

COMMISSION OF INQUIRY  
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

September 3, 2008

Appearances:

- Bernard Coffey, Q.C. . . . . Commission Co-counsel
- Sandra Chaytor, Q.C. . . . . Commission Co-counsel
- Mandy Woodland . . . . . Commission Co-counsel
  
- Rolf Pritchard/Jackie Brazil . . . . Her Majesty in Right of NL
  
- Peter Browne/Jane Hennebury . . . . . Doctors Kara Laing et al
  
- Daniel Simmons . . . . . Eastern Regional Integrated  
. . . . . Health Authority
  
- Laura Brocklehurst. . . . . Members of the Breast Cancer  
. . . . . Testing Class Action
- Mark Pike . . . . . NL Medical Association
- Jennifer Newbury . . . . . Canadian Cancer Society (NL Division)
- Blair Pritchett. . . . . Central, Western and Labrador-Grenfell  
Regional Integrated Health Authorities

LIST OF EXHIBITS

- Exhibits entered and marked P-2436 through to P-2438 . . . Pg. 5
  
- Exhibits entered and marked P-2482 through to P-2484 . . . Pg. 5
  
- Exhibits entered and marked P-2501 through to P-2523 . . . Pg. 5

TABLE OF CONTENTS

- MR. PETER DAWE (AFFIRMED)
- Examination by Sandra Chaytor, Q.C. . . . . Pgs. 4 - 295
  
- Certificate

- 1 THE COMMISSIONER:
- 2 Q. Please be seated. Ms. Chaytor.
- 3 CHAYTOR, Q.C.:
- 4 Q. Good morning, Commissioner. The next witness
- 5 is Peter Dawe.
- 6 MR. PETER DAWE (AFFIRMED) EXAMINATION BY SANDRA CHAYTOR,
- 7 Q.C.
- 8 REGISTRAR:
- 9 Q. Would you please state and spell your complete
- 10 name for the Commission?
- 11 MR. DAWE:
- 12 A. Peter Geoffrey Dawe, P-E-T-E-R G-E-O-F-F-R-E-Y
- 13 D-A-W-E
- 14 REGISTRAR:
- 15 Q. Thank you.
- 16 MR. DAWE:
- 17 A. Thank you.
- 18 CHAYTOR, Q.C.:
- 19 Q. Thank you. Good morning, Mr. Dawe.
- 20 MR. DAWE:
- 21 A. Good morning.
- 22 CHAYTOR, Q.C.:
- 23 Q. Commissioner, we have a number of new exhibits
- 24 to enter this morning. P-2436 to 2438
- 25 inclusive, P-2482 to 2484 inclusive, and P-

Page 5

1 2501 to P-2523 inclusive.  
 2 THE COMMISSIONER:  
 3 Q. Entered.  
 4 EXHIBITS ENTERED AND MARKED P-2436 THROUGH P- 2438  
 5 EXHIBITS ENTERED AND MARKED P-2482 THROUGH P- 2484  
 6 EXHIBITS ENTERED AND MARKED P-2501 THROUGH P- 2523  
 7 CHAYTOR, Q.C.:  
 8 Q. Thank you. Mr. Dawe, perhaps we could begin,  
 9 if you would take us through your professional  
 10 and educational background?  
 11 MR. DAWE:  
 12 A. Educational background, I have a Bachelor of  
 13 Arts degree from Memorial University and a  
 14 Master of Management Degree from McGill  
 15 University in Montreal. From a work  
 16 experience point of view, I've worked within  
 17 the health care system going back actually  
 18 even when I was in university, I worked part  
 19 time in the group home system and at the  
 20 Waterford Hospital as we call it, an untrained  
 21 nursing assistant back then, and worked at the  
 22 Waterford Hospital then with the social work  
 23 department, with occupational therapy, ended  
 24 up in the management level with the Waterford,  
 25 set up programs in the community like Mill

Page 6

1 Lane Enterprises, Evergreen Recycling, ran the  
 2 Waterford Hospital Foundation, then moved to  
 3 the Canadian Cancer Society 11 years ago, and  
 4 I've been executive director of the Canadian  
 5 Cancer Society since then.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay, and your time in the health care system,  
 8 the time that you were an untrained, as you  
 9 say, an untrained nursing assistant, when  
 10 would that have been?  
 11 MR. DAWE:  
 12 A. That was back in 1978, 1979, going through  
 13 university working at various group homes and  
 14 the Waterford, Exxon House. They were not  
 15 designated, you know, they weren't trained  
 16 positions back then. Since then, the  
 17 positions have evolved into various types of  
 18 positions you'd need a LPN designation.  
 19 CHAYTOR, Q.C.:  
 20 Q. And your time then with the Waterford Hospital  
 21 Foundation, when would that have been?  
 22 MR. DAWE:  
 23 A. Well, I started working with the Waterford in  
 24 1984 with the social work department and  
 25 worked there for five years, worked probably

Page 7

1 three or four years with the occupational  
 2 therapy department, and then we created and  
 3 started the Waterford Hospital Foundation and  
 4 I set that up and ran that for the remainder  
 5 of my time there, probably four or five years.  
 6 CHAYTOR, Q.C.:  
 7 Q. And you then went to the Cancer Society in  
 8 which year?  
 9 MR. DAWE:  
 10 A. It would have been -  
 11 CHAYTOR, Q.C.:  
 12 Q. 1997, I guess?  
 13 MR. DAWE:  
 14 A. - 1997.  
 15 CHAYTOR, Q.C.:  
 16 Q. 1997, okay, and so your time at the Waterford  
 17 Hospital Foundation, that's actually--was that  
 18 located within the Waterford Hospital?  
 19 MR. DAWE:  
 20 A. Yes, absolutely, and it was--at the time, I  
 21 sat on the senior management team at the  
 22 Waterford in that position.  
 23 CHAYTOR, Q.C.:  
 24 Q. So you were a member of the senior management  
 25 team?

Page 8

1 MR. DAWE:  
 2 A. Yes.  
 3 CHAYTOR, Q.C.:  
 4 Q. And are there any other individuals who we've-  
 5 -you've sat in on a lot of the hearings here,  
 6 and there are a number of individuals who were  
 7 part of the management of the ER/PR issue at  
 8 Eastern Health. Did you have occasion to work  
 9 with any of those individuals in your  
 10 background with the Waterford Hospital?  
 11 MR. DAWE:  
 12 A. Heather Predham was a staff nurse at the time.  
 13 I definitely worked with Heather.  
 14 CHAYTOR, Q.C.:  
 15 Q. So you would have known Heather from back  
 16 then?  
 17 MR. DAWE:  
 18 A. Absolutely. George Tilley worked at the  
 19 Waterford and at the Janeway, back and forth  
 20 at that time, and would have worked with  
 21 George.  
 22 CHAYTOR, Q.C.:  
 23 Q. So you knew them on a personal basis from back  
 24 then?  
 25 MR. DAWE:

Page 9

1 A. Absolutely.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay. Anyone else?  
 4 MR. DAWE:  
 5 A. Not directly, not at the Waterford, I don't  
 6 believe, no.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay, and have you been involved with health  
 9 care in this province in any other capacity?  
 10 MR. DAWE:  
 11 A. On a volunteer basis, absolutely. I've  
 12 volunteered with several community-based  
 13 organizations, Stella Burry Corporation comes  
 14 to mind. I was chair of the board for five  
 15 years with Stella Burry, and I was on the  
 16 board of directors of the St. John's Health  
 17 Care Corporation for probably four years,  
 18 three or four years, leading up to when it was  
 19 amalgamated in 2005.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. So it became then the Health--or  
 22 Eastern Health -  
 23 MR. DAWE:  
 24 A. Eastern Health Authority.  
 25 CHAYTOR, Q.C.:

Page 10

1 Q. Right. So you were on it right up until, I  
 2 guess, March 31st, 2005?  
 3 MR. DAWE:  
 4 A. Yes.  
 5 CHAYTOR, Q.C.:  
 6 Q. And your term there had been back about four  
 7 years before that?  
 8 MR. DAWE:  
 9 A. Three or four years, yeah.  
 10 CHAYTOR, Q.C.:  
 11 Q. And so while you were a member of the Board of  
 12 Trustees of Health Care Corporation, who would  
 13 have been the chair of the board at that time?  
 14 MR. DAWE:  
 15 A. John Abbott was chair. John's obviously  
 16 testified here, and George Tilley was CEO. I  
 17 would have had contact with some senior  
 18 management at the Health Care Corp at the  
 19 time. Pam Elliott comes to mind, who's now  
 20 involved in quality assurance. I would have  
 21 worked on committees with Pam Elliott and  
 22 Steve Dodge.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay, and how about Pat Pilgrim?  
 25 MR. DAWE:

Page 11

1 A. I don't think I would have had--I don't  
 2 remember having direct contact with Pat  
 3 Pilgrim when I was on the board, no.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay, and what was your capacity, why were you  
 6 a member of the Board of Trustees of the  
 7 Health Care Corporation? Was that in your  
 8 role or your connection with the Cancer  
 9 Society?  
 10 MR. DAWE:  
 11 A. Not necessarily, no. I wasn't representing  
 12 the Cancer Society. All the people were  
 13 appointed by the Minister of Health, as they  
 14 still are, and I was approached by Julie  
 15 Bettney at the time and she made the  
 16 ministerial appointments when I was appointed.  
 17 I was approached by her office, asked to sit  
 18 on the board, and I agreed.  
 19 CHAYTOR, Q.C.:  
 20 Q. So you were just there as a member of the  
 21 public in no connection or capacity with the  
 22 Cancer Society?  
 23 MR. DAWE:  
 24 A. There wouldn't have been--no, there wouldn't  
 25 have been a recognition that there's a

Page 12

1 position on the board for the Cancer Society,  
 2 no.  
 3 CHAYTOR, Q.C.:  
 4 Q. Okay, and did you, however, use your  
 5 connection with the Cancer Society, was that  
 6 helpful? Did you use that in terms of  
 7 bringing forward any issues to the Health Care  
 8 Corporation?  
 9 MR. DAWE:  
 10 A. Yes and no. I viewed it as, obviously it was  
 11 a good use of my time as executive director of  
 12 the Cancer Society to sit on the board of, you  
 13 know, the largest hospital board at the time,  
 14 and so it was good for my role. Obviously I  
 15 had connections with the Health Care Corp  
 16 through my work, but at that time, the  
 17 Newfoundland Cancer Treatment Research  
 18 Foundation delivered the majority of the  
 19 treatment for cancer care in the province. So  
 20 the cancer care program wasn't under the  
 21 Health Care Corporation at the time, but it  
 22 still was helpful. I certainly saw it as an  
 23 opportunity to contribute to the health care  
 24 system in general, and ended up on several  
 25 sub-committees and, you know, tried to

Page 13

1 contribute as I could. I think the structure  
 2 of the Board, back then, issues like cancer  
 3 care, I don't remember any cancer care issues  
 4 per se coming to the Board, and in some way, I  
 5 guess, I wouldn't expect it. The Health Care  
 6 Corp would have been involved in diagnostic  
 7 issues and follow-up issues and any number of  
 8 peripheral issues, but the main body of  
 9 treatment, aside from surgery, happened in  
 10 another--you know, completely separate  
 11 organization.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay. During the time then that you were on  
 14 the Board, which I guess would be around 2001-  
 15 2002, up until March 2005, did you ever hear  
 16 any issues brought to the Board about the  
 17 quality assurance issues, and in particular  
 18 quality assurance issues regarding the  
 19 laboratory medicine program?  
 20 MR. DAWE:  
 21 A. I actually sat for a while on a subcommittee  
 22 around quality assurance, and I remember  
 23 that's how I knew Pam Elliott. Pam would have  
 24 been the lead staff person at the time, that I  
 25 can recall, on that committee, and there was a

Page 14

1 lot of discussion about quality assurance in  
 2 general, and for some specific programs within  
 3 the institution, but to the best of my  
 4 recollection, there was never any discussion  
 5 of quality assurance in a laboratory setting.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay, and so nothing of the nature we've heard  
 8 here, of course, about the issues that Dr.  
 9 Ejeckam raised in 2003? Nothing of that  
 10 nature came to the Board, to your knowledge,  
 11 during your time at the Board?  
 12 MR. DAWE:  
 13 A. Nothing that I can recall, no.  
 14 CHAYTOR, Q.C.:  
 15 Q. And do you think that's something, Mr. Dawe,  
 16 that you would recall had it been brought  
 17 forward now, in hindsight, knowing what's  
 18 happened?  
 19 MR. DAWE:  
 20 A. Absolutely.  
 21 CHAYTOR, Q.C.:  
 22 Q. Mr. Dawe, at the time when you were a member  
 23 of the Board of the Health Care Corporation,  
 24 was it board governance model that was  
 25 followed at that time?

Page 15

1 MR. DAWE:  
 2 A. No.  
 3 CHAYTOR, Q.C.:  
 4 Q. And do you have any particular views, in terms  
 5 of the model of board governance that we've  
 6 heard about here?  
 7 MR. DAWE:  
 8 A. I'm quite familiar with it and the term, you  
 9 know, the term that was used is policy  
 10 governance. Every board governs, and I'm  
 11 assuming you're talking about policy  
 12 governance.  
 13 CHAYTOR, Q.C.:  
 14 Q. Yes, policy governance, yes.  
 15 MR. DAWE:  
 16 A. Which is, you know, very specific. Matter of  
 17 fact, it's patent protected brand for a  
 18 process of board governance and John Carver  
 19 developed that out of the United States in the  
 20 private sector some 20 odd years ago, and it  
 21 has made its way into organizations like, you  
 22 know, public institutions and even non-profit  
 23 organizations. I have a great deal of  
 24 experience with it at the national level of  
 25 the Canadian Cancer Society. Our national

Page 16

1 board uses the policy governance model and at  
 2 the time, with the St. John's Health Care  
 3 Corporation, I would say, you know, there  
 4 wasn't a specific model. If you asked anybody  
 5 on the board, I'm sure we wouldn't have been  
 6 able to say, you know, this is the model we're  
 7 using. Looking back, it was certainly a blend  
 8 of some policy discussion, but there was also  
 9 a great deal of discussion about operational  
 10 issues at the board level. Items would come  
 11 forward generated by the executive committee,  
 12 the Chair of the Board, CEO. There didn't  
 13 seem to be a set criteria for bringing issues  
 14 forward, which under policy governance and  
 15 people like the policy governance model  
 16 because if you follow it, you understand it  
 17 first, and if you follow it, it's a model that  
 18 will identify for you what items within the  
 19 organization should come forward on a risk  
 20 management basis, and it keeps the board at a  
 21 governance level, so a high level policy  
 22 governance level versus dabbling in, if you  
 23 will, operational issues with no criteria to  
 24 be there, and it was actually one of my  
 25 frustrations. I remember saying in several

Page 17

1 board meetings and saying to John Abbott and  
 2 George Tilley separately that I was a bit  
 3 uncomfortable at the time that we didn't have  
 4 a model with the Health Care Corp, the way the  
 5 Board was run at the time. I wasn't quite  
 6 sure what my role was as an individual board  
 7 member. I had no expertise in running a  
 8 hospital. That was for sure, and so in order  
 9 to be of value and serve as a Board member, I  
 10 was looking for some definition of what a  
 11 Board member would do within a bigger model.  
 12 That aside, the whole issue around policy  
 13 governance is something that I have thought a  
 14 lot about and our own board at the  
 15 Newfoundland and Labrador division level of  
 16 the Canadian Cancer Society, and I should  
 17 explain, I guess, that the Canadian Cancer  
 18 Society is a national organization. We have a  
 19 national board, but we also have divisions in  
 20 each province, essentially represents a  
 21 division within the organization. So there's  
 22 a Newfoundland and Labrador division. We'd  
 23 have our own Board of Directors and a  
 24 reporting relationship at the Board level to  
 25 the national board. We've just gone through a

Page 18

1 policy review exercise and quite deliberately  
 2 chose not to use the policy governance model  
 3 and have picked a different model to work on.  
 4 I think the board looked at it, certainly from  
 5 my perspective, and I won't speak on behalf of  
 6 my board, maybe I'll just say this, you know,  
 7 from my own experience with policy governance,  
 8 a very complex model. It takes a long time to  
 9 put it in place. People find it confusing at  
 10 first. It purports to separate operational  
 11 issues from governance issues, but in doing  
 12 so, it sets limitations and the wording that's  
 13 used is all about executive limitation. So it  
 14 sets out what staff can't do versus what they  
 15 can do, and that takes a little time to get  
 16 your head around. And then it also, the basis  
 17 of the model is that you set up end statements  
 18 which are essentially outcomes from the  
 19 organization to achieve and then within that  
 20 process, you'd set up performance indicators  
 21 to measure against your outcomes and then  
 22 within that also, you'd set out risk  
 23 management measurements that you'd want to see  
 24 coming forward to the board on a continuous  
 25 basis, because you're supposed to be

Page 19

1 monitoring risk at the operational level.  
 2 Now all of that sounds great on paper and  
 3 I can rattle that off in one paragraph, but in  
 4 reality, in my experience, every organization  
 5 I've dealt with who's tried to bring this  
 6 model to fruition, it's taken a great deal of  
 7 time to do it, a great deal of resources. The  
 8 Board ends up being consumed, if you will,  
 9 with the process itself versus, you know,  
 10 being able to govern properly in a timely  
 11 fashion and being able to monitor risk  
 12 management within a timely fashion, because  
 13 you spend so much time developing the model  
 14 and that's been my experience with it. It's--  
 15 I, personally, find it a difficult model to  
 16 work with, especially for a community  
 17 organization. I think for a public  
 18 institution also, you know, there's some  
 19 inherent issues within the policy governance  
 20 model around accountability that I think set  
 21 it up as a less than ideal model for a public  
 22 institution or for a community-based  
 23 organization. It was set up in the United  
 24 States and in the corporate world.  
 25 CHAYTOR, Q.C.:

Page 20

1 Q. For the private sector?  
 2 MR. DAWE:  
 3 A. Right, exactly.  
 4 CHAYTOR, Q.C.:  
 5 Q. Thank you for that. Perhaps you could just  
 6 then briefly tell us what is the mandate and  
 7 role of the Newfoundland branch of the  
 8 Canadian Cancer Society?  
 9 MR. DAWE:  
 10 A. Well, it's Newfoundland and Labrador.  
 11 CHAYTOR, Q.C.:  
 12 Q. Newfoundland and Labrador.  
 13 MR. DAWE:  
 14 A. And we'd call it a division, and we have the  
 15 same mandate across the country. Every  
 16 division would have the same mandate. We are,  
 17 in fact, one legal entity across the country.  
 18 We talk about our mandate around trying to  
 19 achieve two main objectives. One is the  
 20 eradication of cancer, and the other one is to  
 21 support people living with cancer.  
 22 Under the eradication of cancer, there's  
 23 two main areas, prevention being one. So if  
 24 you can prevent cancer, and according to the  
 25 World Health Organization, 50 to 60 percent

Page 21

1 actually of the incidents of cancer is  
 2 preventable. So if you can prevent the cancer  
 3 in the first place, obviously it's a form of  
 4 eradication. The other form obviously is when  
 5 the cancer occurs that it's cured. That  
 6 there's a treatment in place that it's either  
 7 cured or brought to such a point that it's  
 8 controlled, that it doesn't influence in a  
 9 negative way the person who has it.  
 10 On the other side is support for people  
 11 living with cancer, and that can range from  
 12 emotional support on a volunteer basis, we are  
 13 a volunteer organization, right through to is  
 14 there adequate treatment in place for people.  
 15 Is there adequate--you know, what's the  
 16 financial burden of a cancer diagnosis, and so  
 17 there's any number of areas within support of  
 18 people and their loved ones living with  
 19 cancer.  
 20 So that's what we're trying to achieve  
 21 and it's achieved in several different ways.  
 22 One way we describe it is we use an acronym  
 23 called PARIS and we talk about prevention,  
 24 advocacy, research, information and support,  
 25 and if you drill down into any one of those

Page 22

1 areas, you'd find different programs and  
 2 services that we deliver that are trying to  
 3 achieve a certain objective, and that  
 4 objective then would relate back to the two  
 5 mega objectives I talked about, eradication  
 6 and support.  
 7 CHAYTOR, Q.C.:  
 8 Q. And what's your role as the Executive  
 9 Director?  
 10 MR. DAWE:  
 11 A. Well, I'm Executive Director of Newfoundland  
 12 and Labrador Division. I'd be, at the  
 13 national level I'm on a team of executive  
 14 directors from across the country along with  
 15 the national CEO. And we have national  
 16 responsibilities around issues that pan  
 17 Canadian in nature and might be an advocacy  
 18 issue or might be a research issue. At the  
 19 division level I run from an administrative  
 20 point of view, I run the Newfoundland and  
 21 Labrador Division. We have about, at this  
 22 time we have about 20 fulltime staff and  
 23 literally thousands of volunteers in any given  
 24 year. We maintain four regional offices in  
 25 Newfoundland and Labrador that match the

Page 23

1 health authority geographical distribution.  
 2 And -  
 3 CHAYTOR, Q.C.:  
 4 Q. So you have four regional offices across the  
 5 province?  
 6 MR. DAWE:  
 7 A. Four regional offices, yeah. And -  
 8 THE COMMISSIONER:  
 9 Q. Sorry, I'm missing the number that you said  
 10 you have fulltime staff?  
 11 MR. DAWE:  
 12 A. Approximately 20. It changes any given time.  
 13 THE COMMISSIONER:  
 14 Q. All right.  
 15 MR. DAWE:  
 16 A. And we generate all our own funds, so we're  
 17 not government funded from an operational  
 18 perspective. And -  
 19 CHAYTOR, Q.C.:  
 20 Q. Do you receive, though, government grants to  
 21 carry out certain projects?  
 22 MR. DAWE:  
 23 A. No, absolutely, no operational funds. We  
 24 might apply for students under a summer  
 25 program at the national level and receive, you

Page 24

1 know, several thousands of dollars. We might  
 2 have a special project, Daffodil Place comes  
 3 to mind, where we ran a capital campaign and  
 4 asked both the federal and provincial  
 5 governments to contribute to the capital  
 6 campaign. But from an operational  
 7 perspective, we've received no government  
 8 funding. So part of what we do is generate  
 9 our own revenue and the revenue we generate  
 10 within the province, that's what funds the  
 11 activities within each given province, so  
 12 there's no revenue sharing formula, money  
 13 isn't pooled. On the research side we do pool  
 14 money and fund--you know, we have a peer  
 15 review process for funding research, and as  
 16 the, you know, the role of the executive  
 17 director, so there's any number of  
 18 administrative roles that I'd have. I also,  
 19 though, would have direct involvement with  
 20 front line programs and services, depending on  
 21 the time of the year, depending on the  
 22 situation on the HR side, on who we have on  
 23 staff and what their strengths are I can be  
 24 doing anything from front line advocacy work,  
 25 which is something that I do a lot of, right

Page 25

1 down to support, people living with cancer on  
 2 an emotional basis to fundraising and revenue  
 3 generation.  
 4 CHAYTOR, Q.C.:  
 5 Q. And in terms of any interaction, then, with  
 6 the health authorities within the province,  
 7 you say you have four regional offices which  
 8 mirror the geographical locations of the  
 9 health authorities, what interaction would the  
 10 Cancer Society and yourself have with the  
 11 health authorities?  
 12 MR. DAWE:  
 13 A. Well, it's a relationship that's vital to us  
 14 in delivering our programs and services. We  
 15 have no direct linkage to cancer patients, so  
 16 we can't access cancer patients directly, so  
 17 we go through a process, because of privacy  
 18 reasons. If you're diagnosed with cancer, you  
 19 know, we don't get a memo giving us your name  
 20 and address so that we can send you out  
 21 information. So we rely a great deal on the  
 22 health care system as a conduit of information  
 23 on what the Canadian Cancer Society can  
 24 provide for cancer patients and certainly as  
 25 the health authorities have taken on a greater

Page 26

1 role, be it in prevention or screening, right  
 2 down to palliative care, again, any program,  
 3 services, advocacy that we want to deliver in  
 4 any of those areas we'd have to be in  
 5 relationship with the health authorities to  
 6 attempt to deliver. That's not our own means.  
 7 You know, we can do general communications and  
 8 marketing to the population, to different  
 9 groups that we know that are out there that  
 10 are already formed. We can reach out to  
 11 people in other ways, but certainly the health  
 12 authorities, the four health authorities we  
 13 would put a great effort into maintaining  
 14 healthy working relationships with all of them  
 15 in order to access cancer patients, but also  
 16 to influence the level of care people might be  
 17 given or to work collaboratively on everything  
 18 from planning processes to meeting the needs  
 19 of patients.  
 20 CHAYTOR, Q.C.:  
 21 Q. And who then at Eastern Health would be your  
 22 contact, at what level would you actually  
 23 interact?  
 24 MR. DAWE:  
 25 A. Depending on the issue, it could be,

Page 27

1 personally as the executive director, I might  
 2 have contact with someone on the front line of  
 3 cancer care, you know, an oncology nurse, for  
 4 example, or an oncologist, through to the  
 5 director, Sharon Smith, up to Pat Pilgrim at  
 6 the COO level and at times the executive  
 7 director, the CEO, George Tilley or Louise  
 8 Jones, depending on the issue.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay. And I take it you've told us that you  
 11 knew Mr. Tilley from your previous working  
 12 life. You would have no difficulty picking up  
 13 the phone and phoning him and speaking with  
 14 Mr. Tilley?  
 15 MR. DAWE:  
 16 A. Absolutely not.  
 17 CHAYTOR, Q.C.:  
 18 Q. And he to you, I take it, as well?  
 19 MR. DAWE:  
 20 A. I would assume.  
 21 CHAYTOR, Q.C.:  
 22 Q. And have you had such interactions, not before  
 23 we get into this particular issue, but over  
 24 the course of your time with the Cancer  
 25 Society, have you had that kind of interaction

Page 28

1 with Mr. Tilley and other senior members of  
 2 the management of Eastern Health?  
 3 MR. DAWE:  
 4 A. Absolutely.  
 5 CHAYTOR, Q.C.:  
 6 Q. What about interactions or dealings with  
 7 government in your role at the Cancer Society?  
 8 MR. DAWE:  
 9 A. Well, again, if I think about it from an  
 10 advocacy perspective, prevention perspective,  
 11 there'd be a great deal of interaction from  
 12 the Cancer Society with, well, even at the  
 13 national level, but with provincial  
 14 governments and municipal governments on any  
 15 number of public policy issues. If you take  
 16 something like tobacco, we'd have federal,  
 17 provincial and municipal contacts going on  
 18 daily, weekly, monthly, annually. Other  
 19 issues around advocating for, you know, again,  
 20 specific policy, it might be just the  
 21 provincial government. Looking back and  
 22 thinking about it, that's the provincial level  
 23 of government is probably where we focus much  
 24 of our energy if we're trying to influence  
 25 health policy or public policy.

Page 29

1 CHAYTOR, Q.C.:

2 Q. And again then at what level of the provincial

3 government would you be dealing with?

4 MR. DAWE:

5 A. Again, depending on the issue, I could be

6 dealing with, you know, someone at the very

7 front line of Department of Health to middle

8 management, to a director level, to the deputy

9 minister, to the minister and depending on the

10 issue, the premier's office and the premier.

11 CHAYTOR, Q.C.:

12 Q. Okay. And we know during certainly the

13 unfolding of this issue and the early

14 aftermath of the issue Mr. John Abbott was the

15 deputy minister. And again, you knew him

16 personally. So would you be able to pick up

17 the phone and talk to Mr. Abbott?

18 MR. DAWE:

19 A. Absolutely, and did so at times and would

20 arrange meetings or just e-mail or, again,

21 pick up the phone and say here's an issue, can

22 we talk about it.

23 CHAYTOR, Q.C.:

24 Q. And how about Mr. Ottenheimer?

25 MR. DAWE:

Page 30

1 A. The ministers, each minister, I think, I

2 wouldn't even hazard a guess at how many,

3 there's at least six or seven since I've been

4 in the position, but with Minister

5 Ottenheimer, absolutely, had a good working

6 relationship and to the point where if need be

7 just put in a telephone call and expect a

8 response.

9 CHAYTOR, Q.C.:

10 Q. Okay. And is that also true of Mr. Osborne

11 and Mr. Wiseman?

12 MR. DAWE:

13 A. Absolutely.

14 CHAYTOR, Q.C.:

15 Q. Okay. And how would you describe the

16 relationship between the Cancer Society and

17 the government through the time period 2005,

18 2006, 2007?

19 MR. DAWE:

20 A. I think it was a healthy working relationship.

21 The role of an advocacy organization like the

22 Cancer Society, we don't just do advocacy, we

23 also work on policy development, so the

24 provincial government, say the Department of

25 Health in particular, we might have two or

Page 31

1 three files on the go that we're working in

2 total partnership with the Department of

3 Health, Daffodil Place comes to mind, where

4 we're creating a program or a building for

5 people to stay in coming from out of town.

6 We'd want to work with them on that. We've

7 been working since the spring of '05 on a

8 provincial Cancer Control Strategy that's

9 modelled after a National Strategy, Canadian

10 Strategy for Cancer Control, and we've been

11 working with, in partnership with Department

12 of Health on that. And so any number of

13 issues we might be meeting with people on a

14 regular basis and on the agenda might be

15 issues of, you know, cooperatively moving a

16 process forward. On other issues, and tobacco

17 control comes to mind, while you're still

18 working with government on the issue, you're

19 also put into a--you end up doing a balancing

20 act because if you're trying to influence

21 change and the particular government or

22 department either isn't interested in the

23 change or has their own time line or their own

24 idea of what the change should be, then it

25 would be the role of the Cancer Society to

Page 32

1 engage in very assertive advocacy on a

2 particular issue. So you might end up, from

3 the outside looking at it, in conflict or, you

4 know, in a contrary position with the

5 government, with the deputy, with the minister

6 himself. And while that's always a tightrope

7 and it's always a balancing act, at the end of

8 the day my experience, certainly with the

9 provincial government level is that you always

10 know that you still have that--you keep that

11 healthy relationship there. And there's

12 things you can do to maintain that, obviously,

13 and good communications is the first key. You

14 make sure that the minister or the deputy

15 minister understands what you're trying to

16 achieve. More often than not, the entity or

17 the person you're dealing with has a pretty

18 good understanding of what your role is and

19 probably might even support either privately

20 or even publicly what you have to say. At

21 other times they might agree to disagree and

22 they might come out with a public statement or

23 might say it privately that they don't agree

24 with what you're suggesting. But just through

25 the give and take you know whether you have a



Page 33

1 healthy relationship or not and you know if  
 2 you're achieving an objective or not. You've  
 3 got measurable objectives that you're trying  
 4 to achieve on the policy side, on the advocacy  
 5 side. And at the end of the day, again, if  
 6 you take something like tobacco and our work  
 7 around, say, you know, banning use of--banning  
 8 smoking in bars, the government had to walk  
 9 delicately around that issue or with that  
 10 issue because of other interest groups. We  
 11 knew that but at the same time we were very  
 12 public in our statements and but two years  
 13 later, through an advocacy process, and not  
 14 saying that we were the only people  
 15 advocating, but you have smoking banned in  
 16 bars. So that's success in and of itself, and  
 17 government's recognition that it needed to be  
 18 done is all an indicator of a healthy  
 19 relationship.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. So you have experienced a healthy and I  
 22 take it a respect for the Cancer Society's  
 23 role, a respect and an understanding for the  
 24 role of the Cancer Society?  
 25 MR. DAWE:

Page 34

1 A. For the most part, absolutely.  
 2 CHAYTOR, Q.C.:  
 3 Q. And how about in terms of your relationship  
 4 with Eastern Health, would that be the same,  
 5 that you've experienced that kind of  
 6 understanding of the role of the society?  
 7 MR. DAWE:  
 8 A. I'd have to say no, that over the years I've  
 9 experienced more difficulty with Eastern  
 10 Health in that balancing act of wanting to  
 11 work with the system to provide whatever we  
 12 could for the--from the Canadian Cancer  
 13 Society perspective, and again, needing the  
 14 health care system because that's the direct  
 15 link to people in need and that's what it's  
 16 about. It's about reaching cancer patients  
 17 and their families or in the case of  
 18 prevention, reaching people or screening,  
 19 reaching people that might get cancer, and so  
 20 we would put a lot of effort into that side.  
 21 But my experience would be that when we--on  
 22 the advocacy side--and we would view Eastern  
 23 Health or any other health authority as much  
 24 as we would view the provincial government in  
 25 the sense that they have policies and

Page 35

1 procedures that we might want to be advocating  
 2 around because we feel it's to--we want to,  
 3 you know, better the cause of cancer care and  
 4 cancer control. So my experience is that with  
 5 Eastern Health in particular was that over the  
 6 years, and with the Newfoundland Cancer  
 7 Treatment Research Foundation prior to Eastern  
 8 Health that the relationship seemed to be much  
 9 more difficult and that when we would get into  
 10 our advocacy work, and in particular our  
 11 public advocacy work, that there didn't seem  
 12 to be a recognition, although it was stated at  
 13 times that we would have a right to do what we  
 14 were doing, it didn't translate into the  
 15 healthy relationship, I didn't think, that we  
 16 would, say, have with Department of Health.  
 17 CHAYTOR, Q.C.:  
 18 Q. And that predated the ER/PR issue?  
 19 MR. DAWE:  
 20 A. Absolutely.  
 21 CHAYTOR, Q.C.:  
 22 Q. Okay. And did you see any improvement or  
 23 perhaps further loss of or deterioration in  
 24 the relationship after and during the ER/PR  
 25 issue?

Page 36

1 MR. DAWE:  
 2 A. I'd say it was a very difficult time. I'd say  
 3 that because of the nature of the issue and  
 4 the way that the communications were handled  
 5 by Eastern Health, the CCS found itself in a  
 6 position where at times we were very public  
 7 with what we felt should have been done or  
 8 should have been undertaken on behalf of  
 9 cancer patients. And looking back that's  
 10 probably the biggest issue that we've had to  
 11 deal with with Eastern Health from an advocacy  
 12 point of view where we would be very public  
 13 with what we had to say about what was  
 14 happening, and I think it strained many  
 15 relationships and I don't think it worked out  
 16 to anybody's, you know, to the--I think it was  
 17 a detriment to the relationship, I think it  
 18 was a detriment to cancer control, in general,  
 19 in the province.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. And I'll ask you some more details  
 22 about that as we go through. Would it be  
 23 normal or usual for the Cancer Society to be  
 24 consulted on issues that may involve Cancer  
 25 Society? So would it have been your

Page 37

1 experience to receive a phone call from the  
 2 Department of Health or from Eastern Health  
 3 and consult the Cancer Society from time to  
 4 time if it's an issue involving cancer  
 5 patients?  
 6 MR. DAWE:  
 7 A. Not necessarily. Again, depending on the  
 8 issue. Certainly from the government  
 9 perspective there was definitely times when we  
 10 were drawn in as a stakeholder. I think back  
 11 to the days before 2005, the NCTRF, which is  
 12 the Newfoundland Cancer Treatment Research  
 13 Foundation, predecessor organization around  
 14 cancer care. There was times we worked with  
 15 them on trying to, you know, or be a  
 16 stakeholder on their strategic planning  
 17 process. I know when the organizations were  
 18 amalgamated into Eastern Health, I can  
 19 remember going directly to George Tilley, Roy  
 20 West, Dr. Roy West, who was president of the  
 21 board at the time of the board of directors of  
 22 the Cancer Society at the time and meeting  
 23 with George and saying we saw that as a new  
 24 opportunity to create a healthier relationship  
 25 with the cancer care program and that we were

Page 38

1 looking forward to, and this is prior to  
 2 Eastern Health putting their layers of  
 3 management in place, and we were looking  
 4 forward to working with them on a, you know,  
 5 on a closer basis. So we perceived that with  
 6 NCTRF, the Cancer Treatment Foundation, that,  
 7 you know, we just--while we'd make overtures,  
 8 we were never, you know, included to the point  
 9 where we would be satisfied with the  
 10 interaction. Mr. Tilley certainly thought it  
 11 was a great idea. I remember when the next  
 12 level of management was put in place,  
 13 requesting a meeting with Pat Pilgrim as COO  
 14 and she had cancer care under her  
 15 jurisdiction, and having the same  
 16 conversation. I remember when Sharon Smith  
 17 was appointed as director of cancer care and  
 18 having the same conversation with Sharon and  
 19 saying, you know, the Cancer Society wants to  
 20 work with the organization. We did work  
 21 absolutely on the Cancer Control Strategy, so  
 22 we had a provincial Cancer Control Strategy  
 23 that we initiated with the provincial  
 24 government and with Eastern Health back in the  
 25 spring of '05 when the health authorities were

Page 39

1 created, and that was a monumental effort to  
 2 work together and create, you know, a cancer  
 3 control strategy for the province. But on  
 4 individual issues it didn't materialize that,  
 5 you know, from Eastern Health, that we'd be  
 6 invited in. I remember talking with George  
 7 Tilley and talking with Pat Pilgrim about, and  
 8 Sharon Smith, for that matter, about, you  
 9 know, as you go about creating your new  
 10 version and new vision of a cancer program for  
 11 the province, that, you know, CCS would like  
 12 to be involved in that and like to be drawn  
 13 into that process and that, you know, the  
 14 initial response was, yes, that would be a  
 15 great idea, but that didn't materialize. And  
 16 that to me seemed to be the way the  
 17 relationship evolved is that we were never  
 18 told that we would not be invited or we were  
 19 told they always wanted to work with us, but  
 20 the invitations to work directly on specific  
 21 issues, again, aside from the big issue of the  
 22 provincial Cancer Control Strategy which we  
 23 were the initiators and we were pushing and we  
 24 kept pushing, it didn't materialize. And  
 25 something like, again, as we get into the

Page 40

1 ER/PR issue and certain issues that might come  
 2 out of the cancer clinic, aside from obvious  
 3 things, we run a resource room, provide  
 4 volunteers and resource room in the cancer  
 5 clinic, and so if there's any issues around  
 6 the resource room, we'd certainly hear from  
 7 the cancer program. But aside from being  
 8 asked to participate in any other cancer care  
 9 issues within Eastern Health, there was no  
 10 outreach to us.  
 11 CHAYTOR, Q.C.:  
 12 Q. And did you ever take that up with anyone and  
 13 asked them why and why the invitation didn't  
 14 materialize, particularly in terms of the  
 15 restructuring of cancer care within the  
 16 province?  
 17 MR. DAWE:  
 18 A. My discussions that I did have, the general  
 19 answer seemed to revolve around the, you know,  
 20 them viewing the provincial Cancer Control  
 21 Strategy as where they were going to interact  
 22 with the Canadian Cancer Society.  
 23 CHAYTOR, Q.C.:  
 24 Q. And so from their perspective there was no  
 25 need for anything beyond that?

Page 41

1 MR. DAWE:  
 2 A. I'm not sure from their perspective, I don't  
 3 know, but, you know, that's certainly the  
 4 impression that I had.  
 5 CHAYTOR, Q.C.:  
 6 Q. In your experience then both within the health  
 7 care system and from outside and perhaps as a  
 8 stakeholder in health care within the  
 9 province, how would you describe the culture  
 10 or are you able to describe the culture of  
 11 Eastern Health, and in particular, in dealing  
 12 with adverse events?  
 13 MR. DAWE:  
 14 A. Well, I can't speak to adverse events. I'll  
 15 just leave that for a second. I mean, in  
 16 general, the culture I work within a  
 17 predecessor organization, I was on the Board  
 18 of another predecessor organization, then  
 19 ended up being amalgamated into Eastern Health  
 20 Authority. My view of Eastern Health  
 21 Authority was that from an organizational  
 22 point of view, if you looked at trying to  
 23 characterize it, it was very institutional,  
 24 very corporate, very closed. You know, it was  
 25 exclusive versus inclusive organization, and

Page 42

1 that if the organization was going to generate  
 2 relationships, they did it--they picked who  
 3 they wanted to be in a relationship with, and  
 4 that certainly information, if information or  
 5 if ideas that were coming to them from outside  
 6 the organization, unless they were in control  
 7 of that information and that idea and the  
 8 process that went with it, it didn't seem to  
 9 go very far. So it was very controlling, very  
 10 --like I said, I describe it as closed. I  
 11 contrast that with even the other health  
 12 authorities or Department of Health. There  
 13 would always been--it seemed to be much more  
 14 of a give and take and much more of a  
 15 willingness to--not just sit down and meet,  
 16 but actually have the meeting actually go  
 17 somewhere and achieve something. That was one  
 18 of the frustrating things is that there was no  
 19 lack of meeting time spent with Eastern Health  
 20 on any number of issues, but the results from  
 21 my perspective didn't warrant the amount of  
 22 time that had been spent on them from  
 23 everybody's perspective. It was frustrating  
 24 from a--you know, just a comment personally,  
 25 it was quite frustrating at times because

Page 43

1 Eastern Health and the Cancer Care Program  
 2 were so important to the Cancer Society in  
 3 trying to achieve its mission, and I felt that  
 4 --it was not just me, felt at the Board level  
 5 and the staff level, volunteer level, we had a  
 6 very difficult time, and used a lot of time  
 7 and energy not productively. Even from a  
 8 small example of having an event, could be a  
 9 fundraising event or it could be an advocacy  
 10 event in trying to put a poster up in the  
 11 cancer clinic to advertise the event, and  
 12 going in and being given initial permission or  
 13 implicit permission to put the posters up, and  
 14 then the next day to discover that someone had  
 15 gone around and taken them down. At a real  
 16 basic level like that, right up to trying to  
 17 sit down and talk about long term vision for  
 18 cancer care and how that process seemed to be  
 19 so frustrating because it was like--never  
 20 seeming to be able to find the same page that  
 21 Eastern Health was on, and the process didn't  
 22 end up being very productive or the  
 23 relationship.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay. Perhaps then, Mr. Dawe, you can tell us

Page 44

1 --we'll move to the ER/PR issue and tell us  
 2 when did you first hear about the ER/PR issue  
 3 and how did you hear about it?  
 4 MR. DAWE:  
 5 A. In the summer of 2005, I can remember hearing  
 6 from some volunteers actually who had gone  
 7 through treatment or in treatment, that there  
 8 was something big happening in the lab at  
 9 Eastern Health, and it wasn't the type of  
 10 information that we'd react to or we'd go ask  
 11 about. It was, you know, at the rumbling  
 12 level, the rumour level, and aside from that,  
 13 I had no indication whatsoever until the story  
 14 broke in the media. So as soon as the story  
 15 broke in October in the media, I certainly  
 16 realized that had been what the rumblings had  
 17 been about earlier in the summer. So it was  
 18 when the media broke the story.  
 19 CHAYTOR, Q.C.:  
 20 Q. So I take it you had no official word about  
 21 this from either the Department or from  
 22 Eastern Health. Nobody contacted you on the  
 23 issue?  
 24 MR. DAWE:  
 25 A. No.

1 CHAYTOR, Q.C.:  
 2 Q. So then you heard about it, as you say, in the  
 3 media. What about in the day or so before the  
 4 media story came out, did anybody contact you  
 5 at that point from Eastern Health or from the  
 6 Department?

7 MR. DAWE:

8 A. Not soon enough. I read the story in the  
9 Independent.

10 CHAYTOR, Q.C.:

11 Q. And no reporter contacted you, you had no idea  
12 the story was coming?

13 MR. DAWE:

14 A. No.

15 CHAYTOR, Q.C.:

16 Q. And would you have expected to have heard  
 17 about it from Eastern Health or from the  
 18 Department? Would you have expected the  
 19 Cancer Society as a stakeholder in cancer are  
 20 in the province to have been consulted, or at  
 21 least informed that this was going on?

22 MR. DAWE:

23 A. I think if the relationship is working  
 24 property, I think the Cancer Society could  
 25 have played a very vital role in helping with

1 the entire process on the communications side.  
 2 I think it's really unfortunate that the  
 3 Cancer Society wasn't brought into the process  
 4 earlier and whether I expected to--looking  
 5 back at the relationship at the time, again we  
 6 weren't being invited into other issues that  
 7 we thought we could have played a role in, so  
 8 I probably had no expectation that I would  
 9 have been invited into that process.

10 CHAYTOR, Q.C.:

11 Q. You said earlier throughout the summer and  
 12 spring of 2005, you would have been working  
 13 fairly closely with both government and  
 14 Eastern Health on the Cancer Control Strategy?

15 MR. DAWE:

16 A. Absolutely.

17 CHAYTOR, Q.C.:

18 Q. I take it you had frequent meetings in that  
 19 time period. Who would you have been meeting  
 20 with from Eastern Health in that time period?

21 MR. DAWE:

22 A. It would have been very early days for Eastern  
 23 Health as an organization. I remember an  
 24 initial meeting with George Tilley himself. I  
 25 believe George might have been the only

1 representative at that time from Eastern  
 2 Health. That would have been literally in  
 3 April of '05. That would have been followed  
 4 up with--again as Eastern Health added their  
 5 layers of management, other people were  
 6 brought into the process. There was even some  
 7 initial meetings in which Andrea Quinlan, who  
 8 was the acting director, as they were going  
 9 down through their process, HR process of  
 10 putting people in place, I know Andrea sat in  
 11 on meetings, and she ended up leaving the  
 12 organization. Eventually Pat Pilgrim and  
 13 Sharon Smith, that probably would have been--  
 14 again not knowing when they started their  
 15 positions, I'm guessing that it wouldn't have  
 16 been through the summer of '05.

17 CHAYTOR, Q.C.:

18 Q. And going then into, say, September of 2005,  
 19 prior to the media story breaking, would you  
 20 have had meetings with Pat Pilgrim and Sharon  
 21 Smith?

22 MR. DAWE:

23 A. You know, again exactly who was there and  
 24 when, I really wouldn't be able to say. I  
 25 know that we were very active as a group

1 because we were planning a forum--a public  
 2 forum, and Eastern Health, the Department of  
 3 Health, and Canadian Cancer Society, were the  
 4 only three partners at the time. We were  
 5 planning a major public forum. So there would  
 6 have been a lot of interaction with various  
 7 people from Eastern Health, you know, around  
 8 the strategy. Exactly when Pat or Sharon  
 9 would have been sitting in on meetings, I'd  
 10 really have to go back through minutes and  
 11 check.

12 CHAYTOR, Q.C.:

13 Q. Who then from the department would you have  
 14 been meeting with in that time period?

15 MR. DAWE:

16 A. It started with the Deputy Minister.

17 CHAYTOR, Q.C.:

18 Q. So Mr. Abbott?

19 MR. DAWE:

20 A. John Abbott--well, it could have even been  
 21 Robert Thompson that it started with,  
 22 actually, not knowing exactly when John  
 23 started his term, and certainly various  
 24 ministers were briefed at times. Joy  
 25 Maddigan, who was a director level at the

Page 49

1 time, would have been sitting in on meetings  
 2 and representing the department, and then as  
 3 she--she's now an assistant deputy minister.  
 4 She stayed with the process. Depending on  
 5 again the type of meeting that it would have  
 6 been, an overall planning meeting or a  
 7 specific meeting, say, you know, sub-  
 8 committees set up just around the consultation  
 9 process and the public forum that were being  
 10 planned, could be different people.

