans to resume testing in

24 our laboratory in early 2007. On a related

25 note, Dr. Howell advised that Dr. Laing has

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1 agreed to stay on as clinical chief, the
 2 campaign by oncologists to resign effective
 3 January 1, '07, is ongoing, and gynecologist
 4 threatened to withdraw service in mid
 5 November", and he goes on to talk about that.
 6 Now the preparation for the media technical
 7 briefing which did occur on December 11th, I
 8 apologize, I believe, 2006, were you involved
 9 in that?
 10 MS. PILGRIM:
 11 A. No, I wouldn't have been directly involved in
 12 that.
 13 COFFEY, Q.C.:
 14 Q. Well, involved indirectly?
 15 MS. PILGRIM:
 16 A. I don't think so. I knew that there was a
 17 briefing going on. I certainly wasn't
 18 involved in getting any of the materials ready
 19 for the briefing. So I was just generally--
 20 this was Oscar's--kind of Oscar, Susan
 21 Bonnell, Nash, Kara, I would think, who
 22 eventually ended up there.
 23 COFFEY, Q.C.:
 24 Q. And we've seen e-mails that, in fact, involved
 25 those very individuals around this time?

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1 MS. PILGRIM:
 2 A. Uh-hm.
 3 COFFEY, Q.C.:
 4 Q. So what I want to ask you about then, Ms.
 5 Pilgrim, was at the executive management
 6 meeting on December 6th, what if any
 7 understanding did you have about the numbers
 8 that you'd received on November 30th, we just
 9 looked at?
 10 MS. PILGRIM:
 11 A. Uh-hm.
 12 COFFEY, Q.C.:
 13 Q. Were they going to be released on December
 14 11th? At the December 6th--because you knew
 15 on November 30th what the numbers were.
 16 MS. PILGRIM:
 17 A. Yeah.
 18 COFFEY, Q.C.:
 19 Q. If not before, you certainly knew then?
 20 MS. PILGRIM:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. December 6th, executive management are all
 24 sitting around and being told about this
 25 upcoming thing.

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1 MS. PILGRIM:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. And there's a conscious decision saying, well,
 5 we can't really--we can't talk about the
 6 findings in the review, but in the meantime,
 7 other than that, we're going to go ahead?
 8 MS. PILGRIM:
 9 A. Yeah.
 10 COFFEY, Q.C.:
 11 Q. And as a member of the executive at the time,
 12 did you have any understanding then about the
 13 numbers, what would be released, and if
 14 anything wouldn't be released at that time?
 15 MS. PILGRIM:
 16 A. I remember there was always an issue with
 17 calculating an error rate, and a desire not
 18 to--we were trying to avoid giving numbers
 19 where people could just put a denominator--a
 20 numerator over a denominator. So I know there
 21 were discussions around that. I don't know if
 22 they were particularly at that point, and I
 23 would have had no input into what actually was
 24 presented to the media in that briefing.
 25 COFFEY, Q.C.:

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1 Q. What I'm asking you is on December 6th, as a
 2 member of the executive of that organization
 3 when that meeting ended -
 4 MS. PILGRIM:
 5 A. Right.
 6 COFFEY, Q.C.:
 7 Q. Did you have any understanding, from your
 8 perspective, about what the media was going to
 9 be told or not about the numbers?
 10 MS. PILGRIM:
 11 A. No.
 12 COFFEY, Q.C.:
 13 Q. So it was going to be left to the group or the
 14 team to decide -
 15 MS. PILGRIM:
 16 A. I wouldn't have had any expectation one way or
 17 the other about it.
 18 COFFEY, Q.C.:
 19 Q. So from your perspective then, it would be
 20 left to the team to decide.
 21 MS. PILGRIM:
 22 A. Uh-hm.
 23 COFFEY, Q.C.:
 24 Q. The members of the team and whoever they
 25 wanted to consult about what number should be

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1 used?

2 MS. PILGRIM:

3 A. It would have been Oscar, and George, you

4 know, there would have been a group looking at

5 that, yeah.

6 COFFEY, Q.C.:

7 Q. Were you asked about it?

8 MS. PILGRIM:

9 A. No, not about anything that was given to that

10 press conference.

11 COFFEY, Q.C.:

12 Q. Yes. Now if we could look at Exhibit P-1203,

13 please, and you've told the Commissioner just

14 a little while ago that you, in fact, attended

15 this, I believe?

16 MS. PILGRIM:

17 A. Yes, I think so, I was there. Oh, no, I

18 didn't go to this one. This is the December,

19 2006?

20 COFFEY, Q.C.:

21 Q. Yes.

22 MS. PILGRIM:

23 A. I did not go to that briefing. I wasn't

24 there.

25 COFFEY, Q.C.:

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1 Q. Did you -

2 MS. PILGRIM:

3 A. This is the one where the media were upset and

4 things like that. I remember hearing about it

5 after, but I wasn't present at the briefing,

6 no.

7 COFFEY, Q.C.:

8 Q. Now afterward--were you aware of the media

9 coverage afterward?

10 MS. PILGRIM:

11 A. I would have seen the media coverage after,

12 yes.

13 COFFEY, Q.C.:

14 Q. Yes, and if we could just look, please, at P-

15 0186, please, page two, please. This is an

16 interview broadcast involving Jeff Gilhooly

17 and Mark Quinn that was broadcast on December

18 13th, 2006 at 8:45 a.m, I believe, and Dr.

19 Oscar Howell, something of what he--he's

20 quoted in the sense of, I take it, he spoke or

21 they had a tape of him, and then when we look

22 at page two of the exhibit, Mr. Gilhooly says,

23 "Do we know how many tests in total were

24 wrong", and Mark Quinn says, "No, and Eastern

25 Health just isn't saying that. All they're

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1 saying right now is that 117 women have had

2 their treatment changed". And then it goes on

3 to say, Mr. Gilhooly says, "What reaction is

4 this getting from the Canadian Cancer

5 Society?" And Mark Quinn says, "Its members

6 say they still have questions. I spoke with

7 Peter Dawe." And then Mr. Dawe is shown to

8 have said, "What we're not seeing still is a

9 full explanation of the numbers of people that

10 were affected overall and some idea of what

11 actually went wrong with the process." Now,

12 Ms. Pilgrim, then I take it that amongst the

13 media coverage, and I can should you other

14 references of those same two issues, that you

15 were aware or would have been aware at that

16 time that this was still an issue in the

17 public?

18 MS. PILGRIM:

19 A. Oh, absolutely.

20 COFFEY, Q.C.:

21 Q. Okay. Now, did you speak to anybody about

22 remedying that or addressing that issue, the

23 fact that there were still complaints in that

24 regard?

25 MS. PILGRIM:

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1 A. I would say we probably would have had some

2 discussions around it, but I don't remember

3 actually me taking the initiative to go and

4 speak to anybody about this.

5 COFFEY, Q.C.:

6 Q. So you said there were concerns about the idea

7 of putting out numbers which might be used to

8 create a numerator and denominator?

9 MS. PILGRIM:

10 A. That was always the concern.

11 COFFEY, Q.C.:

12 Q. Concern. Well, here looking at page two on P-

13 0186 Mr. Gilhooly is quoted as saying, "So 117

14 women had their treatments changed. That's

15 what, more than ten percent of the 939 samples

16 that were retested" ie, dividing 117 by 939.

17 So Eastern Health had given out two numbers,

18 117 and 939. You were aware then, by this

19 point in time, that they had given those out?

20 MS. PILGRIM:

21 A. I knew that they had used the 117 at the

22 conference. I think the 939 had been out

23 there anyway before that.

24 COFFEY, Q.C.:

25 Q. And -

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1 MS. PILGRIM:
 2 A. Maybe not, but. Like somebody did the
 3 arithmetic there.
 4 COFFEY, Q.C.:
 5 Q. Yes. Which gets you around ten percent?
 6 MS. PILGRIM:
 7 A. Which was -
 8 COFFEY, Q.C.:
 9 Q. Which was what Dr. -
 10 MS. PILGRIM:
 11 A. - the wrong -
 12 COFFEY, Q.C.:
 13 Q. Which is what Dr. Williams had said right in
 14 the beginning, was quoted as saying right in
 15 the beginning?
 16 MS. PILGRIM:
 17 A. Yeah, but he was saying ten percent of the
 18 total.
 19 COFFEY, Q.C.:
 20 Q. Yes, I appreciate that. But it's ten percent,
 21 isn't it?
 22 MS. PILGRIM:
 23 A. Right. Well -
 24 COFFEY, Q.C.:
 25 Q. If we could look, please, at Exhibit--well,

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1 before I go on to 07, what do you recall then
 2 was the general consensus, if any, amongst
 3 Eastern Health's executive, about in the
 4 aftermath of the technical media briefing?
 5 About, well, where we're going with the two
 6 things, the problem that certain people are
 7 still clamouring for information about what
 8 went wrong and how many people had changed
 9 results, there's a dissatisfaction about that
 10 and you were aware of that, Ms. Pilgrim. So
 11 did the executive in any way that you recall
 12 set out to address it, make any plans to?
 13 MS. PILGRIM:
 14 A. I don't know if this was discussed by the full
 15 executive after this, again, because there
 16 were a group of people who were dealing with
 17 this. So I'd say there were discussions
 18 probably with George and Oscar and Susan
 19 Bonnell. It probably didn't come back for
 20 full discussion with executive.
 21 COFFEY, Q.C.:
 22 Q. Did you participate in any of them, full or
 23 otherwise?
 24 MS. PILGRIM:
 25 A. I don't--I may or may not.

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1 COFFEY, Q.C.:
 2 Q. You can't -
 3 MS. PILGRIM:
 4 A. I don't remember, no, I don't remember being a
 5 part of this that December.
 6 COFFEY, Q.C.:
 7 Q. Exhibit P-0488? Page five, please? Now, this
 8 is an executive management meeting of January
 9 10th, 2007. And here under the heading 3.34,
 10 that paragraph 3.34, "Confidence in the
 11 system/quality culture." And says, "Concern
 12 for quality component of the organization was
 13 discussed at length. Wayne Miller to forward
 14 his concerns to the diagnostic laboratory
 15 directors with respect to his recent
 16 experience. Patients should not assume that
 17 no news means everything is okay. In fact, it
 18 is our understanding that patients who are
 19 seen for diagnostic procedures are given
 20 reading material in this regard. Executive
 21 agreed that the perception of confidence in
 22 the system is worthy of further reflection.
 23 The following points were raised. Staff
 24 perception of the organization" says dash,
 25 "negative." The third--the second one,

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1 "Community health--error/complaints have
 2 increased. Symptom of the pressure and
 3 workload." Third bullet, "No active strategy
 4 to combat the negative media coverage for
 5 health care issues." Fourth bullet,
 6 "Leadership. Managers feel disengaged. The
 7 organization must look for ways and
 8 opportunities to engage this group." And it
 9 goes on to speak about or quote Mr. Dodge.
 10 And so I take it does that suggest or would it
 11 be accurate to infer that that suggests that
 12 as of January 10th, 2007, which is in effect a
 13 month after this media briefing, in light of
 14 the media briefing, the reaction and perhaps
 15 whatever else was going on, that there were
 16 concerns amongst management about morale and,
 17 in particular, amongst the management?
 18 MS. PILGRIM:
 19 A. Yes, I think it would be certainly very
 20 correct to say that any time you had a lot of
 21 media coverage or an increase in media
 22 coverage that was negative so you couldn't
 23 listen to an open line show, it didn't matter
 24 what part of the media you listened to, there
 25 were negative comments about your own

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1 organization, that certainly affects everybody
 2 who works inside that organization. And that
 3 was the discussion that was going on there and
 4 you know, how are we going to manage this.
 5 COFFEY, Q.C.:
 6 Q. Now, here, if we could look, please, at
 7 Exhibit P-3182? Now this is a briefing note,
 8 January 17th, 2007. It's "Re HIROC premium
 9 increase." I think I understand this was
 10 prepared by yourself?
 11 MS. PILGRIM:
 12 A. No, I wouldn't have written that. Someone in
 13 quality would have written it.
 14 COFFEY, Q.C.:
 15 Q. Okay. And would they have provided it to you?
 16 MS. PILGRIM:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. Okay. And this was intended for what use?
 20 MS. PILGRIM:
 21 A. There was, I think Mr. George Butt, our
 22 financial--our administrative VP had brought
 23 up to executive about the concern about the
 24 premium increase we'd gotten that year.
 25 COFFEY, Q.C.:

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1 Q. Yes.
 2 MS. PILGRIM:
 3 A. And we had asked for a briefing note to come
 4 to executive just to give some information
 5 around that.
 6 COFFEY, Q.C.:
 7 Q. If we could look, please, at Exhibit P-3178?
 8 This is the minutes of the meeting of board of
 9 trustees safety and quality improvement
 10 committee, February 28th, 2007. You're there
 11 in an ex-officio capacity. And here under
 12 paragraph 7.2.1 HIROC briefing note. It says,
 13 "A briefing note on the HIROC premium increase
 14 for Eastern Health was circulated. Pat
 15 Pilgrim reviewed the highlighting--reviewed
 16 highlighting why we have such a high premium
 17 and what is being done to decrease our loss
 18 ratio and thereby decrease our premiums.
 19 Members attention was drawn to the statement
 20 advising this situation makes it the biggest
 21 claim for HIROC in its history. George Tilley
 22 clarified that this claim is the largest claim
 23 that HIROC is fully responsible for on its
 24 own." Now, I'm going to--in relation to that
 25 this knowledge about this premium increase had

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1 first come to Eastern Health, to your
 2 knowledge, when? When did you first become
 3 aware of this premium increase?
 4 MS. PILGRIM:
 5 A. Some months back, I would think.
 6 COFFEY, Q.C.:
 7 Q. Months before the -
 8 MS. PILGRIM:
 9 A. It probably would have been--these things
 10 usually go to the finance committee of the
 11 board first, so it would have come out of one
 12 of their meetings in the fall, probably, late
 13 fall.
 14 COFFEY, Q.C.:
 15 Q. Of 2006?
 16 MS. PILGRIM:
 17 A. We're into February here?
 18 COFFEY, Q.C.:
 19 Q. Right, that's February. I'm going to go back
 20 3182, please, because this is the actual memo
 21 itself. I take it this is the memo that
 22 would--is referenced in those minutes we just
 23 looked at?
 24 MS. PILGRIM:
 25 A. That's the briefing note.