11 CHAYTOR, Q.C.:

12 Q. And the issue of ER/PR didn't come up in any  
 13 of those meetings?

14 MR. DAWE:

15 A. Never.

16 CHAYTOR, Q.C.:

17 Q. And what about disclosing it to you in other -  
 18 without actually telling you what the issue  
 19 was, did anyone ever seek your advice or plant  
 20 in your ear any issue of, well, how would you  
 21 go about communicating if you had many, many  
 22 cancer patients that you needed to speak with,  
 23 how should we go about getting that message  
 24 out to the people or to the public? Were  
 25 there ever any general discussions along those

Page 50

1 lines?  
 2 MR. DAWE:

3 A. No.

4 CHAYTOR, Q.C.:

5 Q. You indicated in answering a question a few  
 6 minutes ago that it's unfortunate that the  
 7 Cancer Society wasn't consulted because you  
 8 feel the Cancer Society could have played a  
 9 very vital role. Perhaps you could tell us  
 10 what role it is that you think the Cancer  
 11 Society could have played in the  
 12 communications piece? This is earlier now  
 13 before it comes out into the media, if you had  
 14 been brought into the picture from the  
 15 beginning, what role could the Cancer Society  
 16 have played in terms of the appropriateness  
 17 and the timing of disclosure?

18 MR. DAWE:

19 A. Well, looking back, obviously, looking back on  
 20 it now, it seemed to be that while there was  
 21 certainly people talking about the needs of  
 22 the patients, and certainly from the clinical  
 23 people that I've heard talk about this, and  
 24 certainly in the media at the time and in  
 25 subsequent meetings, it was always expressed

Page 51

1 that the patients came first and patient needs  
 2 came first. From the Canadian Cancer Society  
 3 perspective, you know, the reality is that  
 4 they chose non-disclosure over disclosure at  
 5 various points in their process, and I think  
 6 from the Canadian Cancer Society perspective,  
 7 if we were putting the cancer patients first,  
 8 the people with cancer and their loved ones,  
 9 even people who had passed away, we would have  
 10 given a different perspective on how to  
 11 communicate and it would have been full  
 12 disclosure at the earliest possible time. So  
 13 I think that that, as a general philosophical  
 14 point of view, would have been brought forward  
 15 in a very assertive way from the beginning  
 16 from the Canadian Cancer Society perspective.  
 17 That's on the most highest level, just from a  
 18 philosophical approach to communicating around  
 19 this issue. We would have been advocating for  
 20 full disclosure at the earliest possible time  
 21 based on, you know, not just because we made  
 22 it up, but based on practises around adverse  
 23 events, based on, you know, belief in a  
 24 patient right to know what's happening with  
 25 their treatment processes and diagnosis

Page 52

1 processes and their prognosis. Then if you  
 2 drilled down into that, certainly again the  
 3 Cancer Society is an organization with a  
 4 certain infrastructure on the ground  
 5 throughout the province, be it again thousands  
 6 of volunteers and regional offices, and  
 7 connections to community. You know, we're  
 8 very community based, and again an  
 9 institutional approach would differ greatly,  
 10 as it turned out philosophically, and also in  
 11 the process, than if we had input--not just  
 12 input, but actually if you're listened to. I  
 13 mean, it's one thing to be asked even, but,  
 14 you know, to have your advice taken is another  
 15 thing. Again looking back, I think we would  
 16 have been very assertive in wanting the  
 17 communication process done differently.

18 CHAYTOR, Q.C.:

19 Q. One of the reasons that we've heard  
 20 articulated here, and the Commissioner will  
 21 hear this week and next week from oncologists,  
 22 but one of the reasons that has been  
 23 articulated for not telling the patients was  
 24 the treating physicians had concern not to  
 25 cause undue anxiety to the patients while they

Page 53

1 would be waiting for the results. What do you  
 2 think about that as an explanation as to why  
 3 there wasn't notification beforehand to the  
 4 patients?  
 5 MR. DAWE:  
 6 A. Well, you know, I was told that directly by  
 7 any number of people at Eastern Health as the  
 8 reason for making the choices that they chose,  
 9 and I'll say the same thing I said then, is  
 10 that, you know, in my view and in the view of  
 11 the Canadian Cancer Society, that we're at the  
 12 stage in health care where if you look in best  
 13 practises, if you look at how to manage  
 14 systems, that, you know, from a patient  
 15 perspective, and if you have a philosophical  
 16 belief in putting patients first, then it ends  
 17 up being parochial or even patronizing or  
 18 misguided to withhold information based on the  
 19 fear that it might cause some concern, that in  
 20 the day and age we live in with the baby  
 21 boomer population, the internet, and people  
 22 have control of their lives now more than they  
 23 ever have before, and certainly in health  
 24 care, people demand control of their health  
 25 care, both on an individual and social level

Page 54

1 more than they ever have before, that it's a  
 2 bit misguided to think that withholding  
 3 information of this nature which would have  
 4 such a major impact on a prognosis, ultimately  
 5 on particular treatment, and that people have  
 6 a right, that's what it comes down to, they  
 7 have a right to know about such things. Even  
 8 more so than having a right to know about it,  
 9 they have a right to actually understand it,  
 10 so they have a right to processes being put in  
 11 place by institutions that ensure in some way  
 12 that not just was there an attempt to deliver  
 13 a message, but that the message was understood  
 14 and that feedback was sought on it.  
 15 CHAYTOR, Q.C.:  
 16 Q. So the media then, the story breaks in the  
 17 media, and we know that's October 2nd, 2005.  
 18 What happened from the perspective of the  
 19 Canadian Cancer Society after this became a  
 20 public issue, what role did the Society then  
 21 play from that point onwards?  
 22 MR. DAWE:  
 23 A. We were approached by the media after the  
 24 story broke on a Sunday. I know the following  
 25 week we were approached by the media, so we

Page 55

1 commented publicly on the issue. We started  
 2 receiving phone calls from the general public,  
 3 people who were concerned about the issue. We  
 4 had contact with Eastern Health--I had contact  
 5 with Eastern Health, ended up in a meeting  
 6 with Bob Williams fairly early in that  
 7 process.  
 8 CHAYTOR, Q.C.:  
 9 Q. And would that have been before you spoke with  
 10 the media? What did you do from your point of  
 11 view? You read the story, pick up the phone,  
 12 phone your contacts at Eastern Health, at the  
 13 government, what happened?  
 14 MR. DAWE:  
 15 A. We--very early the next day, we would have  
 16 been receiving media requests, we would have  
 17 been receiving phone calls, we would have had  
 18 contact with Eastern Health on how to direct  
 19 people to Eastern Health. We would have  
 20 initiated--I would have initiated requests to  
 21 meet with somebody from Eastern Health, and  
 22 quite honestly I don't remember if I  
 23 specifically wanted to meet with Bob Williams  
 24 or not, but there would have been requests to  
 25 meet about the issue, and ended up in a

Page 56

1 meeting with George and with--with Bob and  
 2 George, and George wasn't there for much of  
 3 the meeting in my recollection. He might not  
 4 have even sat in on that first initial  
 5 meeting, that might have just been with Bob.  
 6 I know Kara Laing sat in on another meeting.  
 7 There was several meetings in the fall, but  
 8 from the Canadian Cancer Society perspective  
 9 overall, it would have been very reactive, if  
 10 you will, at that time that we were reacting  
 11 to either phone calls we were getting and  
 12 media requests that we were getting. We  
 13 certainly didn't know the scope of the issue,  
 14 we didn't know how many people were involved,  
 15 we didn't know what the--you know, ultimately  
 16 what the implications were for what was going  
 17 on, and so it wasn't that we sat down and came  
 18 up with a real proactive plan to move forward.  
 19 I think we were like most people and we were  
 20 reacting to what was going on around us.  
 21 CHAYTOR, Q.C.:  
 22 Q. And what was going on around you, what kind of  
 23 reaction were you hearing from the people who  
 24 you advocate on behalf of who were calling  
 25 into the Cancer Society, what was the

1 reaction?  
 2 MR. DAWE:  
 3 A. Well, in the--you know, in the first week or  
 4 the first several weeks, the first several  
 5 months, you know, my recollection would be to  
 6 group it together and, say, in the first  
 7 several months, the reaction was there was a  
 8 lot of people looking for information, there  
 9 was a lot of people who were upset, didn't  
 10 understand what the issue was, and there was  
 11 an effort on behalf of the Cancer Society to  
 12 find out, to try to get more information from  
 13 Eastern Health, and there was a concern on our  
 14 part, a growing concern, that people weren't  
 15 getting the information they needed as quick  
 16 as they should.  
 17 CHAYTOR, Q.C.:  
 18 Q. So when you made the contacts with Eastern  
 19 Health to get information, was the Cancer  
 20 Society getting the information that it was  
 21 seeking?  
 22 MR. DAWE:  
 23 A. I think the information that we were being  
 24 given came out in bits and pieces. There was  
 25 never, you know - I've always had the feeling,

1 getting that feedback from patients.  
 2 Certainly our staff and using our contacts at  
 3 the frontline level of the organization, we'd  
 4 be getting the same feedback that there wasn't  
 5 a whole lot of knowledge at the frontline  
 6 level of the organization.  
 7 CHAYTOR, Q.C.:  
 8 Q. So did you convey that concern then to the  
 9 people you were speaking with Eastern Health?  
 10 MR. DAWE:  
 11 A. Absolutely.  
 12 CHAYTOR, Q.C.:  
 13 Q. Who did you tell that to?  
 14 MR. DAWE:  
 15 A. I know in a conversation with Bob Williams for  
 16 sure I expressed concern that that particular  
 17 issue that we were getting calls, that even  
 18 the frontline staff of the Cancer Clinic were  
 19 frustrated. I actually had a call from--met  
 20 with two frontline staff in late  
 21 October/November, who expressed their personal  
 22 frustration to me around not understanding  
 23 what was going on and feeling that--at the  
 24 time basically saying I'm glad the Cancer  
 25 Society is out there speaking out on this

1 and it certainly started back then, that we  
 2 were being given limited information and my  
 3 perspective was, well, Eastern Health are  
 4 deciding what they thought we needed to know,  
 5 and we'd get their version of what we needed  
 6 to know to keep their process going.  
 7 CHAYTOR, Q.C.:  
 8 Q. Were you personally involved in those  
 9 exchanges?  
 10 MR. DAWE:  
 11 A. I would have been involved in the higher level  
 12 exchanges absolutely, and we would have had  
 13 some frontline staff who would have been in  
 14 contact with frontline staff over at the  
 15 Cancer Clinic. I remember one of the--some of  
 16 the feedback we were getting at the time from  
 17 our staff was, you know, the frontline staff  
 18 at the Cancer Clinic had no information  
 19 either, so we'd have a patient who'd show up  
 20 at the clinic in the middle of October, end of  
 21 October, and be asking staff--frontline staff  
 22 at the clinic what was going on with all of  
 23 this, what the implications were, and the  
 24 staff over there saying, well, we don't know,  
 25 we know as much as you do, and we would be

1 issue because there seems to be more the issue  
 2 that they had an understanding to, and they  
 3 didn't want to see the issue just disappear,  
 4 they wanted to make sure that from their  
 5 client perspective that more information got  
 6 out. So that was the type of atmosphere. It  
 7 was from my recollection, this feeling that  
 8 there needed to be more information out there,  
 9 that it wasn't forthcoming, and that there was  
 10 more and more frustration as individual  
 11 results weren't coming out in a timely  
 12 fashion, and you could feel that it was quite  
 13 palatable that the people we were dealing with  
 14 were getting angry and frustrated.  
 15 CHAYTOR, Q.C.:  
 16 Q. So in the early days, a week or two after this  
 17 broke in the media, and the types of calls you  
 18 were getting at that time and people being  
 19 frustrated and confused, did you understand  
 20 that Eastern Health at that point in time from  
 21 your knowledge and your discussions with them,  
 22 planned to make any direct contact with each  
 23 of the patients.  
 24 MR. DAWE:  
 25 A. My recollection, and again the actual dates

Page 61

1 and the timelines, you know, Eastern Health  
 2 would be better to speak to than I would, but  
 3 my recollection is that they felt pressured to  
 4 do something and it had broke in the media and  
 5 they didn't seem to be prepared to have it  
 6 broke in the media, and they were scrambling  
 7 on the communications side. My impression is  
 8 that they ended up, because of people like the  
 9 Canadian Cancer Society saying--it wasn't just  
 10 the Cancer Society, but people saying, well,  
 11 at least set up a toll free line or create  
 12 some type of mechanism for communications  
 13 here, and that eventually being done, but  
 14 there didn't seem to be an outreach from  
 15 Eastern Health certainly to individuals, and  
 16 certainly to the public, that there seemed to  
 17 be a very tight control on what was being  
 18 said, by whom, and when. That's my  
 19 recollection, you know, and again to try to  
 20 put it in what week that happened in, I'd be  
 21 very hard-pressed based on the age of my brain  
 22 to try to give you an exact timeline.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay, so early on, though, you do recall that  
 25 there was contact with Eastern Health and that

Page 62

1 you had a meeting with Dr. Williams and  
 2 perhaps also George Tilley. The other part of  
 3 my question had been whether or not you made  
 4 any contact with the Department of Health to  
 5 try and see if there was any information that  
 6 could be had through that avenue?  
 7 MR. DAWE:  
 8 A. At the time, no. My perception of the issue  
 9 at the time was that his was an Eastern Health  
 10 issue and that no one within the Department of  
 11 Health--I certainly didn't feel, looking back,  
 12 and I didn't do anything about it, so  
 13 obviously I felt that it wasn't a department  
 14 issue at the time, this was an Eastern Health  
 15 issue, Eastern Health were dealing with in  
 16 whatever way they were. It hadn't been kicked  
 17 up the line so to speak by that time in the  
 18 early days, and all of our connections, all of  
 19 our inquiries, all of our communications were  
 20 with Eastern Health.  
 21 CHAYTOR, Q.C.:  
 22 Q. If we could have, please, P-2520. Mr. Dawe,  
 23 we understand this is your appointment  
 24 calendar and this is for October 3rd, 2005, so  
 25 the day after the story broke in the media and

Page 63

1 most of what you had on for the day has been  
 2 redacted, but we have at the top, "Call John  
 3 Abbott", and then the next day, October 4th,  
 4 3:30 p.m, did that indicate a meeting with Mr.  
 5 Abbott?  
 6 MR. DAWE:  
 7 A. That would be my guess, yes.  
 8 CHAYTOR, Q.C.:  
 9 Q. So this is immediately after The Independent  
 10 story has come out. Did you and Mr. Abbott  
 11 discuss the ER/PR issue on October 3rd and/or  
 12 October 4th?  
 13 MR. DAWE:  
 14 A. The meeting wouldn't have been about ER/PR,  
 15 and I'm assuming it would have been about one  
 16 of the projects we would have had on at the  
 17 time. It could have been about Daffodil  
 18 Place, it could have been about the provincial  
 19 Cancer Care Strategy, but if it was discussed,  
 20 it was discussed very informally, and  
 21 certainly nothing in my mind--at that time, my  
 22 recollection would be I didn't have a  
 23 discussion with John at those early days about  
 24 ER/PR.  
 25 CHAYTOR, Q.C.:

Page 64

1 Q. So even though this would have been the story  
 2 had broke the day before, you don't recall  
 3 having any discussions or bringing the issue  
 4 up with Mr. Abbott -  
 5 MR. DAWE:  
 6 A. Not in any formal way.  
 7 CHAYTOR, Q.C.:  
 8 Q. To say do you know about this or what's  
 9 happening?  
 10 MR. DAWE:  
 11 A. Not in any formal way.  
 12 CHAYTOR, Q.C.:  
 13 Q. In any way whatsoever?  
 14 MR. DAWE:  
 15 A. Not in any way--I can't--my recollection would  
 16 be it wasn't discussed. My recollection would  
 17 be the first time I officially discussed  
 18 anything with John Abbott would have been in  
 19 January about ER/PR.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay, and if you had concerns, though, and you  
 22 were receiving phone calls and the people that  
 23 you're talking to seemed confused, why  
 24 wouldn't you mention it to the Deputy Minister  
 25 of Health, why wouldn't you bring it up and



Page 65

1 tell him about the concerns that you had?  
 2 MR. DAWE:  
 3 A. Well, I think, you know, Tuesday, October 4th,  
 4 I think we would have been dealing with  
 5 Eastern Health at that point, and again I  
 6 wouldn't have viewed this as going to the  
 7 Deputy Minister. Again, not that it's--I was  
 8 about to say the etiquette of it, it's not  
 9 etiquette, but just from a practical point of  
 10 view, you know, you deal with the people that  
 11 are directly involved first on any given  
 12 issue. That would be my take on it, is that  
 13 you keep dealing with the level that makes  
 14 sense to deal with until you're at the point  
 15 where that's no longer fruitful, and then  
 16 you'd move up the line, so to speak. I had no  
 17 sense whatsoever that John was involved, the  
 18 Deputy Minister was involved, at that stage,  
 19 and naively maybe, but we would have still  
 20 been dealing with--you know, in the very early  
 21 days I would have been trying to look for a  
 22 meeting with Eastern Health, somebody at  
 23 Eastern Health to give me information. So I  
 24 certainly wouldn't have brought it up with the  
 25 Deputy Minister without having firsthand

Page 66

1 information in a meeting with somebody at  
 2 Eastern Health.  
 3 CHAYTOR, Q.C.:  
 4 Q. And at this point, you had not met with Mr.  
 5 Tilley or Dr. Williams?  
 6 MR. DAWE:  
 7 A. I don't believe so. I think it was later that  
 8 week, actually, I ended up in a meeting with  
 9 Dr. Bob Williams.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay. If we could look then at the next page,  
 12 actually, October 5th.  
 13 MR. DAWE:  
 14 A. There you go.  
 15 CHAYTOR, Q.C.:  
 16 Q. At 4:30, you have, "George and Bob W". Would  
 17 that be George Tilley and Bob Williams?  
 18 MR. DAWE:  
 19 A. Absolutely.  
 20 CHAYTOR, Q.C.:  
 21 Q. So this would have been your first meeting  
 22 with Eastern Health on the issue?  
 23 MR. DAWE:  
 24 A. Yes, first official meeting at our request.  
 25 CHAYTOR, Q.C.:

Page 67

1 Q. So this meeting was initiated by you?  
 2 MR. DAWE:  
 3 A. That would be my recollection. We wanted to  
 4 sit down with somebody and discuss it.  
 5 CHAYTOR, Q.C.:  
 6 Q. And what do you recall? Did Mr. Tilley, in  
 7 fact, attend that meeting?  
 8 MR. DAWE:  
 9 A. I don't believe so, actually. I think George  
 10 wasn't--I think it was just myself and Bob.  
 11 CHAYTOR, Q.C.:  
 12 Q. And what did Mr. -  
 13 MR. DAWE:  
 14 A. I think actually Heather Predham might have  
 15 attended part of that meeting too. It's quite  
 16 possible.  
 17 CHAYTOR, Q.C.:  
 18 Q. Heather Predham and Dr. Williams?  
 19 MR. DAWE:  
 20 A. Yeah.  
 21 CHAYTOR, Q.C.:  
 22 Q. Anybody else?  
 23 MR. DAWE:  
 24 A. Not that I recall.  
 25 CHAYTOR, Q.C.:

Page 68

1 Q. And where did the meeting take place?  
 2 MR. DAWE:  
 3 A. In Dr. Williams office at the Health Sciences.  
 4 CHAYTOR, Q.C.:  
 5 Q. And did anyone attend along with you?  
 6 MR. DAWE:  
 7 A. No.  
 8 CHAYTOR, Q.C.:  
 9 Q. So just the three of you, and how long did the  
 10 meeting take?  
 11 MR. DAWE:  
 12 A. It was a good hour.  
 13 CHAYTOR, Q.C.:  
 14 Q. So what did Dr. Williams and Heather Predham  
 15 tell you about the issue?  
 16 MR. DAWE:  
 17 A. I remember just asking at the time, you know,  
 18 wanting basic information and Bob outlining  
 19 some of the numbers that might have been  
 20 involved. The discussion ranged from, you  
 21 know, me asking what caused the problem  
 22 because it--you know, to how is it going to be  
 23 addressed.  
 24 CHAYTOR, Q.C.:  
 25 Q. And what were you told in terms of what caused

Page 69

1 the problem?

2 MR. DAWE:

3 A. That they didn't know what caused the problem

4 and may never know what caused the problem.

5 CHAYTOR, Q.C.:

6 Q. And who told you that?

7 MR. DAWE:

8 A. Dr. Williams, and he would have again

9 explained a bit about the process, the 40 odd

10 steps involved in the process, and that, you

11 know, if any one step--if there was a mistake

12 made in any one step, it could throw the

13 results off, and that there was reviews being

14 done, had been done, or going to be done, that

15 they'd stopped doing the test, that they-- and

16 again whether he told me then, my recollection

17 is they were either calling in somebody to do

18 reviews or had somebody in to do reviews and

19 that they weren't going to do the test again

20 until they had it right, and I remember the

21 discussion with him saying, well, how do you

22 know if you have it right if you don't know

23 what the problem was, and again him explaining

24 that the change in technology and how they

25 felt that that contributed to the problem, and

Page 70

1 that if they get the technology working the

2 way it should be working, that they didn't

3 feel--they didn't feel that there was the

4 scope of the problem. The feeling I had from

5 them--well, not the feeling; what I was told

6 by Bob is the scope was very limited, any time

7 you change technology, any time you're dealing

8 with a complicated test, if you went back and

9 retested, you're going to find changes that

10 they had--you know, he explained the index

11 case, he explained that they had made the

12 decision they were--at the time Bob said, you

13 know, he was quite proud that they made the

14 decision to go back and retest so many people,

15 and that it was somewhat to be expected that

16 you're going to find changes, considering all

17 of those circumstances. You know, he was

18 concerned about the integrity of the lab and

19 that they wanted to ensure us and the public

20 that the test wouldn't be started again until

21 they knew they had it right. Spent a great

22 deal of time talking about the process of

23 sending the samples to Mount Sinai and how

24 when they were sent, the assumption would have

25 been that they would have had all the results

Page 71

1 back within six to eight weeks, and that again

2 there was a discussion around, you know, why

3 not tell people about this sooner and his

4 point of view being they wanted all of the-- I

5 remember him saying the oncologists wanted all

6 of the test results back before anybody was

7 told. They didn't want confusion out in the

8 general public about the issue, so they wanted

9 all the information they could get before they

10 told anybody about this. So it was a long

11 discussion about the processes that they'd

12 gone through in order to initiate and follow

13 through on the retesting and where they were,

14 the problems they were now running into with

15 getting the results back from Mount Sinai. He

16 was quite sincere, I thought, in his

17 disappointment that the Mount Sinai process

18 had taken so long.

19 CHAYTOR, Q.C.:

20 Q. And the role of Heather Predham in the

21 meeting, were you surprised to see Heather at

22 the meeting when you arrived, and what role

23 did she play, what did you understand, why was

24 she there?

25 MR. DAWE:

Page 72

1 A. She was with Quality Assurance Department and

2 had been, I guess, one of the point people in

3 initiating the retesting with Mount Sinai, and

4 so she would have contributed to that

5 discussion around sending samples up and how

6 long they were taking to get back, and there

7 would have been a discussion--I would have

8 been explaining some of the phone calls we'd

9 been getting, so there would have been some

10 discussion with Heather about how to handle

11 some of those phone calls, what information to

12 give people, etc.

13 CHAYTOR, Q.C.:

14 Q. You indicated that when you asked what caused

15 the problem and expressed concerns, they said

16 they didn't know or may never know, and you

17 indicated, well, how could you fix it, and Dr.

18 Williams offered some suggestions in terms of

19 the complicated process, 40 steps, the change

20 in the technology. Was there any mention of

21 any lack of quality assurance program or

22 quality control procedures in the lab, was

23 that brought up as a potential contributing

24 factor?

25 MR. DAWE:

Page 73

1 A. Absolutely not. There was discussion around  
 2 the external reviews and that would lead--my  
 3 recollection would have been Dr. Williams  
 4 saying that, you know, we have our internal  
 5 reviews and we'll follow the recommendations,  
 6 and we'll double check--you know, when we do  
 7 try to do this test again, we'll be checking  
 8 our results, double testing at Mount Sinai and  
 9 at St. John's until we are sure we have it  
 10 right before we go ahead and do it on our own  
 11 again.

12 CHAYTOR, Q.C.:

13 Q. Was there any mention of any issues such as  
 14 fixation?

15 MR. DAWE:

16 A. No.

17 CHAYTOR, Q.C.:

18 Q. If we could have, please, P-0345, page eight?  
 19 Mr. Dawe, I believe this may be the first  
 20 media interview that you did on the issue, and  
 21 it's sometime in the first week of October  
 22 2005.

23 MR. DAWE:

24 A. Um-hm.

25 CHAYTOR, Q.C.:

Page 74

1 Q. It's an Independent article written by Clare-  
 2 Marie Gosse and it indicates "the Canadian  
 3 Cancer Society in Newfoundland and Labrador  
 4 has been fielding multiple calls from women  
 5 concerned they may have been treated  
 6 incorrectly for breast cancer" and you've told  
 7 us a bit about that, in terms of the types of  
 8 calls that you received in the early days, and  
 9 you indicate here or you're quoted as having  
 10 said "'we heard some rumblings, but The  
 11 Independent October 2nd to 8th edition article  
 12 was the first I had seen of anything out in  
 13 the public about it,' he says." So the  
 14 rumblings you're referring to, I take it, were  
 15 what you've told us about the volunteers at  
 16 the Cancer Society who had mentioned something  
 17 about problems in the lab? Is that correct?

18 MR. DAWE:

19 A. Correct.

20 CHAYTOR, Q.C.:

21 Q. "And since then, we have had a meeting with  
 22 the people over in the Eastern Health  
 23 Authority, so we feel that we're up to date  
 24 with it and we can kind of point people in the  
 25 right direction, but that's all we can do for

Page 75

1 now." So I take it you came out of your  
 2 meeting with Dr. Williams and Heather Predham  
 3 and felt that you had been fairly briefed and  
 4 thoroughly briefed at that point in time?

5 MR. DAWE:

6 A. I certainly felt that we'd been briefed and we  
 7 were given as much information as we were  
 8 going to get, and but I certainly, even then,  
 9 was under no illusion that we were being told  
 10 everything that they knew.

11 CHAYTOR, Q.C.:

12 Q. And what was it, why did you still have that  
 13 suspicion or hesitation in saying that you had  
 14 full knowledge? What was it about the meeting  
 15 that left you with that impression?

16 MR. DAWE:

17 A. I don't think it was anything about the  
 18 meeting per se, other than, you know, it was  
 19 what the--it was, you know, based on public  
 20 statements from Eastern Health, based on any  
 21 number of sources to put together the  
 22 perception that there was more to it than was  
 23 being said. That was just a perception that I  
 24 had. I certainly wasn't prepared to say that  
 25 publicly at the time and it's a good accurate

Page 76

1 quote there actually. I mean, we were  
 2 scrambling to catch up to what was going on at  
 3 the time, and it just seemed obvious to me,  
 4 from working in the system, that the scope of  
 5 what was going on here was bigger than--or the  
 6 implications, I should say, of what was going  
 7 on were larger than Eastern Health seemed to  
 8 be indicating. It seemed obvious to me, from  
 9 the beginning, that problems with this  
 10 particular test could lead to some pretty  
 11 drastic consequences on the treatment side and  
 12 that really wasn't being identified clearly  
 13 and succinctly by Eastern Health.

14 CHAYTOR, Q.C.:

15 Q. You indicated in the meeting that Dr. Williams  
 16 did speak to you about numbers. What numbers  
 17 were you given in that initial meeting?

18 MR. DAWE:

19 A. Again, you know, I wouldn't be able to quote  
 20 the exact numbers, but they would have been  
 21 the early numbers of the number of retests  
 22 sent up that were, you know, 900 odd or close  
 23 to 1,000. There was certainly reference of  
 24 the ten percent, and at the time, my  
 25 perception was, you know, a ten percent error

Page 77

1 rate in the retesting and whether that was my  
 2 misperception of what was said to me or the  
 3 way it was said, but I came away with the  
 4 impression that, you know, there's ten percent  
 5 here that's going to be a problem, and I  
 6 remember thinking and probably even made a  
 7 public statement about it at some point that,  
 8 you know, well if it's ten percent of the  
 9 1,000 people that ended up being hormone  
 10 negative in that time period, then you know,  
 11 there could be 100 women out there who--or  
 12 men--who didn't get the treatment they might  
 13 have or should have had, right.

14 CHAYTOR, Q.C.:

15 Q. So your impression from what was said to you  
 16 by Dr. Williams was that it was ten percent of  
 17 the people who were being retested may have  
 18 problems?

19 MR. DAWE:

20 A. Right.

21 CHAYTOR, Q.C.:

22 Q. Okay, and I think then if we go on in the  
 23 article, P-0345, you refer to the ten percent.  
 24 You're quoted as saying "'We're pretty  
 25 concerned about the whole issue obviously,

Page 78

1 that it even happened in the first place,'  
 2 says Dawe. 'We've told the Eastern Health  
 3 Authority that we want to stay in touch with  
 4 them and make sure the proper follow up is  
 5 done with the people that are out there that  
 6 need more accurate information.' He adds  
 7 'common sense and a current ten percent  
 8 mistake rate in retested samples suggests that  
 9 at least 200 patients may be affected.'" So  
 10 where would you have gotten that number?

11 MR. DAWE:

12 A. I'm not sure about the 200, quite honestly.  
 13 It must have been based on, you know, the  
 14 number of people with breast cancer in that  
 15 given--we probably went back and looked at the  
 16 stats for the number of people who'd been  
 17 diagnosed with breast cancer in that time  
 18 period and then used a rough estimate of, you  
 19 know, 20 percent of them you would think would  
 20 have turned out to be negative in any given  
 21 population and crunched numbers that way.

22 CHAYTOR, Q.C.:

23 Q. So after the issues now come out into the  
 24 public forum, there's been--you're in the  
 25 media talking about the issue, and others as

Page 79

1 well. Did you find that the outreach or the  
 2 contact with the Cancer Society then increased  
 3 between you and Eastern Health? Did you then  
 4 have more frequent contacts? Were you--you  
 5 say here in the article, you're quoted as  
 6 saying you've asked them to keep you--keep in  
 7 touch and to keep you apprised of  
 8 developments. Did that happen?

9 MR. DAWE:

10 A. I ended up--and again, whether this was, you  
 11 know, just strictly through November,  
 12 December, January, February, you know, don't  
 13 ask me what month, but I certainly developed a  
 14 consistent communication pattern with Bob  
 15 Williams. He would--if I had a question and  
 16 wanted to get a--you know, I could just, I'd  
 17 e-mail him or phone call more than likely, and  
 18 I felt that he would get back to me in a very  
 19 timely fashion. He'd always have an answer.  
 20 It might not have been the full answer I was  
 21 looking for. I certainly, as we went on,  
 22 asked very specific questions about things but  
 23 didn't get specific answers, but he certainly,  
 24 I felt, was diligently trying to keep a  
 25 relationship going with me and then through

Page 80

1 me, with the Cancer Society, around any given  
 2 question I might have.

3 CHAYTOR, Q.C.:

4 Q. Were you ever asked to participate in any  
 5 meetings at Eastern Health, in terms of how to  
 6 handle the situation?

7 MR. DAWE:

8 A. No.

9 CHAYTOR, Q.C.:

10 Q. And did you offer that? Did you offer that  
 11 you could be available or did you otherwise  
 12 offer any services of the Cancer Society to  
 13 Eastern Health?

14 MR. DAWE:

15 A. Absolutely, right from the very beginning. In  
 16 the first meeting with Bob, I can remember  
 17 saying and explaining, you know, maybe Bob  
 18 doesn't know who we are or how we're situated,  
 19 but explaining the network of volunteers and  
 20 support groups and offices that we did have  
 21 throughout Newfoundland and Labrador and that  
 22 anything that they wanted, any--if they  
 23 thought we could help in any way, shape or  
 24 form, that we'd be more than willing to  
 25 participate.

Page 81

1 CHAYTOR, Q.C.:

2 Q. And did anyone ever take you up on that offer?

3 MR. DAWE:

4 A. No.

5 CHAYTOR, Q.C.:

6 Q. If we could have, please, P-0348? And this is

7 an e-mail exchange which I believe originates

8 with you. You contact Mr. Tilley on October

9 6th, so it's the day after you've had your

10 meeting with Mr. Williams, Dr. Williams,

11 sorry, and you write "George, CBC online news

12 ran a story today that said the testing was

13 for cancer and there were false negative

14 results. This may cause more confusion

15 obviously. More media work will be required,

16 no doubt. Peter." And then there's an e-mail

17 where Mr. Tilley sends it on to Ms. Bonnell.

18 Ms. Bonnell writes to Mr. Tilley and says

19 "George, I thought the Globe piece was

20 accurate. Peter is referring to his own quote

21 which was very negative, by the way. The best

22 thing he could do at this point--the best

23 thing" I think that's "he could do at this

24 point is to let this go, but by the sounds of

25 it, he's going to go to the media again. How

Page 82

1 informed is he?" And then Mr. Tilley responds

2 "Bob Williams and I met with Peter 4:30 p.m.

3 yesterday." So it appears Mr. Tilley is

4 indicating he was in the meeting. "It appears

5 he did the interview with the Globe before we

6 met. In the meantime, he is referring to the

7 CBC story." And then October 6th again, 9:47

8 a.m., so this is all happening in the morning,

9 she says "so he is. We can't try to correct

10 past stories unless the inaccuracies are

11 glaring and a major problem is created as a

12 result, although I thought the CBC news online

13 piece is problematic, I don't think it's worth

14 seeking a retraction. The more we drag this

15 out, the worse it is for us."

16 Mr. Dawe, what was your intention in

17 contacting Mr. Tilley about the CBC online

18 news story?

19 MR. DAWE:

20 A. It would have been to trigger Eastern Health

21 to correct the story. It was a glaring error.

22 It was obviously going to lead to more

23 confusion. The reference was that, you know,

24 people were diagnosed with cancer who

25 shouldn't have been, and again, with the

Page 83

1 confusion that was out there, it would have

2 been my view that that would have been very

3 alarming to a lot more people and that, you

4 know, as I said, it's caused more confusion.

5 My thought at the time was that Eastern Health

6 were going to be very proactive in the media

7 about this whole issue and, you know, that's

8 the reference to "more media work will be

9 required, no doubt." Perhaps naively thinking

10 that Eastern Health were very concerned to get

11 accurate information out in a timely fashion.

12 CHAYTOR, Q.C.:

13 Q. And do you know what ultimately happened?

14 Whether or not the story was, in fact, taken

15 down?

16 MR. DAWE:

17 A. The story was still there by mid day and I can

18 remember calling CBC newsroom and telling them

19 that it was inaccurate.

20 CHAYTOR, Q.C.:

21 Q. So you did that yourself?

22 MR. DAWE:

23 A. Yes.

24 CHAYTOR, Q.C.:

25 Q. Okay, and do you know was the story ultimately

Page 84

1 taken down?

2 MR. DAWE:

3 A. Yes.

4 CHAYTOR, Q.C.:

5 Q. If we could have, please, P-2482? This is

6 October 14th, 2005, and at the bottom here it

7 starts. It's an e-mail that you apparently

8 received from an individual who appears to be

9 a cancer patient from outside of the city, and

10 this person writes "Hello, Peter. I listened

11 with great interest to your comments on CBC

12 Radio this morning with respect to the plight

13 of breast cancer patients in this province and

14 their need to be retested. The situation

15 troubles me deeply as I fall into this group

16 of patients myself. I am particularly

17 distressed that patients had to find out this

18 information in the media and then search out

19 the details themselves. I have spoken to a

20 family doctor and they have no information to

21 provide to patients. I have spoken to the

22 Eastern Health Authority and they are advising

23 patients, when they are asked, about the

24 retesting procedure, but there is no

25 information about how long this may take. I

Page 85

1 am sending a letter to the CEO of our health  
 2 board that encourages him to advocate for  
 3 patients in this region around this issue. I  
 4 will forward you a copy." And she goes on to  
 5 ask that you "please continue to bring this  
 6 critical issue to the public of this province"  
 7 and she concludes by saying "my initial  
 8 thought when I heard it in the news last week  
 9 was that this didn't involve me as a patient,  
 10 as I assumed that my pathology was completed  
 11 in" and we've redacted the area. "This turned  
 12 out not to be correct and I wonder do all  
 13 women know that this particular test would  
 14 have to be completed in St. John's. Thanks  
 15 again for keeping this issue in the forefront.  
 16 Keep up the good work."  
 17 So Mr. Dawe, first of all, this indicates  
 18 that the person had spoken with a family  
 19 doctor who didn't seem to have any information  
 20 to point them in the right direction. The  
 21 types of concerns--and then she goes on to  
 22 obviously express concerns about people  
 23 outside of the Eastern Health region and  
 24 whether they would understand that they too  
 25 could be impacted, that this test was in fact

Page 86

1 done at Eastern Health on behalf of the entire  
 2 province, or most of the province certainly.  
 3 Did you pass along those concerns to Eastern  
 4 Health and tell them about the types of  
 5 concerns that this patient was expressing?  
 6 MR. DAWE:  
 7 A. At various times, we would have given feedback  
 8 to Eastern Health on any number of issues, and  
 9 I'm sure that this whole issue of is this just  
 10 an issue in the Eastern region or an issue in  
 11 other regions also would have been something  
 12 that we would have brought up with Eastern  
 13 Health and just said, you know, again, said  
 14 various ways to Eastern Health, "you need to  
 15 be doing a better job with communications."  
 16 Even by this time, this is two weeks later,  
 17 and it's becoming obvious that--you know, I  
 18 assumed early in the week before that or mid  
 19 week before that that they were going to be  
 20 doing a lot more media work on this to get all  
 21 of this information out there, and by this  
 22 time, it's becoming obvious that they're not.  
 23 They're not doing an adequate job with, you  
 24 know, providing information, not just to  
 25 individuals, as this person has figured it out

Page 87

1 for herself that she's one of these people,  
 2 but also to the general public, and again, we  
 3 evolved very quickly into saying, you know, as  
 4 an organization concerned with cancer care in  
 5 the province, we better get busy on this and  
 6 try to provide as best information we can, but  
 7 also to keep pushing Eastern Health into  
 8 trying to move on a communications agenda.  
 9 CHAYTOR, Q.C.:  
 10 Q. She indicates in her e-mail that she was going  
 11 to write a letter to the CEO of her regional  
 12 health board and copy you on that. Did you  
 13 receive that letter?  
 14 MR. DAWE:  
 15 A. I do believe I did, yes.  
 16 THE COMMISSIONER:  
 17 Q. Just while we're on--excuse me, Ms. Chaytor,  
 18 but while we're on the subject. Over the last  
 19 few months, I've been somewhat getting the  
 20 impression that indeed when this story first  
 21 broke, it was seen as an Eastern Health story,  
 22 and there were maybe a lot of cancer patients  
 23 out there who for a period of time did not  
 24 appreciate that their tests might have been  
 25 involved. Is there anything in the

Page 88

1 communications that you received which would  
 2 either support or refute that view?  
 3 MR. DAWE:  
 4 A. I think we had any number of contacts, again  
 5 in our regional offices and even people from  
 6 outside the Eastern region contacting the  
 7 Eastern office. Could be by e-mail, any  
 8 number of things, any number of ways, you  
 9 know, through this whole process. We've  
 10 probably heard from about 100--you know, we  
 11 tried to do the numbers and we're not the type  
 12 of organization, we're not a--you know, we're  
 13 a volunteer organization, so we don't keep  
 14 clinical charts or anything like that, but  
 15 we're looking at approximately 100 people who  
 16 were directly affected, and some who weren't,  
 17 families of people directly affected,  
 18 contacting us and that's certainly a theme  
 19 that comes out. If you look at the themes of  
 20 what people were contacting us about, one of  
 21 the themes would be, certainly in the early  
 22 days, is that I or we assumed that this was a  
 23 St. John's issue, and was not an issue for  
 24 anybody outside of St. John's. So if you had  
 25 breast cancer treatment in Corner Brook, for

Page 89

1 argument sake, you might have been in St.  
 2 John's for, you know, a particular test or a  
 3 particular radiation, or you'd have to come to  
 4 St. John's, but if you--you know, breast  
 5 cancer and you had your chemo in Corner Brook,  
 6 you were thinking well, that's not a Corner  
 7 Brook issue. That was a theme, yes.

8 THE COMMISSIONER:  
 9 Q. All right, thank you. Ms. Chaytor, when you  
 10 can find a convenient place, we'll take the  
 11 morning break.

12 CHAYTOR, Q.C.:  
 13 Q. Okay, thank you. Mr. Dawe, you respond to  
 14 this individual by thanking her and asking  
 15 her, her or him, I'm saying her, but perhaps  
 16 it was a him, "would you be interested in  
 17 speaking to the media about your own concerns?  
 18 Call me today if you can." What was your  
 19 purpose in trying to coordinate a media  
 20 interview for this individual?

21 MR. DAWE:  
 22 A. Two things really. One being, well in  
 23 general, the media are always more responsive  
 24 when they speak to someone directly involved,  
 25 and so that, just as a practice in dealing

Page 90

1 with the media, it's more powerful, you get  
 2 more attention if you have someone directly  
 3 involved. The bigger picture would have been,  
 4 again, pointing out publicly to Eastern Health  
 5 and putting pressure, trying to put pressure,  
 6 from an advocacy perspective, on Eastern  
 7 Health to be more forthcoming with more  
 8 information. And so, it would have been  
 9 standard operating procedure for us to find  
 10 someone directly involved, and if they were  
 11 willing to speak in the media, we wouldn't go  
 12 looking per se. But this particular person, I  
 13 knew fairly well and knew that she might be  
 14 interested in speaking to the media and she  
 15 ended up that she did. The purpose would have  
 16 been, again, our perception that Eastern  
 17 Health weren't handling the disclosure  
 18 properly and from our perspective, we wanted  
 19 to put pressure on them to either change the  
 20 direction they were going in or speed up  
 21 whatever process they had in mind.

22 CHAYTOR, Q.C.:  
 23 Q. So she did ultimately do the interview, this  
 24 individual?

25 MR. DAWE:

Page 91

1 A. She did several.

2 CHAYTOR, Q.C.:  
 3 Q. Okay, and so the issues that she had written  
 4 to you became expressed in the public?

5 MR. DAWE:  
 6 A. They did, but anybody who knows media work and  
 7 knows communications work, and this is fairly-  
 8 -you know, this is October 14th, but the  
 9 perception that, you know, just because you do  
 10 a couple of media spots doesn't mean that the  
 11 message sinks in. You know, you're only  
 12 reaching so many households, depending on the  
 13 medium you're using. People listening still  
 14 might--you know, still well after this, well  
 15 after this, we still would have had people  
 16 contacting us or contacting us at a later date  
 17 and saying "well, because this was in St.  
 18 John's, we just assumed it didn't affect us."  
 19 And that's the nature of a communications  
 20 agenda, proper communications agenda. You  
 21 have to repeat a message like that  
 22 continuously to have it, you know, soak into  
 23 the level of public awareness.

24 CHAYTOR, Q.C.:  
 25 Q. Okay. If we could have, please, P-2483? And

Page 92

1 this is an e-mail exchange that it's not--  
 2 you're not one of the recipients or the--  
 3 either the recipient or sender, but it's an e-  
 4 mail which originates from media to Deborah  
 5 Thomas Pennell. Susan Bonnell is there.  
 6 Elizabeth Strange Hollett, Jennifer Dion,  
 7 Dianne Hart, and it's October 17th, 2005, and  
 8 then Deborah Thomas Pennell sends it on to  
 9 Heather Predham, as requested, and Heather  
 10 Predham sends it on to Dr. Williams and  
 11 Patricia Pilgrim on the same date, October  
 12 17th, 2005, and it concerns a transcript of  
 13 what you said apparently in an NTV Evenings  
 14 News interview with Carolyn Stokes on October  
 15 14th, 2005. And Ms. Predham writes in her  
 16 message forwarding this on to Dr. Williams and  
 17 Patricia Pilgrim, "Hi. Here's the transcript  
 18 from what Peter Dawe said...it's very  
 19 inflammatory..." and then "Heather."  
 20 Mr. Dawe, was that brought to your  
 21 attention that Ms. Predham, at least, felt  
 22 that what you were saying in the media at this  
 23 point in time was inflammatory?

24 MR. DAWE:  
 25 A. No.

Page 93

1 CHAYTOR, Q.C.:

2 Q. Commissioner, this is probably a good place we

3 could take a break.

4 THE COMMISSIONER:

5 Q. All right. 15 minutes.

6 (RECESS)

7 THE COMMISSIONER:

8 Q. Please be seated. Ms. Chaytor.

9 CHAYTOR, Q.C.:

10 Q. Thank you, Commissioner. Registrar, if we

11 could have, please, P-0144? And this is an e-

12 mail from Mr. Tilley to Carolyn Chaplin on

13 October 19th, 2005, and your name is mentioned

14 in this. Apparently Ms. Chaplin had made

15 contact with Mr. Tilley after the story became

16 a public issue, and it's written here that--

17 Mr. Tilley writes "I am somewhat disappointed

18 with the Cancer Society comments. We have

19 been briefing Peter Dawe but it seems to have

20 been of little benefit, at least from the

21 media perspective. Obviously, we are over

22 sensitive and I recognize that everyone has a

23 job to do." So up to this point in time, now

24 this is October 19th, 2005, you were being

25 briefed or you at least had one meeting with

Page 94

1 Dr. Williams and Mr. Tilley, did Mr. Tilley or

2 anyone else at Eastern Health again indicate

3 to you that they have concerns with your

4 public comments on this issue?

5 MR. DAWE:

6 A. No.

7 CHAYTOR, Q.C.:

8 Q. If we could have -

9 MR. DAWE:

10 A. Not at that time.

11 CHAYTOR, Q.C.:

12 Q. Not at that time?

13 MR. DAWE:

14 A. No.

15 CHAYTOR, Q.C.:

16 Q. Okay. So at some point in time it is raised

17 with you as a concern?

18 MR. DAWE:

19 A. A much later date, yeah.

20 CHAYTOR, Q.C.:

21 Q. Okay. And do you know when abouts that would

22 have been?

23 MR. DAWE:

24 A. Well you know, in early last year I can

25 remember one specific meeting.

Page 95

1 CHAYTOR, Q.C.:

2 Q. So 2007?

3 MR. DAWE:

4 A. Yes.

5 CHAYTOR, Q.C.:

6 Q. So after the issue becomes a media issue again

7 in May of 2007?

8 MR. DAWE:

9 A. Yes.

10 CHAYTOR, Q.C.:

11 Q. Okay. So at this point in time in terms of

12 your early speakings on the issue, it wasn't

13 brought to your attention any concerns that

14 they had with how you were portraying the

15 issue or the content of what you were saying?

16 MR. DAWE:

17 A. Not directly to me, no.

18 CHAYTOR, Q.C.:

19 Q. Okay. And did it come to you in any other

20 fashion, were you indirectly made aware of

21 those concerns?

22 MR. DAWE:

23 A. Eventually.

24 CHAYTOR, Q.C.:

25 Q. And again, is that in 2007?

Page 96

1 MR. DAWE:

2 A. Certainly in, it could have even been in '05.

3 I remember an e-mail with--that I'd sent to

4 Susan Bonnell saying that I'd heard she'd had

5 some issue with an interview that I did and

6 then I tried to explain to her, you know, that

7 this was information that was coming to me

8 from patients and that if, you know, she had

9 any problem, she could talk to me about it.

10 CHAYTOR, Q.C.:

11 Q. And I believe that e-mail comes shortly after,

12 perhaps the next day, actually, October 20th.

13 MR. DAWE:

14 A. Right, right.

15 CHAYTOR, Q.C.:

16 Q. If we could have, please, P-0361? And this is

17 an e-mail of October 20th, 2005 and it's Susan

18 Bonnell to the chair of the board, Joan Dawe,

19 and to the CEO, George Tilley and copied to

20 Dr. Williams and it concerns a--it's "Re: CBC

21 Tomorrow and Radio Noon call-in show." And

22 apparently you and Anne Kearney were to be

23 appearing on Crosstalk in the afternoon.

24 First of all, who is Anne Kearney?

25 MR. DAWE:



Page 97

1 A. Anne Kearney is, Dr. Anne Kearney is a  
 2 professor at the School of Nursing at Memorial  
 3 University. She had been a volunteer with the  
 4 Canadian Cancer Society also. We've used her  
 5 from time to time or asked her to participate  
 6 in different public education initiatives.  
 7 She's got quite a background in breast health.  
 8 CHAYTOR, Q.C.:  
 9 Q. Yeah, okay. And it indicates here in this  
 10 interview that there's some concern that the  
 11 topic of breast screening and Dr. Kearney's  
 12 breast cancer research, that that's to be the  
 13 topic and that's what's to be discussed and  
 14 not ER/PR. And it indicates that Dr. Kearney,  
 15 Ms. Bonnell writes, "will not be speaking as a  
 16 spokesperson for the organization. Also, she  
 17 will be talking with Peter, they are driving  
 18 to the studio together, about her desire to  
 19 stay away from this issue." And I take it to  
 20 mean the ER/PR issue. So did that happen, did  
 21 Dr. Kearney speak to you and indicate that  
 22 they didn't want or she wasn't there to  
 23 address the ER/PR issue?  
 24 MR. DAWE:  
 25 A. We had a series of phone calls that morning.

Page 98

1 She had agreed to do this at an earlier point  
 2 and we had a series of phone calls that  
 3 morning and she expressed concern, at one  
 4 point said she didn't know if she could do it.  
 5 And just for the record, she pronounces her  
 6 name Karney.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay.  
 9 MR. DAWE:  
 10 A. And she expressed that, you know, she had  
 11 concerns that Anne Budgell would turn to the  
 12 ER/PR issue and she didn't feel she was in a  
 13 position to speak to it. So we went back and  
 14 forth and she agreed to go, you know, on the  
 15 show. She eventually, she agreed to go on the  
 16 show and I probably said something to her that  
 17 along the lines of, look, you know, if ER/PR  
 18 comes up, you know, I'll speak to it really  
 19 briefly but just change the topic. We're  
 20 there to talk about breast health and that's  
 21 what we'll keep it on topic with Anne Budgell.  
 22 CHAYTOR, Q.C.:  
 23 Q. Okay. And did you have any other discussions  
 24 with Dr. Kearney about the ER/PR issue?  
 25 MR. DAWE:

Page 99

1 A. She expressed to me at the time, and I was a  
 2 bit, little bit concerned because she had  
 3 expressed at the time that she was given the  
 4 information that this was a technology issue,  
 5 that Eastern Health had changed technology,  
 6 had gotten a better technology. Any time you  
 7 get in a better piece of machinery or  
 8 technology to do a test, if you retest it,  
 9 obviously you're probably going to get  
 10 different results, better results with your  
 11 new technology. And I remember telling her at  
 12 the time that that certainly didn't seem to be  
 13 my impression from the discussions I've had  
 14 even with Bob Williams. Bob was saying that  
 15 might have been part of the issue, but he  
 16 certainly wasn't presenting it as the lone  
 17 reason that there was changes in the results.  
 18 So I can remember trying to say to Anne at the  
 19 time that from our perspective there seemed to  
 20 be a lot more to it than a change in  
 21 technology.  
 22 CHAYTOR, Q.C.:  
 23 Q. And did Dr. Kearney indicate what was her  
 24 source of information in indicating that it  
 25 was a technology issue?

Page 100

1 MR. DAWE:  
 2 A. She said she'd been told that that morning and  
 3 so I'm--she was talking, I'm pretty sure she  
 4 was talking with Susan Bonnell about it.  
 5 CHAYTOR, Q.C.:  
 6 Q. And if we could have, please, P-0367? Just  
 7 scroll down, I believe this might be the e-  
 8 mail. I think I'm having trouble with my  
 9 mouse. I don't know, Mr. Dawe, if perhaps  
 10 yours would work to scroll down, please?  
 11 MR. DAWE:  
 12 A. We're both having trouble.  
 13 CHAYTOR, Q.C.:  
 14 Q. Registrar, you're having trouble too? And  
 15 this, anyhow, I believe, Mr. Dawe, is the e-  
 16 mail that you were referring, we'll scroll  
 17 down now in a moment, where you wrote to Ms.  
 18 Bonnell on October 20th, 2005. And Mr. Tilley  
 19 and Dr. Williams is also copied on this e-  
 20 mail. Okay, here we go. And you write to her,  
 21 "Good day, Susan. Just to let you know that  
 22 the interview with me that ran on the National  
 23 last night was taped on Monday morning. I  
 24 understand there was some concern about my  
 25 call for more direct information. After

Page 101

1 speaking with Bob Williams late yesterday  
 2 afternoon I am pleased to hear that Eastern  
 3 Health will be having direct contact with all  
 4 the women who are being retested. Any  
 5 perspectives put forward by me on this topic  
 6 have been reflective of the feedback Canadian  
 7 Cancer Society is receiving from the public.  
 8 I believe that is the role of this  
 9 organization." So I take it this is the e-  
 10 mail that you were referring to?  
 11 MR. DAWE:  
 12 A. Yes.  
 13 CHAYTOR, Q.C.:  
 14 Q. So you had heard, through the grapevine or  
 15 otherwise, that there was some concern about  
 16 your call for more direct information. How  
 17 did that get back to you, who told you that  
 18 there was concern and who had the concern?  
 19 MR. DAWE:  
 20 A. I knew the concern came from Susan Bonnell  
 21 that, you know, I was either misstating or  
 22 overstating something that went on the--you  
 23 know, was played on the national news.  
 24 Exactly where it came from, I can assume just  
 25 from the date and times and who was talking to

Page 102

1 who, it might have even come from Dr. Kearney,  
 2 but I can't say that positively. But it  
 3 didn't come from Susan herself, it didn't come  
 4 from, you know, Bob Williams or George Tilley  
 5 or anybody like that. It wasn't delivered in  
 6 an official manner.  
 7 CHAYTOR, Q.C.:  
 8 Q. Because according to this e-mail you had spoke  
 9 with Bob Williams the day before. But he  
 10 didn't bring up the concern with you, if there  
 11 were a concern?  
 12 MR. DAWE:  
 13 A. No.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay. And your call for more direct  
 16 information, and the e-mail goes on, you write  
 17 that you're pleased to hear that Eastern  
 18 Health is now going to have direct contact  
 19 with the women who are being retested. So  
 20 were you looking to have them reach out  
 21 individually and make direct contact with the  
 22 patients, is that what you were calling for?  
 23 MR. DAWE:  
 24 A. Absolutely.  
 25 CHAYTOR, Q.C.:

Page 103

1 Q. So the reference here to "my call for more  
 2 direct information" that was to get the  
 3 information directly into the hands of the  
 4 people affected?  
 5 MR. DAWE:  
 6 A. Absolutely. My assumption at then, at that  
 7 time would have been that obviously they knew  
 8 everybody that was affected and that for  
 9 whatever reason they were choosing not to  
 10 direct, have direct contact with these people  
 11 and that, again, from the Canadian Cancer  
 12 Society perspective, from my own perspective,  
 13 around, you know, an individual's right to be  
 14 involved in these processes, anything that  
 15 affects their treatment, their prognosis that  
 16 they would be included directly and not just  
 17 have a contact but, you know, they have a  
 18 right to understand what the issue is.  
 19 CHAYTOR, Q.C.:  
 20 Q. So in trying to advocate for that, did you  
 21 sense some reluctance on the part of Eastern  
 22 Health prior to now on October 20th they're  
 23 agreeing to do this, but had you sensed  
 24 reluctance on the part of Eastern Health to,  
 25 in fact, do that, to contact the patients

Page 104

1 directly?  
 2 MR. DAWE:  
 3 A. Absolutely.  
 4 CHAYTOR, Q.C.:  
 5 Q. And who was reluctant?  
 6 MR. DAWE:  
 7 A. Well, you know, again, there's a series of  
 8 meetings by this time. This is two or three  
 9 weeks into it. There would have been any  
 10 number of phone calls. And again, the topic  
 11 of disclosure and communicating to individuals  
 12 and the public would have been brought up  
 13 certainly with Bob Williams, certainly with  
 14 Heather Predham. It could very well have been  
 15 brought up with other people. You know, I  
 16 distinctly remember having conversations on  
 17 that topic with Bob and with Heather Predham.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay. And what did you understand was the  
 20 concern of Eastern Health about your call for  
 21 more direct information?  
 22 MR. DAWE:  
 23 A. I didn't understand what their concern was,  
 24 quite honestly. Other than, you know, and I'm  
 25 pointing out in this e-mail that any

Page 105

1 perspective that I'm putting forward is based  
 2 on people that are contacting us. And so I'm  
 3 just trying to make it clear that, you know,  
 4 the Cancer Society is not out, you know,  
 5 calling for something to be done because, you  
 6 know, we're the Cancer Society and we think  
 7 it's a good thing to do. It's based on  
 8 feedback that we're receiving from people that  
 9 are confused and are angry and frustrated and  
 10 they want more information. I'm just making  
 11 that direct link for them, for her, in  
 12 particular.  
 13 CHAYTOR, Q.C.:  
 14 Q. Now I notice that -  
 15 MR. DAWE:  
 16 A. At times the, you know, the perception was  
 17 that from my perspective was that either I or  
 18 the organization was acting on its own without  
 19 good reason to act. And so again, this is one  
 20 part of my effort to say, you know, you should  
 21 be listening to these people, these are the  
 22 people you should be listening to, they're the  
 23 people that are directly affected.  
 24 CHAYTOR, Q.C.:  
 25 Q. And I notice that Ms. Bonnell's name is

Page 106

1 spelled wrong in the e-mail, but it is copied  
 2 to Mr. Tilley and Dr. Williams. Did you  
 3 receive an response from Ms. Bonnell?  
 4 MR. DAWE:  
 5 A. No.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay. And do you know did the e-mail bounce  
 8 back to you and did you resend the e-mail?  
 9 MR. DAWE:  
 10 A. For whatever reason it didn't bounce back. I  
 11 know that George did respond to me later.  
 12 CHAYTOR, Q.C.:  
 13 Q. And it appears that he copied Ms. Bonnell, so  
 14 presumably she received it through that route.  
 15 And his response to you is that he did pick up  
 16 pieces of the Crosstalk show. "I was certainly  
 17 appreciative of how you balanced this issue  
 18 and stressed the message that we were all  
 19 looking out for the best interests of the  
 20 patients." So Mr. Tilley seems to be  
 21 complimenting you at least on this particular  
 22 piece of media coverage.  
 23 MR. DAWE:  
 24 A. Right. He didn't address whatever the issue  
 25 that they seemed to think was in the other

Page 107

1 National piece.  
 2 CHAYTOR, Q.C.:  
 3 Q. And that was never directly brought to your  
 4 attention by Mr. Tilley nor Dr. Williams?  
 5 MR. DAWE:  
 6 A. No.  
 7 CHAYTOR, Q.C.:  
 8 Q. If we could have, please, P-0385? And this is  
 9 an e-mail from Deborah Thomas-Pennell, October  
 10 26th, 2005. So it's almost a week later. And  
 11 it goes to Susan Bonnell, Denise Dunn, a  
 12 number of other people, including George  
 13 Tilley, and it's about Out of the Fog  
 14 interview. And this indicates that "Dr.  
 15 Williams is tentatively scheduled to do a one-  
 16 on-one interview with Out of the Fog at Dr.  
 17 Williams' office. They will bring the camera  
 18 to him and he will a similar interview that  
 19 he's already done with NTV and CBC. Dr.  
 20 Williams will NOT" and not is in capital  
 21 letters, "be going to the studio and sitting  
 22 down with" and we've redacted a patient's  
 23 name, "and Peter Dawe." Were you aware of any  
 24 reluctance or concern to have seeing you  
 25 appear on the Out of the Fog program at the

Page 108

1 same time or sitting down in the program with  
 2 Dr. Williams, was that articulated to you?  
 3 MR. DAWE:  
 4 A. The producer of Out of the Fog relayed that  
 5 information to us. We thought at the  
 6 beginning of the process with Out of the Fog  
 7 that there would be three of us in the studio  
 8 taped live and that that's the assumption I  
 9 think I had right up until, you know, probably  
 10 an hour or two before the show when I was told  
 11 that Dr. Williams would have a taped interview  
 12 and that myself and the other person would  
 13 then do the taped live interview.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay. And were you told why that was the  
 16 preference, to do it that way?  
 17 MR. DAWE:  
 18 A. No.  
 19 CHAYTOR, Q.C.:  
 20 Q. If we could have, please, P-1442? And I take  
 21 it you went ahead with that interview?  
 22 MR. DAWE:  
 23 A. Yes.  
 24 CHAYTOR, Q.C.:  
 25 Q. And did you receive any feedback from Eastern

Page 109

1 Health following that appearance on Out of the  
 2 Fog?  
 3 MR. DAWE:  
 4 A. Not directly that I can recall.  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay. Anything indirectly?  
 7 MR. DAWE:  
 8 A. Not that I can recall, no.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay. And this is a briefing note from the  
 11 Department of Health and--or within the  
 12 Department of Health. And it's prepared by  
 13 Moira Hennessey November 7th, 2005. And in  
 14 the last bullet under "Background" you're  
 15 mentioned. "Eastern Health, Dr. R. Williams,  
 16 VP Quality and Diagnostic and Medical Services  
 17 has done a number of interviews. Peter Dawe,  
 18 Canadian Cancer Society, spoke very strongly  
 19 on this issue saying" quote "'There is  
 20 absolutely no doubt that there is a group of  
 21 women out there that didn't get proper  
 22 treatment and that could have very dire  
 23 consequences.'" Up to this point in time, Mr.  
 24 Dawe, had you had any contact with anyone from  
 25 the government on the ER/PR issue?

Page 110

1 MR. DAWE:  
 2 A. No.  
 3 CHAYTOR, Q.C.:  
 4 Q. And in this time period would you have  
 5 continued to be having meetings with  
 6 government and representatives from the  
 7 Department of Health?  
 8 MR. DAWE:  
 9 A. Absolutely, again, on many different issues--  
 10 not many. Because we were quite active in  
 11 that time period on a couple of issues, we  
 12 would have been, I would have had, you know,  
 13 weekly contact, I would think, with some  
 14 member of Department of Health.  
 15 CHAYTOR, Q.C.:  
 16 Q. And in those meetings the issue was never  
 17 addressed or never came up?  
 18 MR. DAWE:  
 19 A. No.  
 20 CHAYTOR, Q.C.:  
 21 Q. And would you have been having any meetings  
 22 with, say, Ms. Hennessey?  
 23 MR. DAWE:  
 24 A. No.  
 25 CHAYTOR, Q.C.:

Page 111

1 Q. Would you have had meetings with Mr. Abbott in  
 2 that time frame?  
 3 MR. DAWE:  
 4 A. Yes, absolutely.  
 5 CHAYTOR, Q.C.:  
 6 Q. Did you have occasion to pass along to Eastern  
 7 Health information about any patients who were  
 8 disgruntled to the point that they were  
 9 considering bringing their issues to the  
 10 media?  
 11 MR. DAWE:  
 12 A. Several times. I would have contacted Eastern  
 13 Health and either by telephone, maybe e-mail,  
 14 I'm not sure now, but would have relayed  
 15 information around people who were very, very  
 16 frustrated about not getting results and not  
 17 just people who had threatened, so to speak,  
 18 to go to the media, but also just people who  
 19 seemed to be at the end of their rope and in  
 20 dire need of some information and we'd step  
 21 in. We don't do individual advocacy, it's not  
 22 something--when we talk about advocacy, we  
 23 talk about advocating for healthy public  
 24 policy and so we're not set up as an  
 25 organization to take on individuals and

Page 112

1 advocate for individuals, but there are times  
 2 we have no choice but to step in and do  
 3 something. And through the process around  
 4 ER/PR that happened several times that I can  
 5 recall specifically around two people, for  
 6 sure, who said, you know, well, I'm going to  
 7 the media with this. And I said, well, look,  
 8 you know, I'll make another call to Eastern  
 9 Health and tell them that you're, you know,  
 10 you're at the end of your rope and you're  
 11 going to the media with it and see if we can--  
 12 what the response might be.  
 13 CHAYTOR, Q.C.:  
 14 Q. And what would your purpose be in notifying  
 15 Eastern Health that patients were considering  
 16 going to the media?  
 17 MR. DAWE:  
 18 A. Two points, really. One being again, I talked  
 19 about the balancing act around public--you  
 20 know, doing public advocacy and maintaining  
 21 healthy relationship. And, you know, one  
 22 piece of the relationship, I had what I  
 23 considered a healthy give and take with Dr.  
 24 Williams around issues, with Heather Predham,  
 25 if I needed specific information, I realized I

Page 113

1 wasn't getting all the information, I was  
 2 getting information that they were willing to  
 3 share, but that was still very important and  
 4 so in one sense it was a heads up that, you  
 5 know, this person is going to end up in the  
 6 media talking about that. Just being in  
 7 relationship with them, that's something that  
 8 we'd endeavour to do as much as we can,  
 9 whether we're dealing with the provincial  
 10 government, the federal government, municipal  
 11 government, doesn't matter, Eastern Health  
 12 would be the same thing. But then at the same  
 13 time it would be, the relationship that I  
 14 would be having with the person who I was  
 15 dealing with who was frustrated and their need  
 16 was to get information. Their need wasn't to  
 17 go to the media. They wanted information.  
 18 And so the other thought in my mind was  
 19 knowing how sensitive Eastern Health was to  
 20 media that it wasn't a bad strategy to let  
 21 them know that this person was very frustrated  
 22 because they might get results and that  
 23 pattern proved true several times. And two  
 24 very distinctive cases I do remember of people  
 25 threatening to go to the media, wanting to go

Page 114

1 to the media and they, Eastern Health, for  
 2 whatever reason, came up with their results  
 3 the next day. I remember a third case of  
 4 someone who has testified here on some public  
 5 record who did the same thing with the  
 6 minister of health and threatened to go to the  
 7 media -  
 8 CHAYTOR, Q.C.:  
 9 Q. That would be Ms. Rogers?  
 10 MR. DAWE:  
 11 A. Gerri Rogers, and ended up getting a result in  
 12 a timely fashion. So it wasn't something that  
 13 we were talking about publicly, but it  
 14 certainly was something that I was aware of  
 15 and we commented on within the office that it  
 16 seemed that Eastern Health could go get a  
 17 result for an individual when they had to.  
 18 CHAYTOR, Q.C.:  
 19 Q. If we could have, please -  
 20 MR. DAWE:  
 21 A. Or when they wanted to, sorry.  
 22 CHAYTOR, Q.C.:  
 23 Q. P-0387, please? And this is an e-mail that  
 24 you sent on November 14th, 2005 to both Dr.  
 25 Williams and Mr. Tilley. And your subject is

Page 115

1 "Priority for retesting of breast cancer  
 2 patients." "I understand Bob is not available  
 3 this week so I'm including George in the  
 4 message. George, you may want to put me on to  
 5 someone else, which is fine. I spoke to a  
 6 person this morning who is concerned about her  
 7 retesting and when it will be done. She was  
 8 told the" I think that should be "retesting"  
 9 "is being done in alphabetical order and is  
 10 worried that it hasn't been prioritized.  
 11 She's also concerned with the general lack of  
 12 information from the front line staff at the  
 13 cancer clinic. She will be talking to the  
 14 media on this. To let you know. Can you tell  
 15 me if there is any priority procedure in place  
 16 for the retesting." And you've left a message  
 17 for George to phone. And then that gets  
 18 forwarded on by Ms. Dunn, the assistant for  
 19 Dr. Williams, to Mr. Tilley wondering if she  
 20 should forward it to Terry Gulliver for  
 21 follow-up. And then it gets sent, apparently,  
 22 to Pat Pilgrim earlier today for follow-up.  
 23 And do you know, did you hear back from Ms.  
 24 Pilgrim with respect to this case?  
 25 MR. DAWE:

Page 116

1 A. I heard back on the general process for  
 2 prioritization. It's quite possible that  
 3 Patricia Pilgrim spoke to me about it, Pat  
 4 Pilgrim. I do, I still remember having a  
 5 distinct memory of having a conversation with  
 6 Dr. Williams about prioritization also and  
 7 whether that happened in a subsequent meeting  
 8 as a way of follow-up, it's quite possible  
 9 that I had the discussion with Pat and with  
 10 Bob. The specific person, again, that very  
 11 well could have been one of the people who  
 12 actually ended up getting a result because she  
 13 was going to the media; I don't know, I don't  
 14 know if that's the specific person or not.  
 15 CHAYTOR, Q.C.:  
 16 Q. And what were you told in terms of the  
 17 prioritization of the results, was there any  
 18 voracity to the idea that it was being done in  
 19 alphabetical order?  
 20 MR. DAWE:  
 21 A. I was told, no, that it wasn't done  
 22 alphabetically, that again, when the samples  
 23 were sent, the assumption was that they'd all  
 24 come back in, you know, fairly timely fashion,  
 25 so they weren't prioritized in any way, that

Page 117

1 blocks were sent and within a block there  
 2 could be different years, there could be  
 3 people that were deceased, there could be  
 4 people still living and that there was no  
 5 prioritization initially. And I can remember  
 6 specifically the discussion with Dr. Williams  
 7 saying, well, why can't you prioritize now  
 8 that the samples are all up at Mount Sinai,  
 9 why not--isn't that worth the effort now.  
 10 Just one example I remember bringing up with  
 11 him was the deceased patients versus the  
 12 patients that are still living or the patients  
 13 that, you know, would have been from '97  
 14 versus 2005, wouldn't it make sense some type  
 15 of chronological prioritization and around  
 16 deceased versus still living at this point in  
 17 time. And his response was that it would have  
 18 been too much work and they weren't going to  
 19 prioritize.  
 20 CHAYTOR, Q.C.:  
 21 Q. Were you advised that some patients were being  
 22 sent as consults?  
 23 MR. DAWE:  
 24 A. No.  
 25 CHAYTOR, Q.C.:

Page 118

1 Q. If we could have, please, P-2505? And this is  
 2 an e-mail, and it originates with yourself to  
 3 Heather Logan on, I believe that might be the  
 4 December 6th, 2005. And perhaps you could  
 5 tell us who's Heather Logan?  
 6 MR. DAWE:  
 7 A. Heather Logan is Director of Cancer Control in  
 8 our national office with the Canadian Cancer  
 9 Society in Toronto.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay. And how this, in terms of the  
 12 chronology, we're now jumping ahead throughout  
 13 from October to December. But in that time  
 14 period in between would you have still had  
 15 contact with Eastern Health, were you still  
 16 receiving briefings, for example, from Dr.  
 17 Williams?  
 18 MR. DAWE:  
 19 A. Absolutely.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. And in this the issue is ER and PR  
 22 issue. "Have you had a chance to check with  
 23 anyone about the ER/PR testing issue? And I  
 24 thought the article in the Globe and Mail was  
 25 great. Peter." And she responds to you, "Hi

Page 119

1 Peter, Yes, I did have a conversation with  
 2 the CAP rep that I know well, Dr. John  
 3 Srigley. He indicated that this is a highly  
 4 specific area of expertise and suggested that  
 5 I speak with the head of the path lab at Mount  
 6 Sinai for more detail, which I haven't had a  
 7 chance to do yet. He was unaware of other  
 8 similar issues in Ontario or other provinces,  
 9 but didn't rule out the possibility given that  
 10 most labs in the country and not connected in  
 11 any formal way. I'll follow up with the  
 12 pathologist at PMH and with Brent Schacter  
 13 tomorrow."  
 14 MR. DAWE:  
 15 A. Schacter.  
 16 CHAYTOR, Q.C.:  
 17 Q. "Thanks for your comments about the article."  
 18 What was this about?  
 19 MR. DAWE:  
 20 A. This was concerning something that Dr.  
 21 Williams had brought up right from our first  
 22 conversation, and it did slip my mind to  
 23 mention it. But there was also discussion  
 24 about the ER/PR test being a very difficult  
 25 test and inherently there's going to be

Page 120

1 mistakes. So even if the test is done  
 2 properly, there's going to be a certain error  
 3 rate and that that error rate, depending on  
 4 the literature, you know, might be five  
 5 percent, might be ten percent, you know, that  
 6 there--but there was this concept of an  
 7 inherent error rate and that he felt and I  
 8 felt, based on that information and based on  
 9 some articles that he'd shared with me that  
 10 this very well could be an issue in other  
 11 labs, that there could be mistakes being made  
 12 and people not receiving proper treatment  
 13 because of those mistakes. I said that I  
 14 would take the issue to the national level of  
 15 the Canadian Cancer Society and see if I could  
 16 get someone there, in this case, Heather  
 17 Logan, to ask some people at the national  
 18 level of health care in the country is it true  
 19 that this might be an issue in other labs.  
 20 CHAYTOR, Q.C.:  
 21 Q. And ultimately she says here that she's going  
 22 to follow-up on it and make some further  
 23 inquiries. Did you hear anything further back  
 24 from Ms. Logan?  
 25 MR. DAWE:

Page 121

1 A. I did talk to Heather several times at  
 2 national meetings about it. She made  
 3 inquiries. In the early days, she couldn't,  
 4 she certainly couldn't get anybody to bite on  
 5 the issue, if you will, on the national scene.  
 6 And I guess my effort through Heather,  
 7 specifically, dwindled as other options became  
 8 available on the national scene.  
 9 CHAYTOR, Q.C.:  
 10 Q. And does the Cancer Society have any reason to  
 11 believe that there are similar issues in other  
 12 labs across the country?  
 13 MR. DAWE:  
 14 A. From the people we've talked to, from my own  
 15 experience sitting on the Canadian Association  
 16 of Pathologists' ad hoc committee around  
 17 national standards, there certainly is reason  
 18 to believe that there is a problem in some  
 19 labs with the test. Now, whether that's an  
 20 inherent problem with the test or whether all  
 21 labs aren't equal remains conjecture, but  
 22 certain there is the feeling within the  
 23 pathologists that I'd spoken to that not every  
 24 lab would get the same result with the same  
 25 sample.

Page 122

1 CHAYTOR, Q.C.:  
 2 Q. So the reproducibility of the test results  
 3 might be an issue?  
 4 MR. DAWE:  
 5 A. Exactly.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay. And I will ask you more about that  
 8 committee that you're involved in because I  
 9 believe that's something you get involved in  
 10 later on?  
 11 MR. DAWE:  
 12 A. Right.  
 13 CHAYTOR, Q.C.:  
 14 Q. If we could have then, please, P-0395, page 3?  
 15 And this is December 5th, 2005 and it's an  
 16 interview that you did with Jeff Gilhooly of  
 17 CBC Radio. And in this, I take it, you're  
 18 somewhat familiar with, I know you've done  
 19 numerous interviews, but in this you certainly  
 20 raise the issue of the prioritization of the  
 21 samples that were sent. And I believe this is  
 22 the article, Mr. Dawe, where you refer to  
 23 lives may be endangered?  
 24 MR. DAWE:  
 25 A. Right.

Page 123

1 CHAYTOR, Q.C.:  
 2 Q. And I also believe that this is the article  
 3 too where there's again reference to the ten  
 4 percent figure, there's some numbers. Yes,  
 5 here we go. "Well, there's about 350 patients  
 6 a year who get tested for breast cancer in  
 7 this province. And when you have breast  
 8 cancer, they have to determine if you are  
 9 ER/PR positive and what that means is that  
 10 your hormone is positive, you had estrogen and  
 11 progesterone receptors on the tumour and about  
 12 20 percent of people don't, and that's about a  
 13 general rule anywhere in the world, so about  
 14 20 percent of these 350 were what was called  
 15 negative. And now what we're finding out over  
 16 at Eastern Health is about, they had about ten  
 17 percent of that twenty percent, it's a little  
 18 bit complicated, but it's about 80 or 90  
 19 people a year over a several year period who  
 20 should have been told they negative when  
 21 actually they were positive. And the big  
 22 difference there is that if you're positive,  
 23 that means you can use the drug, if not, the  
 24 only drug--but Tamoxifen is the one that's  
 25 well known, and that can help you and your

Page 124

1 survival rate." So the numbers that you're  
 2 referring to in here now and the ten percent,  
 3 equating--ten percent of the 20 percent  
 4 equating into 80 or 90 people a year, where  
 5 are you getting that information?  
 6 MR. DAWE:  
 7 A. Again, the 350 patients a year, that would be  
 8 an approximation from the statistics that we'd  
 9 have available around how many new cases of  
 10 breast cancer there are. And there wasn't  
 11 information coming forward, specific  
 12 information coming forward from Eastern Health  
 13 on exactly how many people were affected  
 14 directly, so again, we were sitting down and  
 15 crunching numbers and saying just on what  
 16 they've told us, and again, the perception  
 17 that was created, again, whether it's my  
 18 mistake or it was deliberate, I don't know,  
 19 but it certainly was reiterated, reinforced  
 20 around this idea that there was a ten percent  
 21 error rate, and then so we're just crunching  
 22 numbers to come up with, well, how many people  
 23 might this affect, and again, operating in a  
 24 somewhat of a vacuum of information being  
 25 delivered by Eastern Health.

Page 125

1 CHAYTOR, Q.C.:

2 Q. Okay. So the math that's done, the ten

3 percent originally was told to you by Dr.

4 Williams, you've told us?

5 MR. DAWE:

6 A. Right.

7 CHAYTOR, Q.C.:

8 Q. So you're still using the ten percent figure

9 that he's given to you. And -

10 MR. DAWE:

11 A. And it was also used publicly by Dr. Williams,

12 so it wasn't just in a conversation with him.

13 CHAYTOR, Q.C.:

14 Q. No, that's right. That's on the record here.

15 But the math that's done here in terms of the

16 numbers, that's your -

17 MR. DAWE:

18 A. My math.

19 CHAYTOR, Q.C.:

20 Q. That's your calculations?

21 MR. DAWE:

22 A. I'll take responsibility for the--it not being

23 exact.

24 CHAYTOR, Q.C.:

25 Q. Okay. If we could have, then, please, P-0311?

Page 126

1 And this is an e-mail from Darrell Hynes to

2 Ross Wiseman. And we understand at this point

3 in time Mr. Wiseman would have been

4 parliamentary secretary to the Department of

5 Health. And it's the day after your interview

6 that we just--or at least, yes, Jeff Gilhooly

7 interview on the 5th of December. This is now

8 December 6th, we're told, that's the correct

9 date. And he's forwarding "Cancer Society

10 says wait for results could have been shorter.

11 It's been several months since." And an FYI

12 transcript. And the transcript that attached

13 here is, there's a CBC Radio interview and

14 then it's your interview with Jeff Gilhooly.

15 Now, up to this point in time, it's now

16 December of 2005, had you had any discussions

17 with anyone in government regarding the ER/PR

18 issue?

19 MR. DAWE:

20 A. No.

21 CHAYTOR, Q.C.:

22 Q. And while Mr. Wiseman was in his capacity as

23 the parliamentary secretary to the Department

24 of Health did you have any discussions with

25 him or any dealings with him regarding the

Page 127

1 ER/PR issue?

2 MR. DAWE:

3 A. We had one discussion in January of '06.

4 CHAYTOR, Q.C.:

5 Q. Okay. And perhaps you could tell the

6 Commissioner then about that?

7 MR. DAWE:

8 A. I had a call from Mr. Wiseman at the time, and

9 -

10 CHAYTOR, Q.C.:

11 Q. Sorry, you got a call from him?

12 MR. DAWE:

13 A. I got a call from Mr. Wiseman in December

14 stating that he wanted to have a chat with me.

15 And I knew Ross from prior work, he worked in

16 the health care system out in Clarendville and

17 I'd known him then. And I said, sure. And he

18 didn't say what it was about. And it turned

19 out that he called me again immediately after

20 Christmas, the Christmas break and said he

21 wanted to have that chat. He invited me up to

22 Confederation Building. We sat down in the

23 cafeteria and he had a chat with me about, a

24 very congenial chat about the work that the

25 Cancer Society was doing with Department of

Page 128

1 Health. And he brought up the media activity

2 of the Cancer Society and referred

3 specifically to ER/PR, the ER/PR issue and

4 said that he wanted to give me some feedback,

5 that he thought we were being too aggressive

6 on this issue in the media and that, you know,

7 we should back off the issue somewhat.

8 CHAYTOR, Q.C.:

9 Q. And did anyone else besides yourself and Mr.

10 Wiseman attend that meeting?

11 MR. DAWE:

12 A. No.

13 CHAYTOR, Q.C.:

14 Q. And did he give you anything specific as to

15 what it was that he thought you were being too

16 aggressive regarding?

17 MR. DAWE:

18 A. The concept was thrown out that, you know, the

19 department wanted to work with the Cancer

20 Society, valued the relationship with the

21 Cancer Society in many areas and that us being

22 critical, you know, what he termed critical,

23 what I term, you know, being fairly

24 straightforward about the issue, was that, you

25 know, it made it difficult to work on these



Page 129

1 other relationships in an upfront manner and  
 2 that -  
 3 CHAYTOR, Q.C.:  
 4 Q. So made it difficult for?  
 5 MR. DAWE:  
 6 A. For Department of Health.  
 7 CHAYTOR, Q.C.:  
 8 Q. To work with the Cancer Society?  
 9 MR. DAWE:  
 10 A. To work with the Cancer Society in an upfront  
 11 manner. And again, you get back to the  
 12 balancing act that you have to go through. I  
 13 remember saying at the time that I didn't  
 14 agree with his perception that our media work  
 15 around the ER/PR issue was overly critical or  
 16 harsh or was anything but trying to serve the  
 17 purpose of cancer patients in the province.  
 18 And we essentially agreed to disagree on the  
 19 topic.  
 20 CHAYTOR, Q.C.:  
 21 Q. And did you tell Mr. Wiseman that you were  
 22 hearing from individuals affected by the issue  
 23 and that you were concerned about the  
 24 communications around the issue and that's why  
 25 you were speaking publicly?

Page 130

1 MR. DAWE:  
 2 A. Absolutely.  
 3 CHAYTOR, Q.C.:  
 4 Q. Okay. And did you tell him that you were  
 5 hearing from people who had not had any  
 6 contact on the issue?  
 7 MR. DAWE:  
 8 A. Absolutely.  
 9 CHAYTOR, Q.C.:  
 10 Q. And what was Mr. Wiseman's response?  
 11 MR. DAWE:  
 12 A. Was, the response was that, you know, all of  
 13 these issues could be dealt with and they  
 14 didn't have to be dealt with in the media.  
 15 CHAYTOR, Q.C.:  
 16 Q. And in saying to you that the government would  
 17 find it difficult to partner with the Cancer  
 18 Society in that context, what was the big  
 19 initiative that you were trying to or were  
 20 partnering with the government at that point  
 21 in time?  
 22 MR. DAWE:  
 23 A. Certainly the provincial Cancer Control  
 24 Strategy was a major initiative. The Daffodil  
 25 Place, we would have been initiating that at

Page 131

1 the time. There would have been probably some  
 2 other advocacy issues around tobacco, around  
 3 costs of--or financial burden of a cancer  
 4 diagnosis, cost of transportation, etcetera.  
 5 CHAYTOR, Q.C.:  
 6 Q. And was the Cancer Control Strategy  
 7 specifically mentioned as an endeavour that  
 8 you were partnering with with the government?  
 9 MR. DAWE:  
 10 A. Mr. Wiseman wouldn't have mentioned anything  
 11 specific, I don't think, at the time.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay. How did you interpret what was being  
 14 said to you by Mr. Wiseman?  
 15 MR. DAWE:  
 16 A. Well, I interpreted that, you know, we had a  
 17 prior relationship and that my feeling at the  
 18 time was that, you know, he wasn't doing this  
 19 on his own. Obviously there'd been some level  
 20 of discussion within the department and that  
 21 because he'd had or he, you know, had a prior  
 22 relationship with me he took it upon himself  
 23 or he volunteered or whatever way it worked  
 24 out from their end, to have a chat with me and  
 25 just give me some very informal feedback. As

Page 132

1 I said, it was a very cordial meeting, sitting  
 2 in the cafeteria of Confederation Building. I  
 3 didn't feel any pressure from him whatsoever.  
 4 He was giving me feedback. My perception was  
 5 that at the time, quite honestly, was that  
 6 this was a government that didn't like public  
 7 criticism and even though we weren't talking  
 8 about the Department of Health or the  
 9 provincial government in any of our media work  
 10 around this, that still the perception that we  
 11 were out there being critical of Eastern  
 12 Health was something that he wanted to  
 13 address.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay, and did you have a similar meeting with  
 16 anyone else from the government?  
 17 MR. DAWE:  
 18 A. I did, about--within a two week period, there  
 19 was three meetings. So following the meeting  
 20 with Ross, there was a meeting with John  
 21 Abbott. John called me and said he wanted to  
 22 have a chat with me, and I went up, and he  
 23 delivered the same message. John is a  
 24 different communicator than Ross, so John was  
 25 much more blunt, I guess, in the way he

Page 133

1 delivered the message, and it was that, you  
 2 know, we were being critical of government and  
 3 that made it difficult from their perspective.  
 4 John did talk about the Cancer Control  
 5 Strategy and the partnership that they were  
 6 trying to forge with us, and he did reference  
 7 the work that we were trying to do on that and  
 8 he did talk about the ER/PR issue, and I  
 9 remember asking, well, what was it that I had  
 10 said that was so outrageous, and I remember  
 11 him saying that, you know, taking it to the  
 12 point that saying that someone could have  
 13 actually died from this was--and I'm  
 14 paraphrasing now, but he said that would have  
 15 been, you know, over the top or too drastic a  
 16 statement. Then there was a third--regularly  
 17 myself and Dr. Roy West, again who was  
 18 President of the Board at the time -  
 19 CHAYTOR, Q.C.:  
 20 Q. Perhaps I'll just stop you, though, Mr. Dawe,  
 21 before you go on there. The contact you had  
 22 from Mr. Wiseman then, would that have been  
 23 the first time that you'd had any contact on  
 24 the ER/PR issue with anyone from government?  
 25 MR. DAWE:

Page 134

1 A. Yes.  
 2 CHAYTOR, Q.C.:  
 3 Q. And then the next contact you had was with Mr.  
 4 Abbott phoning you to come in for a similar  
 5 type of chat?  
 6 MR. DAWE:  
 7 A. Yes.  
 8 CHAYTOR, Q.C.:  
 9 Q. All right, and the meeting with Mr. Abbott was  
 10 done at Mr. Abbott's instigation?  
 11 MR. DAWE:  
 12 A. Yes.  
 13 CHAYTOR, Q.C.:  
 14 Q. Did anyone else attend that meeting?  
 15 MR. DAWE:  
 16 A. No.  
 17 CHAYTOR, Q.C.:  
 18 Q. And you knew him well?  
 19 MR. DAWE:  
 20 A. Yes.  
 21 CHAYTOR, Q.C.:  
 22 Q. You'd served on the Board of Health Care  
 23 Corporation with him. Mr. Abbott has given  
 24 some evidence around this issue. Could it be  
 25 that his concern was not about your speaking

Page 135

1 on the ER/PR issue, but it was more around the  
 2 --I believe he thought maybe the medical  
 3 transportation or patient transportation  
 4 issue?  
 5 MR. DAWE:  
 6 A. I remember Mr. Abbott specifically referencing  
 7 ER/PR and the statement I'd made that people  
 8 might have passed away from this, and  
 9 challenging that statement that it was again  
 10 an inappropriate statement, to paraphrase what  
 11 he was saying to me.  
 12 CHAYTOR, Q.C.:  
 13 Q. So you have a distinct recollection of that?  
 14 MR. DAWE:  
 15 A. Yes.  
 16 CHAYTOR, Q.C.:  
 17 Q. What did you take away from that meeting with  
 18 Mr. Abbott, what was the message that Mr.  
 19 Abbott was conveying to you now on the heels  
 20 of what Mr. Wiseman had also said to you, and  
 21 in what context was the issue of partnering  
 22 with you on the Cancer Control Strategy, where  
 23 did that fit into the discussion?  
 24 MR. DAWE:  
 25 A. Well, it was becoming obvious that the media

Page 136

1 work with the Cancer Society was making the  
 2 provincial Department of Health at least  
 3 uneasy, and that again these two people knew  
 4 me fairly well and wanted to sit down and have  
 5 a discussion just one on one with me about it.  
 6 They were obviously--the intent, from my  
 7 perception, would have been to get the  
 8 Canadian Cancer Society, and me specifically,  
 9 to ease off, back off from a media perspective  
 10 on the issue. Whether from their perspective  
 11 it was more than ER/PR, that's quite possible.  
 12 Again my perception was that this was not--  
 13 these weren't singular acts, that this had  
 14 been discussed, obviously, to me, by them as a  
 15 group and that my perception that the ER/PR  
 16 issue in and of itself was not the--they  
 17 weren't trying to squash that as a public  
 18 issue, but they certainly were trying to tone  
 19 down what they may have considered rhetoric on  
 20 behalf of the Cancer Society around the issue  
 21 because it seemed critical of the government,  
 22 and if we wanted to have a healthy  
 23 relationship with government, if we wanted to  
 24 achieve our objectives in some other areas,  
 25 that it could be more difficult with CCS being

Page 137

1 so vocal.  
 2 CHAYTOR, Q.C.:  
 3 Q. And did you also explain to Mr. Abbott your  
 4 concerns that you had around the  
 5 communications on the ER/PR issue?  
 6 MR. DAWE:  
 7 A. Absolutely.  
 8 CHAYTOR, Q.C.:  
 9 Q. And did Mr. Abbott--what was his response, did  
 10 he similarly have any concerns? What was his  
 11 response?  
 12 MR. DAWE:  
 13 A. I remember John saying that the issue was  
 14 being handled by Eastern Health, that he was  
 15 aware of it, that it's not something that need  
 16 be discussed publicly per se, and that there  
 17 was a plan in place and it was being followed  
 18 through.  
 19 CHAYTOR, Q.C.:  
 20 Q. Mr. Dawe, had you been critical of the  
 21 government in what you were saying in public  
 22 about the ER/PR issue?  
 23 MR. DAWE:  
 24 A. No, not directly, no.  
 25 CHAYTOR, Q.C.:

Page 138

1 Q. What was the outcome of the second meeting,  
 2 your meeting with Mr. Abbott?  
 3 MR. DAWE:  
 4 A. I thanked him for his feedback.  
 5 CHAYTOR, Q.C.:  
 6 Q. Did you change the way you approached the  
 7 issue?  
 8 MR. DAWE:  
 9 A. No.  
 10 CHAYTOR, Q.C.:  
 11 Q. And, Mr. Dawe, you've indicated that there  
 12 was, in fact, a third meeting?  
 13 MR. DAWE:  
 14 A. There was a third meeting of the same nature.  
 15 ER/PR wasn't mentioned, but we had a set  
 16 meeting with the Minister, John Ottenheimer,  
 17 at the time. That was probably a week after  
 18 the meeting with the Deputy Minister and  
 19 Darrell Hynes and the Minister were in  
 20 attendance. Myself and Dr. Roy West were in  
 21 attendance representing the Canadian Cancer  
 22 Society. We were very excited about the  
 23 meeting because we had come to a point with  
 24 the Daffodil Place project where we really  
 25 wanted the help of the Department of Health in

Page 139

1 identifying a location, a piece of land for  
 2 the project, and we had been preparing for  
 3 this meeting for some time, and I bring it up  
 4 because we walked into the meeting and it was  
 5 obvious from the get-go that the nature of the  
 6 meeting was not what we thought it was going  
 7 to be, that the Minister proceeded to deliver  
 8 a lecture to myself mostly around--again  
 9 trying--wanting to work with the Cancer  
 10 Society, but the Cancer Society being critical  
 11 of government, the only issue that--or the  
 12 specific example that the Minister brought up  
 13 was the issue of wait times, and at the time  
 14 there had been a federal announcement around  
 15 funding to improve wait times in certain  
 16 areas, and one of them was cervical cancer  
 17 wait times, which there wasn't an issue with  
 18 wait times with cervical cancer certainly in  
 19 getting PAP screens in Newfoundland and  
 20 Labrador, and I can remember in an interview  
 21 saying that--not trying to be critical of the  
 22 provincial government, but the federal level  
 23 of the federal government using it as a  
 24 political football, and that it wasn't a real  
 25 issue, the real issue with some of these

Page 140

1 areas, and cervical cancer is an example,  
 2 there's no wait time issue, there's an issue  
 3 with getting people in to see people to get  
 4 PAP smears done and having a proper screening,  
 5 comprehensive screening program in place, but  
 6 it certainly wasn't a wait time issue, but he  
 7 took great exception to me using that phrase  
 8 and calling it a political football, and  
 9 delivered essentially the same message in a  
 10 different way. He seemed quite uncomfortable  
 11 doing it, and -  
 12 CHAYTOR, Q.C.:  
 13 Q. This was Minister Ottenheimer?  
 14 MR. DAWE:  
 15 A. Minister Ottenheimer, and--but it was  
 16 essentially the same message, but he did not  
 17 mention ER/PR.  
 18 CHAYTOR, Q.C.:  
 19 Q. And, Mr. Dawe, up to that point in time you  
 20 had been at this for several years in terms of  
 21 your role with the Cancer Society. Had you  
 22 ever had--prior to the meeting with Mr.  
 23 Wiseman, had you ever had such a meeting with  
 24 anyone from government asking you to tone down  
 25 or back off on your communications in the

Page 141

1 public on an issue surrounding cancer  
 2 patients?  
 3 MR. DAWE:  
 4 A. No, no, as a matter of fact, we were probably  
 5 caught offguard a little bit in the sense that  
 6 with the previous administration, I know  
 7 several health ministers--I remember one  
 8 example specifically where the Health Minister  
 9 said, I'd like to do this in tobacco, but  
 10 unless you go out and are critical of the  
 11 policy and create some public awareness that  
 12 the policy be changed, I don't have a hope of  
 13 getting Cabinet to change it. So the standard  
 14 procedure would be to create the public  
 15 awareness of the issue, and that would be  
 16 something then that the respective minister  
 17 could use as ammunition within government to  
 18 get them to create policy change or to push  
 19 something through Cabinet, whatever.  
 20 CHAYTOR, Q.C.:  
 21 Q. And, Mr. Dawe, did the Cancer Society  
 22 experience in the aftermath of those meetings,  
 23 any difficulty in partnering with government  
 24 or receiving whatever resources that may be  
 25 available in terms of, for example, your

Page 142

1 Daffodil Place project? Did you experience  
 2 any difficulties in your relationship with  
 3 government from then on?  
 4 MR. DAWE:  
 5 A. It would be pure conjecture on my part to say  
 6 if anybody's thought processes changed towards  
 7 --or attitudes changed towards the Cancer  
 8 Society. We certainly stayed in what I would  
 9 call a healthy relationship with a series of  
 10 new ministers and with deputy ministers. We  
 11 ran into issues that in my mind they were  
 12 barriers to getting things done. I don't  
 13 believe they were connected back to the issue  
 14 of the media work of the Cancer Society. I  
 15 think that they--at the time the point was  
 16 made to us. I think the advice was taken. I  
 17 think we didn't change our approach publicly  
 18 or privately, and we carried on. Ultimately  
 19 the provincial government made a significant  
 20 contribution to the Daffodil Place project.  
 21 So ultimately, I don't think it affected the  
 22 relationship or the outcome for cancer  
 23 patients, but I think the issue--the issue  
 24 isn't necessarily the relationship. I mean,  
 25 that's--the outcome is the problem if it

Page 143

1 affects people with cancer or people who might  
 2 get cancer in the province, and I don't think  
 3 it did.  
 4 CHAYTOR, Q.C.:  
 5 Q. And when did government make its commitment to  
 6 Daffodil Place?  
 7 MR. DAWE:  
 8 A. It would have been last year, approximately a  
 9 year ago.  
 10 CHAYTOR, Q.C.:  
 11 Q. If we could have, please, P-2520, and it's  
 12 page eight, please, Registrar. I'm sorry,  
 13 it's page six. This is December 20 of 2005,  
 14 and you have Mr. Abbott's name written on your  
 15 agenda, and then on January 12th, 2006, at  
 16 11:30 a.m. you have Mr. Abbott written in. I  
 17 take it that's a meeting?  
 18 MR. DAWE:  
 19 A. Yes.  
 20 CHAYTOR, Q.C.:  
 21 Q. Would this be the meeting that you've just  
 22 referred to?  
 23 MR. DAWE:  
 24 A. Yes.  
 25 CHAYTOR, Q.C.:

Page 144

1 Q. And then the next page, page eight, we have  
 2 January 18th, 2006, and at 11 a.m, J.  
 3 Ottenheimer?  
 4 MR. DAWE:  
 5 A. Yes.  
 6 CHAYTOR, Q.C.:  
 7 Q. So that's your meeting with the Minister that  
 8 you just referenced?  
 9 MR. DAWE:  
 10 A. Yes.  
 11 CHAYTOR, Q.C.:  
 12 Q. Is that correct? If we continue on with your  
 13 calendar then on page 10 on March 21st, 2006,  
 14 we see Tom Osborne's name and J. Abbott. I  
 15 take it Mr. Osborne has taken up the Minister  
 16 of Health position at this point in time. Do  
 17 you know what your meeting on March 21st,  
 18 2006, with Mr. Osborne and Mr. Abbott would  
 19 have been about?  
 20 MR. DAWE:  
 21 A. That may not have been a meeting. I'd have to  
 22 check my own notes, but I'm sure there would  
 23 have been a meeting set up by us soon after  
 24 Mr. Osborne was appointed Minister. It would  
 25 have been--the initial meeting would have been

Page 145

1 what we would call an introductory meeting  
 2 with a new Minister and we're introducing  
 3 ourselves, we're introducing the organization,  
 4 we're trying to quickly get the new minister  
 5 up to speed on any files that we thought were  
 6 important in the cancer work we would have  
 7 been doing with the provincial government. If  
 8 indeed that represents an actual meeting, that  
 9 would have been the substance of the meeting.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay, and if we look at page 11, then we have  
 12 April 5th, 2006, and again that looks like T.  
 13 Osborne. Would that be Moira Hennessey or -  
 14 MR. DAWE:  
 15 A. That would have been shorthand for Moira  
 16 Hennessey.  
 17 CHAYTOR, Q.C.:  
 18 Q. And is that Heather Predham?  
 19 MR. DAWE:  
 20 A. Yes.  
 21 CHAYTOR, Q.C.:  
 22 Q. So was this a meeting with all of those  
 23 individuals?  
 24 MR. DAWE:  
 25 A. No.