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1 COFFEY, Q.C.:
 2 Q. Briefing note, I'm sorry.
 3 MS. PILGRIM:
 4 A. Yes, yes.
 5 COFFEY, Q.C.:
 6 Q. And it would have been some--a month or two
 7 before this?
 8 MS. PILGRIM:
 9 A. That it would have gone--because they get the
 10 HIROC statements and things, so it would have
 11 gone to the finance committee of the board.
 12 THE COMMISSIONER:
 13 Q. Because mine says December, 2006 Eastern
 14 Health was notified.
 15 COFFEY, Q.C.:
 16 Q. Yes.
 17 MS. PILGRIM:
 18 A. Okay.
 19 COFFEY, Q.C.:
 20 Q. And it talks about the amount of the increase.
 21 MS. PILGRIM:
 22 A. Oh, yes, right, because we're talking about
 23 the next year, it's going up for the next
 24 year.
 25 COFFEY, Q.C.:

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1 Q. So there's a general increase, I take it, of
 2 5.6 percent and Eastern Health has an
 3 additional 25.8 percent increase based on
 4 actuarial recommendations?
 5 MS. PILGRIM:
 6 A. Right. We had gone from like 1.3 and then
 7 we'd gone up to 2 point something and how this
 8 year we're going up to 5.6, so there was a
 9 concern about the increase and significant
 10 increase we were getting in our premiums.
 11 COFFEY, Q.C.:
 12 Q. Yeah, well this -
 13 MS. PILGRIM:
 14 A. And was it anything we could do something
 15 about.
 16 COFFEY, Q.C.:
 17 Q. That was true for all subscribers, as was all
 18 other subscribers, that 5.6?
 19 MS. PILGRIM:
 20 A. The 5.6 was. But our premium, you know, what
 21 we were--our premium was actually, there was a
 22 three-year period that we looked at where it
 23 was increasing significantly.
 24 COFFEY, Q.C.:
 25 Q. Well, here it says -

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1 MS. PILGRIM:
 2 A. Everybody got that 5.6.
 3 COFFEY, Q.C.:
 4 Q. And here Eastern Health was having an
 5 additional 25.8 percent increase?
 6 MS. PILGRIM:
 7 A. Correct.
 8 COFFEY, Q.C.:
 9 Q. Based on actuarial recommendations and a
 10 high/loss ratio?
 11 MS. PILGRIM:
 12 A. Right.
 13 COFFEY, Q.C.:
 14 Q. And the loss ratio is defined there, the total
 15 cost of claims over the past five years
 16 divided by the premium paid?
 17 MS. PILGRIM:
 18 A. That's correct.
 19 COFFEY, Q.C.:
 20 Q. And it's described as a critical indicator in
 21 determining insurance premiums. So then it
 22 goes on to point out the total cost there
 23 includes all costs, including lawyers' fees,
 24 reserves and compensation and so on. So it
 25 says, "We do have a high number of total

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1 claims at 221, but that is not the most
 2 significant contributing factor." And says
 3 "ER/PR is the biggest claim and the prime
 4 factor affecting our loss ratio and
 5 subsequently our premiums. The practice of
 6 the insurance industry, when there are large
 7 claims, is to utilize reinsurance services, in
 8 other words, the insurance company buys
 9 insurance from another company. The rationale
 10 being that the premiums for the reinsurance is
 11 less than the compensation to be paid out.
 12 HIROC does all this--does this on all claims
 13 over a million dollars. However a criterion
 14 to avail of these services if there is more
 15 than--if there is more than one event making
 16 up the claim is that the events have to occur
 17 within 36 hours. The ER/PR is not eligible
 18 and even if each claim was considered
 19 separately, the compensation for one claim is
 20 estimated at most to be," the figure is
 21 redacted, "and again not eligible. HIROC is
 22 therefore entirely responsible for." And
 23 that's what, in fact, you had reported then
 24 later in February?
 25 MS. PILGRIM:

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1 A. That's right.
 2 COFFEY, Q.C.:
 3 Q. And you do, the memo does go on to say "We do
 4 have several opportunities to work towards
 5 decrease our loss ratio and thereby decreasing
 6 our premiums." And then it goes on to
 7 describe what they are. Now, in relation to
 8 that, there are certain--the opportunities are
 9 listed there. "Decrease our loss ratio and
 10 therefore decrease our premiums." There are a
 11 number of them listed there. Number four is,
 12 "Laboratory and diagnostic reports.
 13 Historically we have had numerous claims
 14 regarding the time lines, accuracy and
 15 communication of reports. Although we have
 16 addressed each claim at the time through
 17 process improvement activities, we have had
 18 repeated claims and compensation payouts for
 19 very similar issues. A working group has been
 20 established to look at the issues around DI
 21 reporting." I wanted to ask you, was this
 22 limited to diagnostic imaging reporting, this
 23 part of this, or did it include the lab?
 24 MS. PILGRIM:
 25 A. No, the major issue was DI reporting.

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1 COFFEY, Q.C.:

2 Q. DI, okay. Because historically?

3 MS. PILGRIM:

4 A. Historically. Always, you know, the issues

5 were around getting CAT scan reports and much

6 more around DI than lab.

7 COFFEY, Q.C.:

8 Q. Yeah, because the context in which it comes up

9 here, I wanted to ask you -

10 MS. PILGRIM:

11 A. It's in both.

12 COFFEY, Q.C.:

13 Q. Yes.

14 MS. PILGRIM:

15 A. But they were talking about DI.

16 COFFEY, Q.C.:

17 Q. Dis?

18 MS. PILGRIM:

19 A. Um-hm.

20 COFFEY, Q.C.:

21 Q. So there had been in the past some claims

22 involving HIROC, that ended up with HIROC

23 involving the lab but they were not a

24 significant number? Are you telling us that?

25 MS. PILGRIM:

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1 A. I don't remember the lab being a part of it.

2 I know it's there as the laboratory and

3 diagnostic, but diagnostic imaging would be

4 the area you would focus on there. I don't

5 remember any claims for lab delayed reporting.

6 THE COMMISSIONER:

7 Q. Mr. Coffey, wherever you can find a moment.

8 COFFEY, Q.C.:

9 Q. Sure. And Exhibit P-1207, please? This is

10 again two e-mails of January 25th, 2007. And

11 there's one, actually, a third, January 25,

12 '07. It's from Stephanie Porter at the bottom

13 of the page. And she's e-mailing Leona

14 Barrington about a lady, she's looking for a

15 comment from Eastern Health on a story she's

16 running this week. "She says the story is

17 about a woman involved in the ER/PR testing

18 who just found out about her results and had a

19 reversal. Was advised to start taking

20 Tamoxifen two weeks ago. But according to the

21 doctor she spoke with her test results

22 actually arrived back in St. John's in '06.

23 She hasn't been given an explanation for the

24 delay. Question, are there other patients who

25 have yet to be tracked down? Is there a

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1 checklist of some sort to make sure everyone

2 has been reached? I'm wondering if this is an

3 isolated case, I guess?" And then there's an

4 e-mail from Ms. Barrington to a number of

5 individuals, including yourself and Dr.

6 Howell, forwarding that e-mail and she says

7 "The woman who was just given her ER/PR result

8 went to The Independent with her story.

9 Heather, can you call me about this ASAP so we

10 can decide how to proceed?" And then Ms.

11 Predham, that same day, sends an e-mail to a

12 number of individuals, again, yourself and Dr.

13 Howell are included, saying, "This lady called

14 Nancy last week saying that we had called her,

15 told her we were going to retest her, she has

16 not heard anything since. I am checking into

17 it. This lady was retested and was shown to

18 have a changed ER/PR result. She was panelled

19 in February, '06 and a letter written by Kara

20 Laing, as chair of the panel to Kara, the most

21 responsible physician. In September we

22 contacted all physicians who received a letter

23 from the panel to confirm that the patients

24 who had been--had been notified. This

25 included all physicians at the cancer clinic.

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1 After an incident with another patient, the

2 entire list was reviewed with the leadership

3 in the cancer care program. This lady was on

4 Dr. Laing's list. Unfortunately, Kara was not

5 available now to meet with this lady and

6 explain why she was missed," and then they

7 talk about an appointment having been arranged

8 with Dr. Zulfiqar to meet with her, and she

9 had called Nancy a few days later very upset,

10 and she said--"did make the comment she had

11 attempted to call Nancy several months ago,

12 but there was no message and no evidence of

13 her calling. Unfortunately, I don't know what

14 else, from Eastern Health's perspective, we

15 could have done," Heather says. Now before we

16 break, Commissioner, I would ask we look at P-

17 3058, and here, on the bottom of the second

18 page of this exhibit, there's an e-mail from

19 Susan Bonnell, again to a number of

20 individuals. You're not amongst them, January

21 25th. She says "I have spoken with George and

22 he is good with the following messages," and

23 she goes on to talk about it, and "rather than

24 speak to Stephanie directly, we can send this

25 to her and attribute it to you," this is to

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1 Oscar, "so as to avoid opening up any other
 2 line of questioning that we would rather not.
 3 Leona can explain to Stephanie that given the
 4 short notice, we are unable to do an
 5 interview, but can provide the short
 6 statements," and then the short statement is
 7 there, and follows, and here, Dr. Howell had,
 8 on the same day, sent an e-mail to a number of
 9 individuals. Again, you're not amongst them,
 10 but he says "Heather, I assume you will take
 11 the lead and follow up," and then there's an
 12 e-mail on the same day from Ms. Predham to Ms.
 13 Parsons, Ms. Elliott and yourself regarding
 14 key messages, saying "I just got off the phone
 15 with Dr. H," would be Howell, "he feels we
 16 have to assume that there is another missed
 17 person out there and we need to triple check
 18 the notifications. In talking with him,
 19 here's the tentative plan," and she spells out
 20 the plan.
 21 Now what I wanted to ask you about, Ms.
 22 Pilgrim, before we break, is this: from your
 23 perspective, at the time, because I take it
 24 that Eastern Health, back in December, had
 25 said publicly "everybody's been notified,"

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1 remember that?
 2 MS. PILGRIM:
 3 A. Um-hm.
 4 COFFEY, Q.C.:
 5 Q. Who within Eastern Health was telling you that
 6 everyone was notified?
 7 MS. PILGRIM:
 8 A. That would have been coming from Heather. She
 9 was the one who was coordinating the
 10 notification.
 11 COFFEY, Q.C.:
 12 Q. Upon learning this, in late January 2007, from
 13 your perspective, and Dr. Howell here is
 14 quoted as saying "well, if there's one,
 15 there's probably--there may be more."
 16 MS. PILGRIM:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. Other than what is spelled out here, what
 20 Heather proposes to be done, was there any
 21 consideration given to a wider, more thorough
 22 approach?
 23 MS. PILGRIM:
 24 A. Well, the issue here was information had been
 25 sent to physician, but the physician hadn't

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1 followed up with the--well, the physician
 2 hadn't, I think in this case, received the
 3 information. It went directly to the chart,
 4 if I remember this one. So what was being
 5 proposed here was quite reasonable in my mind.
 6 It's, you know, we cannot really depend--just
 7 because we sent something to a physician,
 8 we've had a couple of cases now that show that
 9 doesn't really mean the patient got their
 10 results. So I thought it was an appropriate
 11 action that she had talked about putting in
 12 place here.
 13 COFFEY, Q.C.:
 14 Q. So I take it then that, from your memory of
 15 it, from the executive's perspective, that was
 16 sufficient at that point in time?
 17 MS. PILGRIM:
 18 A. At this point, yeah, that we were going to go
 19 back and verify.
 20 COFFEY, Q.C.:
 21 Q. Thank you, Commissioner.
 22 THE COMMISSIONER:
 23 Q. Ms. Pilgrim, earlier today or perhaps
 24 yesterday during your evidence, you said, as I
 25 understood it, that when Ms. Predham would

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1 speak to you, she'd say "everybody that I know
 2 about."
 3 MS. PILGRIM:
 4 A. Always.
 5 THE COMMISSIONER:
 6 Q. So when you say that, in Eastern Health, the
 7 person who was telling you that everybody has
 8 been notified was Ms. Predham, was she adding
 9 that rider?
 10 MS. PILGRIM:
 11 A. Usually when she would talk to you about
 12 numbers, she would say "everybody that I know
 13 about" because there was never any 100 percent
 14 feeling of assurance that we've gotten every
 15 patient that was out there that needed to be
 16 retested. So she would always put that rider
 17 on it. We had done the search the best way we
 18 knew how to do it, but she would always say
 19 "everyone that I know about," because we knew
 20 there were issues with--you know, she wouldn't
 21 always know about them right away. Everything
 22 that was done was supposed to come to her, but
 23 we did find out that physicians, for example,
 24 were sending consults that weren't going
 25 through her. So we rectified that. So you

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1 know, she would always say "everyone that I
 2 know about. Anything that's come through me,
 3 and they all should have come through me,
 4 we've notified."
 5 THE COMMISSIONER:
 6 Q. So why didn't that caveat get reflected in the
 7 public announcements about notification?
 8 MS. PILGRIM:
 9 A. Yeah, I don't know, because that was what
 10 Heather would say, you know. She would always
 11 put that rider on it.
 12 THE COMMISSIONER:
 13 Q. But would you agree with me that in the public
 14 pronouncements from Eastern Health, beyond the
 15 very early stages, then that caveat was not
 16 there and people were led to believe that, in
 17 fact, everybody had been notified?
 18 MS. PILGRIM:
 19 A. Absolutely. Looking back on this, we should
 20 have been letting it be known that we still
 21 didn't have 100 percent confidence that we'd
 22 gotten everybody with the search that we had
 23 done.
 24 THE COMMISSIONER:
 25 Q. All right. We'll take the afternoon break.