Page 146

1 CHAYTOR, Q.C.:  
 2 Q. Do you know what that -  
 3 MR. DAWE:  
 4 A. Again that would have been my version of a to  
 5 do list. I use my diary in that way. In  
 6 general, a meeting would be on the left hand  
 7 side, but then I'd be doing daily to-do lists  
 8 on the right hand side. The reference to Tom  
 9 Osborne, Moira Hennessey, Heather Predham,  
 10 could be absolutely unrelated.  
 11 CHAYTOR, Q.C.:  
 12 Q. And do you remember around this time period  
 13 were you having any discussions with Moira  
 14 Hennessey on the ER/PR issue?  
 15 MR. DAWE:  
 16 A. Not with Moira Hennessey, no.  
 17 CHAYTOR, Q.C.:  
 18 Q. And what about Tom Osborne?  
 19 MR. DAWE:  
 20 A. No.  
 21 CHAYTOR, Q.C.:  
 22 Q. And Heather Predham, I take it you were having  
 23 ongoing discussions with Eastern Health?  
 24 MR. DAWE:  
 25 A. Absolutely. It would have been the only issue

Page 147

1 I would have been talking to Heather Predham  
 2 about.  
 3 CHAYTOR, Q.C.:  
 4 Q. So the reference to Heather Predham would be  
 5 about ER/PR or some -  
 6 MR. DAWE:  
 7 A. Something related to it, absolutely.  
 8 CHAYTOR, Q.C.:  
 9 Q. And page 12, we see Heather Predham's name  
 10 again, and on page 13, 11 a.m. we see Tom  
 11 Osborne. So this would actually be a meeting  
 12 with Minister Osborne?  
 13 MR. DAWE:  
 14 A. Absolutely.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay, and on this occasion now, this is April  
 17 12th, 2006, did you discuss the ER/PR issue  
 18 with Mr. Osborne?  
 19 MR. DAWE:  
 20 A. I didn't bring up the ER/PR issue directly  
 21 with Minister Osborne while he was minister,  
 22 no.  
 23 CHAYTOR, Q.C.:  
 24 Q. And why not?  
 25 MR. DAWE:

Page 148

1 A. Again the perception--our perception was that  
 2 it was an Eastern Health issue, that at this  
 3 point in time, this is April '06, that the  
 4 minister from our perspective, again maybe  
 5 naively at the time, was that we would keep  
 6 dealing with Eastern Health on the issue, that  
 7 while we were certainly under the impression  
 8 that all the information hadn't come out, all  
 9 of the implications weren't being talked  
 10 about, that it wasn't a political issue and it  
 11 wasn't an issue that we'd go up the line to  
 12 the minister about.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay, and if we could have then, please, P-  
 15 0314, and it's page six, please, Registrar.  
 16 Mr. Dawe, this is a copy of the briefing note  
 17 and I understand it to be Mr. Osborne's  
 18 personal copy of the May 18th, 2006 briefing  
 19 note on this issue, and in his note here he's  
 20 written--your name is underlined here where  
 21 it's talking about, "CBC radio aired a story  
 22 today about the Statement of Claim filed by  
 23 Michelle Hanlon's family, noting that Eastern  
 24 Health had filed a Statement of Defense.  
 25 Peter Dawe, Canadian Cancer Society, was

Page 149

1 quoted and stated that he hopes for good  
 2 information from Eastern Health shortly. He  
 3 questioned the accuracy of the test results in  
 4 laboratories across the country, and he will  
 5 raise the issue with his national and  
 6 provincial counterparts. He also stressed the  
 7 importance of Eastern Health restoring public  
 8 confidence in their testing procedures", and  
 9 Mr. Osborne has written, "Peter Dawe has never  
 10 raised this issue with me, even though we met  
 11 on several occasions".

12 MR. DAWE:  
 13 A. That's accurate.

14 CHAYTOR, Q.C.:  
 15 Q. That's accurate, and Mr. Dawe, did you raise  
 16 the issue with anyone else then? Did you raise  
 17 the issue with Mr. Abbott, for example, and  
 18 you had frequent meetings with him? Did you  
 19 raise it at all with government?

20 MR. DAWE:  
 21 A. We didn't press the whole ER/PR issue with the  
 22 provincial government at all. Again we  
 23 perceived it as an Eastern Health issue,  
 24 Eastern Health holding the answers, and that  
 25 quite honestly, I think there was a sense, and

Page 150

1 the date on this is May of '06, that we had  
 2 done as good a job as we could in trying to  
 3 open up Eastern Health and get more  
 4 information for people. Certainly the feedback  
 5 from the public would have been limited by  
 6 this time. We might have been dealing with,  
 7 you know, getting a monthly update more so  
 8 than a weekly update from Dr. Williams. We  
 9 would have had scattered contact with Eastern  
 10 Health. So in some ways, the way I've  
 11 described this, is we were lulled, I think,  
 12 into a sense of this was being handled. The  
 13 process had been messy, but that Eastern  
 14 Health had done what they could to meet the  
 15 needs of people and that as much as we pushed  
 16 them and prodded them, there wasn't a whole  
 17 lot more to be gained on the issue at all. We  
 18 were back into what I would say would be a  
 19 reactionary mode, limited resources, and  
 20 Daffodil Place by this time was a major  
 21 project, other major projects. So we weren't  
 22 in proactive advocacy mode by this time.

23 CHAYTOR, Q.C.:  
 24 Q. Mr. Dawe, in any of your communications with  
 25 Eastern Health on the issue, and you had

Page 151

1 continued to identify for them people who were  
 2 coming forward saying that they were having  
 3 difficulty with communications or not being  
 4 contacted, did anyone ever express or tell you  
 5 that Eastern Health was having its own  
 6 difficulties with, for example, their  
 7 information management systems? Was that ever  
 8 told to you?

9 MR. DAWE:  
 10 A. Certainly not by mid year '06, it wouldn't  
 11 have been directly told to me, no.

12 CHAYTOR, Q.C.:  
 13 Q. And when did that--when was that articulated  
 14 as an issue for Eastern Health? When did you  
 15 first hear about that?

16 MR. DAWE:  
 17 A. Well, I think, as time went on and we kept  
 18 hearing from people and it might be only one  
 19 person at a time, but certainly if you move  
 20 ahead into '07 and with the media coverage--  
 21 well, in December of '06 into early '07 and it  
 22 seemed when there was some media coverage,  
 23 we'd start getting some more phone calls. It  
 24 became very obvious to us that the statement  
 25 that everybody had been contacted wasn't true,

Page 152

1 and that--but Eastern Health kept insisting it  
 2 was true, and giving us feedback, almost being  
 3 incredulous saying, you know, "we don't  
 4 understand why you're telling us this. You  
 5 must be mistaken." Or "we'll look into it,  
 6 because we've contacted everybody. Everybody  
 7 has been contacted." And so -

8 CHAYTOR, Q.C.:  
 9 Q. And that comes in May of 2007?

10 MR. DAWE:  
 11 A. And prior to that.

12 CHAYTOR, Q.C.:  
 13 Q. Prior to that, I'm sorry.

14 MR. DAWE:  
 15 A. You know, because there was media coverage in  
 16 December of '06.

17 CHAYTOR, Q.C.:  
 18 Q. Yes.

19 MR. DAWE:  
 20 A. So it seemed that every time there was a  
 21 little bit of more media coverage, someone  
 22 would inevitably think "well, maybe that is  
 23 me." It is one of the other themes that we  
 24 continually heard from people was that "well,  
 25 I wasn't contacted directly, so I can't be

Page 153

1 involved in this, even if I had breast cancer  
 2 in this period." The message wasn't  
 3 necessarily sinking in with everybody, and so  
 4 when people kept hearing this message, I think  
 5 that everybody had been contacted, it would  
 6 raise doubts with individuals and they'd come  
 7 forward again and I think we were seen as an  
 8 organization, we'd been out there publicly, so  
 9 we were getting calls when there was media  
 10 coverage.  
 11 CHAYTOR, Q.C.:  
 12 Q. And who was incredulous and insistent at  
 13 Eastern Health in that everybody had been  
 14 contacted? Who was saying that to you?  
 15 MR. DAWE:  
 16 A. Well, I mean, there was public statements from  
 17 George Tilley, very definitive statements.  
 18 There was statements made to me by Bob  
 19 Williams, by Heather Predham, by Sharon Smith,  
 20 by Pat Pilgrim, all reenforcing that, as far  
 21 as they were concerned, they had spoken to  
 22 everybody or contacted, excuse me, contacted  
 23 everybody.  
 24 CHAYTOR, Q.C.:  
 25 Q. If we could have, please, P-2520, page nine?

Page 154

1 This is your calendar again, Mr. Dawe, and on  
 2 January 31st, 2006, there's a meeting at two  
 3 p.m., George Tilley, and there's three things  
 4 listed, the first of which looks to be ER/PR.  
 5 Is that correct?  
 6 MR. DAWE:  
 7 A. Yes.  
 8 CHAYTOR, Q.C.:  
 9 Q. And the other two things, I take it, are not  
 10 related?  
 11 MR. DAWE:  
 12 A. No.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay. So on January 31st, 2006, did you, in  
 15 fact, meet with Mr. Tilley and was ER/PR  
 16 discussed?  
 17 MR. DAWE:  
 18 A. Yes.  
 19 CHAYTOR, Q.C.:  
 20 Q. And is this the meeting--have we already--we  
 21 haven't discussed this meeting, I don't  
 22 believe.  
 23 MR. DAWE:  
 24 A. No.  
 25 CHAYTOR, Q.C.:

Page 155

1 Q. Did anyone else attend this meeting?  
 2 MR. DAWE:  
 3 A. No, it was myself and Mr. Tilley.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay, and what was discussed about ER/PR at  
 6 this point in time?  
 7 MR. DAWE:  
 8 A. This would have been a discussion. I would  
 9 have been giving Mr. Tilley feedback on our  
 10 concerns around the communication process with  
 11 individuals and with the public and that we,  
 12 you know, as an organization representing  
 13 cancer patients and the public in some way on  
 14 this issue, that we felt it was--Eastern  
 15 Health had did a very--had done complete  
 16 injustice to the communications around this  
 17 issue, and that we had major concerns still  
 18 about if everybody had been contacted or not.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay, and if we could have, please, 2506? And  
 21 was that meeting, by the way, initiated by you  
 22 or Mr. Tilley?  
 23 MR. DAWE:  
 24 A. By me.  
 25 CHAYTOR, Q.C.:

Page 156

1 Q. And this is an e-mail from yourself to Mr.  
 2 Tilley, January 25th, 2006. So six days  
 3 before the meeting that I just referred you  
 4 to. "Hi, George. I'm hoping we can sit down  
 5 for 30 minutes in the near future to review  
 6 several projects and issues that we have been  
 7 working on of late. I spoke to Roy," I take  
 8 it that's Roy West, he's chair of -  
 9 MR. DAWE:  
 10 A. Dr. Roy West, yes.  
 11 CHAYTOR, Q.C.:  
 12 Q. He was chair of your board at the time. "And  
 13 felt that I should talk to you directly about  
 14 the ER/PR issue. I want us to be relatively  
 15 comfortable with our intentions on this issue,  
 16 and any other possible advocacy areas CCS may  
 17 speak publicly on. I also want to revisit an  
 18 area I spoke to you about last spring," and  
 19 those are unrelated issues. "So please let me  
 20 know what might be convenient for you." Now  
 21 Mr. Dawe, this would have followed your  
 22 meetings in January with Mr. Wiseman and with  
 23 Mr. Abbott and your meeting with the Minister,  
 24 and you're writing here that you "want to be  
 25 relatively comfortable with our intentions."

Page 157

1 So was this at all related to the discussions  
 2 that you had had regarding your advocacy and  
 3 your public speakings on the ER/PR issue?  
 4 MR. DAWE:  
 5 A. Absolutely. Sitting down and trying to  
 6 debrief, I guess, on you know, the concern of  
 7 the Department of Health around us speaking  
 8 publicly, it became apparent that Eastern  
 9 Health would have been giving that message to-  
 10 -expressing that message to the Department of  
 11 Health that they were uncomfortable with our  
 12 public statements and that was kind of too  
 13 indirect for me. Being a bit of an initiator  
 14 and not really liking backdoors, and talking  
 15 it through with the president at the time, Dr.  
 16 Roy West, I felt I should sit down and speak  
 17 directly with George about it.  
 18 CHAYTOR, Q.C.:  
 19 Q. And ask him directly what the concern was  
 20 about what you were saying about ER/PR, was  
 21 that your intention?  
 22 MR. DAWE:  
 23 A. Absolutely.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay, and did you have that discussion with

Page 158

1 Mr. Tilley?  
 2 MR. DAWE:  
 3 A. Well, as I said, I expressed to him again what  
 4 our concerns were and I said, you know, we  
 5 have a role publicly to be expressing these  
 6 concerns. He didn't disagree with me. He -  
 7 CHAYTOR, Q.C.:  
 8 Q. Did he express any concerns?  
 9 MR. DAWE:  
 10 A. He didn't give me any direct feedback about  
 11 any examples or concerns he had. It turned, I  
 12 felt, much more into us, CCS, me, reiterating  
 13 again what our concerns were with him, you  
 14 know. I did make the point that there's going  
 15 to be times that CCS in its role as public  
 16 advocacy is going to be publicly commenting on  
 17 something that Eastern Health is doing, be it  
 18 policy or practice. He seemed to understand  
 19 that and accept it. I didn't bring up with  
 20 him my conversations with the senior people at  
 21 Department of Health. I didn't, you know, try  
 22 to link him to that, but I was making it clear  
 23 to him, giving him the opportunity to tell me  
 24 directly if there was an issue.  
 25 CHAYTOR, Q.C.:

Page 159

1 Q. Okay, and I take it he didn't do that. He  
 2 didn't tell you of any concerns that Eastern  
 3 Health may have about your communications on  
 4 this issue?  
 5 MR. DAWE:  
 6 A. No.  
 7 THE COMMISSIONER:  
 8 Q. Ms. Chaytor, wherever you can find a  
 9 convenient spot, we'll take the luncheon  
 10 break.  
 11 CHAYTOR, Q.C.:  
 12 Q. Thank you. And the reference here to wanting  
 13 to revisit an area you spoke about last  
 14 spring, a cancer specific lodge hostel for  
 15 people coming into St. John's, I take it that  
 16 is Daffodil Place that's being referenced?  
 17 MR. DAWE:  
 18 A. Yes.  
 19 CHAYTOR, Q.C.:  
 20 Q. Did anyone else besides you and Mr. Tilley  
 21 attend this meeting?  
 22 MR. DAWE:  
 23 A. No.  
 24 CHAYTOR, Q.C.:  
 25 Q. You indicated earlier in your evidence today

Page 160

1 that there was at least one meeting at which  
 2 Dr. Laing also attended, and when did that  
 3 meeting take place?  
 4 MR. DAWE:  
 5 A. That would have been in '05, in the fall of  
 6 '05. It would have been in Bob Williams'  
 7 office. It would have been a meeting that I  
 8 initially set up with Bob and that Kara Laing  
 9 attended a portion of the meeting.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay, and what was Dr. Laing's involvement in  
 12 the meeting? First of all, would you have  
 13 known Dr. Laing from prior to that?  
 14 MR. DAWE:  
 15 A. Yes, through work, through the work processes,  
 16 yes.  
 17 CHAYTOR, Q.C.:  
 18 Q. Yes, and what was her role in the meeting with  
 19 you in the fall of 2005?  
 20 MR. DAWE:  
 21 A. She explained at great length the use of drugs  
 22 like Tamoxifen and how the ER/PR test would  
 23 influence the use of those drugs, explained  
 24 how the diagnosis process would work and the  
 25 various factors that go into determining a



Page 161

1 treatment plan. I felt, at the time, I  
 2 remember sitting there and feeling that, you  
 3 know, she was lecturing me somewhat on, you  
 4 know, the ins and outs of treatment options  
 5 and how a hormone receptor test would fit into  
 6 that, and I think it was--while it wasn't  
 7 directly said to me, it certainly seemed like  
 8 herself and Dr. Williams' version of implying  
 9 that I didn't know enough about this test to  
 10 be making public comment on it.

11 CHAYTOR, Q.C.:

12 Q. And so was there a concern by Dr. Laing that  
 13 there was something inaccurate about what you  
 14 were saying about the test? Was that what was  
 15 being said to you?

16 MR. DAWE:

17 A. What was being said to me was that the test  
 18 and determining diagnosis, determining  
 19 prognosis was much more complex than I was  
 20 giving credit to and that an issue like an  
 21 inaccurate ER/PR test is not, you know, the  
 22 sole determinant of whether a person would end  
 23 up on hormonal therapy and that, you know, if  
 24 I was stating publicly that that was the fact,  
 25 then I was misstating, you know, I was getting

Page 162

1 that wrong.

2 CHAYTOR, Q.C.:

3 Q. And was the issue of patient notification  
 4 brought up in the meeting at which Dr. Laing  
 5 attended?

6 MR. DAWE:

7 A. I brought it up with her, and again I was told  
 8 that, from her perspective, they wanted all  
 9 the results in before they spoke to anybody.  
 10 They didn't want to concern anybody without  
 11 knowing if the result had changed.

12 CHAYTOR, Q.C.:

13 Q. And did you challenge that position or inquire  
 14 further on that?

15 MR. DAWE:

16 A. Absolutely.

17 CHAYTOR, Q.C.:

18 Q. And what was her response? What did you say  
 19 and what was her response to your views on the  
 20 issue?

21 MR. DAWE:

22 A. At the time, I think I remember trying to be  
 23 fairly direct and pointing out that, again, I  
 24 said it earlier today, that I remember saying  
 25 it to Kara Laing that in this day and age,

Page 163

1 that times have changed and the days of, you  
 2 know, Doctor knows best and don't question  
 3 what your doctor tells you, just go do it,  
 4 that society has changed. People's  
 5 expectations of the health care system has  
 6 changed, and that people have a right to know  
 7 and want to know, and we got in a little bit  
 8 of a discussion about that actually because I  
 9 think she brought up an example where she had  
 10 a patient who didn't want to know if the  
 11 result had changed or not, and I said "well,  
 12 you know, that might be one individual, but  
 13 the feedback we're getting is that there's  
 14 many people who do want to know," and that you  
 15 know, this question of balancing undue stress  
 16 with a patient right to know was going down a  
 17 path that they shouldn't even be going down,  
 18 that it was just a basic principle. On  
 19 principle, people have a right to know this  
 20 information.

21 CHAYTOR, Q.C.:

22 Q. Was the issue of any conversion rate or error  
 23 rate discussed in the meeting that Dr. Laing  
 24 attended?

25 MR. DAWE:

Page 164

1 A. Not that I recall, no.

2 CHAYTOR, Q.C.:

3 Q. Did the issue of what could have caused the  
 4 problem come up while Dr. Laing was present?

5 MR. DAWE:

6 A. No.

7 CHAYTOR, Q.C.:

8 Q. And did the--the external reviews, you  
 9 understood that there were external reviews  
 10 that were taking place or had taken place  
 11 around the time of the meeting in the fall.  
 12 Did that issue come up, the results of the  
 13 external reviews?

14 MR. DAWE:

15 A. Not with Dr. Laing. It came up with Dr.  
 16 Williams, I remember it was probably in  
 17 January, asking Dr. Williams directly for  
 18 copies of the reviews and being told that we  
 19 wouldn't be given copies, and asking him if  
 20 they were going to be made public and him  
 21 saying that, you know, they'd talked about  
 22 that and they had considered making this  
 23 public, but that in the end, they weren't  
 24 going to make the reviews public.

25 CHAYTOR, Q.C.:

Page 165

1 Q. Okay, and that was January of which year?  
 2 MR. DAWE:  
 3 A. '06.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay, and Eastern Health had considered making  
 6 them public, but had decided not to? That's  
 7 what Dr. Williams told you?  
 8 MR. DAWE:  
 9 A. I'm paraphrasing Dr. Williams now.  
 10 CHAYTOR, Q.C.:  
 11 Q. But that's what--that's the impression he left  
 12 you with?  
 13 MR. DAWE:  
 14 A. Yes.  
 15 CHAYTOR, Q.C.:  
 16 Q. From what he said?  
 17 MR. DAWE:  
 18 A. Yes.  
 19 CHAYTOR, Q.C.:  
 20 Q. Okay, and while you wouldn't be given copies  
 21 of the reports, did you ask him what the  
 22 external reviewers had found?  
 23 MR. DAWE:  
 24 A. I asked him, again, what caused the problem.  
 25 So it wasn't so much what the external

Page 166

1 reviewers found. He did tell me that there  
 2 was a series of recommendations made and that,  
 3 again, the issue of what caused the problem is  
 4 not something--wasn't something that the  
 5 reviews focused on. It was focusing on making  
 6 sure that the test was done properly in the  
 7 future and that, again, it was reiterated, we  
 8 may never know what caused the problem.  
 9 CHAYTOR, Q.C.:  
 10 Q. Mr. Dawe, I take it at this point in time,  
 11 you've seen the reviews and the reports of the  
 12 reviewers?  
 13 MR. DAWE:  
 14 A. Yes.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay, and how does that--how does the content  
 17 of those reports compare to what Dr. Williams  
 18 told you?  
 19 MR. DAWE:  
 20 A. I have no expertise whatsoever in how to run a  
 21 lab. From a personal perspective, I found it  
 22 startling that there wasn't quality assurance,  
 23 quality control systematic in place, that  
 24 even--you know, and I worked in the hospital  
 25 system for a while, so and at management

Page 167

1 level, that in and of itself stood out to me.  
 2 A lot of the rest of it, I wouldn't be able to  
 3 comment on, but that certainly stood out to me  
 4 as a glaring issue that certainly in a lab, a  
 5 medical lab, not having systematic programs in  
 6 place seems in and of itself a glaring error.  
 7 CHAYTOR, Q.C.:  
 8 Q. And the comment that the reviews didn't focus  
 9 on what had happened or what may have caused  
 10 the problem, that comment from Dr. Williams  
 11 and now having read the reports, how does that  
 12 compare to what Dr. Williams told you?  
 13 MR. DAWE:  
 14 A. I think it's one interpretation of the  
 15 reports, and I really can't--Dr. Williams  
 16 would have to comment on how he interpreted  
 17 it.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay. Thank you, Commissioner.  
 20 THE COMMISSIONER:  
 21 Q. All right then. We'll take the luncheon break  
 22 and reconvene at 2:15.  
 23 (LUNCH BREAK)  
 24 THE COMMISSIONER:  
 25 Q. Please be seated. Ms. Chaytor.

Page 168

1 CHAYTOR, Q.C.:  
 2 Q. Thank you, Commissioner. Good afternoon, Mr.  
 3 Dawe. Mr. Dawe, you mentioned to us this  
 4 morning in your evidence about a discussion  
 5 that you had with John Ottenheimer. Did you  
 6 ever discuss the issue, ER/PR issue, with any  
 7 other members of the House of Assembly or try  
 8 to have a discussion with any other members of  
 9 the House of Assembly?  
 10 MR. DAWE:  
 11 A. I do recall a meeting with Yvonne Jones, who  
 12 was--my recollection would be she was Health  
 13 critic at the time, and that the meeting  
 14 wasn't set up around ER/PR, but it was  
 15 certainly--it was set up to go over some  
 16 issues that we'd been bringing up with  
 17 government around either tobacco issues or  
 18 cost of transportation, financial burden of a  
 19 cancer diagnosis, and I remember quite  
 20 specifically towards the end of that meeting  
 21 and she said, you know, "what else is going on  
 22 out there that we should know about?" and I  
 23 said "well, you know, this isn't some--this  
 24 issue, the ER/PR issue is out there, but it's  
 25 not at the political level, but you should

Page 169

1 know about it, and you know, in your role as  
 2 official opposition, you might want to inquire  
 3 about it," and explained the issue to her and  
 4 I remember it vividly because Judy Foote, who  
 5 I knew from another life, just happened to be  
 6 coming into the room at the end of this  
 7 meeting and we were up in the Boardroom for  
 8 the Liberal members in Confederation Building,  
 9 and Judy, being a breast cancer survivor  
 10 herself, we had a bit of a conversation about  
 11 the issue, and it stuck out in my mind because  
 12 of that, but I don't think that the Liberal  
 13 opposition brought it up at that time. I know  
 14 they didn't actually.

15 CHAYTOR, Q.C.:

16 Q. Okay, and if you could--if we could have,  
 17 please, P-2520, and it's page 15, Registrar?  
 18 And this is May 3rd, 2006 in your calendar at  
 19 9:30 in the morning. It's a meeting with  
 20 Yvonne Jones. Is that correct?

21 MR. DAWE:

22 A. Yes.

23 CHAYTOR, Q.C.:

24 Q. Would this be the meeting that you're  
 25 referencing?

Page 170

1 MR. DAWE:

2 A. Yes.

3 CHAYTOR, Q.C.:

4 Q. So it took place in the beginning of May of  
 5 2006?

6 MR. DAWE:

7 A. Right.

8 CHAYTOR, Q.C.:

9 Q. So in your meeting with Ms. Jones, were you  
 10 trying to--what was the purpose in the  
 11 bringing the issue up with her? What were you  
 12 trying to do?

13 MR. DAWE:

14 A. Well, the ER/PR issue was brought up in a  
 15 response, at the end of the meeting, to a  
 16 question from her.

17 CHAYTOR, Q.C.:

18 Q. Yes.

19 MR. DAWE:

20 A. Asking, you know, "what are the other issues  
 21 that are out there?" Again, the ER/PR issue  
 22 wasn't on our provincial government agenda.  
 23 We had several issues. So the purpose of the  
 24 meeting was to advance our advocacy work in  
 25 any number of areas, but the purpose of

Page 171

1 telling her about it at that point was that  
 2 she had inquired "is there any other health  
 3 care issues out there?" Obviously the ER/PR  
 4 issue was out there. At this point, how out  
 5 there it was was a question mark. Again, I  
 6 think by that point, we, as an organization,  
 7 were being reactive versus proactive on our  
 8 advocacy work on it. We also knew though, we  
 9 had a sense that, you know, this story wasn't  
 10 over, that the full story hadn't been told  
 11 obviously. We had a sense that there was  
 12 still people out there who were affected, but  
 13 didn't know about it. We had a sense that  
 14 there was more information to come, but this  
 15 meeting with Yvonne Jones wasn't specifically  
 16 set up for that purpose.

17 CHAYTOR, Q.C.:

18 Q. Yes, and I understood that, but in raising it  
 19 then as an issue with her, was it to inform  
 20 Ms. Jones of the issue or were you looking to  
 21 have her do something with the information?

22 MR. DAWE:

23 A. I think from our--well, from my perspective,  
 24 it would have been factual information.  
 25 Here's the factual information. We certainly-

Page 172

1 -we wouldn't ask her to follow up on any  
 2 issue. That's not the way we would operate  
 3 with the opposition. We'd just give them  
 4 information, whoever is in opposition, and say  
 5 "here are the issues we're dealing with" and  
 6 leave it up to them if they follow up or not.  
 7 So it wouldn't have been given in a sense of  
 8 "please," you know, with a caveat, "please  
 9 take this and bring it up in the House." It  
 10 would have been "you wanted to know what the  
 11 health care issues are out there. Here's an  
 12 issue. It's unresolved. It's hanging out  
 13 there," and it would have been factual  
 14 information passed on to her.

15 CHAYTOR, Q.C.:

16 Q. And did you express to Ms. Jones your concern  
 17 about the communications around the issue?

18 MR. DAWE:

19 A. Absolutely, expressed our concerns that, you  
 20 know, people with cancer hadn't been well  
 21 served by this process and that there still  
 22 could be people out there who needed help.

23 CHAYTOR, Q.C.:

24 Q. And to your knowledge, did Ms. Jones raise  
 25 this in the House of Assembly?

Page 173

1 MR. DAWE:  
 2 A. Not to my knowledge, no.  
 3 CHAYTOR, Q.C.:  
 4 Q. And on page 16 of the same exhibit, P-2520,  
 5 May 15th, 2006, you've put in your  
 6 appointments "call John Abbott" and over on  
 7 the right, you have "ER/PR letter." First of  
 8 all, the reference regarding calling Mr.  
 9 Abbott, did that have anything to do with the  
 10 ER/PR issue at this point in time?  
 11 MR. DAWE:  
 12 A. No.  
 13 CHAYTOR, Q.C.:  
 14 Q. And the ER/PR letter, what is being  
 15 referenced? What ER/PR letter is that?  
 16 MR. DAWE:  
 17 A. We discussed at our board level writing a  
 18 letter to the Board of Eastern Health  
 19 Authority expressing our concerns with the  
 20 actions of Eastern Health, the communication  
 21 issues from Eastern Health around the ER/PR  
 22 issue, and that note is a reminder to myself,  
 23 again more of a to-do list than, you know,  
 24 anything necessarily meaningful happening at  
 25 8:00 on the 15th.

Page 174

1 CHAYTOR, Q.C.:  
 2 Q. And then on the next page, on May 18th, you  
 3 have a meeting with J. Abbott, Mr. Abbott, and  
 4 did that have anything to do with ER/PR?  
 5 MR. DAWE:  
 6 A. No.  
 7 CHAYTOR, Q.C.:  
 8 Q. And was ER/PR discussed at your meeting with  
 9 him?  
 10 MR. DAWE:  
 11 A. No.  
 12 CHAYTOR, Q.C.:  
 13 Q. If we could have, please, P-1366? This is a  
 14 fax transmission from--sorry, to Pam Elliott  
 15 and Heather Predham from Dr. Robert Williams,  
 16 May 2nd, 2006. "Pam, Heather. Dr. Williams  
 17 would like to both" I guess it's both of you,  
 18 "both to review the attached letter and  
 19 provide him with comments before he sends.  
 20 Thanks, Denise." And the letter, in draft, is  
 21 dated April 27th, 2006, and it is addressed to  
 22 you as Executive Director of the Canadian  
 23 Cancer Society, and it's from Dr. Williams.  
 24 First of all, did you receive such a letter  
 25 from Dr. Williams?

Page 175

1 MR. DAWE:  
 2 A. Whether it's that particular draft or not, I'm  
 3 not sure, but I did receive a letter from Dr.  
 4 Williams.  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay, and if we could have, please, 1126?  
 7 This letter is dated May 15th, 2006, private  
 8 and confidential. It says that it's sent, I  
 9 believe that's May 16th, 2006. It's signed by  
 10 Dr. Williams. So does this look to be the  
 11 letter that you received?  
 12 MR. DAWE:  
 13 A. Yes.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay, and Dr. Williams writes that he's  
 16 "strongly supporting your endeavours to get  
 17 the issue of hormone receptor testing on the  
 18 national agenda with a view to improving the  
 19 quality and reproducibility of tests across  
 20 the country. The results of these tests are  
 21 being relied on as important factors in  
 22 determining treatment for breast cancer  
 23 patients." And he indicates that he's  
 24 "attached a dossier of literature that we have  
 25 reviewed here at Eastern Health, in Eastern

Page 176

1 Health, with respect to methodologies and  
 2 outcomes with respect to estrogen and  
 3 progesterone receptor testing." So I take it  
 4 that Dr. Williams sent you along some  
 5 literature with respect to this test?  
 6 MR. DAWE:  
 7 A. Yes.  
 8 CHAYTOR, Q.C.:  
 9 Q. And I believe it's in fact attached here, part  
 10 of the exhibit. Would this be -  
 11 MR. DAWE:  
 12 A. Yes.  
 13 CHAYTOR, Q.C.:  
 14 Q. - the article that he forwarded to you? Okay.  
 15 And he writes "any efforts your national  
 16 association could offer as you move forward  
 17 with a National Cancer Strategy to encompass  
 18 enhancing quality in this important area would  
 19 be pursued." So what did you understand Dr.  
 20 Williams, the point in Dr. Williams sending  
 21 you this letter?  
 22 MR. DAWE:  
 23 A. Well, it had been a side discussion between  
 24 myself and Dr. Williams and certainly myself  
 25 and people at the national level of the

Page 177

1 Canadian Cancer Society and even with people  
 2 locally here, certainly we discussed it within  
 3 our own organization here, that it's possible  
 4 that there's problems in other labs. And  
 5 there's two things, again, two issues. One  
 6 issue being is there an inherent problem with  
 7 the test itself. Just the nature of the test,  
 8 it's impossible to get it 100 percent correct  
 9 every time. And then the other issue is is  
 10 there quality issues in other labs. And for  
 11 an organization like the Canadian Cancer  
 12 Society, I'm not sure either one, you know,  
 13 either issue is a big issue. Either issue  
 14 represents the possibility that there's people  
 15 not receiving proper treatment or prognosis  
 16 and treatment. So I took this as a letter  
 17 from Dr. Williams passing along some  
 18 information. The, actually, the article he  
 19 gave me is something I had in my possession  
 20 anyway. I'm not sure, you know, the point of  
 21 him writing me. We'd had this conversation  
 22 several times, in any event. I didn't need  
 23 anything in writing from him to understand  
 24 what we were doing with this issue. He does  
 25 address some other issues in the letter.

Page 178

1 CHAYTOR, Q.C.:  
 2 Q. Yeah, okay. And I'll take you to those. So  
 3 in terms of him looking for any efforts that  
 4 the national association, presumably meaning  
 5 the Cancer Society could offer, Dr. Williams  
 6 seems to be looking to the Canadian Cancer  
 7 Society to try and move forward with the issue  
 8 or move forward with the National Cancer  
 9 Strategy to encompass, he says, enhancing  
 10 quality in this area. Did you pursue that,  
 11 did you take that up with your national  
 12 counterparts?  
 13 MR. DAWE:  
 14 A. Yes, and continue to take it up. He's  
 15 confusing a couple of issues--not a couple,  
 16 but he's confusing the National Cancer  
 17 Strategy with the Canadian Cancer Society. We  
 18 were part of a large number of people working  
 19 on a national strategy, but we didn't control  
 20 it to the extent that we could decide whether  
 21 they'd look at the ER/PR testing issue or not.  
 22 But I have pursued it nationally with my  
 23 colleagues, we have pursued it with the  
 24 Canadian Strategy for Cancer Control which has  
 25 evolved into the Canadian Partnership against

Page 179

1 Cancer and continue to pursue it.  
 2 CHAYTOR, Q.C.:  
 3 Q. And he continues with his letter to say "As I  
 4 advised you, our two consultants have  
 5 revisited the province to review our efforts  
 6 here and once we receive the reports, we will  
 7 be making a decision concerning re-instituting  
 8 immunohistochemical testing within the  
 9 laboratory services here in St. John's.  
 10 Before we re-institute testing we will be  
 11 doing an update and briefing session and I  
 12 would like to extend to you an opportunity to  
 13 be involved in that process." Mr. Dawe, were  
 14 you involved, did you get an invitation or an  
 15 opportunity to be involved in that process?  
 16 MR. DAWE:  
 17 A. No.  
 18 CHAYTOR, Q.C.:  
 19 Q. And did anyone else--did anyone ever follow-up  
 20 with this, anyone ever follow-up and invite  
 21 you to any kind of participation on the issue?  
 22 MR. DAWE:  
 23 A. No. I found out through the media that they  
 24 had begun retesting.  
 25 CHAYTOR, Q.C.:

Page 180

1 Q. And he writes that "You can be assured of  
 2 Eastern Health's support in any further  
 3 attempts you make in moving the hormone  
 4 receptor testing forward in terms of quality  
 5 and as part of any National Cancer Strategy  
 6 for our country." So, Mr. Dawe, in receiving  
 7 this letter from Dr. Williams what, if any,  
 8 action did you take in response to this?  
 9 MR. DAWE:  
 10 A. I didn't take any specific action. I was glad  
 11 to hear that the consultants were going to do  
 12 a follow-up visit. You know, again, as part  
 13 of the ongoing relationship I'm sure I felt  
 14 somewhat reassured that, you know, I would be  
 15 part of a process, and when I'm saying I, I'm  
 16 talking about the Canadian Cancer Society, an  
 17 outside organization is going to be part of  
 18 the process of deciding whether they'd go  
 19 forward with testing. Again, it certainly  
 20 fits in with the relationship or the, at that  
 21 point in time how the relationship felt with  
 22 Eastern Health and it was that, you know,  
 23 there didn't seem to be any new information  
 24 coming forward, there seemed to be a lull in--  
 25 or again, I described it as we had a sense of

Page 181

1 we were lulled into this, I wouldn't call it  
 2 complacency, but certainly this sense that  
 3 there didn't seem to be any specific thing we  
 4 could do to be more proactive on this. And  
 5 until something else happened or there was  
 6 some other way to bring up the issue again, we  
 7 certainly ended up just being, you know,  
 8 moving on to other issues and being reactive  
 9 on the whole ER/PR issue.

10 CHAYTOR, Q.C.:

11 Q. Okay. Now, if I could have, please, P-2509?  
 12 And this is an e-mail from yourself to Dr. Roy  
 13 West, June 9th, 2006. "Hi Roy, Here's a draft  
 14 of the letter to Eastern Health re hormone  
 15 receptor testing. I know there is no rush on  
 16 this, but I don't want to lose the issue  
 17 either. We've told the board we will vet it  
 18 through them also. Peter." And this is the  
 19 draft of the letter for Ms. Joan Dawe,  
 20 Chairperson. And it's written for Dr. West's  
 21 signature. And the letter includes, in part,  
 22 "On behalf of the Board of Directors of the  
 23 Canadian Cancer Society, I would like to state  
 24 our sincere appreciation for the cooperation  
 25 shown by senior staff of Eastern Health in

Page 182

1 communicating with the Canadian Cancer Society  
 2 on this issue. In particular, Dr. Bob  
 3 Williams has been very open and accessible  
 4 with our executive director, Mr. Peter Dawe."  
 5 And I take it, Mr. Dawe, you would agree with  
 6 that statement?

7 MR. DAWE:

8 A. Yes.

9 CHAYTOR, Q.C.:

10 Q. Okay. "I would also like to convey the  
 11 following concerns as formulated at a recent  
 12 board of directors meeting. We believe that  
 13 any treatment system should be truly patient  
 14 focused, that is to say, that the system must  
 15 treat the person receiving services with  
 16 respect and dignity. Open communication and  
 17 inclusion should be a hallmark of such a  
 18 system. The Canadian Cancer Society is  
 19 concerned that open communication with each  
 20 person involved in the hormone receptor  
 21 retesting was not handled as well as it could  
 22 have been. The delay in informing people that  
 23 their samples would be retested left these  
 24 people on the outside of an important issue  
 25 that directly affected them. For some of

Page 183

1 these people, those with false negatives, it  
 2 meant they were not included in the correction  
 3 of a diagnostic process that had major  
 4 implications for their prognosis. We realize  
 5 that the intent was to spare people the  
 6 anxiety of waiting for the retesting results,  
 7 however, the health care system has evolved  
 8 past the time when people are not fully  
 9 informed of the issues that directly effect  
 10 their outcomes regardless of the perceived  
 11 reaction. Canadian Cancer Society is fully  
 12 supportive of the vital work of Eastern  
 13 Health, in particular, the outstanding  
 14 dedication and commitment shown by cancer  
 15 staff." And it goes on, it says, "In fact, it  
 16 is our belief that the relationship has  
 17 improved with the creation of the Eastern  
 18 Health Authority. In this context the purpose  
 19 of this letter is to express our concerns  
 20 about the hormone receptor issues, one  
 21 colleague to another in our common endeavour  
 22 to improve the health of the people of  
 23 Newfoundland and Labrador." Mr. Dawe, I take  
 24 it you drafted this draft for Dr. West to  
 25 review?

Page 184

1 MR. DAWE:

2 A. Yes.

3 CHAYTOR, Q.C.:

4 Q. Okay. And at this point in time in writing  
 5 this, in June of 2006 was it your belief that  
 6 the relationship with the Cancer Society had  
 7 improved with the creation of Eastern Health  
 8 Authority?

9 MR. DAWE:

10 A. Not necessarily. And it ended up being a  
 11 discussion point, ultimately we didn't send  
 12 the letter and -

13 CHAYTOR, Q.C.:

14 Q. This letter never went?

15 MR. DAWE:

16 A. This letter never was sent.

17 CHAYTOR, Q.C.:

18 Q. What was the purpose, in any event, in  
 19 drafting this letter at this point in time now  
 20 in the beginning of June, 2006?

21 MR. DAWE:

22 A. The purpose would have been to register a  
 23 concern directly with the board of Eastern  
 24 Health. We had stated to many staff people,  
 25 from the CEO on down what our concerns were;

Page 185

1 we'd stated publicly what our concerns were.  
 2 We still saw it as an Eastern Health Authority  
 3 issue and this would have been a direct  
 4 contact with their board of directors  
 5 outlining what our concerns were.  
 6 CHAYTOR, Q.C.:  
 7 Q. And why was it decided not to send the letter?  
 8 MR. DAWE:  
 9 A. We couldn't reach an agreement, I say we,  
 10 essentially myself and Dr. West couldn't  
 11 really reach agreement on exactly the tone and  
 12 the wording of the letter. We had talked  
 13 about what the tone should be and what should  
 14 be in the letter and I wrote it from that  
 15 perspective. We talked about, and my opinion,  
 16 was that we should have been a lot more  
 17 explicit and that while we certainly were  
 18 appreciative of the efforts of someone like a  
 19 Bob Williams in maintaining a relationship  
 20 with us, we certainly, at that point, still  
 21 knew there was information that we didn't have  
 22 and that we thought the public should have,  
 23 not necessarily that we should have it, but  
 24 that it should have been public and that there  
 25 was still, we still had concerns about

Page 186

1 individual patients. And so it ended up being  
 2 we couldn't come to a full agreement on the  
 3 detail of the letter. And it just, it's  
 4 something that, looking back on it, it would  
 5 have been, I still believe it would have been  
 6 good to have a record in writing from our  
 7 board to their board explicitly expressing our  
 8 concerns.  
 9 CHAYTOR, Q.C.:  
 10 Q. If I could have, please, P-2520, page 23? The  
 11 next month now, it's July, 2006 in your  
 12 calendar and you have Mr. Tilley's name in the  
 13 right-hand side of your agenda. Do you recall  
 14 what that was in reference to?  
 15 MR. DAWE:  
 16 A. No.  
 17 CHAYTOR, Q.C.:  
 18 Q. Did it have anything to do with the ER/PR  
 19 issue?  
 20 MR. DAWE:  
 21 A. It could very well have, I don't know.  
 22 CHAYTOR, Q.C.:  
 23 Q. Did you have any discussions in the summer of  
 24 2006 or any meetings with Eastern Health  
 25 personnel regarding ER/PR?