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1 (BREAK)
 2 THE COMMISSIONER:
 3 Q. Please be seated. Mr. Coffey.
 4 COFFEY, Q.C.:
 5 Q. Thank you, Commissioner. Exhibit P-0488,
 6 please, page 13? Now these are executive
 7 management meeting minutes of February 7th,
 8 2007, and you were present, Ms. Pilgrim, and
 9 there's a reference to a welcome, warm welcome
 10 being sent to Carla Williams, accreditation
 11 manager, and Lisa Browne, planning
 12 specialists. I take it this was in relation
 13 to the accreditation that would be going on in
 14 2007, that was planned?
 15 MS. PILGRIM:
 16 A. That's correct.
 17 COFFEY, Q.C.:
 18 Q. And this is an accreditation by?
 19 MS. PILGRIM:
 20 A. Accreditation Canada.
 21 COFFEY, Q.C.:
 22 Q. Okay, and would you have been involved in
 23 this, as time went on then?
 24 MS. PILGRIM:
 25 A. Yes. Our involvement--well, I had programs

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1 that were completing standards and she was
 2 talking to us about the leadership and
 3 partnership standards, which I would have been
 4 involved with filling some of those out.
 5 COFFEY, Q.C.:
 6 Q. Yes, right here, those.
 7 MS. PILGRIM:
 8 A. Um-hm.
 9 COFFEY, Q.C.:
 10 Q. And "the following points were highlighted
 11 during the presentation." That's the
 12 presentation by Ms. Williams, Carla Williams.
 13 MS. PILGRIM:
 14 A. That's correct, yes.
 15 COFFEY, Q.C.:
 16 Q. It says "laboratory"--second bullet,
 17 "laboratory services will participate on a
 18 voluntary basis. The outcome of the findings
 19 will not affect the outcome of the
 20 accreditation."
 21 MS. PILGRIM:
 22 A. That's right.
 23 COFFEY, Q.C.:
 24 Q. So I take it this was--was it your
 25 understanding this was a pilot project?

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1 MS. PILGRIM:
 2 A. Well, they had actually piloted the standards
 3 the year before, but this year, they were
 4 asking hospitals to participate as volunteers,
 5 to just go out with a run of them, and we were
 6 one of the ones that volunteered.
 7 COFFEY, Q.C.:
 8 Q. And this is in relation to laboratory
 9 services?
 10 MS. PILGRIM:
 11 A. Laboratory services.
 12 COFFEY, Q.C.:
 13 Q. Which had not been looked at by this
 14 organization or its predecessor organizations
 15 for -
 16 MS. PILGRIM:
 17 A. For a long time.
 18 COFFEY, Q.C.:
 19 Q. - for about, for more than ten years?
 20 MS. PILGRIM:
 21 A. Yes, yeah. They were only looked at in terms
 22 of on other teams, because they provided
 23 service to another team, yeah. So this was a
 24 more extensive review, but you know, not as
 25 rigorous a review as you would get, for

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1 example, with QMPLS or something like that.
 2 COFFEY, Q.C.:
 3 Q. Was that understood at the time, in February
 4 2007?
 5 MS. PILGRIM:
 6 A. No, I don't think. The questions that I asked
 7 about it, I would ask people, "so do we know
 8 how rigorous this is? Is this like--oh yes,
 9 you know, they're all lab people that are
 10 coming," and it was a good review, certainly
 11 very good for our staff to prepare for and
 12 that, but not as rigorous, I don't think, as a
 13 QMPLS one would be.
 14 COFFEY, Q.C.:
 15 Q. Which you subsequently had experience with in
 16 the fall of '07?
 17 MS. PILGRIM:
 18 A. They just did our immunohistochemistry, yes.
 19 COFFEY, Q.C.:
 20 Q. I appreciate that, and I'll be asking -
 21 MS. PILGRIM:
 22 A. But now, their--well, you can hear it. I
 23 mean, provincially, there's things planned for
 24 laboratory services.
 25 COFFEY, Q.C.:

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1 Q. So Ms. Pilgrim, initially when the
 2 Accreditation Canada is getting involved with
 3 the laboratory services, on this basis, you,
 4 at the time, didn't have a very--as good an
 5 understanding about lab accreditation and the
 6 various potentialities as you do now?
 7 MS. PILGRIM:
 8 A. I saw the standards that they had to fill out.
 9 I thought they were pretty good. They were
 10 pretty intense.
 11 COFFEY, Q.C.:
 12 Q. But as it turns out, when the QMPLS came here
 13 in the fall of '07, you learned that these
 14 actually -
 15 MS. PILGRIM:
 16 A. More rigorous, yeah.
 17 COFFEY, Q.C.:
 18 Q. More rigorous and more intricate or detailed?
 19 MS. PILGRIM:
 20 A. Yeah, more detailed, yes.
 21 COFFEY, Q.C.:
 22 Q. And we'll come to that.
 23 MS. PILGRIM:
 24 A. Um-hm.
 25 COFFEY, Q.C.:

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1 Q. But at the time, when this is first laid out
 2 for you, certainly you, as a member of the
 3 executive, weren't attuned to the differences?
 4 It wasn't made plain to you?
 5 MS. PILGRIM:
 6 A. No, no, and this was a good assessment and a
 7 good exercise. So we were very pleased that
 8 Accreditation Canada had included the lab,
 9 yes.
 10 COFFEY, Q.C.:
 11 Q. But the idea that you might be able to get
 12 someone else who actually does a more
 13 detailed, rigorous -
 14 MS. PILGRIM:
 15 A. Yes, in terms of a pure laboratory, done by a
 16 group who developed this sort of thing, yes.
 17 COFFEY, Q.C.:
 18 Q. That awareness you came to afterward and do
 19 you recall when it was that you kind of came
 20 to that realization?
 21 MS. PILGRIM:
 22 A. Well, I think that we were very happy with
 23 this, but then we were talking more about, you
 24 know, there needs to be a provincial
 25 accreditation done and other groups that would

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1 do that, so that there would be a different
 2 approach taken for the laboratory besides the
 3 accreditation. Because there are many parts
 4 of our organization who go through
 5 accreditation processes, plus they're a part
 6 of Accreditations Canada.
 7 COFFEY, Q.C.:
 8 Q. You became aware of the idea of using QMPLS,
 9 that would be in the middle of '07 or the fall
 10 of '07?
 11 MS. PILGRIM:
 12 A. To come in and have a look at our immunohisto,
 13 yes.
 14 COFFEY, Q.C.:
 15 Q. And -
 16 MS. PILGRIM:
 17 A. I'd heard about them before though.
 18 COFFEY, Q.C.:
 19 Q. Sure. Here, Exhibit P-3167, please? Here,
 20 well, it's some e-mails of September 22nd,
 21 2008, but this is from Mr. Simmons to Ms.
 22 Chaytor and it refers to sentinel--he says
 23 "Pam," this would be Pam Elliott, "says they
 24 do not use a sentinel event reporting forms,"
 25 and I'll just read it out here. It says

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1 "pages from the sentinel events report
 2 referring to laboratory services are attached.
 3 The report was distributed by Pam Elliott at
 4 the May 8th, 2007 meeting of the Regional
 5 Quality Council and all copies were collected
 6 by her at the end of the meeting. Pam says
 7 that they do not use sentinel event reporting
 8 forms. They encourage use of their occurrence
 9 reporting forms but that does not always
 10 happen. Although the ER/PR matter was
 11 considered a sentinel event, there is no
 12 sentinel event report on an occurrence
 13 reporting form for it," and then he asks for a
 14 redaction of non relevant events.
 15 Here, if we look at the second page of
 16 this, it says "Quality and Risk Management
 17 department, sentinel events report, April 1/06
 18 to March 31/07" and there's a heading
 19 "sentinel event, action/recommendations and
 20 status" and then we go into the third page of
 21 the exhibit, under laboratory services, number
 22 one, there's a listing then or a description
 23 in 2005, "a patient initially tested in 2002
 24 with the DAKO system of immunohistochemistry
 25 and reported as ER/PR negative was retested

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1 with the Ventana system and indicated a strong
 2 positive for estrogen and progesterone
 3 receptors. 61 other patients initially tested
 4 in 2002 were retested and 42 of those had
 5 positive results. This high conversion rate
 6 then placed the sensitivity of the Ventana
 7 system in question." That's under the
 8 description of the sentinel event.
 9 Under the heading of
 10 "action/recommendations" for that laboratory
 11 services, it says "all ER/PR testing in
 12 Eastern Health was stopped on August 1, 2005.
 13 Mount Sinai was contracted to perform ongoing
 14 testing and retesting. All patients that were
 15 ER negative from 1997 to August '05 were
 16 identified and slides and blocks were sent for
 17 retesting. Two external peer reviews were
 18 conducted. Recommendations were made for both
 19 technical and pathological processes. All
 20 patients were contacted by phone that review
 21 was being conducted. When results were
 22 returned, those with no change in results were
 23 contacted by phone and informed. If there was
 24 a change in results, the information was
 25 reviewed by a panel of oncologists,

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1 pathologists, surgeons and the attending
 2 physician was contacted in writing with a
 3 treatment recommendation."
 4 And then finally, under "status" there's
 5 listed here, "the laboratory program is in the
 6 process of implementing all recommendations.
 7 A class action law suit has been filed.
 8 Eastern Health has resumed ER/PR testing" and
 9 I take it that's to cover this period, April
 10 1/06 to March 31/07?
 11 MS. PILGRIM:
 12 A. Any sentinel events in that report would have
 13 occurred during that time period.
 14 COFFEY, Q.C.:
 15 Q. And a sentinel event being defined as?
 16 MS. PILGRIM:
 17 A. It's any unexpected, I guess, occurrence that
 18 can lead to death or serious injury or
 19 disability.
 20 COFFEY, Q.C.:
 21 Q. Would there have been a similar report for the
 22 period April 1, 2005 to March 31, 2006?
 23 MS. PILGRIM:
 24 A. We weren't using that terminology at that
 25 time, so that would have just come forward as

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1 an occurrence then. There was never an
 2 occurrence report, as you know, filled out on
 3 this or occurrence reports because of the
 4 number of people involved in this.
 5 COFFEY, Q.C.:
 6 Q. And so to this day, I take it, in relation to
 7 occurrence reports or sentinel events, this
 8 would count as one sentinel event?
 9 MS. PILGRIM:
 10 A. It would, yes, but one massive one, multiple
 11 patient sentinel event it would be called.
 12 COFFEY, Q.C.:
 13 Q. If we could look, please, at 3179, please?
 14 This is some e-mails of March 20th, 2007 from
 15 Marion Crowley to Ms. Elliott and yourself,
 16 letting you know that "Mark Quinn from CBC had
 17 applied through ATIPP. He was looking for all
 18 the ER/PR results from the patients who were
 19 tested, with ID removed. We felt that the
 20 results were still a patient's personal
 21 information and our legal opinion agreed. We
 22 referred Mr. Quinn to an affidavit at the
 23 Supreme Court, which was a summary"--I'm
 24 sorry, I apologize, I should bring that up--
 25 "which has a summary of the results of the

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1 testing."
 2 MS. PILGRIM:
 3 A. Summary of numbers.
 4 COFFEY, Q.C.:
 5 Q. Summary of the results of the testing.
 6 MS. PILGRIM:
 7 A. That's numbers. I think there's two columns,
 8 original numbers and retest numbers, if I
 9 remember correctly.
 10 COFFEY, Q.C.:
 11 Q. So okay here, this is the e-mail here, okay?
 12 MS. PILGRIM:
 13 A. March 20th.
 14 COFFEY, Q.C.:
 15 Q. March 20th. He was looking for all the ER/PR
 16 results from the patients who were retested
 17 with the ID removed. "We felt that the
 18 results were still a patients personal
 19 information and our legal opinion agreed. We
 20 referred Mr. Quinn to an affidavit at the
 21 Supreme Court which has a summary of the
 22 results of the testing." Okay, "thanks,
 23 Marion." Now had you known, prior to this e-
 24 mail, that Mr. Quinn was being referred to
 25 this affidavit that had been filed in the

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1 class action proceedings? Had you known, in
 2 fact, about the affidavit at all?
 3 MS. PILGRIM:
 4 A. Oh, I knew that the affidavit was being
 5 prepared, yes.
 6 COFFEY, Q.C.:
 7 Q. Prepared and signed by Ms. Predham?
 8 MS. PILGRIM:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. And the contents of it?
 12 MS. PILGRIM:
 13 A. Yes. Well, yeah, I would have generally known
 14 what the contents were.
 15 COFFEY, Q.C.:
 16 Q. That the numbers generally were contained in
 17 it?
 18 MS. PILGRIM:
 19 A. Right, but it was the numbers like big
 20 numbers, 939 of this and 763 of something
 21 else, and Mark was looking for individual -
 22 COFFEY, Q.C.:
 23 Q. No, I appreciate that. What I'm asking about
 24 is this, did you understand, in relation to
 25 the affidavit, that Ms. Predham was filing in

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1 that class action proceedings that it
 2 contained not only 939, 763, 117 -
 3 MS. PILGRIM:
 4 A. Right.
 5 COFFEY, Q.C.:
 6 Q. But also, the number of patients whose results
 7 changed?
 8 MS. PILGRIM:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. Kind of the complete, more or less, set of
 12 numbers you'd gotten back on November 30th?
 13 MS. PILGRIM:
 14 A. Yes, that's right.
 15 COFFEY, Q.C.:
 16 Q. At the time, knowing that, did you have any
 17 understanding about the fact that that's a
 18 public document?
 19 MS. PILGRIM:
 20 A. Once it's in Court, yes.
 21 COFFEY, Q.C.:
 22 Q. Was that discussed--how widely known to your
 23 knowledge was the fact that the affidavit,
 24 that affidavit was being filed, was it known
 25 within the executive?