Page 187

1 MR. DAWE:  
 2 A. The summer of '06 I doubt very much if there  
 3 was anything directly related to ER/PR.  
 4 CHAYTOR, Q.C.:  
 5 Q. If I could have, please, P-2510? And this is  
 6 e-mail communications within Eastern Health.  
 7 And I believe the first begins with Mrs.  
 8 Pilgrim and it's to Leona Barrington, Heather  
 9 Predham, Susan Bonnell, August 8th, 2006, and  
 10 it's "Re ER/PR review." And she writes, "Hi  
 11 there, I had a call in to Peter Dawe and even  
 12 though he is on annual leave he has responded  
 13 that I can get him via e-mail or his cell  
 14 phone, so here are the decisions we have to  
 15 make: Do we contact him while on his vacation?  
 16 Do I e-mail or do it via phone? Which parts  
 17 of the following, if any, and what else do I  
 18 include? Your thoughts, please? Pat." And  
 19 then there's a draft of an e-mail, "Hi Peter,"  
 20 with three, four, five, five bullets and a  
 21 potential sixth. So she writes, "I understand  
 22 you're on holidays and I hope you are  
 23 enjoying. I was trying to touch base with you  
 24 re the latest media coverage related to our  
 25 ER/PR review. As you are probably aware,

Page 188

1 there has been some recent coverage involving  
 2 a patient, Mrs. Lewis, and her lawyer, Ches  
 3 Crosbie. We cannot comment specifically about  
 4 the case for confidentiality reasons, just to  
 5 say her case was part of our review. I just  
 6 wanted to update you with the latest  
 7 information and offer any further  
 8 clarification information you might need and  
 9 the update is as follows." And there's  
 10 reference to the number of cases that have  
 11 been reviewed. "Any results received from  
 12 Mount Sinai indicating the status of the  
 13 report has changed are reviewed by the expert  
 14 panel. Thirdly, as part of the review, over  
 15 1000 charts, we have identified a small number  
 16 of cases that require further follow-up not  
 17 related to ER/PR status, but an issue detected  
 18 as a byproduct of the original investigation.  
 19 We are in the process of notifying these  
 20 patients and finalizing any recommendations.  
 21 As you know, any review of this magnitude will  
 22 result in identification of issues that we  
 23 might not have been otherwise aware of." And  
 24 "We are working to have the review and follow-  
 25 up with the patients completed by the end of

Page 189

1 the summer." And "Throughout the process we  
 2 have been committed to disclosure and  
 3 attention to the needs of our patients. We  
 4 will continue with this focus." And Ms.  
 5 Pilgrim sends that for feedback to the  
 6 individuals that I mentioned and receives a  
 7 response from Ms. Bonnell indicating, "Why  
 8 don't you e-mail him and let him know there  
 9 have been some new developments in the media  
 10 and that if he has any questions or concerns,  
 11 he can get in touch with you. Put the ball  
 12 back in his court. Perhaps you could also  
 13 tell him that we are nearing completion re the  
 14 ER--review of the ER/PR tests and should be in  
 15 a position to talk about causative factor as  
 16 well as operational changes/solutions to  
 17 address these very soon. I think the offer to  
 18 keep him in the loop is as important, if not  
 19 more important than the actual information you  
 20 can provide." First of all, we'll just deal  
 21 with Ms. Bonnell's response. The idea of  
 22 offering to keep you in the loop as being as  
 23 important if not more important than the  
 24 actual information provided, what's your  
 25 opinion on that statement, Mr. Dawe?

Page 190

1 MR. DAWE:  
 2 A. I think it's a reference to what I would  
 3 consider the--you know, as I was exposed to  
 4 more information coming out of Eastern Health  
 5 internal correspondence, that, you know, it  
 6 signifies an "us" and "them" type mentality  
 7 where the Canadian Cancer Society, I think,  
 8 was seen as--not seen as an organization that  
 9 could help with these issues, it was seen as a  
 10 bit of an antagonist who--you know, keep your  
 11 friend close, and your enemies closer. So  
 12 they wanted to maintain the perception of a  
 13 relationship with me and with the organization  
 14 and might temper anything we say in the media,  
 15 etc. That's what I read into it, but I think  
 16 it's very unfortunate. I think that we were  
 17 an organization that was ready to help  
 18 whenever we could, and we could have made a  
 19 major difference to some of their outcomes,  
 20 but we weren't viewed that way. Not be naive  
 21 about it, we certainly felt, as I've stated  
 22 several times now, through this period of time  
 23 that there was more going on than we knew  
 24 about, and that there was more people out  
 25 there, who needed help, but we felt, I think,

Page 191

1 quite helpless ourselves in how to reach those  
 2 people or how to work with Eastern Health to  
 3 get at that problem.  
 4 CHAYTOR, Q.C.:  
 5 Q. Mr. Dawe, and the suggestion that rather than  
 6 send the detailed information on to you, that  
 7 Ms. Pilgrim is indicating could perhaps go,  
 8 this information, rather than do that, the  
 9 suggestion by Ms. Bonnell instead just to let  
 10 you know there's been some new developments  
 11 and put the onus on you to ask the questions,  
 12 do you have any comment on that aspect of the  
 13 e-mail?  
 14 MR. DAWE:  
 15 A. No, other than what I've said already, that,  
 16 you know, it starts turning into an "us" and  
 17 "them", and again it's--I think it's really  
 18 unfortunate because if we had been brought  
 19 into the loop and looked at as a resource, I  
 20 think it could have turned out a lot  
 21 differently for a lot of people.  
 22 CHAYTOR, Q.C.:  
 23 Q. Okay. Ms. Bonnell indicates that they should  
 24 be in a position to talk about causative  
 25 factors as well as operational changes and

Page 192

1 solutions very soon, and this is August 8th,  
 2 2006. Did they ever speak to you about  
 3 causative factors?  
 4 MR. DAWE:  
 5 A. No, not unless I asked, you know, and the  
 6 question was asked various times by--I would  
 7 say by August of '06, I don't think it was a  
 8 question we were asking a whole lot. We'd  
 9 asked it and got the same response everywhere  
 10 we'd asked it.  
 11 CHAYTOR, Q.C.:  
 12 Q. And Ms. Predham's response is, "Actually,  
 13 Susan, that is an excellent idea. That being  
 14 said, your draft e-mail is good, with my two  
 15 cents being", and she corrects--Ms. Predham  
 16 corrects the number of cases, and her second  
 17 bullet, she wouldn't include the third bullet  
 18 at all personally, "could we say that a small  
 19 number of cases were not as straightforward as  
 20 the majority and require more focused  
 21 attention or something like that, and you'll  
 22 recall the third bullet is to do with the  
 23 people who had not so much change in their  
 24 ER/PR status, but other issues with their  
 25 original diagnosis". Mr. Dawe, did you ever



Page 193

1 receive the detailed information that Ms.  
 2 Pilgrim had set out here?  
 3 MR. DAWE:  
 4 A. No.  
 5 CHAYTOR, Q.C.:  
 6 Q. If we could look, please, at P-2511, this is  
 7 an e-mail then that is forwarded to you on  
 8 August 11th, 2006, from Diane Smith, copied  
 9 Sharon Smith, and it's a message from Ms.  
 10 Pilgrim, "Hi Peter, I was trying to get in  
 11 touch with you late last week as there were  
 12 some developments in the media related to  
 13 ER/PR. Just in case you had any questions or  
 14 concerns, give me or Sharon Smith a call when  
 15 you get back to the office after your  
 16 vacation, and we discuss", she says. Is this  
 17 the e-mail you in fact received?  
 18 MR. DAWE:  
 19 A. Yes.  
 20 CHAYTOR, Q.C.:  
 21 Q. And did you then contact Ms. Pilgrim or Ms.  
 22 Smith upon return?  
 23 MR. DAWE:  
 24 A. I believe I called Pat and had a discussion,  
 25 telephone discussion.

Page 194

1 CHAYTOR, Q.C.:  
 2 Q. And do you recall what was relayed to you in  
 3 terms of the developments at that time?  
 4 MR. DAWE:  
 5 A. It wasn't an--my recollection would be that it  
 6 wasn't an extensive discussion. It certainly  
 7 wasn't the length of even the e-mail that was  
 8 drafted. It did concern the media stories  
 9 around some other issues that had come up  
 10 through the ER/PR testing process, but it  
 11 certainly wasn't specific even on those  
 12 particular issues. It was a pretty general  
 13 conversation as I remember it.  
 14 CHAYTOR, Q.C.:  
 15 Q. If we could have, please, P-2484. This is an  
 16 e-mail from Sharon Hopkins on behalf of Dr.  
 17 Robert Williams, and it's sent to Dr. Denic,  
 18 Ms. Predham, and Mr. Tilley, and Dr. Howell,  
 19 and it's "re; ER/PR", and Dr. Williams writes,  
 20 "I have been briefing Mr. Peter Dawe of the  
 21 Canadian Cancer Society on a regular basis re;  
 22 ER/PR status. I advised him that as soon as  
 23 we make a decision to retest here, we will  
 24 advise him and brief him on the status of the  
 25 retesting and approach for the future. He has

Page 195

1 been asked by the Canadian Center Society to  
 2 work on their behalf on any national standards  
 3 setting in reference laboratory approach which  
 4 we have lobbied for nationally. I feel it is  
 5 very important we keep Mr. Dawe in the loop  
 6 after we have met and have made decisions and  
 7 have information to share with Mr. Dawe", and,  
 8 of course, Mr. Williams left his position  
 9 around this time. After Dr. Williams left,  
 10 were you kept in the loop to the same degree  
 11 that you were while he was in his position?  
 12 MR. DAWE:  
 13 A. No.  
 14 CHAYTOR, Q.C.:  
 15 Q. Did you have any meetings or discussions with  
 16 Dr. Howell on the issue after he assumed the  
 17 position?  
 18 MR. DAWE:  
 19 A. I had one meeting with Dr. Howell on December  
 20 11th, I believe, where we--they had done some  
 21 press work, media work that morning, and I met  
 22 with him that afternoon to discuss the issue  
 23 of ER/PR.  
 24 CHAYTOR, Q.C.:  
 25 Q. And I will ask you about that meeting. That

Page 196

1 immediately follows the media technical  
 2 briefing on December 11th, I take it?  
 3 MR. DAWE:  
 4 A. Yes, the media technical briefing, yes.  
 5 CHAYTOR, Q.C.:  
 6 Q. Did anyone other than Dr. Howell keep you up  
 7 to date on a regular basis? For example, what  
 8 about Ms. Pilgrim, did she keep in touch with  
 9 you to keep you advised of developments?  
 10 MR. DAWE:  
 11 A. Aside from the conversation we had based on  
 12 the e-mail in August, I didn't receive any  
 13 feedback, any updates from anybody, no.  
 14 CHAYTOR, Q.C.:  
 15 Q. If we could have, please, P-2520, the next  
 16 page, 24. It's October 12th, 2006, in your  
 17 agenda and on the right hand side towards the  
 18 bottom you have a note to call J. Abbott.  
 19 Would that be about the ER/PR issue?  
 20 MR. DAWE:  
 21 A. No.  
 22 CHAYTOR, Q.C.:  
 23 Q. And then on the 16th of October, again we have  
 24 Mr. Abbott's name appearing in your calendar.  
 25 Is that in relation to the ER/PR issue?

Page 197

1 MR. DAWE:  
 2 A. No.  
 3 CHAYTOR, Q.C.:  
 4 Q. And then we have November 2nd, 2006, and you  
 5 have an asterisk by George Tilley's name. Is  
 6 that in relation to the ER/PR issue?  
 7 MR. DAWE:  
 8 A. I don't believe so, no.  
 9 CHAYTOR, Q.C.:  
 10 Q. There's a note in your calendar on November  
 11 21st, 9:30, and I can't really read it, but is  
 12 that in any way related to the ER/PR issue?  
 13 MR. DAWE:  
 14 A. No, it's a meeting with the Minister of Health  
 15 and it's concerning power walls tobacco issue.  
 16 CHAYTOR, Q.C.:  
 17 Q. So did you meet with the minister, Minister  
 18 Osborne, on that date?  
 19 MR. DAWE:  
 20 A. My recollection would be, yes, I did.  
 21 CHAYTOR, Q.C.:  
 22 Q. And no discussion about the ER/PR issue?  
 23 MR. DAWE:  
 24 A. No.  
 25 CHAYTOR, Q.C.:

Page 198

1 Q. Okay, and this is November 21st, 2006.  
 2 November 30th, 2006, and everything is crossed  
 3 off your calendar except "Festival of Trees".  
 4 MR. DAWE:  
 5 A. Festival of Trees, yes.  
 6 CHAYTOR, Q.C.:  
 7 Q. And what is that in relation to?  
 8 MR. DAWE:  
 9 A. That's a gala dinner fundraising event put off  
 10 on behalf of the Canadian Cancer Society  
 11 annually. It's held at the Delta in St.  
 12 John's.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay, I've heard of it, and I'm just wondering  
 15 --we're going with your redactions, and  
 16 everything else was redacted here. I'm just  
 17 wondering why that wouldn't be crossed off or  
 18 is that just an oversight?  
 19 MR. DAWE:  
 20 A. That's--I did have a brief discussion with  
 21 Minister Osborne--a lengthy discussion with  
 22 Minister Osborne at the time. He actually  
 23 attended the Festival of Trees event. We  
 24 discussed several things. He did make the  
 25 same comment early in the evening that, you

Page 199

1 know, we seem to be beating them up in the  
 2 media. That was--his direct quote, I think,  
 3 was, "Peter, you're still beating us up in the  
 4 media", and again my explanation or trying to  
 5 explain to him the role of an advocacy  
 6 organization, and the tightrope you have to  
 7 walk or the balancing act you have to do, but  
 8 he didn't necessarily reference ER/PR.  
 9 CHAYTOR, Q.C.:  
 10 Q. And were you in the media around this time  
 11 speaking still on the ER/PR issue?  
 12 MR. DAWE:  
 13 A. It's possible, but it certainly would have  
 14 been an issue like the financial burden of  
 15 cancer--diagnosis of cancer on a cancer  
 16 patient would have been--again we would have  
 17 by this time moved on to, from an advocacy  
 18 perspective, some other files, and I would  
 19 think November '06, we were attempting to put  
 20 a lot of pressure on the provincial government  
 21 around cost of transportation, accommodations,  
 22 medications for cancer patients.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay, and if we could have, please, 2512, and  
 25 this is an e-mail to you, October 25th, 2006.

Page 200

1 and it's sent on behalf of the Canadian  
 2 Association of Pathologists, from Dr. Butany,  
 3 and he writes, "In reply to our letter, Dr.  
 4 Paul Lapierre mentioned that you would be our  
 5 contact person with the Canadian Cancer  
 6 Society. A conference call with interested  
 7 coalition partners will be set up shortly. In  
 8 the meantime, please do not hesitate to  
 9 contact us should you have any questions. We  
 10 look forward to working with you to the  
 11 establishment of national standards for  
 12 laboratory immunohistochemistry testing", and  
 13 you just replied saying, "Thank you", you look  
 14 forward to the project. This is in October of  
 15 2006, so I take it this is the committee that  
 16 --is this the committee you're ultimately  
 17 appointed to?  
 18 MR. DAWE:  
 19 A. Yes.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. And if we could have, please, P-0178.  
 22 This is an e-mail from Ms. Bonnell to Ms.  
 23 Mundon, and it's November 22nd, 2006, and this  
 24 is, we understand, leading up to the media  
 25 technical briefing of December 11th, and it's

Page 201

1 indicated, "We are going to brief Peter Dawe  
 2 next Friday, December 1st, and are going to  
 3 arrange media for December 11th. Oscar can  
 4 make himself available whenever this week".  
 5 So we understand this was intended for you to  
 6 have an advance briefing of the December 11th  
 7 technical media briefing. Did that happen,  
 8 did you have an advance briefing?  
 9 MR. DAWE:  
 10 A. No.  
 11 CHAYTOR, Q.C.:  
 12 Q. Were you even aware that it had at one point  
 13 been contemplated that you would have such a  
 14 briefing?  
 15 MR. DAWE:  
 16 A. I do believe I was aware that--because I  
 17 remember asking if I could attend. I wanted  
 18 to be--I knew the briefing was happening, and  
 19 whether I knew they were contemplating it or I  
 20 just went ahead and made the request, but I  
 21 was interested and at one point thought I was  
 22 going to sit in on the technical briefing.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay, and did you, in fact, sit in on the  
 25 technical briefing?

Page 202

1 MR. DAWE:  
 2 A. No.  
 3 CHAYTOR, Q.C.:  
 4 Q. And why not?  
 5 MR. DAWE:  
 6 A. I was never offered the opportunity.  
 7 CHAYTOR, Q.C.:  
 8 Q. If we could have, please, P-1408, and Mr.  
 9 Dawe, I asked you a few moments ago in  
 10 reference to the November 30th reference in  
 11 your calendar following your discussion with  
 12 Minister Osborne, whether you were in the  
 13 media talking about the ER/PR issue around  
 14 that time, and this is a transcript of the CBC  
 15 news Here and Now, Thursday, November 23rd,  
 16 2008, and it's an interview that you along  
 17 with Minnie Hoyles did with Chris O'Neil-  
 18 Yates. Do you recall this interview?  
 19 MR. DAWE:  
 20 A. Yes.  
 21 CHAYTOR, Q.C.:  
 22 Q. And the types of questions that--or the types  
 23 of comments that you're making, let me take  
 24 you down here to you're quoted as saying or  
 25 this is a transcript of what you said, "This

Page 203

1 is the type of information that should be made  
 2 public. Obviously, it's a concern that it's  
 3 taking up to 18 months, and we still don't  
 4 have that information being made public", and  
 5 then Chris O'Neil-Yates says, "Dawe says the  
 6 lack of information is distressing for breast  
 7 cancer survivors and their families", and  
 8 you're asking "What happened? Why was this  
 9 mistake made or these series of mistakes?  
 10 That then leads into what we have done about  
 11 it. What has the system done about it to fix  
 12 it". So, Mr. Dawe, it appears that at least  
 13 on November 23rd, 2006, you are in the media  
 14 talking about this issue, wondering why it's  
 15 taking so long for the results and wondering  
 16 what happened to, in fact, cause the mistake.  
 17 MR. DAWE:  
 18 A. Absolutely. It wasn't an interview that we  
 19 initiated and we were approached for the  
 20 interview. Again it's reactionary to a request  
 21 from the media. We weren't on full alert, if  
 22 you will, and we--again the sense then was we  
 23 knew there was going to be some information  
 24 becoming available in early December and we  
 25 wanted to--we certainly wanted more

Page 204

1 information than had been available up to that  
 2 point, and we were thinking that the December  
 3 press conference, the long awaited press  
 4 conference from Eastern Health, would start  
 5 identifying some of these issues around what  
 6 actually happened, what went wrong, how we can  
 7 be satisfied now that the issue is fixed.  
 8 CHAYTOR, Q.C.:  
 9 Q. And if we could have, please, P-0181, and this  
 10 is an e-mail exchange again between Ms. Mundon  
 11 and she's writing to Leona Barrington and  
 12 Susan Bonnell, and it's November 27th, 2006,  
 13 so it's four days after the transcript that I  
 14 just showed you. "As a fellow up to the  
 15 briefing last week, just wondering if a date  
 16 has been confirmed for a briefing with the  
 17 media and Peter Dawe", and Ms. Bonnell's  
 18 response, "Tansy, the media briefings are  
 19 going to be set up for December 11th. We will  
 20 try to make time for Peter on that day, but  
 21 I'm not sure if we will be able to fit him in.  
 22 He won't be getting the advance "goodwill"  
 23 presentation I offered him last week. You  
 24 throw someone an olive branch and they whip  
 25 you to death with it ... fool me once", and I

Page 205

1 know, Mr. Dawe, you've--you're familiar with  
 2 this, you were probably here when Ms. Bonnell  
 3 spoke to this. It indicates that she had  
 4 offered you a presentation the previous week,  
 5 and do you recall that, do you recall her or  
 6 somebody having offered you -  
 7 MR. DAWE:  
 8 A. Well, again, I was interested in pursuing it  
 9 for my own information to get a better  
 10 understanding of the technical issues.  
 11 Whether she had contacted me or I had  
 12 contacted her, I certainly was under the  
 13 impression that they would get back to me and  
 14 let me know the details of when and where the  
 15 briefing would take place. Again I had an  
 16 understanding that I would be attending.  
 17 CHAYTOR, Q.C.:  
 18 Q. And were you aware at the time as to any  
 19 tension then between yourself and Ms. Bonnell  
 20 or anything that you would have done to have  
 21 her perceive that--you know, to have her react  
 22 this way?  
 23 MR. DAWE:  
 24 A. Absolutely not.  
 25 CHAYTOR, Q.C.:

Page 206

1 Q. I believe Mr. Hynes, Darrell Hynes, in his  
 2 evidence stated that around this time in a  
 3 meeting he attended in November, 2006, he  
 4 sensed in the meeting with Mr. Tilley and Ms.  
 5 Bonnell that there was a souring of relations  
 6 between Eastern Health and the Cancer Society,  
 7 or at least towards you as the Executive  
 8 Director. I believe he used words like he was  
 9 sensing that there may be a mistrust or a  
 10 dislike. If that were the case, were you  
 11 aware of it or had that been articulated to  
 12 you?  
 13 MR. DAWE:  
 14 A. I certainly wasn't aware of it at that time,  
 15 and it wasn't articulated to me at that time.  
 16 I think if you look at the media transcripts  
 17 and there wasn't much media activity leading  
 18 up the media event that they held in December.  
 19 If you look at the transcript that we just  
 20 looked at from the last week of November, it's  
 21 pretty innocuous the statements I'm making,  
 22 it's pretty basic questions about concerns  
 23 about what happened. So my take on it would  
 24 be I have no idea why Susan Bonnell or George  
 25 Tilley would be reacting negatively to

Page 207

1 anything I was saying in the media. I  
 2 certainly didn't say anything to either one of  
 3 them personally that would elicit that type of  
 4 response.  
 5 CHAYTOR, Q.C.:  
 6 Q. If I could have, please, P-2531.  
 7 REGISTRAR:  
 8 Q. P-2531?  
 9 CHAYTOR, Q.C.:  
 10 Q. Yes, please.  
 11 REGISTRAR:  
 12 Q. That's not an exhibit yet. It's for an  
 13 upcoming witness, but we can have it switched  
 14 over.  
 15 CHAYTOR, Q.C.:  
 16 Q. I'm sorry, it's 2513. I'm having a dyslexic  
 17 moment, sorry. Mr. Dawe, this is an e-mail  
 18 exchange between yourself and CBC reporter,  
 19 Mark Quinn, and it looks like it originates  
 20 with Mark Quinn and Leona Barrington, although  
 21 we don't have the rest of that in this  
 22 exhibit, and Mr. Quinn appears to have written  
 23 to Ms. Barrington, "I wonder if--I'm sorry, I  
 24 can't seem to follow that, but it appears that  
 25 --here we go, Mr. Quinn is writing to you on

Page 208

1 December 8th, 2006, re; hormone tests, "Peter,  
 2 I asked Leona Barrington do you have the  
 3 results of all the tests that were redone,  
 4 will that be discussed on Monday. She replied  
 5 we will release the number of patients who  
 6 have required treatment changes since this  
 7 discovery. See you on Monday", and it looks  
 8 like perhaps he cut and paste the answer here,  
 9 "I wonder if they are going to disclose all  
 10 the numbers or try to spin this. See you on  
 11 Monday. Mark", and then your response on  
 12 December 11th at 9:06 a.m, the morning of the  
 13 press conference or the technical briefing, "I  
 14 think they are being very cautious. I have  
 15 been invited over at three for a briefing",  
 16 and signed Peter. So what was this about and  
 17 how well do you know Mr. Quinn and what kinds  
 18 of contacts would you normally have with him?  
 19 MR. DAWE:  
 20 A. My recollection of the chain of events is that  
 21 on December 11th, and I don't know what day of  
 22 the week it was, it might have been a Friday  
 23 actually -  
 24 CHAYTOR, Q.C.:  
 25 Q. December 11th was a Monday.

Page 209

1 MR. DAWE:  
 2 A. Was a Monday?  
 3 CHAYTOR, Q.C.:  
 4 Q. In 2006.  
 5 MR. DAWE:  
 6 A. Okay, so Friday, December 8th -  
 7 CHAYTOR, Q.C.:  
 8 Q. I have it on good authority, Mr. Coffey, who  
 9 remembers these details.  
 10 MR. DAWE:  
 11 A. I have no doubt. Friday, December 8th, Mark  
 12 Quinn is e-mailing me, so that's where the  
 13 "see you Monday" comes from. He was under the  
 14 understanding that I would be attending the  
 15 technical briefing. He had asked me about it  
 16 earlier in the week. Mark Quinn is a reporter  
 17 with CBC Radio at the time and had been  
 18 following this story conscientiously from the  
 19 beginning, and had throughout the year of  
 20 2006, I would suggest, probably six or seven  
 21 times throughout that year had touched base  
 22 with me and said do you know anything else, do  
 23 you have any other information about the ER/PR  
 24 story. He certainly was of the opinion that  
 25 there was much more to the story that had been

Page 210

1 released to date, and he would follow up with  
 2 me, and if I knew of anything, I would  
 3 certainly tell him if I thought it was  
 4 appropriate, but there wasn't a whole lot to  
 5 be said throughout that year other than still  
 6 asking the same questions. No doubt I shared  
 7 wit him at times our concern that there were  
 8 still people out there who had been affected  
 9 by this and didn't even know it.  
 10 CHAYTOR, Q.C.:  
 11 Q. And you indicate in your response to Mr.  
 12 Quinn, "I think they are being very cautious".  
 13 What did you mean by that, cautious about  
 14 what?  
 15 MR. DAWE:  
 16 A. Eastern Health were being very cautious about  
 17 the information they were releasing. So again  
 18 --now this is on Monday. So the technical  
 19 briefing media event is happening then. I had  
 20 been--I hadn't received the explicit  
 21 permission to attend the technical briefing,  
 22 and by this time I had realized I wasn't going  
 23 to be allowed to attend. I had followed up  
 24 and contacted Susan Bonnell, and I think  
 25 that's what initiated Dr. Howell agreeing to

Page 211

1 meet me at 3 o'clock. My comment is--take it  
 2 for what it's worth, they're being very  
 3 cautious about the information they're going  
 4 to release. He wants to know if they're going  
 5 to release all the information. My belief at  
 6 the time was that they were being very  
 7 cautious about it.  
 8 CHAYTOR, Q.C.:  
 9 Q. And so you had followed up with Susan Bonnell  
 10 and asked about can I come to the briefing, or  
 11 am I getting any kind of briefing, and what  
 12 was her response to you?  
 13 MR. DAWE:  
 14 A. My recollection would be that I wasn't being  
 15 offered the technical briefing, and I wasn't  
 16 given a reason, but I said I wanted to meet  
 17 with Dr. Howell if possible, and that was set  
 18 up.  
 19 CHAYTOR, Q.C.:  
 20 Q. And if we could have, please, 2520, page 29,  
 21 and this is your calendar for that day, and  
 22 you have written in "Three o'clock, Admin,  
 23 Level 1, Health Science Centre, Dr. Oscar  
 24 Howell".  
 25 MR. DAWE:

Page 212

1 A. Right.  
 2 CHAYTOR, Q.C.:  
 3 Q. So that's your 3 o'clock meeting with him, and  
 4 so the media technical briefing had already  
 5 taken place at this point in time?  
 6 MR. DAWE:  
 7 A. Right.  
 8 CHAYTOR, Q.C.:  
 9 Q. Did he give you--what did Dr. Howell tell you  
 10 had transpired?  
 11 MR. DAWE:  
 12 A. Concerning -  
 13 CHAYTOR, Q.C.:  
 14 Q. What had happened -  
 15 MR. DAWE:  
 16 A. Me getting a briefing?  
 17 CHAYTOR, Q.C.:  
 18 Q. Yes.  
 19 MR. DAWE:  
 20 A. He didn't tell me why or why not.  
 21 CHAYTOR, Q.C.:  
 22 Q. So what did he tell you, what was discussed?  
 23 MR. DAWE:  
 24 A. It turned into, you know, he was the new VP  
 25 for--he had replaced Bob Williams, VP of

Page 213

1 Medical, and we had what I would call a very  
 2 introductory type meeting. He let me know a  
 3 little bit about himself, I let him know a few  
 4 things about the Canadian Cancer Society. He  
 5 acknowledged that there was, you know, lots of  
 6 concerns around the way things were--had  
 7 played out with ER/PR. I can remember him  
 8 being quite adamant in saying to me that he's  
 9 coming into this position and he wasn't going  
 10 to be--he wasn't there to cover anything up,  
 11 that he was there to help make the  
 12 organization run better and that's what he was  
 13 going to do.  
 14 CHAYTOR, Q.C.:  
 15 Q. Were you given any documentation, were you  
 16 given a copy of, for example, the PowerPoint  
 17 presentation or anything?  
 18 MR. DAWE:  
 19 A. No.  
 20 CHAYTOR, Q.C.:  
 21 Q. Mr. Dawe, did you then afterwards listen to  
 22 the media coverage of the event?  
 23 MR. DAWE:  
 24 A. Yes.  
 25 CHAYTOR, Q.C.:

Page 214

1 Q. And did you have any concerns about the  
 2 information that was given out or any  
 3 information that may not have been given out?  
 4 Did you have concerns at the time?  
 5 MR. DAWE:  
 6 A. Yes.  
 7 CHAYTOR, Q.C.:  
 8 Q. Perhaps you could tell us then about those  
 9 concerns?  
 10 MR. DAWE:  
 11 A. I was under the impression that, you know, new  
 12 information would be brought forward, complete  
 13 information would be brought forward on actual  
 14 numbers and the actual complete number of  
 15 people tested and what the actual results  
 16 were, and then talk about what that actually  
 17 meant for these people. That piece of  
 18 information wasn't addressed and there was  
 19 nothing around the actual--you know, the  
 20 follow up visits from the consultants and  
 21 anything around what actually caused these  
 22 issues to happen weren't addressed. From what  
 23 I can remember, the media event seemed to  
 24 focus on what Eastern Health were doing to  
 25 address any needs of people that they'd

Page 215

1 identified as needing more treatment or  
 2 different treatment, and that's what they  
 3 focused on.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay, and if I could have, please, P-0428,  
 6 page two, and this is a transcript of a media  
 7 interview that you did on that date, December  
 8 11th, 2006, at 5 p.m, and you're quoted as  
 9 saying--again it's an interview with Mark  
 10 Quinn, "What we're not seeing still is a full  
 11 explanation of the numbers of people that were  
 12 affected overall, and, you know, some idea of  
 13 what actually went wrong with the process".  
 14 So again it's the fact that not all the  
 15 numbers came out, nor what had caused the  
 16 problem hadn't been addressed, and those were  
 17 your concerns at the time in December, 2006?  
 18 MR. DAWE:  
 19 A. I remember having an expectation, for whatever  
 20 reason, that that's what that media event was  
 21 going to address. So it was rather glaring  
 22 that it wasn't there.  
 23 CHAYTOR, Q.C.:  
 24 Q. And then at page five, it's another article,  
 25 and it's entitled, "117 Newfoundland and

Page 216

1 Labrador cancer patients receive belated  
 2 hormone treatment", and you're quoted here as  
 3 saying, "Not receiving this treatment could  
 4 very well mean a life and death issue for  
 5 people going through the process, said Peter  
 6 Dawe. The lack of disclosure raises  
 7 questions, said Dawe, about what the problem  
 8 is and how it can be fixed". Again I'll take  
 9 another example here, page 14, and this is two  
 10 days later, December 13th, 2006, and I'm not  
 11 sure, this might be the same article that I  
 12 referred you to, if not, it's a similar quote  
 13 where you're saying, "What we're not seeing is  
 14 a full explanation of the numbers of people  
 15 that were affected overall and some idea of  
 16 what actually went wrong with the process.  
 17 Knowing how many people actually ended up with  
 18 a different treatment because of the issue  
 19 tells you about the impact of what that issue  
 20 had on a number of people. I guess what it  
 21 doesn't tell you is about the actual scope of  
 22 what went wrong". So, Mr. Dawe, I take it  
 23 that you were expecting that those issues  
 24 would have been addressed?  
 25 MR. DAWE:

1 A. Yes.  
 2 CHAYTOR, Q.C.:  
 3 Q. If we could have, please, Exhibit P-2520, page  
 4 30, and likewise, however, you were well aware  
 5 at the time that those issues had not been  
 6 addressed?  
 7 MR. DAWE:  
 8 A. That's correct.  
 9 CHAYTOR, Q.C.:  
 10 Q. And this is back to your calendar and it's now  
 11 January 4th, 2007, at 7:10 a.m. Is that an  
 12 appointment with Mark Quinn?  
 13 MR. DAWE:  
 14 A. It seems to be. It's an odd time for me to  
 15 make an appointment. It could have been  
 16 related to an early morning radio show or  
 17 something like that. I'm not sure.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay, do you know whether or not our meeting  
 20 that day would have involved ER/PR?  
 21 MR. DAWE:  
 22 A. More than likely it would have.  
 23 CHAYTOR, Q.C.:  
 24 Q. And then on February 5th, 2007, at 10 a.m.,  
 25 looks like Mark Quinn again, is that correct?

1 MR. DAWE:  
 2 A. Yes.  
 3 CHAYTOR, Q.C.:  
 4 Q. And do you recall was this a note to call them  
 5 regarding the ER/PR issue?  
 6 MR. DAWE:  
 7 A. I couldn't say for certain, but with those  
 8 three people together, more than likely it  
 9 was.  
 10 CHAYTOR, Q.C.:  
 11 Q. Did you contact anyone at Eastern Health,  
 12 whether these individuals or anyone else, to  
 13 let them know Mark Quinn's concerns?  
 14 MR. DAWE:  
 15 A. I don't think I would have told them  
 16 specifically about Mark Quinn. I would have  
 17 shared with them at any number of times, again  
 18 giving people heads up, that we were getting  
 19 media requests. It would be a common thing  
 20 for me to phone and say, look, we're getting a  
 21 media request on this issue, or even within  
 22 the ER/PR issue, and that I'm letting you know  
 23 that, you know, I need a piece of information,  
 24 I want to confirm a piece of information, or  
 25 even to say, look, you know, this is

1 MR. DAWE:  
 2 A. Yes.  
 3 CHAYTOR, Q.C.:  
 4 Q. And what in the first couple of months of  
 5 2007, what would you be meeting with Mark  
 6 Quinn to discuss in terms of ER/PR issue?  
 7 MR. DAWE:  
 8 A. It could very well be concerning other issues  
 9 too. I'm very active in the media on a number  
 10 of issues, but concerning ER/PR, and again  
 11 Mark was initiating the contact and his belief  
 12 that the full story didn't come out in  
 13 December, and he was trying to find ways,  
 14 either Access for Information Act, or in other  
 15 ways trying to find other information about  
 16 it, about the whole ER/PR story, and I'm sure  
 17 he would have been contacting me to find out  
 18 if I had received any new information myself  
 19 from any inquiries I would have been making.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay, and if we scroll down the end of your  
 22 diary for February 5th, 2007, you have, "Call  
 23 Sharon, Pat, and George". I take it that  
 24 would be Sharon Smith, Pat Pilgrim, and George  
 25 Tilley?

1 happening.  
 2 CHAYTOR, Q.C.:  
 3 Q. In terms of--obviously, you spoke about it in  
 4 the media at the time, but did you let Eastern  
 5 Health know personally, did you directly let  
 6 them know that you were concerned that not all  
 7 of the information had come out and that there  
 8 were still people looking for more  
 9 information? Did you have any discussions  
 10 along those lines with the people at Eastern  
 11 Health?  
 12 MR. DAWE:  
 13 A. Not in a organized "sit down let's talk about  
 14 this issue" format, but certainly in dealing  
 15 with--again if you look at that time frame,  
 16 and I said any time there was some media work  
 17 around ER/PR, we'd start getting some more  
 18 calls from people who were still confused,  
 19 still wondering if it affected them, etc. So  
 20 there would be give and take on issues like  
 21 that. More often than not, it would be a  
 22 telephone call, almost exclusively a telephone  
 23 call trying to follow up for an individual or  
 24 confirming information for an individual, and  
 25 there was certainly informal discussion on my

1 part and giving comment again to the  
 2 communication choices that Eastern Health were  
 3 making.  
 4 CHAYTOR, Q.C.:  
 5 Q. If we could have, please, 2520, page 33. It's  
 6 April 10th, 2007, and 10 a.m. appointment. It  
 7 looks like it's with Ross Wiseman, who would  
 8 now be the Minister of Health and Community  
 9 Services. Did you meet with Mr. Wiseman on  
 10 that day?  
 11 MR. DAWE:  
 12 A. Yes.  
 13 CHAYTOR, Q.C.:  
 14 Q. And did you raise the issue or was the issue  
 15 of ER/PR discussed with Mr. Wiseman?  
 16 MR. DAWE:  
 17 A. No.  
 18 CHAYTOR, Q.C.:  
 19 Q. And why not, why wouldn't you bring up your  
 20 concerns with Mr. Wiseman?  
 21 MR. DAWE:  
 22 A. Again we were dealing directly with Eastern  
 23 Health. We thought that's where the issue  
 24 lied. We didn't see it as a political issue  
 25 needing political intervention. The list of

1 MR. DAWE:  
 2 A. I didn't foresee it. Again, to go back to  
 3 Minister Ottenheimer, he didn't raise the  
 4 ER/PR issue directly. My perception, from  
 5 those series of feedback, was that they  
 6 weren't trying to--that the ER/PR hadn't been  
 7 politicized, it was just that they didn't  
 8 want, you know, criticism of government in the

1 items there; tobacco power walls,  
 2 transportation, accommodations, financial  
 3 needs, cancer strategy, these were the topics  
 4 that we considered needed political  
 5 intervention, and the ER/PR issue, I still  
 6 perceived it as an issue that Eastern Health  
 7 were handling, whether they're handling it  
 8 properly or not, and that any discussion  
 9 around ER/PR we'd have directly with Eastern  
 10 Health.  
 11 CHAYTOR, Q.C.:  
 12 Q. But it is an issue that both of Mr. Wiseman's  
 13 predecessors had raised with you in terms of  
 14 Cancer Society's communications on the issue  
 15 or it certainly was clear to you that was what  
 16 Minister Ottenheimer was saying, but you  
 17 didn't think that it was a political issue?

1 media. And again, when I look back at it,  
 2 debriefing, we figured that that had come from  
 3 Eastern Health, that Eastern Health had gone  
 4 up the line and said we're getting pressure  
 5 from the Cancer Society on this and hence, the  
 6 subsequent meeting with George Tilley where I  
 7 tried to give Mr. Tilley and opportunity to  
 8 address it directly with me. So, again, we  
 9 just didn't perceive this, rightly or wrongly,  
 10 naively or maybe that's not the right word,  
 11 but it just, it wasn't on our agenda with the  
 12 politicians at that time.

13 CHAYTOR, Q.C.:

14 Q. Okay. And actually, I think perhaps you did  
 15 in your answer indicate that Mr. Ottenheimer  
 16 hadn't been, hadn't been specific as to it  
 17 being ER/PR?

18 MR. DAWE:

19 A. That's right.

20 CHAYTOR, Q.C.:

21 Q. It was more Mr. Abbott and Mr. Wiseman in his  
 22 prior role?

23 MR. DAWE:

24 A. Right.

25 CHAYTOR, Q.C.:



Page 224

1 Q. Okay. So it didn't come up, though, on this  
 2 occasion with Mr. Wiseman?  
 3 MR. DAWE:  
 4 A. No.  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay. And if then if we look at the next  
 7 page, Mr. Wiseman's name appears again with an  
 8 asterisks. This is then April 24th, 2007.  
 9 Before it was April 10th. Did you meet with  
 10 Mr. Wiseman on this day?  
 11 MR. DAWE:  
 12 A. I don't think that's a meeting. That's a  
 13 reminder, I'm sure, to myself to do some sort  
 14 of follow-up.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay. And then on May 7th, 2007, 1:30 p.m.,  
 17 M. Quinn. So is that a meeting with Mark  
 18 Quinn on May 7th?  
 19 MR. DAWE:  
 20 A. Yes.  
 21 CHAYTOR, Q.C.:  
 22 Q. Okay. And did you and Mr. Quinn discuss the  
 23 ER/PR issue on that date?  
 24 MR. DAWE:  
 25 A. My recollection would be that, yes. And if my

Page 225

1 dates are wrong, I apologize, but I think by  
 2 this time Mr. Quinn had, through his access to  
 3 information request, had ended up getting a  
 4 copy of the defence statement. And I believe  
 5 at this time he, if this is the right date, he  
 6 phoned me up and said "I've got some numbers  
 7 here and I'm reading them and I want you to  
 8 look at them to see if you read them the same  
 9 way I'm reading them, because they're kind of  
 10 startling." And so I know he faxed me over  
 11 the information and we arranged for a time to  
 12 meeting.  
 13 CHAYTOR, Q.C.:  
 14 Q. And what information was it that you received  
 15 from Mr. Quinn?  
 16 MR. DAWE:  
 17 A. It would have been part of the Statement of  
 18 Defence filed by Eastern Health in the class  
 19 action lawsuit and it outlined the actual  
 20 numbers.  
 21 CHAYTOR, Q.C.:  
 22 Q. Would it be the affidavit of Heather Predham,  
 23 is that what you're referring to?  
 24 MR. DAWE:  
 25 A. Yes.

Page 226

1 CHAYTOR, Q.C.:  
 2 Q. Yes.  
 3 MR. DAWE:  
 4 A. Outlining the numbers of people affected and  
 5 the tests, completed tests, the conversion  
 6 rates, etcetera.  
 7 CHAYTOR, Q.C.:  
 8 Q. Okay, and so then you reviewed the material, I  
 9 take it. And did you have any subsequent  
 10 conversation with Mr. Quinn about that?  
 11 MR. DAWE:  
 12 A. I believe we did a radio interview at the  
 13 time. It might have even been television.  
 14 But I think we went through it and I came to  
 15 the same conclusion that he'd come to in that  
 16 there was, if we were still under the  
 17 assumption that there was a ten percent error  
 18 rate or whatever we thought the error rate  
 19 was, when we did the math on the numbers, it  
 20 looked more like a 40 percent error rate, and  
 21 that was quite startling.  
 22 CHAYTOR, Q.C.:  
 23 Q. And were you aware that Mr. Quinn was planning  
 24 to do a story on that issue?  
 25 MR. DAWE:

Page 227

1 A. Yes.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay. And did you alert anyone at the  
 4 department or Eastern Health that that was to  
 5 happen?  
 6 MR. DAWE:  
 7 A. I don't think so at that time.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay. And why not?  
 10 MR. DAWE:  
 11 A. I had a sense at that time that that was going  
 12 to be a pretty big story. Mark Quinn had said  
 13 he had been talking to Eastern Health, they  
 14 knew about it because he was trying to get  
 15 comment from them about it anyway, and so I  
 16 didn't see the point of me intervening.  
 17 CHAYTOR, Q.C.:  
 18 Q. Okay. And did Mr. Quinn tell you that he had  
 19 received a copy of the letter, or at least was  
 20 directed as to how to receive a copy of the  
 21 affidavit that that information had, in fact,  
 22 come from Eastern Health?  
 23 MR. DAWE:  
 24 A. Yes.  
 25 CHAYTOR, Q.C.:

Page 228

1 Q. And if we could then look at your calendar,  
 2 still at, see the next page, page 36 then is  
 3 May 14th, which is the day before Mr. Quinn's  
 4 story runs. And you have on the bottom here  
 5 Mr. Wiseman's name, Ross Wiseman. Why is Mr.  
 6 Wiseman's name in your calendar on that date?  
 7 MR. DAWE:  
 8 A. Again, it would be following up on an issue.  
 9 It wouldn't have been ER/PR.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay. So did you actually speak with Mr.  
 12 Wiseman on this date?  
 13 MR. DAWE:  
 14 A. It's possible. I don't--for me to put a note  
 15 there, it might have been I might have been  
 16 sending him information, I might have been  
 17 phoning him, I might have been e-mailing him.  
 18 I'd be following up on some issue, but it  
 19 didn't necessarily mean that I spoke to him.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. And you didn't--if you did speak to  
 22 him, you didn't alert him to Mr. Quinn's  
 23 pending story?  
 24 MR. DAWE:  
 25 A. No.