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1 MS. PILGRIM:
 2 A. Probably not widely known, no.
 3 COFFEY, Q.C.:
 4 Q. So you knew?
 5 MS. PILGRIM:
 6 A. Some people knew. Pam Elliott would have
 7 known. George, I don't know if George knew or
 8 not, might not have.
 9 COFFEY, Q.C.:
 10 Q. Oscar Howell?
 11 MS. PILGRIM:
 12 A. Oscar probably knew because he probably had--
 13 yeah, Oscar would have known because there was
 14 some questions certainly as to whether Heather
 15 should have been filling that out or whether
 16 it should have been Terry Gulliver in the lab
 17 or whatever, so there was discussion around
 18 that. So Oscar would have known it.
 19 COFFEY, Q.C.:
 20 Q. With respect to that then, the information
 21 that the media had been asking for, at least
 22 some of it anyway, in terms of the numbers,
 23 back in December of '06, was actually
 24 contained in that affidavit?
 25 MS. PILGRIM:

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1 A. Yeah. I don't think anybody put two and two
2 together, Mr. Coffey, is the truth of that.

3 COFFEY, Q.C.:

4 Q. Okay, that's what I was going to ask you
5 about, in terms of by directing CBC at this -

6 MS. PILGRIM:

7 A. Yeah.

8 COFFEY, Q.C.:

9 Q. - in particular that the numbers then would
10 likely become public. It's just people didn't
11 connect it.

12 MS. PILGRIM:

13 A. I don't think there was a putting the two
14 together.

15 COFFEY, Q.C.:

16 Q. Okay.

17 MS. PILGRIM:

18 A. That would be my opinion.

19 COFFEY, Q.C.:

20 Q. Well, certainly, I take it, you can speak for
21 yourself, you didn't -

22 MS. PILGRIM:

23 A. I can, yeah.

24 COFFEY, Q.C.:

25 Q. You didn't think of it?

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1 MS. PILGRIM:

2 A. I didn't think of it, no.

3 COFFEY, Q.C.:

4 Q. Then if we could, if we could look, please, at
5 Exhibit P-0435? This, look at this, it came
6 to the Commission through yourself, Volume 3,
7 Tab 20, CPSI draft disclosure policy. Look at
8 the second page of it. This is the CPSI,
9 Canadian Patient Safety Institute, draft
10 national guidelines for the disclosure of
11 adverse events, May 2, 2007, and draft
12 guidelines, and would you, at the time, in May
13 of 2007, have had a copy of this?

14 MS. PILGRIM:

15 A. These were when they came from CPSI for input,
16 yes, around that time, I would have seen them.

17 COFFEY, Q.C.:

18 Q. In your capacity as being responsible for
19 quality?

20 MS. PILGRIM:

21 A. Yeah, they would have been--Pam or Heather
22 would have sent them to me.

23 COFFEY, Q.C.:

24 Q. If we could look, please, at page 21? This is
25 paragraph F under "particular circumstances."

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1 Let me just go back a page. See that? And
2 then A, B, C, D, E, F.

3 MS. PILGRIM:

4 A. Right.

5 COFFEY, Q.C.:

6 Q. Now multi-patient disclosure, it reads "in
7 some situations, there may be a need to
8 disclose to more than one patient about the
9 same adverse event. Privacy and
10 confidentiality remains important. The
11 disclosure discussion should be with only one
12 patient at a time and in person, if possible.
13 If the disclosure discussion cannot be in
14 person, it should be done by registered mail
15 and/or telephone opportunities for follow up
16 made available. In addition, disclosure
17 should occur with all patients involved at
18 approximately the same time and, if possible,
19 prior to any media coverage being considered."
20 Now at the time, in May or June of 2007,
21 when you would have had the opportunity--did
22 you have an opportunity to look at this at the
23 time?

24 MS. PILGRIM:

25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. Okay. This does address not only the idea of
3 multiple, disclosure to multiple patients, but
4 in fact, does address the issue of public
5 disclosure, doesn't it, in terms of the
6 timing?

7 MS. PILGRIM:

8 A. Refers to it.

9 COFFEY, Q.C.:

10 Q. Refers to it, yes.

11 MS. PILGRIM:

12 A. Didn't give us much guidance though.

13 COFFEY, Q.C.:

14 Q. Well, it says "if possible, deal with the
15 patients individually."

16 MS. PILGRIM:

17 A. We wanted a bit more than that and we
18 certainly gave feedback to CPSI that that
19 wasn't that helpful, after what we had just
20 gone through, we'd like to have even more.

21 COFFEY, Q.C.:

22 Q. And what more would you want?

23 MS. PILGRIM:

24 A. Well, to me, the way they have that written
25 there, that could apply to multiple patient,

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1 maybe three or four or five or six, but not
 2 1,000 in the way they had that written. So we
 3 wanted, and I think we still need that in
 4 health care, and hopefully that's going to be
 5 something that might come out of this
 6 Commission would be some guidelines about--I
 7 still think that the stakeholders very much
 8 have to get together and work this out about
 9 public disclosure, what the expectations are,
 10 and you know, I think there's still a lot of
 11 work to be done with that, and I didn't find
 12 this document helpful, to tell you the truth,
 13 in terms of the issues that we were dealing
 14 with.
 15 COFFEY, Q.C.:
 16 Q. And did you let anybody know this?
 17 MS. PILGRIM:
 18 A. We let them know that.
 19 COFFEY, Q.C.:
 20 Q. Yes, that's what I'm getting at.
 21 MS. PILGRIM:
 22 A. We did.
 23 COFFEY, Q.C.:
 24 Q. You did feedback.
 25 MS. PILGRIM:

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1 A. And we even called them actually and said, you
 2 know, "do you think this is a good
 3 opportunity, we might"--you know, we did give
 4 them our feedback.
 5 COFFEY, Q.C.:
 6 Q. Exhibit P-0488, page 31, please? This is
 7 executive management minutes of May 16th,
 8 2007. Ms. Pilgrim, of course, this is the day
 9 after this issue was raised in the House of
 10 Assembly on May 15th. You're present at this
 11 meeting. In relation to the matter being
 12 raised in the House of Assembly -
 13 MS. PILGRIM:
 14 A. But this is after Mark gets the numbers out of
 15 the affidavit, and we're into -
 16 COFFEY, Q.C.:
 17 Q. May 15th is the day that CBC -
 18 MS. PILGRIM:
 19 A. All the media coverage, yes.
 20 COFFEY, Q.C.:
 21 Q. - first ran, broadcast about it, about what
 22 was in the affidavit, numbers in the
 23 affidavit, and it was raised in the House of
 24 Assembly.
 25 MS. PILGRIM:

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1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. I believe that day. Had you had any
 4 forewarning that CBC was about to run such a
 5 story?
 6 MS. PILGRIM:
 7 A. I didn't.
 8 COFFEY, Q.C.:
 9 Q. Okay.
 10 MS. PILGRIM:
 11 A. I don't know if the organization did, but not
 12 that I knew about.
 13 COFFEY, Q.C.:
 14 Q. When did you first hear about it or how did
 15 you first hear about it? I take it you would
 16 have heard about it that--May 15, but how did
 17 you first hear about it?
 18 MS. PILGRIM:
 19 A. Probably--I don't know, Mr. Coffey. Probably
 20 from Susan Bonnell, someone in Communications.
 21 COFFEY, Q.C.:
 22 Q. And then what, if any, involvement did you
 23 have in reacting, on behalf of the
 24 organization, to it, at least in the first day
 25 or two? What do you recall about the

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1 organization's reaction?
 2 MS. PILGRIM:
 3 A. I would have been in on some meetings where it
 4 was discussed, but wouldn't have been directly
 5 involved in the organization's response to it.
 6 COFFEY, Q.C.:
 7 Q. Exhibit--here, looking at this, 0488, page 31,
 8 this executive management minutes of May 16th,
 9 2.2.1, it says "estrogen and progesterone
 10 receptor testing. There has been significant
 11 media attention related to the ER/PR receptor
 12 testing. On May 15, 2007, George Tilley, Dr.
 13 Howell and Heather Predham briefed the
 14 Minister on the issue. Calls from patients
 15 will be directed to the Quality department.
 16 Pat Pilgrim will mobilize a team and put a
 17 process in place."
 18 MS. PILGRIM:
 19 A. That's right. We ran a 24-hour hot line.
 20 COFFEY, Q.C.:
 21 Q. So that was what you -
 22 MS. PILGRIM:
 23 A. Oh yeah, that would have come back to Quality,
 24 anything to do to respond to the patients.
 25 COFFEY, Q.C.:

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1 Q. And so who was put in--what was put in place?
 2 Can you tell the Commissioner who and what?
 3 MS. PILGRIM:
 4 A. At that point?
 5 COFFEY, Q.C.:
 6 Q. Yes.
 7 MS. PILGRIM:
 8 A. We would have probably made our number
 9 available. The number was out available, but
 10 we probably would have made it available for
 11 longer periods of time, seven days a week and
 12 actually had someone answering the phone 24/7.
 13 COFFEY, Q.C.:
 14 Q. Yes. And who?
 15 MS. PILGRIM:
 16 A. Quality people.
 17 COFFEY, Q.C.:
 18 Q. And who would that be?
 19 MS. PILGRIM:
 20 A. It would have been Nancy Parsons, probably
 21 Janet Laidley, Heather may or may not have
 22 been. I don't think Heather would have been
 23 involved with this at that time. And again, I
 24 wouldn't have gotten into the detail with that
 25 because Pam Elliott was the director there at

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1 that time, and she would have organized that,
 2 through her staff. But for sure, Nancy
 3 Parsons would have been a part of it.
 4 COFFEY, Q.C.:
 5 Q. Exhibit P-0012, please? This is an e-mail of
 6 May 16, 2007 from Susan Bonnell to Mr. Tilley,
 7 Dodge, and Dr. Howell. It's two headings
 8 here, "why should we speak publicly?" and
 9 "what could we possibly say to the media?"
 10 Okay, and "were our key messages in December,"
 11 and goes on from there.
 12 She just begins by saying "our
 13 credibility as an organization and our ability
 14 to provide quality care are being maligned,
 15 and we don't speak, the story continues with
 16 or without you" and this is the one--the
 17 Commissioner has seen references to this
 18 before. I wanted to ask you, Ms. Pilgrim,
 19 this: were you drawn into this debate about
 20 how to respond, if to respond, when to
 21 respond? Did you participate in that?
 22 MS. PILGRIM:
 23 A. At this time?
 24 COFFEY, Q.C.:
 25 Q. Yes, in May 15th and 16th, and I appreciate

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1 you're not e-mailed here. You're not on the
 2 list.
 3 MS. PILGRIM:
 4 A. I wouldn't have not been involved. Like I
 5 would have known what was going on here. I
 6 think this is at the time that we eventually
 7 brought in Bristol Communications and I
 8 remember being in a room the night before
 9 George was doing a press conference, when he
 10 was being prepared for that. So I would have--
 11 I remember, I can remember Susan Bonnell
 12 being frustrated from time to time, because a
 13 lot of time was going by and, you know, I
 14 think she wanted us to be getting out there
 15 faster than we were, and I think that was a
 16 frustration for the Communications person who
 17 was really trying to push the system to
 18 respond and the system wasn't moving as fast
 19 as she wanted it to move.
 20 COFFEY, Q.C.:
 21 Q. In fact, to your knowledge, in the first day
 22 or two, was the system, Eastern Health,
 23 responding at all to the media?
 24 MS. PILGRIM:
 25 A. I'm talking about the people who would, you

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1 know, like you know, really your CEO or
 2 someone from senior management would have been
 3 the people who would have been responding, or
 4 your Board chair. Somebody would have been
 5 responding.
 6 COFFEY, Q.C.:
 7 Q. Were you aware of any discussion within
 8 Eastern Health on May 15th into the 16th about
 9 a decision taken not to speak to the media
 10 about this initially?
 11 MS. PILGRIM:
 12 A. Not that I can remember.
 13 COFFEY, Q.C.:
 14 Q. Okay, that's what I -
 15 MS. PILGRIM:
 16 A. Not about a decision not to speak, no.
 17 COFFEY, Q.C.:
 18 Q. P-0439, please? This is an e-mail of May
 19 16th, 2007 from Ms. Predham. You are one of
 20 the recipients of this. She says "I just
 21 wanted to give you an update on the calls we,
 22 Nancy mostly, has received today re: ER/PR"
 23 and she describes the calls.
 24 MS. PILGRIM:
 25 A. That's the type of calls we're getting now

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1 because of the media coverage, right, yes.
 2 COFFEY, Q.C.:
 3 Q. And so I take it it was put in place or
 4 understood that Ms. Predham would, on a daily
 5 report, provide a summary to the people
 6 managing this?
 7 MS. PILGRIM:
 8 A. I don't know. That would have been through
 9 Pam. I don't know how they organized that.
 10 COFFEY, Q.C.:
 11 Q. If we could, Exhibit P-0443? This is material
 12 you eventually provided to the Commission of
 13 Inquiry.
 14 MS. PILGRIM:
 15 A. Would have come from George's file.
 16 COFFEY, Q.C.:
 17 Q. George's office, I take it.
 18 MS. PILGRIM:
 19 A. That's right, yes.
 20 COFFEY, Q.C.:
 21 Q. News conference, May 18th, 2007. This is
 22 this--you referred to this earlier in your
 23 testimony. It's a media statement, introduce
 24 the panel, and then this, I take it, was a
 25 prepared text and you just referred to the