Page 229

1 CHAYTOR, Q.C.:  
 2 Q. I just want to understand, Mr. Dawe, what was  
 3 your concern when you reviewed Ms. Predham's  
 4 affidavit and the additional numbers that the  
 5 affidavit contained, why were you concerned?  
 6 You were aware in December that all of the  
 7 numbers had not been released and you were in  
 8 the news media discussing your concern about  
 9 that at the time. So what was it then in the  
 10 spring of 2007 that was of concern to you?  
 11 MR. DAWE:  
 12 A. I think when you looked at the numbers and you  
 13 analyzed the numbers, again, I distinctly  
 14 remember, and I don't remember the specific  
 15 numbers, but I remember sitting down with Mark  
 16 Quinn and doing some quick math and coming up  
 17 with what looked like a 42 percent error rate.  
 18 If you--or a 42 percent change rate. So 42  
 19 percent of the tests had changed on retesting  
 20 and that again, that was a startling number.  
 21 It was a number that I wasn't expecting to  
 22 see. It was indicative, to me, of a major  
 23 problem within Eastern Health that had been  
 24 sat on for quite awhile, the information, I  
 25 mean, talking about from a communications

Page 230

1 perspective, that this information wasn't  
 2 released publicly. And you know, in my mind,  
 3 someone who'd worked in the health care  
 4 system, someone who worked in the community  
 5 system, part of this issue going forward and  
 6 going back and forth with Eastern Health and  
 7 feeling that at some point you're part of the  
 8 game of getting some information and not  
 9 getting other information, I think it was a  
 10 realization that there was a much bigger issue  
 11 here, a much bigger story here than certainly  
 12 I was lead to believe and that my, you know,  
 13 my first response is, you know, this is the  
 14 type of information you don't just sit on this  
 15 and bury it, you--this is the type of  
 16 information you have to come forward with in a  
 17 timely manner and get it out there and that  
 18 none of that had been happening. Matter of  
 19 fact, the exact opposite had been happening.  
 20 There was an absolute concern with what does  
 21 this mean for the people involved. Does this  
 22 mean that all of these people who had changed  
 23 results, is it possible that they've contacted  
 24 all of these people appropriately and that  
 25 they've gotten information to everybody and

Page 231

1 everybody understands this. And this is based  
 2 on a background of by this time of almost two  
 3 years of receiving phone calls from, you know,  
 4 by the end of it I'd say almost 100 people  
 5 expressing explicit concerns about themselves  
 6 or a loved one and the dawning realization  
 7 that with these types of numbers there's no  
 8 guarantee whatsoever that the people directly  
 9 affected were, the problem of information for  
 10 them was handled properly. And so it was, I  
 11 can remember, you know, being quite startled  
 12 and knowing that this would end up being a  
 13 major issue, turning into a major issue.  
 14 CHAYTOR, Q.C.:  
 15 Q. Okay. And -  
 16 MR. DAWE:  
 17 A. From a communications perspective I'm taking  
 18 about. Obviously for the people involved it  
 19 was a major issue from the get go.  
 20 CHAYTOR, Q.C.:  
 21 Q. Yes. And, Mr. Dawe, in the aftermath then Mr.  
 22 Quinn's story runs on May 15th, 2007. And in  
 23 the aftermath then what happened from the  
 24 Canadian Cancer Society's point of view, did  
 25 you then have an increase in contact of people

Page 232

1 getting in touch again, were there still  
 2 people coming forward or coming out of the  
 3 woodwork, so to speak, indicating that they  
 4 were confused around the issue or weren't sure  
 5 of what was happening?  
 6 MR. DAWE:  
 7 A. Absolutely. And again, every time--you know,  
 8 when the Inquiry started, we received phone  
 9 calls. Every time there's a significant media  
 10 event and that week and the next week this  
 11 story was front page news. We definitely had  
 12 feedback from individuals. Emma Houser, who  
 13 works with the Canadian Cancer Society as a  
 14 policy analyst, we'd set Emma up as the main  
 15 point person for communications with  
 16 individuals. I'd started out in that role  
 17 back in '05 and it turned into so many people  
 18 that we'd set Emma up in her role and we had,  
 19 absolutely, we had people calling who were new  
 20 people calling, we had people calling who we'd  
 21 had contact with before who now that this  
 22 information was out there, were very angry,  
 23 very frustrated. They saw it as, you know,  
 24 they saw it, at least, you know, more than one  
 25 person, several people saw it as Eastern

Page 233

1 Health deliberately trying to cover up  
 2 information, expressing their anger over that,  
 3 and that it was--it wasn't a good feeling  
 4 being part of it at that time. It was quite  
 5 stressful, I think, to a certain degree, for  
 6 our front line people in the sense that we  
 7 were feeling the anger, feeling the  
 8 frustration of a lot of these people and we  
 9 didn't, you know, we still didn't--we knew  
 10 there were still issues, let alone from the  
 11 numbers, but we--it took us a little while, I  
 12 think, to formulate our own plans on how to  
 13 move forward.  
 14 CHAYTOR, Q.C.:  
 15 Q. And so you were hearing from people who had  
 16 never been contacted?  
 17 MR. DAWE:  
 18 A. There were some people who had never been  
 19 contacted; there was people that we'd heard  
 20 from who had been contacted; there was people  
 21 we heard from who had a phone message left on  
 22 their answering machine saying they were being  
 23 retested and they'd never heard back; there  
 24 was people who said, yeah, they had a phone  
 25 call and someone talked to them about

Page 234

1 something but they really didn't understand it  
 2 and they were looking for an explanation of  
 3 it. There was any number of variations on the  
 4 theme of people not really understanding what  
 5 the issue really was and if they were or their  
 6 loved one were really a part of this and  
 7 looking to us for information that quite  
 8 honestly we weren't in a position to address  
 9 it on an individual basis, obviously. We were  
 10 still relying on Eastern Health and referring  
 11 people forward to Eastern Health. And but -  
 12 CHAYTOR, Q.C.:  
 13 Q. So I was going to ask you -  
 14 MR. DAWE:  
 15 A. - at the same time -  
 16 CHAYTOR, Q.C.:  
 17 Q. Yes. What did you do with that information,  
 18 did you contact Eastern Health and let them  
 19 know that these people--how did you respond to  
 20 those inquiries?  
 21 MR. DAWE:  
 22 A. Well, again, we would--through '07 when this  
 23 broke in '07 again in a big way in the media  
 24 and then into the fall of '07 when we took it  
 25 upon ourselves to do some work ourselves

Page 235

1 around informing people, absolutely, we'd have  
 2 contact with Eastern Health and we'd say, you  
 3 know, we're receiving these types of phone  
 4 calls, we're referring them on to you, want to  
 5 make sure we have the numbers right, etcetera.  
 6 The response that we were getting from Eastern  
 7 Health wasn't overly helpful because they were  
 8 insisting that they'd contacted everybody that  
 9 needed to be contact, contacted, and we know  
 10 that wasn't correct and we were passing that  
 11 information on to them. And at times it  
 12 seemed that the response from Eastern Health  
 13 was that somewhat disbelief that there were  
 14 still people out there who needed to be  
 15 contacted or for that matter even didn't  
 16 really understand what the issue was and that  
 17 needed more information.  
 18 CHAYTOR, Q.C.:  
 19 Q. Mr. Dawe, also in that time period and  
 20 Minister Wiseman has been here and gave his  
 21 evidence and he had been out or stood in the  
 22 House of Assembly and indicated that everybody  
 23 had been contacted and he's told the  
 24 Commissioner that was in reliance on what  
 25 Eastern Health had told him. Did you ever

Page 236

1 think to pick up the phone Minister Wiseman?  
 2 You knew him personally from a prior life and  
 3 you've had discussions with him. Did you ever  
 4 think to call Minister Wiseman and tell him  
 5 what you were hearing from people?  
 6 MR. DAWE:  
 7 A. No, quite honestly. We dealt with Eastern  
 8 Health, we gave the information back to  
 9 Eastern Health. They were still insisting  
 10 that as far as they were concerned everybody  
 11 was contacted. While, you know, it was  
 12 anecdotal in the sense that we were still  
 13 having people contact us and saying they  
 14 thought they were part of this and they still  
 15 hadn't received an initial contact, we knew  
 16 that there were problems with the quality of  
 17 the contacts with people and so we knew there  
 18 could be some confusion with somebody who  
 19 might say I was never contacted and yet from  
 20 Eastern Health's perspective they'd be  
 21 insisting that they were contacted. I think  
 22 we were really focused at that time on the  
 23 people themselves and trying to link the  
 24 people themselves with the right resource,  
 25 either at Eastern Health or by providing

Page 237

1 whatever we could for them. There was a point  
 2 also where this went, this story, the whole  
 3 issue went very political. And again as an  
 4 advocacy organization from our perspective you  
 5 don't want to be in the middle of a very  
 6 political story publicly or even behind the  
 7 scenes, you know, especially if it turns  
 8 partisan. And our, my belief was that that's  
 9 what was happening with this issue and that  
 10 the best practice of an advocacy organization  
 11 in a situation like that would be to avoid the  
 12 politics and focus on what your outcome, what  
 13 you want your outcomes to be. And the  
 14 outcomes we were looking for very quickly  
 15 shifted, okay, it's the individuals, the  
 16 patients themselves that we're going to try to  
 17 focus on.  
 18 CHAYTOR, Q.C.:  
 19 Q. How about then -  
 20 MR. DAWE:  
 21 A. Contacting the minister wouldn't have served  
 22 any great purpose at that point.  
 23 CHAYTOR, Q.C.:  
 24 Q. And how about then Mr. Abbott, who you also  
 25 knew personally and how about Mr. Abbott in

Page 238

1 his position?  
 2 MR. DAWE:  
 3 A. Again, we were dealing directly with Eastern  
 4 Health.  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay. And I understood that the reason you  
 7 hadn't brought it up with him before was  
 8 because you didn't perceive it as being a  
 9 political issue. So at the point that it  
 10 clearly in your mind now is a political issue  
 11 and you're still concerned about the people  
 12 that you advocate on behalf of, why not go to  
 13 the government officials and let them know  
 14 what you know?  
 15 MR. DAWE:  
 16 A. That's a great question. And the only answer  
 17 I can give is that essentially again we were  
 18 dealing with Eastern Health, we were focused  
 19 on trying to link individuals with Eastern  
 20 Health. The choices that we made about who to  
 21 deal with and who to contact, they were our  
 22 choices. Again, avoiding the politics at that  
 23 point was just as valid reason as not thinking  
 24 it was a political issue before in the sense  
 25 that this took on a rapidly life of its own

Page 239

1 within the legislature and that we didn't see  
 2 our involvement with that process as being  
 3 value added and there was risks to what we  
 4 were trying to achieve by being caught up in  
 5 it.  
 6 THE COMMISSIONER:  
 7 Q. Would you like to take the afternoon break?  
 8 CHAYTOR, Q.C.:  
 9 Q. Thank you, Commissioner.  
 10 THE COMMISSIONER:  
 11 Q. All right, we'll do that.  
 12 (RECESS)  
 13 THE COMMISSIONER:  
 14 Q. Please be seated. Ms. Chaytor?  
 15 CHAYTOR, Q.C.:  
 16 Q. Thank you, Commissioner. If we could have,  
 17 please, P-0106? I'm just going to show you a  
 18 couple of e-mails, Mr. Dawe. And again,  
 19 you're probably familiar with those e-mails  
 20 that are May 16th, 2007 from internal to  
 21 Eastern Health. And this one is from Heather  
 22 Predham to Mr. Tilley, Dr. Howell and Ms.  
 23 Bonnell. And she refers to you being on Out  
 24 of the Fog and she says she couldn't bear to  
 25 watch you on Out of the Fog. And then if we

Page 240

1 could have, please, P-0012? And this is the  
 2 e-mail of Ms. Bonnell the same date, May 16th,  
 3 2007, 4:25 p.m. to Mr. Tilley, Mr. Dodge and  
 4 Dr. Howell. And there's, I'm sure you're  
 5 aware of this e-mail and the discussion around  
 6 it. And she refers to in the second bullet,  
 7 "When you don't speak, the story continues  
 8 with" and I think that should be "without you"  
 9 "and the media looks for less credible  
 10 spokespeople who will speak to them, hence,  
 11 Peter Dawe and others." And the last bullet  
 12 again, "We are also allowing the Canadian  
 13 Cancer Society to leave the general public  
 14 with the impression that there are a new group  
 15 of women. This is causing confusion and we  
 16 are getting calls asking about this. There is  
 17 a new level of fear and anxiety that Peter  
 18 Dawe is creating and then blaming us for."  
 19 And Ms. Bonnell, in her evidence, indicated  
 20 that she didn't believe that to be true.  
 21 However, it's what she wrote on May 16th,  
 22 2007. That and Ms. Predham's comment on the  
 23 same date about not being able to watch you in  
 24 your interview, at this point in time did you  
 25 sense any tension or any attitude, any

Page 241

1 negative attitude from Eastern Health towards  
 2 you or towards the Cancer Society?  
 3 MR. DAWE:  
 4 A. Not directly. We get into the fall of the  
 5 year when there was some very specific  
 6 conversations, but by this time, at this time-  
 7 -and again, we were concerned with people with  
 8 cancer who'd been missed, we were voicing that  
 9 very clearly. The only--and I've thought  
 10 about this, the only reference I can imagine  
 11 to the new group of women is us stating very  
 12 publicly, trying to counterbalance the  
 13 statements from Eastern Health that everybody  
 14 had been contacted and we knew that was a  
 15 dangerous statement because we knew that, you  
 16 know, we were getting calls from people who  
 17 hadn't. And so if Eastern Health is saying  
 18 that everybody has been contacted, then it  
 19 sets it up that you can say to yourself, well,  
 20 if I haven't been contacted and they're saying  
 21 everybody's been contacted, then I'm not  
 22 affected and I shouldn't do my own follow-up,  
 23 which we thought, you know, a fairly dangerous  
 24 situation. And so we were quite vocal in  
 25 saying our belief was that everybody still

Page 242

1 hadn't been contacted. That's the only reason  
 2 I can think of that they're saying there's a  
 3 new group. I don't know where that reference  
 4 comes from. And that also goes back to an  
 5 earlier question you were asking about the  
 6 politicians and the Department of Health. We  
 7 were making quite publicly known what our view  
 8 was on if people had been contacted or not.  
 9 Whether we contacted the minister and told him  
 10 directly, that wasn't our--our purpose was to  
 11 get Eastern Health to realize that everybody  
 12 hadn't been contacted. We were having  
 13 contacts with Eastern Health and again, the  
 14 feedback I was getting and my staff was  
 15 getting is that Eastern Health were somewhat  
 16 incredulous that there were still more people  
 17 out there and that they didn't believe it to  
 18 some extent and they were passing it off as  
 19 people being confused. And you read something  
 20 like this and then you say, well, you can see  
 21 where they're now saying that Canadian Cancer  
 22 Society and Peter Dawe was causing the  
 23 confusion because we were still out there  
 24 talking about the issue and if we'd just stop  
 25 talking about it, then the confusion would

Page 243

1 stop. But the reality was that there was  
 2 still people out there that hadn't been  
 3 contacted, hadn't been contacted properly,  
 4 were quite confused about the issue and you  
 5 see later on in the fall we start addressing  
 6 that ourselves.  
 7 CHAYTOR, Q.C.:  
 8 Q. So you're saying you were out in the media  
 9 clearly saying that you did not believe all  
 10 the people had been contacted?  
 11 MR. DAWE:  
 12 A. That's right.  
 13 CHAYTOR, Q.C.:  
 14 Q. And you're doing a fair amount of media  
 15 coverage in May of 2007 on this issue. Did  
 16 anyone from Eastern Health contact you and  
 17 express any concerns about the manner in which  
 18 you were getting the message out or the  
 19 messaging itself?  
 20 MR. DAWE:  
 21 A. There was, at times, I do remember receiving  
 22 calls from Pat Pilgrim and Pat would take  
 23 issue with a particular comment I might make  
 24 or a fact that she would say I got wrong.  
 25 Inevitably, we'd either agree to disagree or

Page 244

1 it could very well be that with all the  
 2 information that was going out there, there  
 3 could have been some very factual information  
 4 that we didn't have 100 percent correct, and  
 5 we'd make whatever endeavour we could to  
 6 correct the information afterwards. But aside  
 7 from what I can recall as several, three, four  
 8 calls from Pat Pilgrim around very specific  
 9 items and pieces of factual information, I  
 10 didn't have any feedback from the organization  
 11 per se, official feedback saying "we don't  
 12 like the tone you're using" or "we don't think  
 13 you're being accurate in what you're saying."  
 14 That would be my recollection.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay, and these phone calls from Ms. Pilgrim,  
 17 around what time period were those happening?  
 18 MR. DAWE:  
 19 A. That would be when this story broke in a big  
 20 way in the media in May and through the rest  
 21 of '07, even into '08. That would have been  
 22 my recollection.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay, and if we could have, please, P-0488,  
 25 page 33? Just take you back. First of all,

Page 245

1 this is a meeting of May 30th, 2007 of the  
 2 executive management of Eastern Health, and  
 3 under Canadian Cancer Society, "Pat Pilgrim  
 4 will be meeting with Peter Dawe, Executive  
 5 Director, Canadian Cancer Society" and the  
 6 action item is for Ms. Pilgrim. Did you meet  
 7 with Ms. Pilgrim after this, sometime shortly  
 8 after May 30th, 2007, on this issue?  
 9 MR. DAWE:  
 10 A. It's possible. I don't have a direct  
 11 recollection. Again, I would have had some  
 12 ongoing contact with Pat by telephone on other  
 13 issues. We would have been meeting on the--  
 14 even on the Cancer Control Strategy. My  
 15 recollection of the first real sit-down  
 16 meeting I had with Pat Pilgrim on the ER/PR  
 17 issue would have been in the fall of '07.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay, and around this same time then, Mr.  
 20 Dawe, the issue of Dr. Ejeckam's memos becomes  
 21 the subject of public discussion. In your  
 22 discussions with personnel from Eastern  
 23 Health, including the updates that were  
 24 provided by Dr. Williams, throughout your  
 25 dealings with Eastern Health and your

Page 246

1 discussions with them, up until May of 2007,  
 2 were you ever told that there had been an  
 3 issue in 2003 with the ER/PR stains, such that  
 4 Dr. Ejeckam had suspended the testing for a  
 5 period of time?  
 6 MR. DAWE:  
 7 A. No.  
 8 CHAYTOR, Q.C.:  
 9 Q. And how did you learn about that issue?  
 10 MR. DAWE:  
 11 A. Through the media.  
 12 CHAYTOR, Q.C.:  
 13 Q. And what did you think when you heard that?  
 14 MR. DAWE:  
 15 A. I was quite disappointed when I heard it  
 16 because my understanding was, from statements  
 17 from even John Abbott when we'd met back in  
 18 January of '06 to any number of meetings with  
 19 Bob Williams to any number of conversations  
 20 with George Tilley, that this was the first  
 21 indication that they've had that there was a  
 22 problem with the lab.  
 23 CHAYTOR, Q.C.:  
 24 Q. And so upon learning about it, did you contact  
 25 anyone at Eastern Health and ask about what

Page 247

1 happened in 2003? Did you make any inquiries  
 2 of them?  
 3 MR. DAWE:  
 4 A. No.  
 5 CHAYTOR, Q.C.:  
 6 Q. So in terms of--did it--I just want to  
 7 understand then what you're saying. Did it  
 8 call into question anything that you had been  
 9 told by the people at Eastern Health? Did it  
 10 cause you to question any conversations or  
 11 discussions that you had had with them?  
 12 MR. DAWE:  
 13 A. Yes. It didn't--I certainly didn't state it  
 14 publicly. I probably didn't state it even--I  
 15 probably was very careful who I stated it to,  
 16 but certainly, I had the personal belief that  
 17 again, we had been led by Eastern Health into  
 18 here's the story as they know it. The  
 19 narrative remained consistent. We had picked  
 20 up on the narrative, had supported their story  
 21 along the way at different points, and now  
 22 here was a piece of information that was  
 23 contradictory to the story, and I felt that--  
 24 had no idea if that meant there was an actual,  
 25 you know, issue around them deliberately

Page 248

1 covering up an issue in the lab and it wasn't  
 2 a thought like that. My thought process and  
 3 my feeling was that it was just another piece  
 4 of information, significant piece of  
 5 information from an earlier time period that  
 6 wasn't shared and deliberately wasn't shared,  
 7 and that, you know, the second reaction was  
 8 that the bloody thing could have been  
 9 identified earlier and fixed earlier and a  
 10 bunch of people wouldn't have had to go  
 11 through what they went through.

12 CHAYTOR, Q.C.:

13 Q. Mr. Dawe, looking back on this and your  
 14 communications with Eastern Health, and I take  
 15 it along the way you had discussions with Mr.  
 16 Tilley on the issue, with Dr. Williams,  
 17 Heather Predham, and later on with Pat  
 18 Pilgrim, and your one discussion, I take it,  
 19 with Dr. Howell -

20 MR. DAWE:

21 A. Yes.

22 CHAYTOR, Q.C.:

23 Q. - in December 2006. Looking back on how--  
 24 knowing everything now in terms of the  
 25 documents and what evidence you've heard so

Page 249

1 far to date, do you think there is a  
 2 difference in how the Canadian Cancer Society  
 3 was treated or perceived by Eastern Health,  
 4 and perhaps the Government as well, on this  
 5 issue as opposed to other issues that you have  
 6 advocated on behalf of patients?

7 MR. DAWE:

8 A. That's really hard to say. We started  
 9 testimony this morning with me giving some  
 10 impression of what it's like to be in a  
 11 relationship with Eastern Health as a  
 12 community-based advocacy organization, and  
 13 quite honestly, as I said this morning, it's a  
 14 difficult relationship. I'm not sure--I think  
 15 the magnitude of the issue was quite  
 16 different. We're usually in a relationship  
 17 around an issue that's more of a planning  
 18 issue. It's a go-forward, you know, what are  
 19 we going to do about a screening program.  
 20 Provincial Cancer Control Strategy is a  
 21 forward-looking document. There's no issue  
 22 of, you know, someone might lose their job or  
 23 blame to be assessed or anything like that.  
 24 But the characteristics of the relationship  
 25 remain the same. The difficulty in working

Page 250

1 with the organization remain the same. I  
 2 think the only real difference with ER/PR,  
 3 quite honestly, was the magnitude of the  
 4 problem. So I would think that we weren't  
 5 necessarily thought of any differently,  
 6 treated any differently. I think over time,  
 7 we were put in a position where we felt we had  
 8 to be very vocal and we weren't being listened  
 9 to internally, so we had to be very public,  
 10 and I think Eastern Health didn't like that,  
 11 and they didn't accept it for what it was,  
 12 which was an organization like Canadian Cancer  
 13 Society doing it's job and that led to more  
 14 difficulty in the relationship.

15 CHAYTOR, Q.C.:

16 Q. Is there anything, from your point of view in  
 17 looking back on it, that perhaps you and the  
 18 Canadian Cancer Society could have done  
 19 differently?

20 MR. DAWE:

21 A. Absolutely. I feel great regret that through  
 22 2006, that we ended up not being proactive,  
 23 but being reactive and waiting for things to  
 24 break, instead of pushing a lot harder on the  
 25 issue, and you know, it's hindsight's 20/20,

Page 251

1 but every instinct I had told me that, you  
 2 know--I'll phrase it another way. What ended  
 3 up coming out, while it was shocking and  
 4 surprising in one way, in another way, it  
 5 seemed like the inevitable end to what we  
 6 thought was there anyway. So I do regret that  
 7 we didn't push harder and maybe we should have  
 8 tried to politicize the issue back in '06.

9 CHAYTOR, Q.C.:

10 Q. And was there any reason that you didn't?

11 MR. DAWE:

12 A. Other than there was many pressing issues that  
 13 we had to deal with and that we knew we could  
 14 make progress on, and if you're dealing with  
 15 cancer, one of the most frustrating things, if  
 16 you look at the Canadian Cancer Society as a  
 17 cancer organization, you look at it as a  
 18 volunteer organization, look at it as a  
 19 community organization, community-based  
 20 organization, but if you look at a cancer  
 21 organization, my personal view, it's quite  
 22 frustrating that it's a resource issue.  
 23 Everything you do is a resource issue.  
 24 There's so many things to be done within  
 25 cancer control. There's so much ground to be

Page 252

1 made up. You have very limited resources. So  
 2 you're always picking and choosing where to  
 3 put your resource, where to put your energy,  
 4 where to put the time of day for you and your  
 5 staff to try to make an impact, and that's the  
 6 reality, and that's what it came down to is  
 7 how much energy could we keep putting into  
 8 something that we weren't getting anywhere  
 9 with, other than being reactive, when we had  
 10 things like Daffodil Place, like the tobacco  
 11 issues, like pesticides, like any number of  
 12 issues around prevention or issues around  
 13 screening, issues around tobacco control, that  
 14 we know that if we put resources into it, we  
 15 can get some outcome. And so that's a bit  
 16 disheartening, looking back again, that we  
 17 couldn't have brought this to fruition a bit  
 18 sooner.

19 I think that there could be some people  
 20 look at it and say "well, you know, what does  
 21 that really mean?" You know, the mistakes  
 22 happened back in '05 and '97 to '05, so what  
 23 difference does it make whether it came out in  
 24 '06 or '07? What difference does it make if  
 25 there was a public inquiry or not? And the

Page 253

1 fact of the matter is that it makes an  
 2 enormous difference to the lives of these  
 3 people, and to these people understanding, on  
 4 an individual basis, of what happened to them  
 5 and how long it might have taken them to get  
 6 on a drug like Tamoxifen that would have  
 7 helped them, and it makes a difference from a  
 8 public policy perspective that these things  
 9 have to be brought out and brought forward.

10 Looking back, it would have been great if  
 11 all these mistakes weren't made on the  
 12 communications side or in the lab itself also,  
 13 obviously. But you know, as a non-profit  
 14 organization with limited resources, you do  
 15 what you think is right. You push where you  
 16 can and ultimately, in this case, I think we  
 17 could have pushed harder.

18 CHAYTOR, Q.C.:

19 Q. If we could have, please, P-2514? Mr. Dawe,  
 20 this is a letter from Dr. Torlakovic to  
 21 yourself and she's the chair of the CAP  
 22 National Standards Committee,  
 23 Immunohistochemistry. It's dated October  
 24 12th, 2007, and she writes "as you are aware,  
 25 in the spring of 2007, the Canadian

Page 254

1 Association of Pathologists initiated the  
 2 formation of the National Standards  
 3 Committee/Immunohistochemistry." This is the  
 4 same committee, I take it, that you had  
 5 originally been invited to by Dr. Butany in  
 6 October 2006.

7 MR. DAWE:  
 8 A. Yes.

9 CHAYTOR, Q.C.:

10 Q. So it's a year before. And do you know, why  
 11 is it--why is the committee just getting under  
 12 way then at this time period? Why did it take  
 13 so long for this committee to mobilize?

14 MR. DAWE:  
 15 A. I don't know. I asked the question and I  
 16 didn't get a direct response. There was  
 17 activity by Dr. Torlakovic in contacting  
 18 people and formulating a plan. These are all-  
 19 anybody sitting on this committee, I'm the  
 20 only non-pathologist on the committee and I  
 21 can only imagine the workload these people are  
 22 facing and trying to take this on outside  
 23 their regular workload I think might explain  
 24 some of it. But I think there was also a lot  
 25 of discussion about, you know, what would the

Page 255

1 first step be. How are we going to move  
 2 forward? But I know from talking to Dr.  
 3 Torlakovic, her absolute resolve that this  
 4 issue was going to be tackled and in a  
 5 satisfactory manner.

6 CHAYTOR, Q.C.:

7 Q. Okay, and so what is the mandate of the  
 8 committee and what is it setting out to do?

9 MR. DAWE:  
 10 A. Well, it's an ad hoc committee of the Canadian  
 11 Association of Pathologists, and like I said,  
 12 most of the people on the committee, all of  
 13 the people on the committee are pathologists,  
 14 except for myself, and we were asked--the  
 15 Cancer Society was asked to appoint someone to  
 16 the committee from the national level and I  
 17 was asked by my national CEO to join the  
 18 committee to represent the Cancer Society.  
 19 The mandate is to come up with national  
 20 standards for immunohistochemistry tests and  
 21 not to get too technical with it, but there's  
 22 several classes of tests and the ER/PR test  
 23 falls into class two and so they've divided  
 24 into class one, class two. They've looked at  
 25 the HER2/neu protocol that's in place already.



Page 256

1 That seems to be working well, and so now  
 2 they've moved on to actual quality standards,  
 3 and they use a checklist format that need to  
 4 be developed that would basically represent  
 5 national standards for class one and class two  
 6 IHC testing across the country.

7 CHAYTOR, Q.C.:

8 Q. Okay, and we will be hearing from Dr.  
 9 Torlakovic, we hope, in our process. So I'll  
 10 ask her more details on that. But as the  
 11 committee already met?

12 MR. DAWE:

13 A. The committee's met several times.

14 CHAYTOR, Q.C.:

15 Q. And what's the status? How far along is the  
 16 committee in its work?

17 MR. DAWE:

18 A. Well, as I said, they looked at HER2/neu and  
 19 they recognized that the first priority in  
 20 the--they had a volunteer sampling. The  
 21 committee felt that the HER2/neu issue wasn't  
 22 something that they needed to jump on  
 23 immediately because there was a protocol in  
 24 place, after they looked at it. Now they've  
 25 moved on again to forming subcommittees around

Page 257

1 class one and class two immunohistochemistry  
 2 tests, and they again, in the process right  
 3 now of formulating those committees to come up  
 4 with exactly what the standards should be for  
 5 each form of test. There's also been a lot of  
 6 discussion around should these be voluntary  
 7 standards or mandatory standards, and how do  
 8 you go about navigating the Federal,  
 9 provincial, territorial issues of bringing in  
 10 national--any type of mandatory or even  
 11 voluntary, for that matter, national standards  
 12 in our health care system, and quite honestly,  
 13 I think that's where I found myself a little  
 14 bit useful to the committee. I'm certainly  
 15 not useful on anything to do with any of the  
 16 subtleties of immunohistochemistry.

17 CHAYTOR, Q.C.:

18 Q. Thank you. If we could have, please, P-2521?  
 19 And this exhibit has a series of e-mails. I'm  
 20 just going to take you first of all to page  
 21 three, and I understand these are e-mails of  
 22 yourself and/or Emma Housser of the Cancer  
 23 Society, and on page three, Ms. Housser is  
 24 writing to you on February 19th, 2008  
 25 indicating that "I've had a fairly short

Page 258

1 conversation with Robert," who I understand is  
 2 Robert Thompson, "while he was stuck in  
 3 Halifax airport." She writes "Robert asked if  
 4 I could--if it would be possible to see what  
 5 we would be releasing with regards to the  
 6 messaging and any call to action for breast  
 7 cancer patients or the general public so the  
 8 Minister could echo the message. Once we get  
 9 a better idea of the release, we should alert  
 10 Pat, Sharon, Dan Simmons, question marks. I  
 11 have attached the last draft of the press  
 12 release on this issue." And then there's a  
 13 draft of a press release for February 21st,  
 14 2008. What's going on in this time period?  
 15 What's this all about?

16 MR. DAWE:

17 A. Well, just the context to this would be the  
 18 judicial inquiry gets called by the Provincial  
 19 Government. Over the summer of '07, again the  
 20 Cancer Society looks at what role it can play  
 21 on a go-forward basis and we say, you know, we  
 22 want to be a part of the Inquiry, so go  
 23 through the process of putting together  
 24 application to be part of the Inquiry, have  
 25 standing in the Inquiry. In the fall, we also

Page 259

1 say to ourselves that we--based on  
 2 participating in the Inquiry, we want to reach  
 3 out to the public of Newfoundland and Labrador  
 4 and try to get input from people around what  
 5 they think the Cancer Society's role should  
 6 be, any policy recommendations people might  
 7 want to put forward.

8 We want to reach out to people and we are  
 9 also still of the concern that not everybody  
 10 has been contacted properly. We're still  
 11 receiving phone calls on a sporadic basis.  
 12 And so we initiate our own advertising  
 13 campaign, an outreach campaign, in the fall  
 14 where we're looking for people to talk to us  
 15 about our participation in the Inquiry. That  
 16 triggers even more phone calls from people  
 17 wondering if they'd been affected, and again,  
 18 our ongoing realization, right up until we  
 19 make the decision that, you know, we really  
 20 need to be speaking more publicly about this  
 21 again, that there's still people out there who  
 22 haven't been identified or if they have been  
 23 identified, they certainly don't understand  
 24 the information they were given, and we decide  
 25 to--this is a series of things we did through

Page 260

1 the fall and into the winter of '08. So this  
 2 is one particular initiative was a press  
 3 release saying that we didn't think everybody  
 4 had been contacted. We still had some  
 5 concerns and that we were calling on people to  
 6 come forward, if need be.  
 7 We knew that the Supreme Court case,  
 8 again because of the media coverage, we were  
 9 getting calls again. Fit in with that pattern  
 10 of when there was media, major media coverage,  
 11 we'd end up getting calls. And so this was an  
 12 initiative that we said we were going to get  
 13 out the word again that the Cancer Society is  
 14 there. We had set up two particular programs,  
 15 national programs of support. One is called  
 16 Cancer Information Service. It's a toll free  
 17 number. We had notified the people who answer  
 18 those calls about ER/PR issues. They provide  
 19 world class cancer information on any topic  
 20 you want to mention in cancer, and it's  
 21 available to the general public,  
 22 professionals, etcetera. So we worked with  
 23 CIS, Cancer Information Service, to make sure  
 24 they're up to speed on ER/PR. We'd also set  
 25 up a support network of--it's called Cancer

Page 261

1 Connection. It's a telephone support system  
 2 where we will--Canadian Cancer Society can  
 3 hook up a patient or cancer patient or a loved  
 4 one with anybody in the country going through  
 5 a similar problem and they can provide  
 6 emotional support. The volunteers are trained  
 7 to deliver it. So we are trying to get this  
 8 message out also that we had these programs  
 9 that if anybody was interested, they could  
 10 make avail of--they could avail of them.  
 11 When we checked with Eastern Health and  
 12 we had some more contact with Eastern Health  
 13 and we were confirming phone numbers,  
 14 etcetera, we were told, at that time, that  
 15 Robert Thompson, through their initiative, had  
 16 contacted NLCHI and that they were going to  
 17 be--the Newfoundland and Labrador Centre for  
 18 Health Information, and they were going to be  
 19 releasing some results from data mining work  
 20 they'd been doing, and it ended up us talking  
 21 to Robert and Robert saying to us, "look, if  
 22 you're going to do this, can you hold off?  
 23 We've got our own piece of information we're  
 24 going public with, and the Minister wants to  
 25 work with you on doing a joint public

Page 262

1 announcement."  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay, and so that's the reference to the  
 4 Minister echoing the message?  
 5 MR. DAWE:  
 6 A. Right.  
 7 CHAYTOR, Q.C.:  
 8 Q. And if we'd look then down here in the draft  
 9 that was going forward, you indicate "through  
 10 engagement with a number of breast cancer  
 11 patients affected by this issue, the Cancer  
 12 Society believes uncertainty remains. We  
 13 believe there are still some people who do not  
 14 know for certain that the results of the  
 15 retest were" and that's a quote from you, and  
 16 then if we go forward to, I believe it's page  
 17 six, we then have another draft of the news  
 18 release, and in between the two paragraphs  
 19 that I just directed you to, there's a new  
 20 paragraph which says "based on a report by  
 21 NLCHI, released today by the Department of  
 22 Health and Community Services, the Cancer  
 23 Society is pleased with statements made by the  
 24 Minister and the identification of issues that  
 25 still remain regarding patient contact for

Page 263

1 those involved in the hormone receptor  
 2 retesting issue from 1997 to 2005." So this  
 3 addition of this paragraph, how did that come  
 4 about?  
 5 MR. DAWE:  
 6 A. It reflects our agreement basically with the  
 7 Department of Health, with Robert Thompson,  
 8 with the Minister, that we would coordinate  
 9 our release with their release, so that we  
 10 wouldn't be causing any type of confusion and  
 11 that it ended up being a stronger statement,  
 12 more chance to be picked up on from the media,  
 13 more chance for our message to get out that if  
 14 people, you know, still had problems, they  
 15 could get a hold of us or get a hold of  
 16 Eastern Health, and so that was our  
 17 recognition that Department of Health and  
 18 Community Services had done their piece  
 19 earlier in the day.  
 20 CHAYTOR, Q.C.:  
 21 Q. And what did you understand the statements  
 22 would be by the Minister that Canadian Cancer  
 23 Society would be able to indicate they were  
 24 pleased with? What was it that you understood  
 25 the Minister would be saying?

1 MR. DAWE:  
 2 A. That the Newfoundland and Labrador Centre for  
 3 Health Information had done a review of the  
 4 data management, the data available, had found  
 5 issues, had identified more people, had come  
 6 up with somewhat of a, you know, what they  
 7 thought at the time was a better database or  
 8 well, it was a better database, it was a  
 9 database of the people affected, and that the  
 10 Minister was recognizing that not everybody  
 11 had been contacted and that indeed, you know,  
 12 more work had to be done.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay, and if we could have page 24 of the  
 15 exhibit, please? And I won't take you through  
 16 all the e-mails, but the draft was forwarded  
 17 to Mr. Thompson and he has a couple of points.  
 18 First, he says "we will be releasing some key  
 19 results of the NLCHI database, not a report."  
 20 So the reference to it being a report. And  
 21 then he says "your statement, 'the  
 22 identification of issues that still remains'"  
 23 and that's that paragraph that I took you to,  
 24 "is general enough as we have not yet shared  
 25 any info with you yet. You have done a good

1 do you mean by a lockdown session? What  
 2 exactly is that?  
 3 MR. DAWE:  
 4 A. Well, she was invited to have a briefing of  
 5 the information that was being released, but  
 6 she would not be able to communicate the  
 7 content of that briefing in any way, much like  
 8 they do with a budget process, where media are  
 9 given a briefing, a technical briefing, but  
 10 they're not allowed to report on it until  
 11 after the budget's release.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay, and if we could have page eight, please?  
 14 So you provided a copy of your press release  
 15 to the--to Mr. Thompson and his team prior to,  
 16 and it appears here you were looking for a  
 17 copy of his report in advance. It says here -  
 18 MR. DAWE:  
 19 A. Which we weren't going to get.  
 20 CHAYTOR, Q.C.:  
 21 Q. Sorry? Which you weren't going to get, okay.  
 22 MR. DAWE:  
 23 A. Right.  
 24 CHAYTOR, Q.C.:  
 25 Q. Yes, and you were promising to keep embargoed,

1 job at crafting a very flexible statement.  
 2 When you get your technical briefing at 1:30  
 3 p.m., you may wish to evaluate this statement  
 4 and see if it is still okay. I believe it  
 5 will be." So I take it the press release was  
 6 drafted without actually receiving the  
 7 information, and Mr. Thompson is suggesting  
 8 that you may want to review that once you see  
 9 the information?  
 10 MR. DAWE:  
 11 A. That's right and Emma Housser actually  
 12 attended a lockdown session, if you will,  
 13 before the release went out and so we had the  
 14 opportunity to, you know, judge if what we  
 15 were saying was accurate or not.  
 16 CHAYTOR, Q.C.:  
 17 Q. Okay. If we go on then to page 26, we see the  
 18 news release, which I believe went out, and  
 19 the word "report" is changed, as Mr. Thompson  
 20 suggested, and now says "based on key database  
 21 results." The word "report" is missing or  
 22 taken out and the rest of the paragraph and  
 23 the rest of the release appears to be pretty  
 24 much the same. So this is the release, I take  
 25 it, that actually went out at the time. What

1 but I take it you didn't receive that.  
 2 MR. DAWE:  
 3 A. Thought we'd try.  
 4 CHAYTOR, Q.C.:  
 5 Q. Okay, and then Mr. Thompson writes to Ms.  
 6 Housser on February 21st, 2008 saying "please  
 7 call me. It's urgent. Due to timing  
 8 constraints next week, we are actually going  
 9 with a news release today. Need to talk with  
 10 you and Peter about a briefing. Suggest 1:30.  
 11 Only catch is you'll have to stay here until  
 12 3:00 p.m. when the conference starts." So is  
 13 that a lockdown session when you go and get  
 14 briefed and then you have to stay there until  
 15 the information comes out?  
 16 MR. DAWE:  
 17 A. Right.  
 18 CHAYTOR, Q.C.:  
 19 Q. And why would that be? Why would it be  
 20 necessary for the representatives for the  
 21 Cancer Society to be involved in a lockdown  
 22 session?  
 23 MR. DAWE:  
 24 A. I think it's standard operating practice of  
 25 government when releasing certain documents.

Page 268

1 Why they wanted to do it in this particular  
 2 case, you'd have to ask Robert Thompson. From  
 3 our perspective, and I believe I was out of  
 4 town and this is Emma ended up in this session  
 5 herself, and we were doing Blackberry back and  
 6 forth. Bottom line is that it didn't really  
 7 make any--we tried to get a copy of the  
 8 information and we promised to embargo it  
 9 beforehand. We couldn't get it. At this  
 10 point, we're only concerned that our--the  
 11 release that we put out is technically sound.  
 12 We're not overstating anything or understating  
 13 anything, and we know we're going to do follow  
 14 up. You know, the point of--the point here is  
 15 again to generate some opportunity for people,  
 16 again, based on the assumption that there's  
 17 still people out there who aren't  
 18 understanding completely whatever information  
 19 they have, or have not been contacted when  
 20 they should have been. And so we're  
 21 participating in this and cooperating with the  
 22 Department of Health because we see it as an  
 23 opportunity to have further reach and a  
 24 greater chance of reaching somebody who might  
 25 need the message.

Page 269

1 CHAYTOR, Q.C.:  
 2 Q. Okay, and so you had asked for a copy of the  
 3 report and also the question has been raised  
 4 whether Commission counsel has been or will be  
 5 given a heads up about the release. Was that  
 6 you posing that question as to whether or not  
 7 myself and Mr. Coffey had been notified? Who  
 8 was raising that question?  
 9 MR. DAWE:  
 10 A. Obviously I'm assuming, just from the back and  
 11 forth, that that's an issue that we had come  
 12 up with and been asking Robert about.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay, and if we--so I take it then, Cancer  
 15 Society did get the pre-briefing or got a  
 16 briefing beforehand.  
 17 MR. DAWE:  
 18 A. Right.  
 19 CHAYTOR, Q.C.:  
 20 Q. And you did not attend that you're saying?  
 21 MR. DAWE:  
 22 A. No.  
 23 CHAYTOR, Q.C.:  
 24 Q. It was Ms. Housser. Do you know whether or  
 25 not--was there any concerns raised--I take it

Page 270

1 Ms. Housser communicated back and forth with  
 2 you on Blackberry around this issue?  
 3 MR. DAWE:  
 4 A. At times, and by cell phone afterward.  
 5 CHAYTOR, Q.C.:  
 6 Q. And is there any concerns expressed in the  
 7 pre-briefing as to any information that may  
 8 not be being released at that point in time,  
 9 and in particular, I understand the numbers of  
 10 deceased and whether or not the number of  
 11 deceased people who had changed results?  
 12 MR. DAWE:  
 13 A. Again our purpose at that point was not to  
 14 drill down into the information that was  
 15 released, but just to make sure that our plan,  
 16 again our outreach plan was in place, and that  
 17 this would make it more effective. So we--the  
 18 purpose of Emma attending the briefing was  
 19 certainly to make sure that she got as much  
 20 information as she could, but it wasn't  
 21 intended at the time to try to critique what  
 22 information was available and to come out with  
 23 a message right away concerning what was or  
 24 wasn't in the information. Again our proactive  
 25 piece of this outreach to people who might

Page 271

1 need it, might need more information, versus,  
 2 quite honestly, any concern with what was the  
 3 content--you know, on that particular day,  
 4 what the content of the NLCHI Report actually  
 5 was. We knew we'd have time to go over that  
 6 at a later date.  
 7 CHAYTOR, Q.C.:  
 8 Q. And on page 12, I'll just take you through it  
 9 here, there's an e-mail exchange between Ms.  
 10 Housser and Mr. Thompson, and he writes to her  
 11 at 3:46 p.m. February 22nd, which we  
 12 understand is the date that the actual press  
 13 release--the actual press conference took  
 14 place, "Hope things worked out okay. Let me  
 15 know if any questions", and she writes back  
 16 saying, "Thanks, Robert. I think it worked  
 17 well. We were asked about the change in the  
 18 number of deceased, but I really tried to stay  
 19 away from that as it is a complex issue. We  
 20 were able to get our point across in that  
 21 people are still confused and we are available  
 22 to help provide information and direct people  
 23 to the appropriate sources in order to clear  
 24 up questions that remain". Who is this that  
 25 asked--what is Ms. Housser referring to, who

Page 272

1 asked about the change in the number of  
 2 deceased?  
 3 MR. DAWE:  
 4 A. I think that would have been a media question.  
 5 CHAYTOR, Q.C.:  
 6 Q. So did Ms. Housser do a media briefing herself  
 7 afterwards?  
 8 MR. DAWE:  
 9 A. Not a briefing, but again based on the release  
 10 and based on me being out of town, she would  
 11 have--any requests for media interviews, she  
 12 would have handled them herself.  
 13 CHAYTOR, Q.C.:  
 14 Q. And did she discuss this with you, this aspect  
 15 of being asked about --  
 16 MR. DAWE:  
 17 A. After the fact, certainly not beforehand.  
 18 Again we--as she references here, we were able  
 19 to get our point across and that's what we  
 20 wanted to focus on.  
 21 CHAYTOR, Q.C.:  
 22 Q. And why is it a complex issue, the number of  
 23 deceased people who had a change in result,  
 24 and why did the Cancer Society decide to stay  
 25 away from that issue?

Page 273

1 MR. DAWE:  
 2 A. Well, again it's not that we decided to stay  
 3 away from the issue. We decided--we wanted to  
 4 focus on a single issue with the media at that  
 5 time and that's what we did. The complexity  
 6 of the issue revolves around the complexity of  
 7 all the numbers, and the deceased numbers--  
 8 one of the issues that we've always had with  
 9 the number of deceased is--and it leads into  
 10 actually a bigger issue, I think, of follow up  
 11 with these people, is that trying to calculate  
 12 deceased, it gives you a point in time number,  
 13 but we know that that number is going to  
 14 change, and the other complexity--you know,  
 15 because that would change over time, you can  
 16 only give a snapshot at one particular time.  
 17 The other complexity is from a media  
 18 perspective and not--you know, from our  
 19 perspective, not trying to give any indication  
 20 to the media that we have any idea or any  
 21 information ourselves on what caused people to  
 22 be deceased, whether it was a direct result of  
 23 being retested or not.  
 24 CHAYTOR, Q.C.:  
 25 Q. Yes, and that's a different question, though,

Page 274

1 as opposed to the number of deceased who had  
 2 change results --  
 3 MR. DAWE:  
 4 A. Right.  
 5 CHAYTOR, Q.C.:  
 6 Q. As opposed to what actually caused their  
 7 demise. Mr. Dawe, was there any instruction  
 8 of advice given to Ms. Housser to try to stay  
 9 away from that issue?  
 10 MR. DAWE:  
 11 A. No.  
 12 CHAYTOR, Q.C.:  
 13 Q. So that was her own initiative to do that?  
 14 MR. DAWE:  
 15 A. The advice would be, and the instructions  
 16 would be, and she followed them really well,  
 17 would be to let's get our point across, and  
 18 with any media interview, you can be asked any  
 19 number of questions and if you stray, you may  
 20 end up giving some information that ends up  
 21 being the story versus the point you were  
 22 trying to get across. So I think she did a  
 23 good job of sticking to the point of there  
 24 still could be people out there, there's  
 25 people confused, and this was part of our

Page 275

1 proactive outreach to these people.  
 2 CHAYTOR, Q.C.:  
 3 Q. Page 15 is an e-mail exchange between Ms.  
 4 Housser and Sharon Smith at Eastern Health,  
 5 and this is the same date, and Ms. Housser  
 6 writes, "Thank you for the message about the  
 7 contact number for families of the deceased",  
 8 and then she asks, "Is the number for the  
 9 Client Relations Officer still valid for  
 10 individuals who are unsure of their own  
 11 results", and Ms. Smith replies, "Hi Emma,  
 12 this is tangly, I wonder where the calls are  
 13 coming from. I will ponder this and get back  
 14 to you", and then she forwards that on, Ms.  
 15 Housser to yourself the next morning, "Hi  
 16 Peter, just thought I would send this along to  
 17 you". Sorry it's two days later, along to  
 18 you. "I find it surprising that they are not  
 19 prepared to deal with or even aware of people  
 20 who may still be unsure of their own  
 21 situation". So other than just forwarding  
 22 this on to you, did you and Ms. Housser then  
 23 have a discussion regarding this that--this  
 24 situation?  
 25 MR. DAWE:

Page 276

1 A. Absolutely, and again it's part of the ongoing  
 2 narrative, if you will, theme that we believed  
 3 there was people at various points in time who  
 4 weren't contacted at all, or weren't contacted  
 5 appropriately, who didn't understand  
 6 information they were given, and our dealings  
 7 with them and with Eastern Health in trying to  
 8 convince Eastern Health of this and urging  
 9 them to be more proactive themselves in  
 10 reaching out to these people, and it would  
 11 have been an ongoing dialogue. I think there  
 12 is continuous surprise that Eastern Health at  
 13 some point wouldn't say, "Well, I guess you're  
 14 right, I guess there really are people out  
 15 there who still need some type of service".  
 16 CHAYTOR, Q.C.:  
 17 Q. And page 19 is an e-mail from yourself to Mr.  
 18 Thompson, February 12th, 2008. So it predates  
 19 the ones that I had just referred you to, and  
 20 you thank him for your time last week to speak  
 21 to our committee. What committee is being  
 22 referred to?  
 23 MR. DAWE:  
 24 A. This is a committee we had put together of  
 25 some members of our board, some cancer

Page 277

1 survivors, members of the public, even some  
 2 people outside the province who had expertise,  
 3 and this was a volunteer committee that would  
 4 help us with the inquiry process. So it was a  
 5 group that myself, Emma, and some other staff  
 6 people, we could vet issues through and help  
 7 us strategize on how to move forward through  
 8 the inquiry.  
 9 CHAYTOR, Q.C.:  
 10 Q. Okay, and Mr. Thompson's address to your  
 11 committee, was it involving the ER/PR issue?  
 12 MR. DAWE:  
 13 A. It was involving the NLCHI Report and the  
 14 pending release of it, and again he's giving  
 15 some facts on what might be in there, and  
 16 again it wasn't the report itself, but it was  
 17 information from the report, and again us  
 18 being very upfront with him in saying we had  
 19 our own issues and we wanted to go public, and  
 20 so, you know, we're agreeing here that we  
 21 essentially coordinate with him and the  
 22 minister.  
 23 CHAYTOR, Q.C.:  
 24 Q. And you indicate that you would appreciate the  
 25 opportunity to coordinate your efforts

Page 278

1 concerning the communication to patients  
 2 concerning the hormone receptor issue. I take  
 3 it that HR is hormone receptor issue?  
 4 MR. DAWE:  
 5 A. Yes.  
 6 CHAYTOR, Q.C.:  
 7 Q. "I have copied Emma Housser on this, that you  
 8 can have a contact for any plans the minister  
 9 might have of a public release of the NLCHI  
 10 Report, and our concern is that there still  
 11 may be people who have not been properly  
 12 informed or may still be confused about the  
 13 issue. If the minister decides that the  
 14 report will not be released or if it is  
 15 delayed too long, then Canadian Cancer Society  
 16 will consider voicing our concerns  
 17 independently. Peter". So I take it that--I  
 18 take it then that result is the e-mails and  
 19 the press release that I've already taken you  
 20 through, and that was the end result of this  
 21 dialogue with Mr. Thompson, is that correct?  
 22 MR. DAWE:  
 23 A. That's right, and we also made it clear to Mr.  
 24 Thompson that our concern about the NLCHI  
 25 Report and he described it to us and how the

Page 279

1 NLCHI Report were basically tracking contacts  
 2 and that they weren't looking at the quality  
 3 of the contacts. Again we would have spoken  
 4 to him in the meeting, I would have spoken to  
 5 him on the phone about it, this is an e-mail  
 6 just making sure that he had in writing what  
 7 our concerns were, but that again--the whole  
 8 issue around contact of patients was a numbers  
 9 game at some point for Eastern Health in the  
 10 sense that if they could indicate in some way,  
 11 shape, or form, they could show that they had  
 12 a contact with the patient, then they  
 13 considered the patient informed. Again  
 14 philosophically, that differs quite  
 15 dramatically with--the Canadian Cancer Society  
 16 position would be that if the person doesn't  
 17 understand the information they're getting and  
 18 have an opportunity to ask questions about it,  
 19 then that's not really being informed. There  
 20 might have been some form of contact, but the  
 21 quality of the contact was so low that the  
 22 person still ended up not receiving the  
 23 message, and if the outcome is to have people  
 24 understand the message and understand what the  
 25 implications are for themselves, then a simple

Page 280

1 message left on an answering machine or even a  
 2 brief conversation that the person doesn't  
 3 understand and doesn't have an opportunity to  
 4 bring a support person with them, or to have  
 5 them part of the discussion, that it doesn't  
 6 matter how many numbers of people were  
 7 contacted --

8 CHAYTOR, Q.C.:  
 9 Q. It's the quality of the contact?

10 MR. DAWE:  
 11 A. It's the quality and the outcome of them  
 12 understanding is the issue.

13 CHAYTOR, Q.C.:  
 14 Q. Okay, and just one other e-mail in this  
 15 exhibit, P-2521, page 22, and it's an e-mail  
 16 that you received from a Tara Brautigam, is  
 17 it, from the Canadian Press, and this is on  
 18 February 20th, 2008, and that's the date that  
 19 the two external reports from the lab  
 20 reviewers were made public, and she writes to  
 21 you indicating, "Would you be available for  
 22 comment? If you can get back to me as soon as  
 23 possible, it would be much appreciated. I can  
 24 also explain more about the reports". Who is  
 25 she, who is --

Page 281

1 MR. DAWE:  
 2 A. It's actually a "he".

3 CHAYTOR, Q.C.:  
 4 Q. A "he", sorry.

5 MR. DAWE:  
 6 A. And he's a reporter, staff correspondent with  
 7 the Canadian Press based out of St. John's.

8 CHAYTOR, Q.C.:  
 9 Q. Okay, and did you actually contact him and did  
 10 he provide any explanation, what else could he  
 11 provide in terms of explanation regarding the  
 12 reports?