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1 fact that you attended a meeting or yes, a
 2 meeting on the evening before this.
 3 MS. PILGRIM:
 4 A. I did.
 5 COFFEY, Q.C.:
 6 Q. In preparation for this.
 7 MS. PILGRIM:
 8 A. Right.
 9 COFFEY, Q.C.:
 10 Q. Did you have any input into it, that you can
 11 recall in particular?
 12 MS. PILGRIM:
 13 A. No, other than as we were going through the
 14 material, if there was something there that I
 15 thought wasn't clear or whatever, it was more
 16 edited.
 17 COFFEY, Q.C.:
 18 Q. Yes.
 19 MS. PILGRIM:
 20 A. But the evening before, it was more just
 21 getting George ready to, you know, prepare the
 22 information, get the information out there.
 23 COFFEY, Q.C.:
 24 Q. Here in the middle of the second page of the
 25 document, the third page of the exhibit, it

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1 reads, "We felt that if there was even the
 2 possibility", which is bolded and underlined,
 3 "that one patient may benefit from retesting,
 4 we had an obligation", which is bolded and
 5 underlined, "to retest all patients regardless
 6 of the consequences". So I take it as well
 7 that was regardless of the cost?
 8 MS. PILGRIM:
 9 A. Regardless of the cost, and also they knew
 10 full well when they went into this retesting
 11 that there would be many changes because of
 12 the - you know, you would just get it by
 13 virtue of the test.
 14 COFFEY, Q.C.:
 15 Q. And if we could bring up, please, Exhibit P-
 16 3180.
 17 MS. PILGRIM:
 18 A. That's another status.
 19 COFFEY, Q.C.:
 20 Q. Another status report, and I just bring this
 21 up as an example again of one of May 18th.
 22 Ms. Predham is keeping yourself, Ms. Elliott,
 23 Mr. Tilley, Dr. Howell, and Ms. Bonnell
 24 apprised at the end of each business day?
 25 MS. PILGRIM:

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1 A. That's right.
 2 COFFEY, Q.C.:
 3 Q. Of this - of the number and nature of the
 4 calls, but certainly the - yes, the nature of
 5 the calls. The reference by Mr. Tilley to -
 6 he did a press conference. I take it you did
 7 attend that press conference? Did you go to
 8 the --
 9 MS. PILGRIM:
 10 A. Yes, I was down in the back of the room, yes.
 11 COFFEY, Q.C.:
 12 Q. You did see -
 13 MS. PILGRIM:
 14 A. The reporters thought I--there were a group of
 15 us and they thought we were patients with
 16 breast cancer. They were going to interview
 17 us.
 18 COFFEY, Q.C.:
 19 Q. And the idea that "we", that is the
 20 organization felt if there was even a
 21 possibility that one patient may benefit from
 22 retesting, we had an obligation to retest all
 23 patients regardless of the consequences. Did
 24 you agree with that?
 25 MS. PILGRIM:

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1 A. You're speaking now from his -
 2 COFFEY, Q.C.:
 3 Q. Yes, his prepared text, 443, page three,
 4 please.
 5 MS. PILGRIM:
 6 A. That was what we started out to do in terms of
 7 the -
 8 COFFEY, Q.C.:
 9 Q. Back in '05.
 10 MS. PILGRIM:
 11 A. The false negativity of this test, and the
 12 issues that we were having. So the only way
 13 to do it, you either did the full review of
 14 all the negatives, or you didn't do anything
 15 really. You had to go back and do the review.
 16 COFFEY, Q.C.:
 17 Q. That was the premise on which this was based
 18 beginning in the middle of 2005?
 19 MS. PILGRIM:
 20 A. Right.
 21 COFFEY, Q.C.:
 22 Q. Mr. Tilley reiterated it to the media on May
 23 18th, 2007?
 24 MS. PILGRIM:
 25 A. Right, yes.

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1 COFFEY, Q.C.:
 2 Q. You heard him do it?
 3 MS. PILGRIM:
 4 A. He did that, yes.
 5 COFFEY, Q.C.:
 6 Q. You agreed with it in the beginning and you
 7 agreed on May 18th, 2007?
 8 MS. PILGRIM:
 9 A. I didn't disagree with it, yes.
 10 COFFEY, Q.C.:
 11 Q. Do you still agree with it?
 12 MS. PILGRIM:
 13 A. I guess what I would like to say after the
 14 experience that I've had with what we did, if
 15 we were ever going to make this kind of a
 16 decision again, I would want more people with
 17 different skill sets in the room with us when
 18 we were doing that.
 19 COFFEY, Q.C.:
 20 Q. His -
 21 MS. PILGRIM:
 22 A. About doing a huge review like this, and how
 23 to do it, and is this the best thing we should
 24 be doing. So, you know, my one regret, I
 25 guess, if there's any regret, or my one thing

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1 if I ever had to go through this again, I
 2 would have a different group of people - I
 3 would infuse a different skill set into the
 4 room.
 5 COFFEY, Q.C.:
 6 Q. Sure, I appreciate that, and I'm going to come
 7 back to that.
 8 MS. PILGRIM:
 9 A. Uh-hm.
 10 COFFEY, Q.C.:
 11 Q. But in terms of the basic principle -
 12 MS. PILGRIM:
 13 A. But I agreed with this at the time. This is
 14 what we said. We started out, we didn't even
 15 know what this test was, but we knew it had a
 16 false negative rate, and because of that, we
 17 went into this retesting.
 18 COFFEY, Q.C.:
 19 Q. Is that still the position of Eastern Health
 20 today?
 21 MS. PILGRIM:
 22 A. In terms of - in terms of what?
 23 COFFEY, Q.C.:
 24 Q. In terms of right now if there's a possibility
 25 that one patient may benefit from retesting,

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1 even one patient, the possibility that one
 2 patient may benefit from retesting, does
 3 Eastern Health still feel it has an obligation
 4 to retest all patients or perhaps do whatever
 5 is required regardless of the consequences?
 6 MS. PILGRIM:
 7 A. I'm not sure that would be our position today
 8 in terms of our capacity to keep on doing
 9 these things.
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 MS. PILGRIM:
 13 A. So we would be very much guided by is there a
 14 concern being expressed by our physicians,
 15 what is the science out there to say that this
 16 is really something that we should be doing,
 17 and very much in terms of our capacity
 18 internally, Mr. Coffey, to do this.
 19 COFFEY, Q.C.:
 20 Q. In fact, that's come up recently, I would
 21 suggest to you?
 22 MS. PILGRIM:
 23 A. It has come up, and continues to come up.
 24 COFFEY, Q.C.:
 25 Q. And we'll come to that.

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1 MS. PILGRIM:
 2 A. Yes.
 3 THE COMMISSIONER:
 4 Q. Excuse me, Mr. Coffey, but actually Ms.
 5 Pilgrim has made a reference to something
 6 which she referred to at least once or twice
 7 before, and before it goes out of my mind, you
 8 have a number of occasions referred to the
 9 expected false negative rate?
 10 MS. PILGRIM:
 11 A. Yes, my understanding of this very first when
 12 we started talking about this, I was told that
 13 one of the very well known flaws of this ER/PR
 14 test was that it had a false negative rate
 15 associated with it.
 16 COFFEY, Q.C.:
 17 Q. Who told you that?
 18 MS. PILGRIM:
 19 A. It would have been probably Don Cook, Nash
 20 Denic. There was articles that we read, but
 21 very early - because I didn't know anything
 22 about this. So one of the reasons why they
 23 were looking at this and saying, well, you
 24 know, there is a known false negative rate
 25 with this test, and - so that was like a known

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1 flaw. We didn't hear at the beginning
 2 anything about a known positive false rate
 3 with this test, it was a negative false rate,
 4 and, you know, there were different numbers
 5 thrown around, 5 percent, 10 percent. I can
 6 remember many discussions about it.
 7 THE COMMISSIONER:
 8 Q. So was it your concern that all of the results
 9 which have changed were, in effect, normal
 10 because you would expect that rate of false
 11 negative?
 12 MS. PILGRIM:
 13 A. Well, what I was being told - I remember
 14 asking one of pathologists, I can't remember
 15 which one it was, I said, so, with all of
 16 these changes - I mean, we were calling them
 17 conversions at the time, what's going on here,
 18 you know, this wouldn't - what is it that
 19 we're seeing here, and I actually had a
 20 pathologist say to me, well, what it is that
 21 we're seeing is this is the false negative
 22 characteristic of this test. So if you set
 23 out to retest all this many people, this is
 24 what you would expect to get because of the
 25 false negative nature of the test. You know,

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1 so that was the sorts of things that -
 2 THE COMMISSIONER:
 3 Q. So - yes, okay, but the implication of that is
 4 what you're seeing is not a result of some
 5 problem with the test other than that which is
 6 inherent in the nature of the beast that
 7 you're dealing with.
 8 MS. PILGRIM:
 9 A. Right.
 10 THE COMMISSIONER:
 11 Q. So are - is that - is it your view or is it
 12 the view of Eastern Health that these
 13 conversions reflect that?
 14 MS. PILGRIM:
 15 A. No, it's not my view after seeing - this was
 16 very early in the game now when I was just -
 17 but now that I've seen, and we've heard people
 18 give testimony, I certainly understand now
 19 that there were other factors which
 20 contributed to the changes that we saw,
 21 factors to do with the quality of the
 22 technology, and also of interpretation in our
 23 lab.
 24 THE COMMISSIONER:
 25 Q. Okay.

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1 MS. PILGRIM:
 2 A. So, you know, I understand that to be
 3 different now, but I - and I don't know how
 4 much of it is due to that. I can say that to
 5 you as I sit here. I don't know how many of
 6 them changed because there's a certain
 7 percentage you would have expect a change
 8 anyway, and then there's the others that
 9 changed because of the laboratory factors.
 10 COFFEY, Q.C.:
 11 Q. So which pathologist - do you recall which
 12 pathologist you last spoke to about this idea
 13 of a false - kind of inherent false negative
 14 rate?
 15 MS. PILGRIM:
 16 A. I guess I should tell you, Mr. Coffey, this
 17 was not - this is not lately. This was early
 18 when I first started asking questions about
 19 this -
 20 COFFEY, Q.C.:
 21 Q. And you can't recall who that pathologist -
 22 like, who first told you about this, this is
 23 to be expected, because you said that's what
 24 you understood from one of them?
 25 MS. PILGRIM:

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1 A. Yes. I was told what you're seeing is the
 2 false negative characteristic of this test.
 3 COFFEY, Q.C.:
 4 Q. Do you recall who that was?
 5 MS. PILGRIM:
 6 A. No, not exactly who said that to me.
 7 COFFEY, Q.C.:
 8 Q. Okay.
 9 MS. PILGRIM:
 10 A. I've talked to so many of them, I can't really
 11 tell you who said that to me.
 12 COFFEY, Q.C.:
 13 Q. Commissioner, you had intervened to ask about
 14 that false negative notion.
 15 THE COMMISSIONER:
 16 Q. No, it was - that's really what I was
 17 concerned about because it seemed to me that
 18 at least at that point Ms. Pilgrim was saying
 19 she was concerned that what you might see was
 20 only something that one would anticipate,
 21 given the nature of the test, and did that
 22 sort of concern stay with you? You indicated
 23 that now you see things somewhat differently,
 24 although you're - there may be still that
 25 factor somewhere in the figures, but --

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1 MS. PILGRIM:
 2 A. But I -
 3 THE COMMISSIONER:
 4 Q. You know now that it's something more than
 5 that.
 6 MS. PILGRIM:
 7 A. Yes, and even as I sit here, I'd still like to
 8 know a little bit more about which was which,
 9 you know, what percent was due to what, and
 10 until some more analysis, because we just
 11 started doing some of the analysis internally
 12 on that, I don't have the answers to those
 13 questions.
 14 THE COMMISSIONER:
 15 Q. And is it your view that - could you tell me
 16 how long you - sort of how far along the way
 17 you were before you began to realize that this
 18 was greater than an expected false negative
 19 rate?
 20 MS. PILGRIM:
 21 A. Certainly as I started to learn more about the
 22 test, and when we started working with NLCHI
 23 to put the numbers together and things like
 24 that, and I was reading some of the
 25 literature, and what you would expect with

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1 this test, but, you know, I still had
 2 methodologists, as I told you, coming into my
 3 office, people from the university and things
 4 with numbers done, you know, had scrunched
 5 numbers and saying, sure, that's what you get,
 6 look what you did, you set out to retest, you
 7 knew there was a false negativity rate, you
 8 knew when you set out that's what you were
 9 going to get, and indeed that's what you did
 10 get.
 11 COFFEY, Q.C.:
 12 Q. And who are they? Why are we talking about
 13 here?
 14 MS. PILGRIM:
 15 A. I remember having a discussion with Wayne
 16 Miller about it. Wayne wouldn't have been the
 17 one, though, who started the discussion.
 18 THE COMMISSIONER:
 19 Q. Mr. Miller turned up in one of the exhibits
 20 today. I was going to ask you to remind me
 21 who he was, I'm sorry, I've forgotten.
 22 MS. PILGRIM:
 23 A. Wayne is - he's the Director of Research and
 24 Strategic Planning, senior director within
 25 Eastern Health. He's a member of the

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1 executive team, and he's the one that's been
 2 tasked with - now that we have a database
 3 which is fairly complete, he's now finding out
 4 from people inside of Eastern Health what it
 5 is that they would like to see, what types of
 6 information now would you like us to crunch
 7 some members on with you with what we actually
 8 have in the database.
 9 COFFEY, Q.C.:
 10 Q. With respect to these methodologists, can you
 11 perhaps give a little bit more thought to
 12 them?
 13 MS. PILGRIM:
 14 A. I mean, the methodologists--I couldn't tell
 15 you - again I'm -
 16 COFFEY, Q.C.:
 17 Q. But if somebody comes in with a bunch of
 18 numbers and says, look -
 19 MS. PILGRIM:
 20 A. I'm thinking at that time I would have been
 21 talking to Wayne Miller, I would have been
 22 talking to Dr. Pat Parfrey, I would have been
 23 talking to Dr. Brendan Barrett.
 24 COFFEY, Q.C.:
 25 Q. When somebody - one or more of them would come

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1 in with their own numbers crunched -

2 MS. PILGRIM:

3 A. Uh-hm.

4 COFFEY, Q.C.:

5 Q. In effect, saying, well, what's the problem

6 here.