13 MR. DAWE:  
 14 A. I'm not sure what that reference is about.

15 CHAYTOR, Q.C.:  
 16 Q. So did you have any further contact with him  
 17 on this issue?

18 MR. DAWE:  
 19 A. I believe we ended up doing an interview at  
 20 some point in time.

21 CHAYTOR, Q.C.:  
 22 Q. And if I could have, please, 2519, and this is  
 23 an e-mail from yourself to Ms. Louise Jones,  
 24 April 14th, 2008, and you indicate, "I want to  
 25 follow up on several issues. We are

Page 282

1 continuing to meet with CBC concerning the  
 2 "town hall meeting". This looks like it could  
 3 materialize in the next two weeks, which is  
 4 quite timely. The second part of this  
 5 communication was the idea of a letter to all  
 6 the people directly affected by this issue. In  
 7 our meeting, you indicated Eastern Health was  
 8 considering this. I have indicated that  
 9 Canadian Cancer Society is considering  
 10 approaching the Commission to contact these  
 11 people directly also. Can you give me an  
 12 indication of where Eastern Health stands on  
 13 this issue. Also I met with Robert Thompson  
 14 today to get a briefing on the NLCHI Report.  
 15 This has prompted me to ask for a meeting with  
 16 the appropriate people at Eastern Health to  
 17 discuss a range of issues around the  
 18 epidemiological learnings from this whole  
 19 issue. Why should I speak to". So first of  
 20 all, Mr. Dawe, what is the issue concerning  
 21 the town hall meeting?

22 MR. DAWE:  
 23 A. I received a call from Pat Pilgrim at one  
 24 point and Pat had said she was interested in  
 25 working with the Cancer Society to figure out

Page 283

1 if there was anything could be done for the  
 2 people affected by this whole issue. I had  
 3 the feeling she was talking about some of the  
 4 people that had been attending the Supreme  
 5 Court sessions or had been testifying at the  
 6 inquiry, or were in the public gallery at the  
 7 inquiry, and our response was that through our  
 8 own deliberations, we had been talking about  
 9 what the needs are still out there on an  
 10 ongoing basis, and we had identified that  
 11 people still needed information, and we were  
 12 trying to figure out a way--we don't have a  
 13 budget to do a big marketing campaign, we were  
 14 trying to figure out a way to get--still get  
 15 information out to people, to let people know  
 16 about the programs that we'd set up through  
 17 the Cancer Society they could avail of, and so  
 18 we'd ended up with this area of a town hall  
 19 meeting, we'd talked to CBC about the  
 20 possibility of CBC actually broadcasting this,  
 21 and we said, well, if we're going to do this,  
 22 let's talk to Eastern Health and see if they'd  
 23 like to be a part of that, and again based on  
 24 Pat's--this was my response back to Pat saying  
 25 that this is what we were thinking of, I'm not

Page 284

1 sure if this is what you had in mind, but if  
 2 you're asking us what this group of people  
 3 might need, this would be our understanding is  
 4 they still need more information, and so we  
 5 went down a path of seeing if we could work  
 6 with Eastern Health to have a broadcasted town  
 7 hall meeting.

8 CHAYTOR, Q.C.:  
 9 Q. And did it ever materialize?

10 MR. DAWE:  
 11 A. No.

12 CHAYTOR, Q.C.:  
 13 Q. And why not?

14 MR. DAWE:  
 15 A. Well, there's differing versions of why it  
 16 didn't materialize. We certainly spent a good  
 17 week or maybe even a little bit more working  
 18 on it. The initial meetings, we had made it  
 19 quite clear to Eastern Health that we weren't  
 20 --we were interested in information sharing,  
 21 that's what we wanted to see come out of this  
 22 meeting, we wanted to pose questions, have  
 23 them answered, produce that type of messaging  
 24 out to people. They seemed to have an initial  
 25 agreement with that. They had some of their

Page 285

1 communications--this is the initial meeting  
 2 with some of the--Louise and Pat but then we  
 3 ended up in meetings with their communications  
 4 people, and specifically Cathy Dornan, out of  
 5 Bristol Communications, and it--from our  
 6 perspective, the purpose seemed to change from  
 7 an information type session to something that  
 8 would amount to Eastern Health--at one point  
 9 it was brought up about the possibility of  
 10 Louise Jones making some type of an apology,  
 11 public apology, on the show and that Eastern  
 12 Health needed an opportunity to talk about the  
 13 changes they were making in the lab, etc. We  
 14 viewed that, quite honestly, as not the point  
 15 of the show. The point of the show wasn't to  
 16 turn into a PR exercise for Eastern Health and  
 17 their recognizing--I recognized the need to  
 18 start building public confidence back up in  
 19 the system. We didn't think the timing was  
 20 right, and we told them that. We said we  
 21 wanted to stick to the original agenda. As it  
 22 turned out, the reason I was given was that we  
 23 could get none of the doctors--we thought we  
 24 had an oncologist lined up to participate. We  
 25 recognized that we needed a local doctor to

Page 286

1 participate in the show. Based on advice,  
 2 because of the ongoing inquiry, they were told  
 3 the docs basically said, look, we might think  
 4 this is a brilliant idea, but we can't  
 5 participate in this at this time. We thought  
 6 about going ahead on our--so Eastern Health  
 7 basically said, well, that's it, we can't  
 8 participate, and we said, well, we still might  
 9 do it, and we talked to CBC again, but without  
 10 a credibility of a doctor speaking to some of  
 11 the technical issues, we weren't comfortable  
 12 in doing it either. So it was an idea that  
 13 was floated out there, but it didn't fly.

14 CHAYTOR, Q.C.:  
 15 Q. Okay.

16 THE COMMISSIONER:  
 17 Q. Ms. Chaytor, it's about five.

18 CHAYTOR, Q.C.:  
 19 Q. Yeah, I'm--five minutes is --

20 THE COMMISSIONER:  
 21 Q. Five minutes for --

22 CHAYTOR, Q.C.:  
 23 Q. For me to conclude.

24 THE COMMISSIONER:  
 25 Q. Are you willing to hang on for another five

Page 287

1 minutes, Mr. Dawe?

2 MR. DAWE:  
 3 A. Absolutely.

4 CHAYTOR, Q.C.:  
 5 Q. Okay, thank you.

6 THE COMMISSIONER:  
 7 Q. Carry on.

8 CHAYTOR, Q.C.:  
 9 Q. Thank you. Mr. Dawe, it indicates here that  
 10 you had a meeting with Eastern Health and they  
 11 were considering writing a letter directly to  
 12 all the people affected by the issue, and  
 13 we'll see attached here further on in the  
 14 exhibit a draft which was forwarded to you of  
 15 that letter, and this is, I think, the version  
 16 of--or a version, a draft of the apology  
 17 letter. Did you have any input into the  
 18 drafting of that letter?

19 MR. DAWE:  
 20 A. Well, we were shown a draft of it. Again the  
 21 idea of the letter was again direct  
 22 information, very specific information, to a  
 23 specific group of people that we didn't have  
 24 access to, and we assumed that--and there's a  
 25 reference there that the Commission of Inquiry



Page 288

1 might have access to because our understanding  
 2 is that the Commission has been given the  
 3 NLCHI database. So we basically said to  
 4 Eastern Health, look, if we consider doing  
 5 this ourselves, if we can get permission from  
 6 the inquiry to use the database to send out  
 7 very specific information about ER/PR, about  
 8 what's happened, again based on our belief  
 9 that there was still a need out there for  
 10 information, very specific information, and  
 11 Eastern Health basically said, well, we're  
 12 planning to do this, anyway, and we said,  
 13 well, that's great; if you don't do it, we  
 14 still might follow up and do it, but we're  
 15 glad you're doing it.

16 CHAYTOR, Q.C.:

17 Q. And were you involved in any ethical consults  
 18 as to whether or not an apology letter should  
 19 go forward?

20 MR. DAWE:

21 A. No. I can remember being in a meeting and  
 22 explicitly saying that--saying to Eastern  
 23 Health, you know, what would be wrong with  
 24 writing people and giving them information  
 25 directly. Whether we talked about it being an

Page 289

1 apology letter or not at the time, I can't say  
 2 for sure whether we did or didn't. As it turns  
 3 out, you know, we--the letter that we know  
 4 that went out--again from the Cancer Society  
 5 perspective, aside from the fact that we  
 6 wouldn't send out an apology letter, we would  
 7 have tried to give more information on some  
 8 actual issues and some services that are  
 9 available.

10 CHAYTOR, Q.C.:

11 Q. And it appears, though, Mr. Dawe, that at this  
 12 point in time in April of 2008, that you're  
 13 having ongoing dialogue with the senior  
 14 management of Eastern Health around this  
 15 issue? You're having meetings, you're having  
 16 discussions, you're trying to coordinate your  
 17 communications?

18 MR. DAWE:

19 A. At this particular point in time, absolutely.

20 CHAYTOR, Q.C.:

21 Q. So I take it there's been an improvement in  
 22 the lines of communication?

23 MR. DAWE:

24 A. The lines of communication have always been  
 25 there. It's the results that matter. If you

Page 290

1 look at, you know, the town hall meeting, the  
 2 result certainly didn't happen. If you look  
 3 at the letter that went out, it certainly  
 4 wasn't a letter that we would have sent out.  
 5 So there's never been a shutdown of  
 6 communications, I think to Eastern Health's  
 7 credit and Canadian Cancer Society's credit.  
 8 Both organizations are still there to support  
 9 cancer patients anywhere in the province.  
 10 That's always been the common denominator and  
 11 it's what has kept, no doubt, both  
 12 organizations going and both--and the people  
 13 in both organizations quite dedicated to their  
 14 jobs. And I think that the differences are  
 15 expressed in different ways. But without that  
 16 underlying devotion to the people of the  
 17 province, I don't think either organization  
 18 would have gotten through to this point in the  
 19 Inquiry or even in through the ER/PR issue.

20 CHAYTOR, Q.C.:

21 Q. So while this at page 5 is the letter, while  
 22 you were sent this letter, are you saying that  
 23 you weren't provided any opportunity for  
 24 feedback as to the contents of the letter?  
 25 MR. DAWE:

Page 291

1 A. We were provided a draft. And if you can go  
 2 back to the actual e-mail, that says forward  
 3 along with (unintelligible) copy of the  
 4 apology letter and attachments that were sent  
 5 from Eastern Health FYI, "please find them  
 6 attached."

7 CHAYTOR, Q.C.:

8 Q. So it's already sent.

9 MR. DAWE:

10 A. So this is already sent and, no, we weren't  
 11 asked to participate in the formation of the  
 12 letter.

13 CHAYTOR, Q.C.:

14 Q. Okay, and, Mr. Dawe, back to page 3 of the  
 15 exhibit, the reference to you having met with  
 16 Mr. Thompson on April 14th to get a briefing  
 17 on the NLCHI report and you say, "This has  
 18 prompted me to ask for a meeting with the  
 19 appropriate people at Eastern Health to  
 20 discuss a range of issues." And it goes on  
 21 from there. Did you have that meeting with  
 22 the people from Eastern Health?

23 MR. DAWE:

24 A. We've had one meeting, absolutely, and we want  
 25 to follow up. Again, the point there, I

Page 292

1 alluded to it earlier, of the story isn't  
 2 over, the story is ongoing for these people.  
 3 They are the story, they always have been the  
 4 story. Eastern Health, I believe, has a  
 5 responsibility to these people as an  
 6 institution, as a public institution to  
 7 follow-up with these people from an  
 8 epidemiological perspective, you know, it's a  
 9 big word but it basically means what's going  
 10 to happen to these people, what are the  
 11 ultimate results for all of these people, what  
 12 are the opportunities from a research  
 13 perspective to look at this group of people  
 14 and learn from them, be it from anything from  
 15 when you receive Tamoxifen, which is very  
 16 technical type of research right down to  
 17 public disclosure issues and you've got a set  
 18 group of people there that I would think  
 19 Eastern Health would be very interested in  
 20 learning from. And so we've said to Eastern  
 21 Health we'd like to work with you on that. As  
 22 I said, we've had one initial meeting. I  
 23 think there's a lot more work to be done in  
 24 that area, though.  
 25 CHAYTOR, Q.C.:

Page 293

1 Q. Okay, and are there plans for other meetings  
 2 on that issue?  
 3 MR. DAWE:  
 4 A. Not immediate, but I think in general there  
 5 are plans to keep the process going.  
 6 CHAYTOR, Q.C.:  
 7 Q. Thank you. And, Mr. Dawe, then in your recent  
 8 meetings and discussions with Eastern Health  
 9 have the air ever been cleared, so to speak,  
 10 have you ever had discussions about what it  
 11 was in your public comments that was causing  
 12 discomfort to Eastern Health along the way?  
 13 MR. DAWE:  
 14 A. Quite honestly, no, it's never been explained  
 15 to me. Like I said, aside from, you know, a  
 16 couple of conversations with Pat Pilgrim  
 17 around specific issues, which I would consider  
 18 fairly minor factual type issues, I've never  
 19 been given an explanation as to what would  
 20 apparently be the attitude towards the Cancer  
 21 Society and towards me specifically that came  
 22 out through Inquiry, the Inquiry process. And  
 23 I find it quite disheartening because I think  
 24 ultimately, you know, we run the risk of doing  
 25 a disservice to cancer patients in the

Page 294

1 province if we can't work with Eastern Health.  
 2 I said before, it's the only way we can access  
 3 cancer patients is through the treatment  
 4 system, and so it's very important to us. I  
 5 think the Inquiry itself I think is presenting  
 6 an opportunity whether the Inquiry has to be  
 7 over before the opportunity can be best  
 8 capitalized on, I don't know. But, we're  
 9 certainly there as the Canadian Cancer  
 10 Society, we're always going to be there and  
 11 we're always going to be open and inclusive  
 12 and look for ways to work with people around  
 13 cancer control in this province.  
 14 CHAYTOR, Q.C.:  
 15 Q. Thank you, Mr. Dawe. And I'm sure some of my  
 16 learned friends will have questions.  
 17 THE COMMISSIONER:  
 18 Q. Have you discussed with other counsel the  
 19 arrangements for tomorrow?  
 20 CHAYTOR, Q.C.:  
 21 Q. Yes.  
 22 THE COMMISSIONER:  
 23 Q. Since I know we have a witness coming in from  
 24 the mainland.  
 25 CHAYTOR, Q.C.:

Page 295

1 Q. Yes, we have a witness coming from out of  
 2 town, out of the province tomorrow morning.  
 3 And I've spoken, as well, with Mr. Dawe and  
 4 Ms. Newbury and he could be available to come  
 5 in the afternoon tomorrow after we finish with  
 6 Dr. Haegert.  
 7 THE COMMISSIONER:  
 8 Q. All right. Thank you, Mr. Dawe, I appreciate  
 9 your cooperation in that respect.  
 10 MR. DAWE:  
 11 A. Thank you.  
 12 CHAYTOR, Q.C.:  
 13 Q. Thank you.  
 14 THE COMMISSIONER:  
 15 Q. We'll adjourn then until 9:30 at which time I  
 16 guess we'll hear from Dr. Haegert. Thank you.  
 17 Adjourned.  
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CERTIFICATE

I, Judy Moss, hereby certify that the foregoing is a true and correct transcript in the matter of the Commission of Inquiry on Hormone Receptor Testing, heard on the 3rd day of September, A.D., 2008 before the Honourable Justice Margaret A. Cameron, Commissioner, at the Commission of Inquiry, St. John's, Newfoundland and Labrador and was transcribed by me to the best of my ability by means of a sound apparatus.

Dated at St. John's, Newfoundland and Labrador this 3rd day of September, A.D., 2008

Judy Moss

<p align="center"><b>-?-</b></p> <p>' [5] 74:13 78:1,6,9 109:23</p> <p><b>'05</b> [10] 31:7 38:25 47:3 47:16 96:2 160:5,6 232:17 252:22,22</p> <p><b>'06</b> [13] 127:3 148:3 150:1 151:10,21 152:16 165:3 187:2 192:7 199:19 246:18 251:8 252:24</p> <p><b>'07</b> [9] 151:20,21 234:22 234:23,24 244:21 245:17 252:24 258:19</p> <p><b>'08</b> [2] 244:21 260:1</p> <p><b>'97</b> [2] 117:13 252:22</p> <p><b>'common</b> [1] 78:7</p> <p><b>'the</b> [1] 264:21</p> <p><b>'There</b> [1] 109:19</p> <p><b>'we</b> [1] 74:10</p> <p><b>'We're</b> [1] 77:24</p> <p><b>'We've</b> [1] 78:2</p>	<p><b>15th</b> [4] 173:5,25 175:7 231:22</p> <p><b>16</b> [1] 173:4</p> <p><b>16th</b> [5] 175:9 196:23 239:20 240:2,21</p> <p><b>17th</b> [2] 92:7,12</p> <p><b>18</b> [1] 203:3</p> <p><b>18th</b> [3] 144:2 148:18 174:2</p> <p><b>19</b> [1] 276:17</p> <p><b>1978</b> [1] 6:12</p> <p><b>1979</b> [1] 6:12</p> <p><b>1984</b> [1] 6:24</p> <p><b>1997</b> [4] 7:12,14,16 263:2</p> <p><b>19th</b> [3] 93:13,24 257:24</p> <p><b>1:30</b> [3] 224:16 265:2 267:10</p> <p><b>1st</b> [1] 201:2</p>	<p><b>23</b> [1] 186:10</p> <p><b>23rd</b> [2] 202:15 203:13</p> <p><b>24</b> [2] 196:16 264:14</p> <p><b>2438</b> [1] 4:24</p> <p><b>2484</b> [1] 4:25</p> <p><b>24th</b> [1] 224:8</p> <p><b>2501</b> [1] 5:1</p> <p><b>2506</b> [1] 155:20</p> <p><b>2512</b> [1] 199:24</p> <p><b>2513</b> [1] 207:16</p> <p><b>2519</b> [1] 281:22</p> <p><b>2520</b> [2] 211:20 221:5</p> <p><b>25th</b> [2] 156:2 199:25</p> <p><b>26</b> [1] 265:17</p> <p><b>26th</b> [1] 107:10</p> <p><b>27th</b> [2] 174:21 204:12</p> <p><b>29</b> [1] 211:20</p> <p><b>295</b> [1] 2:3</p> <p><b>2:15</b> [1] 167:22</p> <p><b>2nd</b> [4] 54:17 74:11 174:16 197:4</p>	<p align="center"><b>-7-</b></p> <p><b>7:10</b> [1] 217:11</p> <p><b>7th</b> [3] 109:13 224:16,18</p> <p align="center"><b>-8-</b></p> <p><b>80</b> [2] 123:18 124:4</p> <p><b>8:00</b> [1] 173:25</p> <p><b>8th</b> [6] 74:11 187:9 192:1 208:1 209:6,11</p> <p align="center"><b>-9-</b></p> <p><b>90</b> [2] 123:18 124:4</p> <p><b>900</b> [1] 76:22</p> <p><b>9:06</b> [1] 208:12</p> <p><b>9:30</b> [3] 169:19 197:11 295:15</p> <p><b>9:47</b> [1] 82:7</p> <p><b>9th</b> [1] 181:13</p>	<p>199:21 222:2</p> <p><b>according</b> [2] 20:24 102:8</p> <p><b>accountability</b> [1] 19:20</p> <p><b>accuracy</b> [1] 149:3</p> <p><b>accurate</b> [8] 75:25 78:6 81:20 83:11 149:13,15 244:13 265:15</p> <p><b>achieve</b> [10] 18:19 20:19 21:20 22:3 32:16 33:4 42:17 43:3 136:24 239:4</p> <p><b>achieved</b> [1] 21:21</p> <p><b>achieving</b> [1] 33:2</p> <p><b>acknowledged</b> [1] 213:5</p> <p><b>acronym</b> [1] 21:22</p> <p><b>act</b> [8] 31:20 32:7 34:10 105:19 112:19 129:12 199:7 218:14</p> <p><b>acting</b> [2] 47:8 105:18</p> <p><b>action</b> [6] 1:14 180:8,10 225:19 245:6 258:6</p> <p><b>actions</b> [1] 173:20</p> <p><b>active</b> [3] 47:25 110:10 218:9</p> <p><b>activities</b> [1] 24:11</p> <p><b>activity</b> [3] 128:1 206:17 254:17</p> <p><b>acts</b> [1] 136:13</p> <p><b>actual</b> [16] 60:25 145:8 189:19,24 214:13,14,15 214:19 216:21 225:19 247:24 256:2 271:12,13 289:8 291:2</p> <p><b>ad</b> [2] 121:16 255:10</p> <p><b>adamant</b> [1] 213:8</p> <p><b>added</b> [2] 47:4 239:3</p> <p><b>addition</b> [1] 263:3</p> <p><b>additional</b> [1] 229:4</p> <p><b>address</b> [11] 25:20 97:23 106:24 132:13 177:25 189:17 214:25 215:21 223:8 234:8 277:10</p> <p><b>addressed</b> [8] 68:23 110:17 174:21 214:18,22 215:16 216:24 217:6</p> <p><b>addressing</b> [1] 243:5</p> <p><b>adds</b> [1] 78:6</p> <p><b>adequate</b> [3] 21:14,15 86:23</p> <p><b>adjourn</b> [1] 295:15</p> <p><b>Adjourned</b> [1] 295:17</p> <p><b>Admin</b> [1] 211:22</p> <p><b>administration</b> [1] 141:6</p> <p><b>administrative</b> [2] 22:19 24:18</p> <p><b>advance</b> [5] 170:24 201:6,8 204:22 266:17</p> <p><b>adverse</b> [3] 41:12,14 51:22</p> <p><b>advertise</b> [1] 43:11</p> <p><b>advertising</b> [1] 259:12</p>
<p align="center">---</p> <p><b>-and</b> [1] 241:7</p> <p><b>-anybody</b> [1] 254:19</p> <p><b>-expressing</b> [1] 157:10</p> <p><b>-we</b> [1] 172:1</p> <p><b>-you</b> [1] 91:8</p> <p><b>-you've</b> [1] 8:5</p>	<p align="center"><b>-2-</b></p> <p><b>20</b> [8] 15:20 22:22 23:12 78:19 123:12,14 124:3 143:13</p> <p><b>20/20</b> [1] 250:25</p> <p><b>200</b> [2] 78:9,12</p> <p><b>2001</b> [1] 13:14</p> <p><b>2002</b> [1] 13:15</p> <p><b>2003</b> [3] 14:9 246:3 247:1</p> <p><b>2005</b> [29] 9:19 10:2 13:15 30:17 37:11 44:5 46:12 47:18 54:17 62:24 73:22 84:6 92:7,12,15 93:13 93:24 96:17 100:18 107:10 109:13 114:24 117:14 118:4 122:15 126:16 143:13 160:19 263:2</p> <p><b>2006</b> [45] 30:18 143:15 144:2,13,18 145:12 147:17 148:18 154:2,14 156:2 169:18 170:5 173:5 174:16,21 175:7,9 181:13 184:5,20 186:11,24 187:9 192:2 193:8 196:16 197:4 198:1,2 199:25 200:15 200:23 203:13 204:12 206:3 208:1 209:4,20 215:8,17 216:10 248:23 250:22 254:6</p> <p><b>2007</b> [23] 30:18 95:2,7 95:25 152:9 217:11,24 218:5,22 221:6 224:8,16 229:10 231:22 239:20 240:3,22 243:15 245:1,8 246:1 253:24,25</p> <p><b>2008</b> [11] 1:4 202:16 257:24 258:14 267:6 276:18 280:18 281:24 289:12 296:11,19</p> <p><b>20th</b> [5] 96:12,17 100:18 103:22 280:18</p> <p><b>21st</b> [6] 144:13,17 197:11 198:1 258:13 267:6</p> <p><b>22</b> [1] 280:15</p> <p><b>22nd</b> [2] 200:23 271:11</p>	<p align="center"><b>-3-</b></p> <p><b>3</b> [5] 1:4 122:14 211:1 212:3 291:14</p> <p><b>30</b> [2] 156:5 217:4</p> <p><b>30th</b> [4] 198:2 202:10 245:1,8</p> <p><b>31st</b> [3] 10:2 154:2,14</p> <p><b>33</b> [2] 221:5 244:25</p> <p><b>350</b> [3] 123:5,14 124:7</p> <p><b>36</b> [1] 228:2</p> <p><b>3:00</b> [1] 267:12</p> <p><b>3:30</b> [1] 63:4</p> <p><b>3:46</b> [1] 271:11</p> <p><b>3rd</b> [5] 62:24 63:11 169:18 296:11,19</p>	<p align="center"><b>-A-</b></p> <p><b>A.D</b> [2] 296:11,19</p> <p><b>a.m</b> [8] 82:8 143:16 144:2 147:10 208:12 217:11,24 221:6</p> <p><b>Abbott</b> [36] 10:15 17:1 29:14,17 48:18,20 63:3 63:5,10 64:4,18 111:1 132:21 134:4,9,23 135:6 135:18,19 137:3,9 138:2 143:16 144:14,18 149:17 156:23 173:6,9 174:3,3 196:18 223:21 237:24,25 246:17</p> <p><b>Abbott's</b> [3] 134:10 143:14 196:24</p> <p><b>ability</b> [1] 296:15</p> <p><b>able</b> [15] 16:6 19:10,11 29:16 41:10 43:20 47:24 76:19 167:2 204:21 240:23 263:23 266:6 271:20 272:18</p> <p><b>abouts</b> [1] 94:21</p> <p><b>absolute</b> [2] 230:20 255:3</p> <p><b>absolutely</b> [48] 7:20 8:18 9:1,11 14:20 23:23 27:16 28:4 29:19 30:5,13 34:1 35:20 38:21 46:16 58:12 59:11 66:19 73:1 80:15 102:24 103:6 104:3 109:20 110:9 111:4 118:19 130:2,8 137:7 146:10,25 147:7,14 157:5 157:23 162:16 172:19 203:18 205:24 232:7,19 235:1 250:21 276:1 287:3 289:19 291:24</p> <p><b>accept</b> [2] 158:19 250:11</p> <p><b>access</b> [7] 25:16 26:15 218:14 225:2 287:24 288:1 294:2</p> <p><b>accessible</b> [1] 182:3</p> <p><b>accommodations</b> [2]</p>	
<p align="center"><b>-0-</b></p> <p><b>0314</b> [1] 148:15</p> <p align="center"><b>-1-</b></p> <p><b>1</b> [1] 211:23</p> <p><b>1,000</b> [2] 76:23 77:9</p> <p><b>10</b> [3] 144:13 217:24 221:6</p> <p><b>100</b> [6] 77:11 88:10,15 177:8 231:4 244:4</p> <p><b>1000</b> [1] 188:15</p> <p><b>10th</b> [2] 221:6 224:9</p> <p><b>11</b> [4] 6:3 144:2 145:11 147:10</p> <p><b>1126</b> [1] 175:6</p> <p><b>117</b> [1] 215:25</p> <p><b>11:30</b> [1] 143:16</p> <p><b>11th</b> [11] 193:8 195:20 196:2 200:25 201:3,6 204:19 208:12,21,25 215:8</p> <p><b>12</b> [2] 147:9 271:8</p> <p><b>12th</b> [5] 143:15 147:17 196:16 253:24 276:18</p> <p><b>13</b> [1] 147:10</p> <p><b>13th</b> [1] 216:10</p> <p><b>14</b> [1] 216:9</p> <p><b>14th</b> [7] 84:6 91:8 92:15 114:24 228:3 281:24 291:16</p> <p><b>15</b> [3] 93:5 169:17 275:3</p>	<p align="center"><b>-4-</b></p> <p><b>4</b> [1] 2:3</p> <p><b>40</b> [3] 69:9 72:19 226:20</p> <p><b>42</b> [3] 229:17,18,18</p> <p><b>4:25</b> [1] 240:3</p> <p><b>4:30</b> [2] 66:16 82:2</p> <p><b>4th</b> [4] 63:3,12 65:3 217:11</p> <p align="center"><b>-5-</b></p> <p><b>5</b> [5] 3:2,3,4 215:8 290:21</p> <p><b>50</b> [1] 20:25</p> <p><b>5th</b> [6] 66:12 122:15 126:7 145:12 217:24 218:22</p> <p align="center"><b>-6-</b></p> <p><b>60</b> [1] 20:25</p> <p><b>6th</b> [4] 81:9 82:7 118:4 126:8</p>	<p align="center"><b>-5-</b></p> <p><b>5</b> [5] 3:2,3,4 215:8 290:21</p> <p><b>50</b> [1] 20:25</p> <p><b>5th</b> [6] 66:12 122:15 126:7 145:12 217:24 218:22</p> <p align="center"><b>-6-</b></p> <p><b>60</b> [1] 20:25</p> <p><b>6th</b> [4] 81:9 82:7 118:4 126:8</p>		

Inquiry on Hormone Receptor Testing

<p><b>advice</b> [6] 49:19 52:14 142:16 274:8,15 286:1</p> <p><b>advise</b> [1] 194:24</p> <p><b>advised</b> [4] 117:21 179:4 194:22 196:9</p> <p><b>advising</b> [1] 84:22</p> <p><b>advocacy</b> [31] 21:24 22:17 24:24 26:3 28:10 30:21,22 32:1 33:4,13 34:22 35:10,11 36:11 43:9 90:6 111:21,22 112:20 131:2 150:22 156:16 157:2 158:16 170:24 171:8 199:5,17 237:4,10 249:12</p> <p><b>advocate</b> [5] 56:24 85:2 103:20 112:1 238:12</p> <p><b>advocated</b> [1] 249:6</p> <p><b>advocating</b> [5] 28:19 33:15 35:1 51:19 111:23</p> <p><b>affect</b> [2] 91:18 124:23</p> <p><b>affected</b> [24] 78:9 88:16 88:17 103:4,8 105:23 124:13 129:22 142:21 171:12 182:25 210:8 215:12 216:15 220:19 226:4 231:9 241:22 259:17 262:11 264:9 282:6 283:2 287:12</p> <p><b>affects</b> [2] 103:15 143:1</p> <p><b>affidavit</b> [4] 225:22 227:21 229:4,5</p> <p><b>AFFIRMED</b> [2] 2:2 4:6</p> <p><b>aftermath</b> [4] 29:14 141:22 231:21,23</p> <p><b>afternoon</b> [6] 96:23 101:2 168:2 195:22 239:7 295:5</p> <p><b>afterward</b> [1] 270:4</p> <p><b>afterwards</b> [3] 213:21 244:6 272:7</p> <p><b>again</b> [162] 26:2 28:9,19 29:2,5,15,20 33:5 34:13 37:7 39:21,25 46:5 47:4 47:14,23 49:5 52:2,5,8 52:15 60:25 61:19 65:5 65:7 69:8,16,19,23 70:20 71:1 73:7,11 76:19 79:10 81:25 82:7,25 85:15 86:13 87:2 88:4 90:4,16 94:2 95:6,25 103:11 104:7,10 105:19 110:9 112:18 116:10,22 123:3 124:7,14,16,17,23 127:19 129:11 133:17 135:9 136:3,12 139:8 145:12 146:4 147:10 148:1,4 149:22 153:7 154:1 158:3 158:13 162:7,23 165:24 166:3,7 170:21 171:5 173:23 177:5 180:12,19 180:25 181:6 191:17 196:23 199:4,16 203:20 203:22 204:10 205:8,15 210:17 215:9,14 216:8 217:25 218:10 219:17 220:15 221:1,22 223:2,1 223:8 224:7 228:8 229:13 229:20 232:1,7 234:22</p>	<p>234:23 237:3 238:3,17 238:22 239:18 240:12 241:7 242:13 245:11 247:17 252:16 256:25 257:2 258:19 259:17,21 260:8,9,13 268:15,16 270:13,16,24 272:9,18 273:2 276:1 277:14,16 277:17 279:3,7,13 283:23 286:9 287:20,21 288:8 289:4 291:25</p> <p><b>against</b> [2] 18:21 178:25</p> <p><b>age</b> [3] 53:20 61:21 162:25</p> <p><b>agenda</b> [11] 31:14 87:8 91:20,20 143:15 170:22 175:18 186:13 196:17 223:11 285:21</p> <p><b>aggressive</b> [2] 128:5,16</p> <p><b>ago</b> [5] 6:3 15:20 50:6 143:9 202:9</p> <p><b>agree</b> [5] 32:21,23 129:14 182:5 243:25</p> <p><b>agreed</b> [5] 11:18 98:1,14 98:15 129:18</p> <p><b>agreeing</b> [3] 103:23 210:25 277:20</p> <p><b>agreement</b> [5] 185:9,11 186:2 263:6 284:25</p> <p><b>ahead</b> [6] 73:10 108:21 118:12 151:20 201:20 286:6</p> <p><b>air</b> [1] 293:9</p> <p><b>aired</b> [1] 148:21</p> <p><b>airport</b> [1] 258:3</p> <p><b>al</b> [1] 1:10</p> <p><b>alarming</b> [1] 83:3</p> <p><b>alert</b> [4] 203:21 227:3 228:22 258:9</p> <p><b>allowed</b> [2] 210:23 266:10</p> <p><b>allowing</b> [1] 240:12</p> <p><b>alluded</b> [1] 292:1</p> <p><b>almost</b> [5] 107:10 152:2 220:22 231:2,4</p> <p><b>alone</b> [1] 233:10</p> <p><b>along</b> [17] 22:14 49:25 68:5 86:3 98:17 111:6 176:4 177:17 202:16 220:10 247:21 248:15 256:15 275:16,17 291:3 293:12</p> <p><b>alphabetical</b> [2] 115:9 116:19</p> <p><b>alphabetically</b> [1] 116:22</p> <p><b>always</b> [16] 32:6,7,9 39:19 42:13 50:25 57:25 79:19 89:23 252:2 273:8 289:24 290:10 292:3 294:10,11</p> <p><b>amalgamated</b> [3] 9:19 37:18 41:19</p> <p><b>ammunition</b> [1] 141:17</p> <p><b>amount</b> [3] 42:21 243:14 285:8</p>	<p><b>analyst</b> [1] 232:14</p> <p><b>analyzed</b> [1] 229:13</p> <p><b>Andrea</b> [2] 47:7,10</p> <p><b>anecdotal</b> [1] 236:12</p> <p><b>anger</b> [2] 233:2,7</p> <p><b>angry</b> [3] 60:14 105:9 232:22</p> <p><b>Anne</b> [7] 96:22,24 97:1,1 98:11,21 99:18</p> <p><b>announcement</b> [2] 139:14 262:1</p> <p><b>annual</b> [1] 187:12</p> <p><b>annually</b> [2] 28:18 198:11</p> <p><b>answer</b> [7] 40:19 79:19 79:20 208:8 223:15 238:16 260:17</p> <p><b>answered</b> [1] 284:23</p> <p><b>answering</b> [3] 50:5 233:22 280:1</p> <p><b>answers</b> [2] 79:23 149:24</p> <p><b>antagonist</b> [1] 190:10</p> <p><b>anxiety</b> [3] 52:25 183:6 240:17</p> <p><b>anybody's</b> [2] 36:16 142:6</p> <p><b>anyhow</b> [1] 100:15</p> <p><b>anyway</b> [4] 177:20 227:15 251:6 288:12</p> <p><b>apologize</b> [1] 225:1</p> <p><b>apology</b> [7] 285:10,11 287:16 288:18 289:1,6 291:4</p> <p><b>apparatus</b> [1] 296:16</p> <p><b>apparent</b> [1] 157:8</p> <p><b>appear</b> [1] 107:25</p> <p><b>appearance</b> [1] 109:1</p> <p><b>Appearances</b> [1] 1:5</p> <p><b>appearing</b> [2] 96:23 196:24</p> <p><b>application</b> [1] 258:24</p> <p><b>apply</b> [1] 23:24</p> <p><b>appoint</b> [1] 255:15</p> <p><b>appointed</b> [5] 11:13,16 38:17 144:24 200:17</p> <p><b>appointment</b> [4] 62:23 217:12,15 221:6</p> <p><b>appointments</b> [2] 11:16 173:6</p> <p><b>appreciate</b> [3] 87:24 277:24 295:8</p> <p><b>appreciated</b> [1] 280:23</p> <p><b>appreciation</b> [1] 181:24</p> <p><b>appreciative</b> [2] 106:17 185:18</p> <p><b>apprised</b> [1] 79:7</p> <p><b>approach</b> [5] 51:18 52:9 142:17 194:25 195:3</p> <p><b>approached</b> [6] 11:14 11:17 54:23,25 138:6 203:19</p> <p><b>approaching</b> [1] 282:10</p> <p><b>appropriate</b> [4] 210:4</p>	<p>271:23 282:16 291:19</p> <p><b>appropriately</b> [2] 230:24 276:5</p> <p><b>appropriateness</b> [1] 50:16</p> <p><b>approximation</b> [1] 124:8</p> <p><b>April</b> [11] 47:3 145:12 147:16 148:3 174:21 221:6 224:8,9 281:24 289:12 291:16</p> <p><b>area</b> [8] 85:11 119:4 156:18 159:13 176:18 178:10 283:18 292:24</p> <p><b>areas</b> [10] 20:23 21:17 22:1 26:4 128:21 136:24 139:16 140:1 156:16 170:25</p> <p><b>argument</b> [1] 89:1</p> <p><b>arrange</b> [2] 29:20 201:3</p> <p><b>arranged</b> [1] 225:11</p> <p><b>arrangements</b> [1] 294:19</p> <p><b>arrived</b> [1] 71:22</p> <p><b>article</b> [12] 74:1,11 77:23 79:5 118:24 119:17 122:22 123:2 176:14 177:18 215:24 216:11</p> <p><b>articles</b> [1] 120:9</p> <p><b>articulated</b> [6] 52:20,23 108:2 151:13 206:11,15</p> <p><b>Arts</b> [1] 5:13</p> <p><b>aside</b> [10] 13:9 17:12 39:21 40:2,7 44:12 196:11 244:6 289:5 293:15</p> <p><b>asks</b> [1] 275:8</p> <p><b>aspect</b> [2] 191:12 272:14</p> <p><b>Assembly</b> [4] 168:7,9 172:25 235:22</p> <p><b>assertive</b> [3] 32:1 51:15 52:16</p> <p><b>assessed</b> [1] 249:23</p> <p><b>assistant</b> [4] 5:21 6:9 49:3 115:18</p> <p><b>association</b> [7] 1:15 121:15 176:16 178:4 200:2 254:1 255:11</p> <p><b>assume</b> [2] 27:20 101:24</p> <p><b>assumed</b> [6] 85:10 86:18 88:22 91:18 195:16 287:24</p> <p><b>assuming</b> [3] 15:11 63:15 269:10</p> <p><b>assumption</b> [6] 70:24 103:6 108:8 116:23 226:17 268:16</p> <p><b>assurance</b> [9] 10:20 13:17,18,22 14:1,5 72:1 72:21 166:22</p> <p><b>assured</b> [1] 180:1</p> <p><b>asterisk</b> [1] 197:5</p> <p><b>asterisks</b> [1] 224:8</p> <p><b>atmosphere</b> [1] 60:6</p> <p><b>attached</b> [7] 126:12</p>	<p>174:18 175:24 176:9 258:11 287:13 291:6</p> <p><b>attachments</b> [1] 291:4</p> <p><b>attempt</b> [2] 26:6 54:12</p> <p><b>attempting</b> [1] 199:19</p> <p><b>attempts</b> [1] 180:3</p> <p><b>attend</b> [10] 67:7 68:5 128:10 134:14 155:1 159:21 201:17 210:21,23 269:20</p> <p><b>attendance</b> [2] 138:20 138:21</p> <p><b>attended</b> [8] 67:15 160:2 160:9 162:5 163:24 198:23 206:3 265:12</p> <p><b>attending</b> [4] 205:16 209:14 270:18 283:4</p> <p><b>attention</b> [6] 90:2 92:21 95:13 107:4 189:3 192:21</p> <p><b>attitude</b> [3] 240:25 241:1 293:20</p> <p><b>attitudes</b> [1] 142:7</p> <p><b>August</b> [5] 187:9 192:1 192:7 193:8 196:12</p> <p><b>authorities</b> [10] 1:18 25:6,9,11,25 26:5,12,12 38:25 42:12</p> <p><b>authority</b> [14] 1:12 9:24 23:1 34:23 41:20,21 74:23 78:3 84:22 173:19 183:18 184:8 185:2 209:8</p> <p><b>avail</b> [3] 261:10,10 283:17</p> <p><b>available</b> [15] 80:11 115:2 121:8 124:9 141:25 201:4 203:24 204:1 260:21 264:4 270:22 271:21 280:21 289:9 295:4</p> <p><b>avenue</b> [1] 62:6</p> <p><b>avoid</b> [1] 237:11</p> <p><b>avoiding</b> [1] 238:22</p> <p><b>awaited</b> [1] 204:3</p> <p><b>aware</b> [17] 95:20 107:23 114:14 137:15 187:25 188:23 201:12,16 205:18 206:11,14 217:4 226:23 229:6 240:5 253:24 275:19</p> <p><b>awareness</b> [3] 91:23 141:11,15</p> <p><b>away</b> [10] 51:9 77:3 97:19 135:8,17 270:23 271:19 272:25 273:3 274:9</p> <p><b>awhile</b> [1] 229:24</p>
--	--	---	---	---