7 MS. PILGRIM:

8 A. Uh-hm.

9 COFFEY, Q.C.:

10 Q. I've done the figures and you're fine.

11 MS. PILGRIM:

12 A. Yes, yeah.

13 COFFEY, Q.C.:

14 Q. That's what you're being told.

15 MS. PILGRIM:

16 A. Uh-hm.

17 COFFEY, Q.C.:

18 Q. Is there any record of that first of all,

19 other than your memory of it? I mean, I

20 appreciate you remember that.

21 MS. PILGRIM:

22 A. I'm just telling your memory, yeah, just the

23 things that were being said, right.

24 COFFEY, Q.C.:

25 Q. Did they leave the numbers on your desk or

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1 anything like that?

2 MS. PILGRIM:

3 A. No, but I remember going to Wayne Miller with

4 the numbers and sitting down with him and

5 trying to figure out where they were getting

6 the numbers from.

7 COFFEY, Q.C.:

8 Q. So they did give you the numbers?

9 MS. PILGRIM:

10 A. Oh, yeah, the numbers were there.

11 COFFEY, Q.C.:

12 Q. So -

13 MS. PILGRIM:

14 A. I'd have to sit down and think about them now,

15 but they were worked out in a certain way,

16 yes.

17 COFFEY, Q.C.:

18 Q. Does the document still exist?

19 MS. PILGRIM:

20 A. I don't know if the document still exists, Mr.

21 Coffey.

22 COFFEY, Q.C.:

23 Q. Could you make inquiries and see?

24 MS. PILGRIM:

25 A. I could, yes.

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1 COFFEY, Q.C.:

2 Q. And let Mr. Simmons know.

3 MS. PILGRIM:

4 A. Uh-hm.

5 COFFEY, Q.C.:

6 Q. Pass it on to him.

7 MS. PILGRIM:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. Now in relation to that, I take it, though, in

11 that approach when you were describing it to

12 the Commissioner, you said, well, you know, a

13 given false negative rate -

14 MS. PILGRIM:

15 A. Uh-hm.

16 COFFEY, Q.C.:

17 Q. And you can work on from there.

18 MS. PILGRIM:

19 A. Uh-hm.

20 COFFEY, Q.C.:

21 Q. So they had come up - they were - whoever the

22 person or persons were, they had somehow or

23 another come up with a false negative rate

24 themselves?

25 MS. PILGRIM:

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1 A. And crunched the numbers.

2 COFFEY, Q.C.:

3 Q. Yes, but they had come up with the rate first?

4 MS. PILGRIM:

5 A. Using one, yes, that I understood was

6 published in the literature or whatever, and

7 if you set out to do this kind of a retest, a

8 review that we did, this is what you would

9 have. You'd start off with this many positive

10 and this many negative, but you know in this

11 group, some of them are false negative. So

12 now you're going to do this group and you're

13 going to get the ones that are, and they're

14 going to become positive, and it was, you

15 know, that kind of a discussion.

16 COFFEY, Q.C.:

17 Q. Now do you know if in discussing this with

18 either of these individuals you've named, one

19 or more of them, did any of them purport to

20 actually know anything about what had happened

21 here, about why this had happened?

22 MS. PILGRIM:

23 A. Oh, probably not. They certainly didn't have

24 any in depth knowledge of anything else.

25 COFFEY, Q.C.:

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1 Q. Like Dr. Banerjee's views -
 2 MS. PILGRIM:
 3 A. No.
 4 COFFEY, Q.C.:
 5 Q. Ms. Wegrynowski's.
 6 MS. PILGRIM:
 7 A. Just purely going from the science of this
 8 test, uh-hm.
 9 COFFEY, Q.C.:
 10 Q. The mathematics of it?
 11 MS. PILGRIM:
 12 A. Yes, and the science of what you know about
 13 the test, or about any test, for that matter.
 14 COFFEY, Q.C.:
 15 Q. Okay, and in relation to that, you've had the
 16 opportunity, I take it, to have sat and
 17 listened to--well you heard Dr. David Dabbs -
 18 MS. PILGRIM:
 19 A. Oh yes.
 20 COFFEY, Q.C.:
 21 Q. You've heard Dr. Francis O'Malley.
 22 MS. PILGRIM:
 23 A. Uh-hm.
 24 COFFEY, Q.C.:
 25 Q. You've heard Dr. Brendan Mullen probably.

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1 MS. PILGRIM:
 2 A. I've heard our own doctors.
 3 COFFEY, Q.C.:
 4 Q. Yes, and your own doctors as well, and I think
 5 would you agree that the message pretty well
 6 all of them have given to the Commissioner is
 7 if the test is properly performed, rigorously
 8 and properly performed on properly fixated and
 9 properly processed tissue, that the results
 10 are very reliable. Isn't that the message
 11 that you've heard?
 12 MS. PILGRIM:
 13 A. Yes, but no test is one hundred percent.
 14 COFFEY, Q.C.:
 15 Q. Oh, I appreciate that, so -
 16 MS. PILGRIM:
 17 A. But, you know, I had formed my own conclusions
 18 about this and like I just told you, from
 19 where I sit now, there probably is--you know,
 20 everybody says there is a false negative, so
 21 there it is, but I also feel that there were
 22 other factors that contributed to it, to the
 23 results that we saw.
 24 COFFEY, Q.C.:
 25 Q. Were you able to--did you have actually in

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1 your office this paper or papers or study or
 2 studies that has this figure in it?
 3 MS. PILGRIM:
 4 A. No.
 5 COFFEY, Q.C.:
 6 Q. These people were walking around and talking
 7 about five, ten, two, whatever the percentage.
 8 MS. PILGRIM:
 9 A. But they're not walking around, I mean, if
 10 somebody walked into my office -
 11 COFFEY, Q.C.:
 12 Q. That's what I'm saying, yeah, walking around -
 13 MS. PILGRIM:
 14 A. I think there was a concern that--what I was
 15 hearing was if anybody looking at the science
 16 of this test, where's the science in all of
 17 this, and that was--and it would have been one
 18 of those people because they are the people
 19 involved in research.
 20 COFFEY, Q.C.:
 21 Q. So was it the science of the test or the
 22 numbers associated with the test?
 23 MS. PILGRIM:
 24 A. The science of what you know about this test
 25 is how I understood it. But I've had that

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1 question asked of me, when is somebody going
 2 to look at the science of this test.
 3 COFFEY, Q.C.:
 4 Q. Has Eastern Health done so?
 5 MS. PILGRIM:
 6 A. Eastern Health hasn't done any--no, any
 7 further look. Now Eastern Health is just
 8 starting to do analysis, Mr. Coffey, of the
 9 numbers that we have and we have oncologists
 10 looking for certain information, we have
 11 pathologists looking for other things and
 12 Wayne is getting that, you know, doing the
 13 analysis for them.
 14 COFFEY, Q.C.:
 15 Q. Exhibit P-0020 please? This is a special
 16 Board of Trustees meeting of May 23rd, 2007--I
 17 apologize, page 54, minutes of that meeting,
 18 May 23rd, 2007. On this page there's a
 19 reference to "George Tilley will consult
 20 further with the strategic communications and
 21 external communications specialists to employ
 22 whatever communication strategies are
 23 necessary to ensure the correct messages are
 24 being delivered to build and restore
 25 confidence in the system." Do you see that?

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1 MS. PILGRIM:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. What correct messages, well perhaps another
 5 way of asking you is what incorrect messages
 6 were being delivered that had to be countered
 7 with correct messages were you aware of,
 8 because you were, and when we look back at the
 9 page before, you were at this meeting by a
 10 conference call. So what was the incorrect
 11 messages or do you recall?
 12 MS. PILGRIM:
 13 A. I know there was concern that Eastern Health
 14 had not been--I don't know if it was as much
 15 messages, Mr. Coffey, as the approach that we
 16 had taken with media relations and the fact
 17 that we had not been as available and often
 18 not been available to speak to issues, not
 19 made ourselves available. And I know that
 20 that was one of the things that we identified
 21 that we needed to try to address because if
 22 you don't get out and answer the questions,
 23 you know, the story is going to run anyway and
 24 it's better for you to get your two cents
 25 worth into the story. But that had not been

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1 the way that we traditionally approached media
 2 relations.
 3 COFFEY, Q.C.:
 4 Q. And the traditional approach had been what?
 5 MS. PILGRIM:
 6 A. The traditional approach for all of my career
 7 had been that you talk to the media the least
 8 amount that you could about anything, but -
 9 COFFEY, Q.C.:
 10 Q. Why is that?
 11 MS. PILGRIM:
 12 A. And I'm only coming from a clinical
 13 administrative person, we just, you know, you
 14 just hated talking to the media about having
 15 long interviews and having certain things
 16 picked out of them and, you know, there were,
 17 you'd rather almost do anything else, really.
 18 And that was something that needed to be
 19 changed within our organization.
 20 COFFEY, Q.C.:
 21 Q. Now if we could, please, look at P-0451?
 22 Here, this is May 23rd, 2007 e-mail from Ms.
 23 Predham to Mr. Tilley, Ms. Bonnell, Dr.
 24 Howell, yourself and Ms. Elliott.
 25 MS. PILGRIM:

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1 A. It's another update on the calls.
 2 COFFEY, Q.C.:
 3 Q. Yes, an update, but on this she says, "Update
 4 on ER/PR calls. Today Nancy has been quite
 5 busy with 20 calls today on ER/PR." The first
 6 bullet is "numerous ones have been from family
 7 members of deceased patients. A process is
 8 underway to get them their information." Now
 9 if you think back to May 18th, that press
 10 conference, Mr. Tilley had made a comment
 11 about retesting of the deceased?
 12 MS. PILGRIM:
 13 A. That's correct.
 14 COFFEY, Q.C.:
 15 Q. And in fact, subsequently you go looking for -
 16 MS. PILGRIM:
 17 A. Yes, we do.
 18 COFFEY, Q.C.:
 19 Q. And we'll see what he actually said, a
 20 transcript of it, but if we could look back,
 21 please, at P-1203, page 2? This is the news
 22 release for that December 11th media briefing.
 23 Do you know if at the time Eastern Health said
 24 anything publicly about the deceased?
 25 MS. PILGRIM:

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1 A. I mean, I don't remember offhand, I'd have to
 2 read that -
 3 COFFEY, Q.C.:
 4 Q. Sure. Do you recall it being an issue then
 5 before May 15th or 16th, 2007, an issue
 6 publicly?
 7 MS. PILGRIM:
 8 A. Probably not publicly. I know it was an issue
 9 internally because we, at one point made the
 10 decision we were going to give priority to the
 11 living and there was always the knowledge that
 12 we were going to have to make a decision. Now
 13 many of the deceased had already been retested
 14 before we stopped doing that, but there was
 15 always the knowledge that we were going to
 16 have to go back and make the decision about
 17 that.
 18 COFFEY, Q.C.:
 19 Q. And up to this point -
 20 MS. PILGRIM:
 21 A. And in my mind, we were always going to go
 22 back and retest them, that would have been in
 23 my mind.
 24 COFFEY, Q.C.:
 25 Q. But before May 15th certainly, 2007, no

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1 concrete steps had been made in that regard?
 2 MS. PILGRIM:
 3 A. No decision--no, we hadn't done that.
 4 COFFEY, Q.C.:
 5 Q. Concrete decisions. But now on May 18th with
 6 Mr. Tilley's announcement that that would
 7 occur, you expected Eastern Health to follow
 8 through on it, I'd be correct in that, would
 9 I?
 10 MS. PILGRIM:
 11 A. Yes, yeah.
 12 COFFEY, Q.C.:
 13 Q. Okay.
 14 MS. PILGRIM:
 15 A. But we didn't do it for awhile, it didn't
 16 happen right away, well then other things
 17 happened, so, you know.
 18 COFFEY, Q.C.:
 19 Q. If we could, please, Exhibit P-0488, page 33?
 20 Now there, this is an executive management
 21 meeting of May 30th, 2007. Under Canadian
 22 Cancer Society, the second last bullet, it
 23 says, "Pat Pilgrim will be meeting with Peter
 24 Dawe, executive director of Canadian Cancer
 25 Society" and you're the person who is actioned

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1 here.
 2 MS. PILGRIM:
 3 A. Uh-hm.
 4 COFFEY, Q.C.:
 5 Q. Do you recall what that was about and if you
 6 did meet with Mr. Dawe?
 7 MS. PILGRIM:
 8 A. No, I don't.
 9 COFFEY, Q.C.:
 10 Q. Have you ever ended up briefing Mr. Dawe on
 11 any kind of a regular or--well a regular
 12 basis?
 13 MS. PILGRIM:
 14 A. No, I have not. In the beginning he was being
 15 briefed by, I kind of left that to the VP of
 16 Medical Services.
 17 COFFEY, Q.C.:
 18 Q. And we seen that one thing where you sent him
 19 an e-mail -
 20 MS. PILGRIM:
 21 A. That was when Bob was on holiday.
 22 COFFEY, Q.C.:
 23 Q. Sure, Bob was away. Now if we could look
 24 please at Exhibit P-1268? And these are some
 25 e-mails of June 1st, 2007, it involves media

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1 advertising, you'll see it there and it's a
 2 message to the public.pdf and it's attaching a
 3 copy of an advertisement that was being run in
 4 tomorrow's--that would be June 2nd newspaper.
 5 The message is from George Tilley, you would
 6 have received it here, amongst others. If we
 7 look at page 2 of it, it says, "Message to the
 8 Public", it's from Eastern Health. And in the
 9 middle of the page there, it says, the second
 10 bullet, "We called all patients whose samples
 11 were being retested" and the second last
 12 bullet, "We informed all patients and their
 13 doctors of their individual test results."
 14 Okay? Was there any discussion within Eastern
 15 Health that you can recall prior to the
 16 publication of this about the, are we in a
 17 position to actually make those sort of
 18 absolute assertions? It doesn't say we called
 19 all patients whom we are aware of.
 20 MS. PILGRIM:
 21 A. No, this was the information that was given to
 22 and this had been brokered by many people
 23 before this went out, so this was George
 24 Tilley's understanding and this was
 25 everybody's understanding; that's what went

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1 out.
 2 COFFEY, Q.C.:
 3 Q. So this caveat that Ms. Pilgrim had--I'm
 4 sorry, Ms. Predham had been using at times
 5 with you -
 6 MS. PILGRIM:
 7 A. Uh-hm, yeah, we didn't use that, you know, we
 8 didn't say that publicly.
 9 COFFEY, Q.C.:
 10 Q. Was that known within the organization as of
 11 June 1?
 12 MS. PILGRIM:
 13 A. Was what known?
 14 COFFEY, Q.C.:
 15 Q. The idea that this, Heather could say "I've
 16 contacted everybody that I know about".
 17 MS. PILGRIM:
 18 A. She was saying it.
 19 COFFEY, Q.C.:
 20 Q. She was still, so do you think Mr. Tilley
 21 would have known that?
 22 MS. PILGRIM:
 23 A. Sure, yeah, but you know, it was meant in
 24 terms of if I know about them, if they've
 25 come, you know, if they were on our list and I

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1 know about them, they've been contacted.
 2 COFFEY, Q.C.:
 3 Q. Suggesting that there's a possibility that I
 4 don't know about them.
 5 MS. PILGRIM:
 6 A. There could be people I don't know about,
 7 yeah, but we didn't say that publicly then.
 8 We said it since.
 9 COFFEY, Q.C.:
 10 Q. But did you know it internally at the time?
 11 MS. PILGRIM:
 12 A. Not really, I mean, we--there was a period of
 13 time at which we thought we were doing okay
 14 with this, that we, actually there was a
 15 period of time that we thought we were on top
 16 of this and we had notified people and that
 17 was the information that we were being given
 18 from Heather and from the Quality Department.
 19 COFFEY, Q.C.:
 20 Q. Exhibit P-1686? Now this is an e-mail from
 21 yourself, June 5th, 2007, the subject matter
 22 is "Department of Health and Community
 23 Services Contact Re: ER/PR." You say, "Hello
 24 everyone. I spoke to Moira this morning
 25 asking if we can try and limit the number of

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1 people from the department who are asking for
 2 information. She has agreed to this and
 3 indicates that Cathi Bradbury and Bev
 4 Griffiths are the main contacts for the
 5 department. I indicated to her that all
 6 inquiries from them should go to either Oscar
 7 or Heather. Thanks, Pat." And I take it by
 8 this point you had been named as the person,
 9 as the chief contact person for Eastern
 10 Health?
 11 MS. PILGRIM:
 12 A. That's right.
 13 COFFEY, Q.C.:
 14 Q. Do you recall--were you asked if you wanted to
 15 take that on or -
 16 MS. PILGRIM:
 17 A. Well, George asked me to take it on, but I
 18 think there was an expectation that I was
 19 going to take it on. He didn't say, you must
 20 do this, but he asked me if I would do it.
 21 Usually when the CEO asks, you do.
 22 COFFEY, Q.C.:
 23 Q. Exhibit P-1269, 1269. This is an e-mail of
 24 June 6th, 2007 from Ms. Predham to a number of
 25 individuals, including yourself, senior

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1 individuals within the organization. It says,
 2 "Nancy received a call today from a patient
 3 who attended her breast cancer retreat in Port
 4 aux Basques over the weekend." And she goes
 5 on to talk about what this woman had said.
 6 And she says, "Another lady was present and
 7 had tested ER/PR positive, called Nancy this
 8 a.m. and related this story to her, although
 9 she has spoken to Dr."--redacted--"and several
 10 others, she's demanding to be retested. We
 11 have had calls from positive patients wanting
 12 to be retested, but after explaining things to
 13 them, they have accepted that they didn't
 14 require retesting. I assume that we will be
 15 getting more calls about this, so we're going
 16 to need some direction as to how to handle
 17 this type of scenario. Thanks, Heather." Now
 18 then, Ms. Pilgrim, what happened in relation
 19 to this? This issue of testing the positives
 20 or retesting positives?
 21 MS. PILGRIM:
 22 A. We made a decision that if people called in,
 23 we weren't going to go out and announce that
 24 we would be retesting all of the positives and
 25 I think we actually had Dr. Nash Denic out

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1 publicly on this one maybe or shortly after,
 2 that if people did call, if people were really
 3 upset, if doctors were hearing from ladies or
 4 gentlemen that were very very stressed out
 5 about this, let us know and we will have your
 6 specimen retested. And I think Dr. Denic had
 7 spoken to it at the time, I think and said
 8 that there's really no scientific basis for
 9 this, but if you're very concerned, call us.
 10 COFFEY, Q.C.:
 11 Q. No scientific basis for -
 12 MS. PILGRIM:
 13 A. I think that was the comment that he made
 14 publicly for retesting positive people.
 15 COFFEY, Q.C.:
 16 Q. Suggesting that there's no such thing as a
 17 false positive?
 18 MS. PILGRIM:
 19 A. Yeah, or there's less chance of a false
 20 positive, I don't know. I don't know what he
 21 meant by that, but I know that he made some
 22 kind of a comment like that. And also, I
 23 think he did say that we are offering this,
 24 but you know, if we become overwhelmed and it
 25 starts interfering with the work that we're

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1 trying to do, we may have to rethink this.
 2 COFFEY, Q.C.:
 3 Q. P-0032 please, page 11? These are the minutes
 4 of the Board of Trustees Safety and Quality
 5 Improvement Committee, June 8th, 2007. Under
 6 Education 1.1 "Disclosure Policy", it talks
 7 about Ms. Elliott having provided verbally an
 8 educational session on disclosure policy and
 9 having circulated a hand-out of her
 10 presentation. It concludes here by saying
 11 "Members were informed that the Health Care
 12 Corporation of St. John's was the only legacy
 13 organization that had a policy on disclosure.
 14 Decision was made by Eastern Health to take
 15 this policy and use it was an Eastern Health
 16 policy and is now currently in a draft stage."
 17 So you were here at this meeting?
 18 MS. PILGRIM:
 19 A. That's right.
 20 COFFEY, Q.C.:
 21 Q. So had you been aware before this, that is,
 22 June of '07, that the only legacy organization
 23 that had a policy on disclosure of adverse
 24 events?
 25 MS. PILGRIM:

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1 A. No.
 2 COFFEY, Q.C.:
 3 Q. This was news to you?
 4 MS. PILGRIM:
 5 A. I would have had no way of knowing what the
 6 other legacy organizations had.
 7 COFFEY, Q.C.:
 8 Q. No, but this is the first time, though, you
 9 were being told as to what they -
 10 MS. PILGRIM:
 11 A. Yes, that we were taking that one and that one
 12 would become the regional one.
 13 COFFEY, Q.C.:
 14 Q. Exhibit P-1273? This is an e-mail of June
 15 8th, 2007 from Ms. Predham to a number of
 16 individuals, it's copied to you. And there's
 17 a message here below, it's framed as this,
 18 it's from Heather Predham, is responding to
 19 something. The statement here is "The key
 20 message"--I'm sorry, "The key question is
 21 whether Eastern Health's statement--the
 22 Eastern Health's statements that all patients
 23 were contacted in October, 2000 is accurate.
 24 The short answer is that every patient who
 25 they had identified for retesting by October,

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1 2005 was contacted by telephone at that time.
 2 The long answer is that Eastern Health was
 3 reasonably confident at that time that it had
 4 identified everyone in the province that
 5 needed retesting." And this is something that
 6 we have heard, if we look on the second page,
 7 the text of that was written by Robert
 8 Thompson, the then deputy minister of health.
 9 And he does, in this text, raise questions
 10 about the reliability or the soundness of an
 11 assertion that everyone had been contacted?
 12 MS. PILGRIM:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. Was this the first time that, to your
 16 knowledge, that Eastern Health was being
 17 challenged by another organization, in this
 18 case, the Department of Health, on this?
 19 First time you were ever actually questioned
 20 or challenged on it?
 21 MS. PILGRIM:
 22 A. I know that Peter Dawe with the Canadian
 23 Cancer Society was concerned that they were
 24 getting calls. Now, I don't know if it was
 25 around this time or after, but I know

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1 certainly Peter was bringing concerns forward
 2 that he was hearing that, you know, apart from
 3 the concern that was out there that there were
 4 people who were wondering if they should have
 5 been tested or whatever.
 6 COFFEY, Q.C.:
 7 Q. Okay.
 8 MS. PILGRIM:
 9 A. So I'm not sure if it was Peter at this time,
 10 but certainly the Canadian Cancer Society did
 11 weigh into this, as well.
 12 COFFEY, Q.C.:
 13 Q. And the effect internally within Eastern
 14 Health amongst the management was what? What
 15 was their reaction to it? Did you accept, did
 16 you maintain -
 17 MS. PILGRIM:
 18 A. Well, at this time I think we did our search
 19 in one way and there were other ways that we
 20 could have done it, I guess, but we felt
 21 fairly confident that the people, you know,
 22 the people who we had gotten in the search
 23 that we did. Now, in order to get into this,
 24 we would have to look at doing another search
 25 and I don't even know if we were thinking

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1 about this at the time, Mr. Coffey.
 2 COFFEY, Q.C.:
 3 Q. Okay.
 4 MS. PILGRIM:
 5 A. But that's where this would have lead us. And
 6 I know we did go in that direction at one
 7 point, but I'm not quite sure if it was here
 8 or not. And I think there was also some
 9 indication around this time that even people
 10 who we should have contacted because they were
 11 on the list had not been contacted.
 12 COFFEY, Q.C.:
 13 Q. Not been contacted.
 14 MS. PILGRIM:
 15 A. So it was less an issue about whether we
 16 actually didn't have them in our search, but
 17 we missed them in the contact that we were
 18 supposed to do, because the list, yeah.
 19 COFFEY, Q.C.:
 20 Q. He's talking about contacting people who were
 21 not -
 22 MS. PILGRIM:
 23 A. So it was the accuracy of -
 24 COFFEY, Q.C.:
 25 Q. The contact -

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1 MS. PILGRIM:
 2 A. - saying that all the people we have, we've
 3 contacted when there was now beginning
 4 evidence that, no, we hadn't contacted all the
 5 people we had.
 6 COFFEY, Q.C.:
 7 Q. Exhibit P-0485? Page 39. This is the
 8 regional quality council meeting minutes of
 9 June 12th, 2007. You're the chair. If we
 10 could go, please, to page 45? Under "CPSI
 11 Draft Document on Disclosure." Paragraph
 12 11.6, Ms. Elliott is noted here to have
 13 circulated those draft national guidelines for
 14 the disclosure of adverse events to the
 15 members of the committee. This first
 16 paragraph concludes, "Unfortunately, the
 17 guidelines do not address public disclosure.
 18 This feedback will be provided to them in the
 19 survey."
 20 MS. PILGRIM:
 21 A. That's right. You had to include it on the
 22 on-line survey.
 23 COFFEY, Q.C.:
 24 Q. Yes, so it actually, when we look at it, does
 25 refer to public disclosure.

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1 MS. PILGRIM:
 2 A. We were talking about -
 3 COFFEY, Q.C.:
 4 Q. About massive -
 5 MS. PILGRIM:
 6 A. - massive, yes.
 7 COFFEY, Q.C.:
 8 Q. Public disclosure.
 9 MS. PILGRIM:
 10 A. What they had in there wasn't helpful to what
 11 we were--and we were looking for more.
 12 COFFEY, Q.C.:
 13 Q. Exhibit P-0488. Page 39, please? This is
 14 executive management minutes of June 13th,
 15 2007, paragraph 1.3 "Update on ER/PR Receptor
 16 Issue." That would be GT, George Tilley, I
 17 take it. Here in "HIROC" it says, "HIROC has
 18 expressed concern regarding public disclosure
 19 and the potential impact on insurability,
 20 increasing class action suits and premium
 21 increases." Do you recall what that was
 22 about?
 23 MS. PILGRIM:
 24 A. Not particularly, no. "HIROC has expressed
 25 concern regarding public disclosure and the

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1 potential impact."
 2 COFFEY, Q.C.:
 3 Q. And impact on your ability to get insured at
 4 all.
 5 MS. PILGRIM:
 6 A. No, I'm not too sure. And it says here that
 7 that was brought up by Dodge and Miller.
 8 COFFEY, Q.C.:
 9 Q. No, it's--yes, well, the actions is Dodge and
 10 Miller.
 11 MS. PILGRIM:
 12 A. Which would have been -
 13 COFFEY, Q.C.:
 14 Q. The update comes from GT, would have been
 15 George Tilley.
 16 MS. PILGRIM:
 17 A. Okay, sorry, yes. Well, George would have
 18 gotten that, I guess, he was on the HIROC
 19 board.
 20 COFFEY, Q.C.:
 21 Q. Was there any--and the action, whatever action
 22 there was to follow was delegated to Mr. Dodge
 23 and Mr. Miller?
 24 MS. PILGRIM:
 25 A. No, not about that. That would not have been

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1 delegated to them.

2 COFFEY, Q.C.:

3 Q. That' the minister and deputy minister?

4 MS. PILGRIM:

5 A. Yeah. This was George, I guess, sharing

6 information. Now, within the organization we

7 did get into reviewing, you know, whether we

8 had good risk management practices, what our

9 claims management practices were like,

10 etcetera. I mean, we recently did a review of

11 that.

12 COFFEY, Q.C.:

13 Q. Okay. If we could, please, Exhibit P-0474?

14 Yes, 474. This is a June 15th, 2007 e-mail

15 from Don MacDonald to Bev Griffiths, copied to

16 yourself. And he says, "Hi Bev, looking for

17 some clarification around the database

18 project. In speaking with Heather following

19 our meeting this morning it was thought the

20 best way to approach the development of this

21 database would be to start from the list of

22 patients who had ER/PR testing done during the

23 time frame of interest and work back through

24 the ER/PR test results in Meditech." See

25 that? And it goes on from there. Now, Ms.

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1 Pilgrim, there are the documentation, the

2 exhibits are replete with exchanges between

3 Eastern Health and NLCHI, and in fact, Mr.

4 Thompson, at times, involving this database, a

5 number of them came across your computer?

6 MS. PILGRIM:

7 A. I was very involved with this, Mr. Coffey,

8 yes.

9 COFFEY, Q.C.:

10 Q. Yes. Could you tell--again, I'm not going to

11 take you through kind of one for one. What do

12 you recall about how this unfolded, for the

13 Commissioner?

14 MS. PILGRIM:

15 A. I recall that there was, I don't know how far-

16 -but there were two people from the Department

17 of Health and Community Services sent down,

18 Bev Griffiths and Reg Coates, I believe, to

19 look at, you know, when Eastern Health talked

20 about their database, what was it and what we

21 were talking about. So they came down and

22 they met with Heather and they went through

23 what we had and then they went back and they

24 were concerned about what they saw in terms of

25 our capability to really have--like, we didn't

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1 have an interactive kind of comprehensive

2 database. So following that NLCHI was really

3 contracted by the Department of Health and

4 Community Services, or by Robert Thompson,

5 really, to come in and really build a

6 database. They were--and we really dedicated

7 our resources to their building the database.

8 And they would have started it sometime in the

9 summer and it went on up until probably March

10 or this year. It was almost a year or, you

11 know, eight, nine months.

12 COFFEY, Q.C.:

13 Q. Now, here, just looking at this, and I

14 appreciate this was perhaps early days for Mr.

15 MacDonald, the second-last paragraph says,

16 "While I've only just started to review what

17 is required of this database, I have gained

18 some insight into its complexities during two

19 meetings with the department ministry and the

20 Eastern Health officials. Based on this I

21 would estimate that it could take between six

22 and ten weeks to develop the database and

23 where possible fill in any data gaps.

24 Example, event dates." And he says, "A more

25 accurate time frame could be provided once we

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1 begin building the database and the scope is

2 finely tuned." And he concludes by asking you

3 to forward this entire e-mail on to Ms.

4 Predham. It certainly took longer than six to

5 ten weeks?

6 MS. PILGRIM:

7 A. It did.

8 COFFEY, Q.C.:

9 Q. What was your role in it on behalf of Eastern

10 Health?

11 MS. PILGRIM:

12 A. My role was to make sure that if they needed

13 people from Eastern Health to spend time with

14 them, which they did, that we freed up people

15 to do that. And any request that--you know,

16 so we wouldn't have requests coming in to

17 quality or in to George's office, like the

18 requests all came through my office, so we had

19 one lot of requests. So if the request was

20 something that the lab had to do, I would send

21 it to Terry, he would send it back to me and

22 it would go from my office. So it was just

23 streamlining it through my office. And also,

24 I would be called in--we had many discussions

25 then because we, obviously we identified many

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1 issues as we went along. And there had to be
 2 decisions made then about people who we hadn't
 3 contacted because we considered them not to be
 4 a part of retesting and having to decide then
 5 whether they should or shouldn't, and
 6 sometimes that changed. And filling in many,
 7 many blanks in the database and making
 8 decisions, so. This was a fairly intensive
 9 exercise for us with NLCHI when they came in
 10 to do this.

11 COFFEY, Q.C.:

12 Q. So from--so I--it's my understanding, this is
 13 my understanding and you can correct me if I'm
 14 incorrect. You were to be the contact person
 15 and the conduit through which information
 16 would come into Eastern Health and requests
 17 from NLCHI come into Eastern Health?

18 MS. PILGRIM:

19 A. And flow out.

20 COFFEY, Q.C.:

21 Q. And flow out?

22 MS. PILGRIM:

23 A. That's correct.

24 COFFEY, Q.C.:

25 Q. You were tasked -

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1 MS. PILGRIM:

2 A. Through my office.

3 COFFEY, Q.C.:

4 Q. Through your office?

5 MS. PILGRIM:

6 A. Yes.

7 COFFEY, Q.C.:

8 Q. And these requests would be made on behalf of
 9 NLCHI or one of their representatives?

10 MS. PILGRIM:

11 A. NLCHI, usually, yes. It might have been from
 12 Robert sometimes, but usually NLCHI.

13 COFFEY, Q.C.:

14 Q. Sure.

15 MS. PILGRIM:

16 A. It all went through NLCHI. It could be a
 17 letter or it could be a three-page table.

18 COFFEY, Q.C.:

19 Q. Sure. And if, at times, certain--whatever the
 20 subject matter was, there were certain aspects
 21 of this that might require some judgment to be
 22 made by Eastern Health about what it was to
 23 do?

24 MS. PILGRIM:

25 A. Um-hm.

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1 COFFEY, Q.C.:

2 Q. Like, whether a particular group of people
 3 were to be included in the retest group or
 4 not, the database or not?

5 MS. PILGRIM:

6 A. Um-hm.

7 COFFEY, Q.C.:

8 Q. You would be asked for your input into that?

9 MS. PILGRIM:

10 A. We would. We'd have meetings about that.
 11 There would sometimes be disagreements between
 12 ourselves and Robert Thompson, for example,
 13 and we'd have to meet and work that out, so it
 14 was fairly constant for a period of time.

15 COFFEY, Q.C.:

16 Q. And that was beginning approximately when and
 17 continuing until when?

18 MS. PILGRIM:

19 A. Oh, it was, it began in the summer of 2006, so
 20 this is the beginning of it here.

21 COFFEY, Q.C.:

22 Q. 2007 that would have been?

23 MS. PILGRIM:

24 A. Seven, I mean.

25 COFFEY, Q.C.:

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1 Q. Yes, I'm sorry.

2 MS. PILGRIM:

3 A. This is the beginning of it here. You've got
 4 Don coming in and first of all they were going
 5 to come in and do their own search, I remember
 6 they were going to do it differently. Then
 7 when they looked at it and saw the complexity
 8 of it or for whatever reason, they really
 9 replicated what we did. They did the same
 10 kind of a search and came up with a list and
 11 put a lot of fields in there, a lot of
 12 parameters and then started to go to get the
 13 information and most of the information came
 14 from the health authorities.

15 COFFEY, Q.C.:

16 Q. Including Eastern and the other -

17 MS. PILGRIM:

18 A. Eastern and the other Health authorities, yes.
 19 Some of which we would co-ordinate for NLCHI
 20 others that went directly to the Health
 21 authorities board.

22 MR. COFFEY:

23 Q. And management at the database, from your
 24 perspective, resided with whom?

25 MS. PILGRIM:

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1 A. NLCHI.
 2 MR. COFFEY:
 3 Q. NLCHI.
 4 MS. PILGRIM:
 5 A. Still does.
 6 MR. COFFEY:
 7 Q. And you say, "Began in June of '07".
 8 MS. PILGRIM:
 9 A. Um-hm, about that time, yeah, this is the
 10 beginning.
 11 MR. COFFEY:
 12 Q. In fact, would still be ongoing in one form or
 13 another.
 14 MS. PILGRIM:
 15 A. I would say that there is, yes, we're still
 16 making changes to this database. We recently
 17 did a couple of reviews and we wanted to
 18 review all patients who were in the database
 19 who were in there as having been contacted was
 20 ticked, but the tick was because a panel
 21 letter went to a physician. And, you know, as
 22 recently as a few months ago, we had another
 23 example where a letter had gone to a
 24 physician, but the physician hadn't followed
 25 up with the patient. And it was another

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1 example of the physician hadn't seen the
 2 letter. So, we had no real confidence in the
 3 fact that, you know, there were a lot of
 4 patients in there and that was how they were
 5 contacted. So, we did a review of that which,
 6 for want of a better word I guess, we called
 7 it a quality review. And we did it in three--
 8 we would take three sources of information.
 9 One was, we would look--if we could see
 10 anything documented in the patient's chart
 11 that the doctor actually talked to the patient
 12 on a certain date, we would tick. If there's
 13 nothing in the chart, we would try to find the
 14 doctor and ask them. And then if there--if we
 15 couldn't get it from the doctor, we would talk
 16 to the patient.
 17 MR. COFFEY:
 18 Q. In that kind of descending order.
 19 MS. PILGRIM:
 20 A. And we just recently finished that review.
 21 And the other review we did were the DCIS.
 22 Every patient that came back from Mount Sinai
 23 with a DCIS result was really supposed to have
 24 a verification of that done within their
 25 health authority. And we did find, you know,

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1 within the past few months, another example
 2 where that hadn't happened. The patient--
 3 there was--there was no results entered in the
 4 computer. So, then we question, well, you
 5 know, maybe that didn't happen either, so we
 6 had to review all of those and document them
 7 in the database, if that review had been done.
 8 MR. COFFEY:
 9 Q. By Eastern or by the Boards, in fact -
 10 MS. PILGRIM:
 11 A. Well, we did the documentation because we did
 12 it through the database here because Eastern
 13 Health has really developed their own database
 14 which is just a little bit more user friendly
 15 than the SPSS on that NLCHI has, but it
 16 continues to be updated by NLCHI. So, we're
 17 still updating this database.
 18 MR. COFFEY:
 19 Q. And while we're on this topic, is there--so
 20 these all deal with verifying contact, in
 21 effect.
 22 MS. PILGRIM:
 23 A. Yeah, really, we've said all these people have
 24 been contacted, but have they?
 25 MR. COFFEY:

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1 Q. How about the issue of whether or not
 2 everybody has been identified who should have
 3 been identified? Not to be contacted, but to
 4 be in the database at all, to be retested.
 5 Has that been raised?
 6 MS. PILGRIM:
 7 A. That has come up.
 8 MR. COFFEY:
 9 Q. Okay. And when did that come up in relation
 10 to -
 11 MS. PILGRIM:
 12 A. That came up first time, I think, that we had--
 13 there were beginning discussions with Robert
 14 Thompson about that in probably February or
 15 March of this year. And it was through a
 16 patient who had self identified. And you
 17 heard then a couple of weeks ago, there was a
 18 report that we--since April, there were
 19 another 10 patients who hadn't been identified
 20 originally. So, the question was about
 21 whether then we should do a different kind of
 22 a search and that is still being talked about.
 23 MR. COFFEY:
 24 Q. And the talk about that, I take it, dates back
 25 to April of 2008?

1 MS. PILGRIM:

2 A. Started in April and at the time when Robert
3 Thompson, when they were going out with a
4 press--well, they were actually coming out
5 with their report on communication and one of
6 the things that Robert wanted to put in the
7 report was that Eastern Health was going to do
8 with review. You know, he was suggesting to
9 us that we do this review. We had done some
10 looking at what it would take to do this
11 review because between Wayne Miller on our
12 side and some of NLCHI's people, there was a
13 way to do it through a word search, but when
14 you do it through a word search you really end
15 up with--you can probably identify--I think
16 they did it with a patient that actually had
17 been missed by us. But when you went in and
18 done it with the word search, they did it
19 three different ways and they picked up that
20 patient three different ways. But what they
21 also picked up with thousands of pathology
22 reports that you would have to manually go
23 through. And Eastern Health just said, we do
24 not have the capacity to do this. And at the
25 time, between Louise Jones and Robert

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 1st day of October, A.D., 2008 before
6 the Honourable Justice Margaret A. Cameron,
7 Commissioner, at the Commission of Inquiry, St.
8 John's, Newfoundland and Labrador and was
9 transcribed by me to the best of my ability by
10 means of a sound apparatus.
11 Dated at St. John's, Newfoundland and Labrador
12 this 1st day of October, A.D., 2008
13 Judy Moss

1 Thompson, the decision was made that we would
2 not do that. Since this time, we have--again,
3 since the report about the ten has come out,
4 Robert again, has--NLCHI has had them come in
5 and have a look. He's meeting with the Chief
6 Operating Officers, so it's still being
7 considered as being a review that Robert would
8 like to see done, I guess.

9 MR. COFFEY:

10 Q. If we could come back tomorrow morning,
11 Commissioner.

12 COMMISSIONER:

13 Q. Yes, 9:30. Thank you.

14 Upon conclusion at 5:05.

Inquiry on Hormone Receptor Testing

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