-B-

**baby** [1] 53:20

**Bachelor** [1] 5:12

**backdoors** [1] 157:14

**background** [6] 5:10  
5:12 8:10 97:7 109:14  
231:2

**bad** [1] 113:20

<p><b>balanced</b> [1] 106:17  <b>balancing</b> [7] 31:19 32:7  34:10 112:19 129:12  163:15 199:7  <b>ball</b> [1] 189:11  <b>banned</b> [1] 33:15  <b>banning</b> [2] 33:7,7  <b>barriers</b> [1] 142:12  <b>Barrington</b> [5] 187:8  204:11 207:20,23 208:2  <b>bars</b> [2] 33:8,16  <b>base</b> [2] 187:23 209:21  <b>based</b> [25] 51:21,22,23  52:8 53:18 61:21 75:19  75:20 78:13 105:1,7  120:8,8 196:11 231:1  259:1 262:20 265:20  268:16 272:9,10 281:7  283:23 286:1 288:8  <b>basic</b> [4] 43:16 68:18  163:18 206:22  <b>basis</b> [16] 8:23 9:11 16:20  18:16,25 21:12 25:2  31:14 38:5 194:21 196:7  234:9 253:4 258:21  259:11 283:10  <b>bear</b> [1] 239:24  <b>beating</b> [2] 199:1,3  <b>became</b> [7] 9:21 54:19  91:4 93:15 121:7 151:24  157:8  <b>becomes</b> [2] 95:6 245:20  <b>becoming</b> [4] 86:17,22  135:25 203:24  <b>beforehand</b> [4] 53:3  268:9 269:16 272:17  <b>begin</b> [1] 5:8  <b>beginning</b> [8] 50:15  51:15 76:9 80:15 108:6  170:4 184:20 209:19  <b>begins</b> [1] 187:7  <b>begun</b> [1] 179:24  <b>behalf</b> [13] 18:5 36:8  56:24 57:11 86:1 136:20  181:22 194:16 195:2  198:10 200:1 238:12  249:6  <b>behind</b> [1] 237:6  <b>belated</b> [1] 216:1  <b>belief</b> [10] 51:23 53:16  183:16 184:5 211:5  218:11 237:8 241:25  247:16 288:8  <b>believes</b> [1] 262:12  <b>benefit</b> [1] 93:20  <b>Bernard</b> [1] 1:6  <b>best</b> [10] 14:3 53:12 81:21  81:22 87:6 106:19 163:2  237:10 294:7 296:15  <b>better</b> [12] 35:3 61:2  86:15 87:5 99:6,7,10  205:9 213:12 258:9 264:7  264:8  <b>Bettney</b> [1] 11:15  <b>between</b> [11] 30:16 79:3</p>	<p>118:14 176:23 204:10  205:19 206:6 207:18  262:18 271:9 275:3  <b>beyond</b> [1] 40:25  <b>big</b> [10] 39:21 44:8 123:21  130:18 177:13 227:12  234:23 244:19 283:13  292:9  <b>bigger</b> [6] 17:11 76:5  90:3 230:10,11 273:10  <b>biggest</b> [1] 36:10  <b>bit</b> [18] 17:2 54:2 69:9  74:7 99:2,2 123:18 141:5  152:21 157:13 163:7  169:10 190:10 213:3  252:15,17 257:14 284:17  <b>bite</b> [1] 121:4  <b>bits</b> [1] 57:24  <b>Blackberry</b> [2] 268:5  270:2  <b>Blair</b> [1] 1:17  <b>blame</b> [1] 249:23  <b>blaming</b> [1] 240:18  <b>blend</b> [1] 16:7  <b>block</b> [1] 117:1  <b>blocks</b> [1] 117:1  <b>bloody</b> [1] 248:8  <b>blunt</b> [1] 132:25  <b>board</b> [60] 9:14,16 10:11  10:13 11:3,6,18 12:1,12  12:13 13:2,4,14,16 14:10  14:11,23,24 15:5,10,18  16:1,5,10,12,20 17:1,5,6  17:9,11,14,19,23,24,25  18:4,6,24 19:8 37:21,21  41:17 43:4 85:2 87:12  96:18 133:18 134:22  156:12 173:17,18 181:17  181:22 182:12 184:23  185:4 186:7,7 276:25  <b>Boardroom</b> [1] 169:7  <b>Bob</b> [32] 55:6,23 56:1,5  59:15 66:9,16,17 67:10  68:18 70:6,12 79:14  80:16,17 82:2 99:14,14  101:1 102:4,9 104:13,17  115:2 116:10 153:18  160:6,8 182:2 185:19  212:25 246:19  <b>body</b> [1] 13:8  <b>Bonnell</b> [27] 81:17,18  92:5 96:4,18 97:15 100:4  100:18 101:20 106:3,13  107:11 187:9 189:7 191:9  191:23 200:22 204:12  205:2,19 206:5,24 210:24  211:9 239:23 240:2,19  <b>Bonnell's</b> [3] 105:25  189:21 204:17  <b>boomer</b> [1] 53:21  <b>bottom</b> [4] 84:6 196:18  228:4 268:6  <b>bounce</b> [2] 106:7,10  <b>brain</b> [1] 61:21  <b>branch</b> [2] 20:7 204:24  <b>brand</b> [1] 15:17</p>	<p><b>Brautigam</b> [1] 280:16  <b>Brazil</b> [1] 1:9  <b>break</b> [8] 89:11 93:3  127:20 159:10 167:21,23  239:7 250:24  <b>breaking</b> [1] 47:19  <b>breaks</b> [1] 54:16  <b>breast</b> [21] 1:13 74:6  78:14,17 84:13 88:25  89:4 97:7,11,12 98:20  115:1 123:6,7 124:10  153:1 169:9 175:22 203:6  258:6 262:10  <b>Brent</b> [1] 119:12  <b>brief</b> [4] 194:24 198:20  201:1 280:2  <b>briefed</b> [6] 48:24 75:3,4  75:6 93:25 267:14  <b>briefing</b> [41] 93:19  109:10 148:16,18 179:11  194:20 196:2,4 200:25  201:6,7,8,14,18,22,25  204:15,16 205:15 208:13  208:15 209:15 210:19,21  211:10,11,15 212:4,16  265:2 266:4,7,9,9 267:10  269:16 270:18 272:6,9  282:14 291:16  <b>briefings</b> [2] 118:16  204:18  <b>briefly</b> [2] 20:6 98:19  <b>brilliant</b> [1] 286:4  <b>bring</b> [12] 19:5 64:25  85:5 102:10 107:17 139:3  147:20 158:19 172:9  181:6 221:19 280:4  <b>bringing</b> [8] 12:7 16:13  64:3 111:9 117:10 168:16  170:11 257:9  <b>Bristol</b> [1] 285:5  <b>broadcasted</b> [1] 284:6  <b>broadcasting</b> [1] 283:20  <b>Brocklehurst</b> [1] 1:13  <b>broke</b> [12] 44:14,15,18  54:24 60:17 61:4,6 62:25  64:2 87:21 234:23 244:19  <b>Brook</b> [3] 88:25 89:5,7  <b>brought</b> [31] 13:16 14:16  21:7 46:3 47:6 50:14  51:14 65:24 72:23 86:12  92:20 95:13 104:12,15  107:3 119:21 128:1  139:12 162:4,7 163:9  169:13 170:14 191:18  214:12,13 238:7 252:17  253:9,9 285:9  <b>Browne/Jane</b> [1] 1:10  <b>Budgell</b> [2] 98:11,21  <b>budget</b> [2] 266:8 283:13  <b>budget's</b> [1] 266:11  <b>building</b> [5] 31:4 127:22  132:2 169:8 285:18  <b>bullet</b> [6] 109:14 192:17  192:17,22 240:6,11  <b>bullets</b> [1] 187:20  <b>bunch</b> [1] 248:10</p>	<p><b>burden</b> [4] 21:16 131:3  168:18 199:14  <b>Burry</b> [2] 9:13,15  <b>bury</b> [1] 230:15  <b>busy</b> [1] 87:5  <b>Butany</b> [2] 200:2 254:5  <b>byproduct</b> [1] 188:18</p> <hr/> <p style="text-align: center;"><b>-C-</b></p> <p><b>C</b> [1] 253:22  <b>Cabinet</b> [2] 141:13,19  <b>cafeteria</b> [2] 127:23  132:2  <b>calculate</b> [1] 273:11  <b>calculations</b> [1] 125:20  <b>calendar</b> [13] 62:24  144:13 154:1 169:18  186:12 196:24 197:10  198:3 202:11 211:21  217:10 228:1,6  <b>call-in</b> [1] 96:21  <b>calls</b> [30] 55:2,17 56:11  59:17 60:17 64:22 72:8  72:11 74:4,8 97:25 98:2  104:10 151:23 153:9  220:18 231:3 232:9 235:4  240:16 241:16 243:22  244:8,16 259:11,16 260:9  260:11,18 275:12  <b>camera</b> [1] 107:17  <b>Cameron</b> [2] 1:3 296:12  <b>campaign</b> [5] 24:3,6  259:13,13 283:13  <b>Canadian</b> [71] 1:16 6:3  6:4 15:25 17:16,17 20:8  22:17 25:23 31:9 34:12  40:22 48:3 51:2,6,16  53:11 54:19 56:8 61:9  74:2 97:4 101:6 103:11  109:18 118:8 120:15  121:15 136:8 138:21  148:25 174:22 177:1,11  178:6,17,24,25 180:16  181:23 182:1,18 183:11  190:7 194:21 195:1  198:10 200:1,5 213:4  231:24 232:13 240:12  242:21 245:3,5 249:2  250:12,18 251:16 253:25  255:10 261:2 263:22  278:15 279:15 280:17  281:7 282:9 290:7 294:9  <b>cancer</b> [275] 1:13,16 6:3  6:5 7:7 11:8,12,22 12:1  12:5,12,17,19,20 13:2,3  15:25 17:16,17 20:8,20  20:21,22,24 21:1,2,5,11  21:16,19 25:1,10,15,16  25:18,23,24 26:15 27:3  27:24 28:7,12 30:16,22  31:8,10,25 33:22,24  34:12,16,19 35:3,4,6  36:9,18,23,24 37:3,4,12  37:14,22,25 38:6,14,17  38:19,21,22 39:2,10,22  40:2,4,7,8,15,20,22 43:1  43:2,11,18 45:19,19,24  46:3,14 48:3 49:22 50:7</p>	<p>50:8,10,15 51:2,6,7,8,16  52:3 53:11 54:19 56:8  56:25 57:11,19 58:15,18  59:18,24 61:9,10 63:19  74:3,6,16 78:14,17 79:2  80:1,12 81:13 82:24 84:9  84:13 87:4,22 88:25 89:5  93:18 97:4,12 101:7  103:11 105:4,6 109:18  115:1,13 118:7,8 120:15  121:10 123:6,8 124:10  126:9 127:25 128:2,19  128:21 129:8,10,17  130:17,23 131:3,6 133:4  135:22 136:1,8,20 138:21  139:9,10,16,18 140:1,21  141:1,21 142:7,14,22  143:1,2 145:6 148:25  153:1 155:13 159:14  168:19 169:9 172:20  174:23 175:22 176:17  177:1,11 178:5,6,8,16  178:17,24 179:1 180:5  180:16 181:23 182:1,18  183:11,14 184:6 190:7  194:21 198:10 199:15,15  199:15,22 200:5 203:7  206:6 213:4 216:1 222:3  222:14 223:5 231:24  232:13 240:13 241:2,8  242:21 245:3,5,14 249:2  249:20 250:12,18 251:15  251:16,17,20,25 255:15  255:18 257:22 258:7,20  259:5 260:13,16,19,20  260:23,25 261:2,3 262:10  262:11,22 263:22 267:21  269:14 272:24 276:25  278:15 279:15 282:9,25  283:17 289:4 290:7,9  293:20,25 294:3,9,13  <b>cannot</b> [1] 188:3  <b>CAP</b> [2] 119:2 253:21  <b>capacity</b> [4] 9:9 11:5,21  126:22  <b>capital</b> [3] 24:3,5 107:20  <b>capitalized</b> [1] 294:8  <b>care</b> [49] 5:17 6:7 9:9,17  10:12,18 11:7 12:7,15  12:19,20,21,23 13:3,3,5  14:23 16:2 17:4 25:22  26:2,16 27:3 34:14 35:3  37:14,25 38:14,17 40:8  40:15 41:7,8 43:1,18  53:12,24,25 63:19 87:4  120:18 127:16 134:22  163:5 171:3 172:11 183:7  230:3 257:12  <b>careful</b> [1] 247:15  <b>Carolyn</b> [2] 92:14 93:12  <b>carried</b> [1] 142:18  <b>carry</b> [2] 23:21 287:7  <b>Carver</b> [1] 15:18  <b>case</b> [12] 34:17 70:11  114:3 115:24 120:16  188:4,5 193:13 206:10  253:16 260:7 268:2  <b>cases</b> [6] 113:24 124:9  188:10,16 192:16,19</p>
--	---	---	---	---

<p><b>catch</b> [2] 76:2 267:11  <b>Cathy</b> [1] 285:4  <b>caught</b> [2] 141:5 239:4  <b>causative</b> [3] 189:15      191:24 192:3  <b>caused</b> [15] 68:21,25      69:3,4 72:14 83:4 164:3      165:24 166:3,8 167:9      214:21 215:15 273:21      274:6  <b>causing</b> [4] 240:15      242:22 263:10 293:11  <b>cautious</b> [6] 208:14      210:12,13,16 211:3,7  <b>caveat</b> [1] 172:8  <b>CBC</b> [18] 81:11 82:7,12      82:17 83:18 84:11 96:20      107:19 122:17 126:13      148:21 202:14 207:18      209:17 282:1 283:19,20      286:9  <b>CCS</b> [6] 36:5 39:11      136:25 156:16 158:12,15  <b>cell</b> [2] 187:13 270:4  <b>Center</b> [1] 195:1  <b>Central</b> [1] 1:17  <b>Centre</b> [3] 211:23 261:17      264:2  <b>cents</b> [1] 192:15  <b>CEO</b> [9] 10:16 16:12      22:15 27:7 85:1 87:11      96:19 184:25 255:17  <b>certain</b> [11] 22:3 23:21      40:1 52:4 120:2 121:22      139:15 219:7 233:5      262:14 267:25  <b>certainly</b> [93] 12:22 16:7      18:4 25:24 26:11 29:12      32:8 37:8 38:10 40:6      41:3 42:4 44:15 48:23      50:21,22,24 52:2 53:23      56:13 58:1 59:2 61:15      61:16 62:11 63:21 65:24      75:6,8,24 76:23 79:13      79:21,23 86:2 88:18,21      96:2 99:12,16 104:13,13      106:16 114:14 121:4,17      122:19 124:19 130:23      136:18 139:18 140:6      142:8 148:7 150:4 151:10      151:19 161:7 167:3,4      168:15 171:25 176:24      177:2 180:19 181:2,7      185:17,20 190:21 194:6      194:11 199:13 203:25      205:12 206:14 207:2      209:24 210:3 220:14,25      222:15 230:11 247:13,16      257:14 259:23 270:19      272:17 284:16 290:2,3      294:9  <b>Certificate</b> [2] 2:4 296:5  <b>certify</b> [1] 296:8  <b>cervical</b> [3] 139:16,18      140:1  <b>chain</b> [1] 208:20  <b>chair</b> [8] 9:14 10:13,15</p>	<p>16:12 96:18 156:8,12      253:21  <b>Chairperson</b> [1] 181:20  <b>challenge</b> [1] 162:13  <b>challenging</b> [1] 135:9  <b>chance</b> [5] 118:22 119:7      263:12,13 268:24  <b>change</b> [22] 31:21,23,24      69:24 70:7 72:19 90:19      98:19 99:20 138:6 141:13      141:18 142:17 192:23      229:18 271:17 272:1,23      273:14,15 274:2 285:6  <b>changed</b> [14] 99:5 141:12      142:6,7 162:11 163:1,4      163:6,11 188:13 229:19      230:22 265:19 270:11  <b>changes</b> [7] 23:12 70:9      70:16 99:17 191:25 208:6      285:13  <b>changes/solutions</b> [1]      189:16  <b>Chaplin</b> [2] 93:12,14  <b>characteristics</b> [1]      249:24  <b>characterize</b> [1] 41:23  <b>charts</b> [2] 88:14 188:15  <b>chat</b> [7] 127:14,21,23,24      131:24 132:22 134:5  <b>Chaytor</b> [481] 1:7 2:3      4:2,3,6,18,22 5:7 6:6,19      7:6,11,15,23 8:3,14,22      9:2,7,20,25 10:5,10,23      11:4,19 12:3 13:12 14:6      14:14,21 15:3,13 19:25      20:4,11 22:7 23:3,19      25:4 26:20 27:9,17,21      28:5 29:1,11,23 30:9,14      33:20 34:2 35:17,21      36:20 40:11,23 41:5      43:24 44:19 45:1,10,15      46:10,17 47:17 48:12,17      49:11,16 50:4 52:18      54:15 55:8 56:21 57:17      58:7 59:7,12 60:15 61:23      62:21 63:8,25 64:7,12      64:20 66:3,10,15,20,25      67:5,11,17,21,25 68:4,8      68:13,24 69:5 71:19      72:13 73:12,17,25 74:20      75:11 76:14 77:14,21      78:22 80:3,9 81:1,5      83:12,20,24 84:4 87:9      87:17 89:9,12 90:22 91:2      91:24 93:1,8,9 94:7,11      94:15,20 95:1,5,10,18      95:24 96:10,15 97:8 98:7      98:22 99:22 100:5,13      101:13 102:7,14,25      103:19 104:4,18 105:13      105:24 106:6,12 107:2,7      108:14,19,24 109:5,9      110:3,15,20,25 111:5      112:13 114:8,18,22      116:15 117:20,25 118:10      118:20 119:16 120:20      121:9 122:1,6,13 123:1      125:1,7,13,19,24 126:21      127:4,10 128:8,13 129:3</p>	<p>129:7,20 130:3,9,15      131:5,12 132:14 133:19      134:2,8,13,17,21 135:12      135:16 137:2,8,19,25      138:5,10 140:12,18      141:20 143:4,10,20,25      144:6,11 145:10,17,21      146:1,11,17,21 147:3,8      147:15,23 148:13 149:14      150:23 151:12 152:8,12      152:17 153:11,24 154:8      154:13,19,25 155:4,19      155:25 156:11 157:18,24      158:7,25 159:8,11,19,24      160:10,17 161:11 162:2      162:12,17 163:21 164:2      164:7,25 165:4,10,15,19      166:9,15 167:7,18,25      168:1 169:15,23 170:3,8      170:17 171:17 172:15,23      173:3,13 174:1,7,12      175:5,14 176:8,13 178:1      179:2,18,25 181:10 182:9      184:3,13,17 185:6 186:9      186:17,22 187:4 191:4      191:22 192:11 193:5,20      194:1,14 195:14,24 196:5      196:14,22 197:3,9,16,21      197:25 198:6,13 199:9      199:23 200:20 201:11,23      202:3,7,21 204:8 205:17      205:25 207:5,9,15 208:24      209:3,7 210:10 211:8,19      212:2,8,13,17,21 213:14      213:20,25 214:7 215:4      215:23 217:2,9,18,23      218:3,20 219:3,10 220:2      221:4,13,18 222:11      223:13,20,25 224:5,15      224:21 225:13,21 226:1      226:7,22 227:2,8,17,25      228:10,20 229:1 231:14      231:20 233:14 234:12,16      235:18 237:18,23 238:5      239:8,14,15 243:7,13      244:15,23 245:18 246:8      246:12,23 247:5 248:12      248:22 250:15 251:9      253:18 254:9 255:6 256:7      256:14 257:17 262:2,7      263:20 264:13 265:16      266:12,20,24 267:4,18      269:1,13,19,23 270:5      271:7 272:5,13,21 273:24      274:5,12 275:2 276:16      277:9,23 278:6 280:8,13      281:3,8,15,21 284:8,12      286:14,17,18,22 287:4,8      288:16 289:10,20 290:20      291:7,13 292:25 293:6      294:14,20,25 295:12  <b>check</b> [4] 48:11 73:6      118:22 144:22  <b>checked</b> [1] 261:11  <b>checking</b> [1] 73:7  <b>checklist</b> [1] 256:3  <b>chemo</b> [1] 89:5  <b>Ches</b> [1] 188:2  <b>choice</b> [1] 112:2  <b>choices</b> [4] 53:8 221:2      238:20,22</p>	<p><b>choosing</b> [2] 103:9 252:2  <b>chose</b> [3] 18:2 51:4 53:8  <b>Chris</b> [2] 202:17 203:5  <b>Christmas</b> [2] 127:20      127:20  <b>chronological</b> [1]      117:15  <b>chronology</b> [1] 118:12  <b>circumstances</b> [1] 70:17  <b>CIS</b> [1] 260:23  <b>city</b> [1] 84:9  <b>Claim</b> [1] 148:22  <b>Clare</b> [1] 74:1  <b>Clareville</b> [1] 127:16  <b>clarification</b> [1] 188:8  <b>class</b> [10] 1:14 225:18      255:23,24,24 256:5,5      257:1,1 260:19  <b>classes</b> [1] 255:22  <b>clear</b> [6] 105:3 158:22      222:15 271:23 278:23      284:19  <b>cleared</b> [1] 293:9  <b>clearly</b> [4] 76:12 238:10      241:9 243:9  <b>client</b> [2] 60:5 275:9  <b>clinic</b> [9] 40:2,5 43:11      58:15,18,20,22 59:18      115:13  <b>clinical</b> [2] 50:22 88:14  <b>close</b> [2] 76:22 190:11  <b>closed</b> [2] 41:24 42:10  <b>closely</b> [1] 46:13  <b>closer</b> [2] 38:5 190:11  <b>Co-counsel</b> [3] 1:6,7,8  <b>coalition</b> [1] 200:7  <b>Coffey</b> [3] 1:6 209:8      269:7  <b>collaboratively</b> [1]      26:17  <b>colleague</b> [1] 183:21  <b>colleagues</b> [1] 178:23  <b>comfortable</b> [3] 156:15      156:25 286:11  <b>coming</b> [22] 13:4 18:24      31:5 42:5 45:12 60:11      96:7 124:11,12 151:2      159:15 169:6 180:24      190:4 213:9 229:16 232:2      232:2 251:3 275:13      294:23 295:1  <b>comment</b> [15] 42:24      161:10 167:3,8,10,16      188:3 191:12 198:25      211:1 221:1 227:15      240:22 243:23 280:22  <b>commented</b> [2] 55:1      114:15  <b>commenting</b> [1] 158:16  <b>comments</b> [7] 84:11      93:18 94:4 119:17 174:19      202:23 293:11  <b>Commission</b> [11] 1:1,6      1:7,8 4:10 269:4 282:10</p>	<p>287:25 288:2 296:10,13  <b>Commissioner</b> [35] 1:3      4:1,4,23 5:2 23:8,13      52:20 87:16 89:8 93:2,4      93:7,10 127:6 159:7      167:19,20,24 168:2      235:24 239:6,9,10,13,16      286:16,20,24 287:6      294:17,22 295:7,14      296:13  <b>commitment</b> [2] 143:5      183:14  <b>committed</b> [1] 189:2  <b>committee</b> [26] 13:25      16:11 121:16 122:8      200:15,16 254:4,11,13      254:19,20 255:8,10,12      255:13,16,18 256:11,16      256:21 257:14 276:21,21      276:24 277:3,11  <b>committee's</b> [1] 256:13  <b>Committee/Immunohistochemistry</b>      [1] 254:3  <b>committees</b> [3] 10:21      49:8 257:3  <b>common</b> [3] 183:21      219:19 290:10  <b>communicate</b> [2] 51:11      266:6  <b>communicated</b> [1]      270:1  <b>communicating</b> [4]      49:21 51:18 104:11 182:1  <b>communication</b> [11]      52:17 79:14 155:10      173:20 182:16,19 221:2      278:1 282:5 289:22,24  <b>communications</b> [34]      26:7 32:13 36:4 46:1      50:12 61:7,12 62:19      86:15 87:8 88:1 91:7,19      91:20 129:24 137:5      140:25 150:24 151:3      155:16 159:3 172:17      187:6 222:14 229:25      231:17 232:15 248:14      253:12 285:1,3,5 289:17      290:6  <b>communicator</b> [1]      132:24  <b>community</b> [9] 5:25      19:16 52:7,8 221:8 230:4      251:19 262:22 263:18  <b>community-based</b> [4]      9:12 19:22 249:12 251:19  <b>compare</b> [2] 166:17      167:12  <b>complacency</b> [1] 181:2  <b>complete</b> [4] 4:9 155:15      214:12,14  <b>completed</b> [4] 85:10,14      188:25 226:5  <b>completely</b> [2] 13:10      268:18  <b>completion</b> [1] 189:13  <b>complex</b> [4] 18:8 161:19      271:19 272:22</p>
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<p><b>complexity</b> [4] 273:5,6 273:14,17</p> <p><b>complicated</b> [3] 70:8 72:19 123:18</p> <p><b>complicating</b> [1] 106:21</p> <p><b>comprehensive</b> [1] 140:5</p> <p><b>concept</b> [2] 120:6 128:18</p> <p><b>concern</b> [37] 52:24 53:19 57:13,14 59:8,16 94:17 97:10 98:3 100:24 101:15 101:18,18,20 102:10,11 104:20,23 107:24 134:25 157:6,19 161:12 162:10 172:16 184:23 194:8 203:2 210:7 229:3,8,10 230:20 259:9 271:2 278:10,24</p> <p><b>concerned</b> [18] 55:3 70:18 74:5 77:25 83:10 87:4 99:2 115:6,11 129:23 153:21 182:19 220:6 229:5 236:10 238:11 241:7 268:10</p> <p><b>concerning</b> [11] 119:20 179:7 197:15 212:12 218:8,10 270:23 278:1,2 282:1,20</p> <p><b>concerns</b> [50] 64:21 65:1 72:15 85:21,22 86:3,5 89:17 92:12 94:3 95:13 95:21 96:20 98:11 137:4 137:10 155:10,17 158:4 158:6,8,11,13 159:2 172:19 173:19 182:11 183:19 184:25 185:1,5 185:25 186:8 189:10 193:14 206:22 213:6 214:1,4,9 215:17 219:13 221:20 231:5 243:17 260:5 269:25 270:6 278:16 279:7</p> <p><b>conclude</b> [1] 286:23</p> <p><b>concludes</b> [1] 85:7</p> <p><b>conclusion</b> [1] 226:15</p> <p><b>conduit</b> [1] 25:22</p> <p><b>Confederation</b> [3] 127:22 132:2 169:8</p> <p><b>conference</b> [6] 200:6 204:3,4 208:13 267:12 271:13</p> <p><b>confidence</b> [2] 149:8 285:18</p> <p><b>confidential</b> [1] 175:8</p> <p><b>confidentiality</b> [1] 188:4</p> <p><b>confirm</b> [1] 219:24</p> <p><b>confirmed</b> [1] 204:16</p> <p><b>confirming</b> [2] 220:24 261:13</p> <p><b>conflict</b> [1] 32:3</p> <p><b>confused</b> [10] 60:19 64:23 105:9 220:18 232:4 242:19 243:4 271:21 274:25 278:12</p> <p><b>confusing</b> [3] 18:9</p>	<p>178:15,16</p> <p><b>confusion</b> [10] 71:7 81:14 82:23 83:1,4 236:18 240:15 242:23,25 263:10</p> <p><b>congenial</b> [1] 127:24</p> <p><b>conjecture</b> [2] 121:21 142:5</p> <p><b>connected</b> [2] 119:10 142:13</p> <p><b>connection</b> [4] 11:8,21 12:5 261:1</p> <p><b>connections</b> [3] 12:15 52:7 62:18</p> <p><b>conscientiously</b> [1] 209:18</p> <p><b>consequences</b> [2] 76:11 109:23</p> <p><b>consider</b> [4] 190:3 278:16 288:4 293:17</p> <p><b>considered</b> [6] 112:23 136:19 164:22 165:5 222:4 279:13</p> <p><b>considering</b> [6] 70:16 111:9 112:15 282:8,9 287:11</p> <p><b>consistent</b> [2] 79:14 247:19</p> <p><b>constraints</b> [1] 267:8</p> <p><b>consult</b> [1] 37:3</p> <p><b>consultants</b> [3] 179:4 180:11 214:20</p> <p><b>consultation</b> [1] 49:8</p> <p><b>consulted</b> [3] 36:24 45:20 50:7</p> <p><b>consults</b> [2] 117:22 288:17</p> <p><b>consumed</b> [1] 19:8</p> <p><b>contact</b> [59] 10:17 11:2 26:22 27:2 45:4 55:4,4 55:18 58:14 60:22 61:25 62:4 79:2 81:8 93:15 101:3 102:18,21 103:10 103:17,25 109:24 110:13 118:15 130:6 133:21,23 134:3 150:9 185:4 187:15 193:21 200:5,9 218:11 219:11 231:25 232:21 234:18 235:2,9 236:13 236:15 238:21 243:16 245:12 246:24 261:12 262:25 275:7 278:8 279:8 279:12,20,21 280:9 281:9 281:16 282:10</p> <p><b>contacted</b> [46] 44:22 45:11 111:12 151:4,25 152:6,7,25 153:5,14,22 153:22 155:18 205:11,12 210:24 230:23 233:16,19 233:20 235:8,9,15,23 236:11,19,21 241:14,18 241:20,21 242:1,8,9,12 243:3,3,10 259:10 260:4 261:16 264:11 268:19 276:4,4 280:7</p> <p><b>contacting</b> [10] 82:17 88:6,18,20 91:16,16</p>	<p>105:2 218:17 237:21 254:17</p> <p><b>contacts</b> [11] 28:17 55:12 57:18 59:2 79:4 88:4 208:18 236:17 242:13 279:1,3</p> <p><b>contained</b> [1] 229:5</p> <p><b>contemplated</b> [1] 201:13</p> <p><b>contemplating</b> [1] 201:19</p> <p><b>content</b> [5] 95:15 166:16 266:7 271:3,4</p> <p><b>contents</b> [2] 2:1 290:24</p> <p><b>context</b> [4] 130:18 135:21 183:18 258:17</p> <p><b>continually</b> [1] 152:24</p> <p><b>continue</b> [5] 85:5 144:12 178:14 179:1 189:4</p> <p><b>continued</b> [2] 110:5 151:1</p> <p><b>continues</b> [2] 179:3 240:7</p> <p><b>continuing</b> [1] 282:1</p> <p><b>continuous</b> [2] 18:24 276:12</p> <p><b>continuously</b> [1] 91:22</p> <p><b>contradictory</b> [1] 247:23</p> <p><b>contrary</b> [1] 32:4</p> <p><b>contrast</b> [1] 42:11</p> <p><b>contribute</b> [3] 12:23 13:1 24:5</p> <p><b>contributed</b> [2] 69:25 72:4</p> <p><b>contributing</b> [1] 72:23</p> <p><b>contribution</b> [1] 142:20</p> <p><b>control</b> [29] 31:8,10,17 35:4 36:18 38:21,22 39:3 39:22 40:20 42:6 46:14 53:22,24 61:17 72:22 118:7 130:23 131:6 133:4 135:22 166:23 178:19,24 245:14 249:20 251:25 252:13 294:13</p> <p><b>controlled</b> [1] 21:8</p> <p><b>controlling</b> [1] 42:9</p> <p><b>convenient</b> [3] 89:10 156:20 159:9</p> <p><b>conversation</b> [14] 38:16 38:18 59:15 116:5 119:1 119:22 125:12 169:10 177:21 194:13 196:11 226:10 258:1 280:2</p> <p><b>conversations</b> [6] 104:16 158:20 241:6 246:19 247:10 293:16</p> <p><b>conversion</b> [2] 163:22 226:5</p> <p><b>convey</b> [2] 59:8 182:10</p> <p><b>conveying</b> [1] 135:19</p> <p><b>convince</b> [1] 276:8</p> <p><b>COO</b> [2] 27:6 38:13</p> <p><b>cooperating</b> [1] 268:21</p>	<p><b>cooperation</b> [2] 181:24 295:9</p> <p><b>cooperatively</b> [1] 31:15</p> <p><b>coordinate</b> [5] 89:19 263:8 277:21,25 289:16</p> <p><b>copied</b> [6] 96:19 100:19 106:1,13 193:8 278:7</p> <p><b>copies</b> [3] 164:18,19 165:20</p> <p><b>copy</b> [13] 85:4 87:12 148:16,18 213:16 225:4 227:19,20 266:14,17 268:7 269:2 291:3</p> <p><b>cordial</b> [1] 132:1</p> <p><b>Corner</b> [3] 88:25 89:5,6</p> <p><b>Corp</b> [4] 10:18 12:15 13:6 17:4</p> <p><b>corporate</b> [2] 19:24 41:24</p> <p><b>Corporation</b> [9] 9:13 9:17 10:12 11:7 12:8,21 14:23 16:3 134:23</p> <p><b>correct</b> [17] 74:17,19 82:9,21 85:12 126:8 144:12 154:5 169:20 177:8 217:8,25 235:10 244:4,6 278:21 296:9</p> <p><b>correction</b> [1] 183:2</p> <p><b>corrects</b> [2] 192:15,16</p> <p><b>correspondence</b> [1] 190:5</p> <p><b>correspondent</b> [1] 281:6</p> <p><b>cost</b> [3] 131:4 168:18 199:21</p> <p><b>costs</b> [1] 131:3</p> <p><b>counsel</b> [2] 269:4 294:18</p> <p><b>counterbalance</b> [1] 241:12</p> <p><b>counterparts</b> [2] 149:6 178:12</p> <p><b>country</b> [11] 20:15,17 22:14 119:10 120:18 121:12 149:4 175:20 180:6 256:6 261:4</p> <p><b>couple</b> [8] 91:10 110:11 178:15,15 218:4 239:18 264:17 293:16</p> <p><b>course</b> [3] 14:8 27:24 195:8</p> <p><b>court</b> [3] 189:12 260:7 283:5</p> <p><b>cover</b> [2] 213:10 233:1</p> <p><b>coverage</b> [12] 106:22 151:20,22 152:15,21 153:10 187:24 188:1 213:22 243:15 260:8,10</p> <p><b>covering</b> [1] 248:1</p> <p><b>crafting</b> [1] 265:1</p> <p><b>create</b> [6] 37:24 39:2 61:11 141:11,14,18</p> <p><b>created</b> [4] 7:2 39:1 82:11 124:17</p> <p><b>creating</b> [3] 31:4 39:9 240:18</p>	<p><b>creation</b> [2] 183:17 184:7</p> <p><b>credibility</b> [1] 286:10</p> <p><b>credible</b> [1] 240:9</p> <p><b>credit</b> [3] 161:20 290:7,7</p> <p><b>criteria</b> [2] 16:13,23</p> <p><b>critic</b> [1] 168:13</p> <p><b>critical</b> [11] 85:6 128:22 128:22 129:15 132:11 133:2 136:21 137:20 139:10,21 141:10</p> <p><b>criticism</b> [2] 132:7 223:8</p> <p><b>critique</b> [1] 270:21</p> <p><b>Crosbie</b> [1] 188:3</p> <p><b>crossed</b> [2] 198:2,17</p> <p><b>Crosstalk</b> [2] 96:23 106:16</p> <p><b>crunched</b> [1] 78:21</p> <p><b>crunching</b> [2] 124:15 124:21</p> <p><b>culture</b> [3] 41:9,10,16</p> <p><b>cured</b> [2] 21:5,7</p> <p><b>current</b> [1] 78:7</p> <p><b>cut</b> [1] 208:8</p> <hr/> <p style="text-align: center;"><b>-D-</b></p> <p><b>d</b> [2] 253:22,22</p> <p><b>D-A-W-E</b> [1] 4:13</p> <p><b>dabbling</b> [1] 16:22</p> <p><b>Daffodil</b> [11] 24:2 31:3 63:17 130:24 138:24 142:1,20 143:6 150:20 159:16 252:10</p> <p><b>daily</b> [2] 28:18 146:7</p> <p><b>Dan</b> [1] 258:10</p> <p><b>dangerous</b> [2] 241:15 241:23</p> <p><b>Daniel</b> [1] 1:11</p> <p><b>Darrell</b> [3] 126:1 138:19 206:1</p> <p><b>data</b> [3] 261:19 264:4,4</p> <p><b>database</b> [7] 264:7,8,9 264:19 265:20 288:3,6</p> <p><b>date</b> [23] 74:23 91:16 92:11 94:19 101:25 126:9 150:1 196:7 197:18 204:15 210:1 215:7 224:23 225:5 228:6,12 240:2,23 249:1 271:6,12 275:5 280:18</p> <p><b>dated</b> [4] 174:21 175:7 253:23 296:18</p> <p><b>dates</b> [2] 60:25 225:1</p> <p><b>Dawe</b> [547] 2:2 4:5,6,11 4:12,16,19,20 5:8,11 6:11,22 7:9,13,19 8:1,11 8:17,25 9:4,10,23 10:3,8 10:14,25 11:10,23 12:9 13:20 14:12,15,19,22 15:1,7,15 20:2,9,13 22:10 23:6,11,15,22 25:12 26:24 27:15,19 28:3,8 29:4,18,25 30:12 30:19 33:25 34:7 35:19</p>
--	--	--	---	--



<p>36:1 37:6 40:17 41:1,13 43:25 44:4,24 45:7,13 45:22 46:15,21 47:22 48:15,19 49:14 50:2,18 53:5 54:22 55:14 57:2 57:22 58:10 59:10,14 60:24 62:7,22 63:6,13 64:5,10,14 65:2 66:6,13 66:18,23 67:2,8,13,19 67:23 68:2,6,11,16 69:2 69:7 71:25 72:25 73:15 73:19,23 74:18 75:5,16 76:18 77:19 78:2,11 79:9 80:7,14 81:3 82:16,19 83:16,22 84:2 85:17 86:6 87:14 88:3 89:13,21 90:25 91:5 92:18,20,24 93:19 94:5,9,13,18,23 95:3,8,16,22 96:1,13,18 96:25 97:24 98:9,25 100:1,9,11,15 101:11,19 102:12,23 103:5 104:2,6 104:22 105:15 106:4,9 106:23 107:5,23 108:3 108:17,22 109:3,7,17,24 110:1,8,18,23 111:3,11 112:17 114:10,20 115:25 116:20 117:23 118:6,18 119:14,19 120:25 121:13 122:4,11,22,24 124:6 125:5,10,17,21 126:19 127:2,7,12 128:11,17 129:5,9 130:1,7,11,22 131:9,15 132:17 133:20 133:25 134:6,11,15,19 135:5,14,24 137:6,12,20 137:23 138:3,8,11,13 140:14,19 141:3,21 142:4 143:7,18,23 144:4,9,20 145:14,19,24 146:3,15 146:19,24 147:6,13,19 147:25 148:16,25 149:9 149:12,15,20 150:24 151:9,16 152:10,14,19 153:15 154:1,6,11,17,23 155:2,7,23 156:9,21 157:4,22 158:2,9 159:5 159:17,22 160:4,14,20 161:16 162:6,15,21 163:25 164:5,14 165:2,8 165:13,17,23 166:10,13 166:19 167:13 168:3,3 168:10 169:21 170:1,6 170:13,19 171:22 172:18 173:1,11,16 174:5,10 175:1,12 176:6,11,22 178:13 179:13,16,22 180:6,9 181:19 182:4,5 182:7 183:23 184:1,9,15 184:21 185:8 186:15,20 187:1,11 189:25 190:1 191:5,14 192:4,25 193:3 193:18,23 194:4,20 195:5 195:7,12,18 196:3,10,20 197:1,7,13,19,23 198:4 198:8,19 199:12 200:18 201:1,9,15 202:1,5,9,19 203:5,12,17 204:17 205:1 205:7,23 206:13 207:17 208:19 209:1,5,10 210:15 211:13,25 212:6,11,15 212:19,23 213:18,21,23 214:5,10 215:18 216:6,7</p>	<p>216:22,25 217:7,13,21 218:1,7 219:1,6,14 220:12 221:11,16,21 223:1,18,23 224:3,11,19 224:24 225:16,24 226:3 226:11,25 227:6,10,23 228:7,13,24 229:2,11 231:16,21 232:6 233:17 234:14,21 235:19 236:6 237:20 238:2,15 239:18 240:11,18 241:3 242:22 243:11,20 244:18 245:4 245:9,20 246:6,10,14 247:3,12 248:13,20 249:7 250:20 251:11 253:19 254:7,14 255:9 256:12 256:17 258:16 262:5 263:5 264:1 265:10 266:3 266:18,22 267:2,16,23 269:9,17,21 270:3,12 272:3,8,16 273:1 274:3 274:7,10,14 275:25 276:23 277:12 278:4,22 280:10 281:1,5,13,18 282:20,22 284:10,14 287:1,2,9,19 288:20 289:11,18,23 290:25 291:9,14,23 293:3,7,13 294:15 295:3,8,10</p> <p><b>dawning</b> [1] 231:6</p> <p><b>days</b> [14] 37:11 46:22 60:16 62:18 63:23 65:21 74:8 88:22 121:3 156:2 163:1 204:13 216:10 275:17</p> <p><b>deal</b> [14] 15:23 16:9 19:6 19:7 25:21 28:11 36:11 65:10,14 70:22 189:20 238:21 251:13 275:19</p> <p><b>dealing</b> [21] 29:3,6 32:17 41:11 60:13 62:15 65:4 65:13,20 70:7 89:25 113:9,15 148:6 150:6 172:5 220:14 221:22 238:3,18 251:14</p> <p><b>dealings</b> [4] 28:6 126:25 245:25 276:6</p> <p><b>dealt</b> [4] 19:5 130:13,14 236:7</p> <p><b>death</b> [2] 204:25 216:4</p> <p><b>Deborah</b> [3] 92:4,8 107:9</p> <p><b>debrief</b> [1] 157:6</p> <p><b>debriefing</b> [1] 223:2</p> <p><b>deceased</b> [14] 117:3,11 117:16 270:10,11 271:18 272:2,23 273:7,9,12,22 274:1 275:7</p> <p><b>December</b> [33] 79:12 118:4,13 122:15 126:7,8 126:16 127:13 143:13 151:21 152:16 195:19 196:2 200:25 201:2,3,6 203:24 204:2,19 206:18 208:1,12,21,25 209:6,11 215:7,17 216:10 218:13 229:6 248:23</p> <p><b>decide</b> [3] 178:20 259:24 272:24</p>	<p><b>decided</b> [4] 165:6 185:7 273:2,3</p> <p><b>decides</b> [1] 278:13</p> <p><b>deciding</b> [2] 58:4 180:18</p> <p><b>decision</b> [5] 70:12,14 179:7 194:23 259:19</p> <p><b>decisions</b> [2] 187:14 195:6</p> <p><b>dedicated</b> [1] 290:13</p> <p><b>dedication</b> [1] 183:14</p> <p><b>deeply</b> [1] 84:15</p> <p><b>defence</b> [2] 225:4,18</p> <p><b>Defense</b> [1] 148:24</p> <p><b>definitely</b> [3] 8:13 37:9 232:11</p> <p><b>definition</b> [1] 17:10</p> <p><b>definitive</b> [1] 153:17</p> <p><b>degree</b> [4] 5:13,14 195:10 233:5</p> <p><b>delay</b> [1] 182:22</p> <p><b>delayed</b> [1] 278:15</p> <p><b>deliberate</b> [1] 124:18</p> <p><b>deliberately</b> [4] 18:1 233:1 247:25 248:6</p> <p><b>deliberations</b> [1] 283:8</p> <p><b>delicately</b> [1] 33:9</p> <p><b>deliver</b> [6] 22:2 26:3,6 54:12 139:7 261:7</p> <p><b>delivered</b> [6] 12:18 102:5 124:25 132:23 133:1 140:9</p> <p><b>delivering</b> [1] 25:14</p> <p><b>Delta</b> [1] 198:11</p> <p><b>demand</b> [1] 53:24</p> <p><b>demise</b> [1] 274:7</p> <p><b>Denic</b> [1] 194:17</p> <p><b>Denise</b> [2] 107:11 174:20</p> <p><b>denominator</b> [1] 290:10</p> <p><b>department</b> [43] 5:23 6:24 7:2 29:7 30:24 31:2 31:11,22 35:16 37:2 42:12 44:21 45:6,18 48:2 48:13 49:2 62:4,10,13 72:1 109:11,12 110:7,14 126:4,23 127:25 128:19 129:6 131:20 132:8 136:2 138:25 157:7,10 158:21 227:4 242:6 262:21 263:7 263:17 268:22</p> <p><b>depending</b> [10] 24:20 24:21 26:25 27:8 29:5,9 37:7 49:4 91:12 120:3</p> <p><b>deputy</b> [12] 29:8,15 32:5 32:14 48:16 49:3 64:24 65:7,18,25 138:18 142:10</p> <p><b>describe</b> [5] 21:22 30:15 41:9,10 42:10</p> <p><b>described</b> [3] 150:11 180:25 278:25</p> <p><b>designated</b> [1] 6:15</p> <p><b>designation</b> [1] 6:18</p> <p><b>desire</b> [1] 97:18</p> <p><b>detail</b> [2] 119:6 186:3</p>	<p><b>detailed</b> [2] 191:6 193:1</p> <p><b>details</b> [5] 36:21 84:19 205:14 209:9 256:10</p> <p><b>detected</b> [1] 188:17</p> <p><b>deterioration</b> [1] 35:23</p> <p><b>determinant</b> [1] 161:22</p> <p><b>determine</b> [1] 123:8</p> <p><b>determining</b> [4] 160:25 161:18,18 175:22</p> <p><b>detriment</b> [2] 36:17,18</p> <p><b>developed</b> [3] 15:19 79:13 256:4</p> <p><b>developing</b> [1] 19:13</p> <p><b>development</b> [1] 30:23</p> <p><b>developments</b> [6] 79:8 189:9 191:10 193:12 194:3 196:9</p> <p><b>devotion</b> [1] 290:16</p> <p><b>diagnosed</b> [3] 25:18 78:17 82:24</p> <p><b>diagnosis</b> [8] 21:16 51:25 131:4 160:24 161:18 168:19 192:25 199:15</p> <p><b>diagnostic</b> [3] 13:6 109:16 183:3</p> <p><b>dialogue</b> [3] 276:11 278:21 289:13</p> <p><b>Diane</b> [1] 193:8</p> <p><b>Dianne</b> [1] 92:7</p> <p><b>diary</b> [2] 146:5 218:22</p> <p><b>died</b> [1] 133:13</p> <p><b>differ</b> [1] 52:9</p> <p><b>difference</b> [8] 123:22 190:19 249:2 250:2 252:23,24 253:2,7</p> <p><b>differences</b> [1] 290:14</p> <p><b>different</b> [18] 18:3 21:21 22:1 26:8 49:10 51:10 97:6 99:10 110:9 117:2 132:24 140:10 215:2 216:18 247:21 249:16 273:25 290:15</p> <p><b>differently</b> [5] 52:17 191:21 250:5,6,19</p> <p><b>differing</b> [1] 284:15</p> <p><b>differs</b> [1] 279:14</p> <p><b>difficult</b> [11] 19:15 35:9 36:2 43:6 119:24 128:25 129:4 130:17 133:3 136:25 249:14</p> <p><b>difficulties</b> [2] 142:2 151:6</p> <p><b>difficulty</b> [6] 27:12 34:9 141:23 151:3 249:25 250:14</p> <p><b>dignity</b> [1] 182:16</p> <p><b>diligently</b> [1] 79:24</p> <p><b>dinner</b> [1] 198:9</p> <p><b>Dion</b> [1] 92:6</p> <p><b>dire</b> [2] 109:22 111:20</p> <p><b>direct</b> [26] 11:2 24:19 25:15 34:14 55:18 60:22 100:25 101:3,16 102:15</p>	<p>102:18,21 103:2,10,10 104:21 105:11 158:10 162:23 185:3 199:2 245:10 254:16 271:22 273:22 287:21</p> <p><b>directed</b> [2] 227:20 262:19</p> <p><b>direction</b> [3] 74:25 85:20 90:20</p> <p><b>directly</b> [46] 9:5 25:16 37:19 39:20 53:6 65:11 88:16,17 89:24 90:2,10 95:17 103:3,16 104:1 105:23 107:3 109:4 124:14 137:24 147:20 151:11 152:25 156:13 157:17,19 158:24 161:7 164:17 182:25 183:9 184:23 187:3 220:5 221:22 222:9 223:4,8 231:8 238:3 241:4 242:10 282:6,11 287:11 288:25</p> <p><b>director</b> [17] 6:4 12:11 22:9,11 24:17 27:1,5,7 29:8 38:17 47:8 48:25 118:7 174:22 182:4 206:8 245:5</p> <p><b>directors</b> [7] 9:16 17:23 22:14 37:21 181:22 182:12 185:4</p> <p><b>disagree</b> [4] 32:21 129:18 158:6 243:25</p> <p><b>disappear</b> [1] 60:3</p> <p><b>disappointed</b> [2] 93:17 246:15</p> <p><b>disappointment</b> [1] 71:17</p> <p><b>disbelief</b> [1] 235:13</p> <p><b>disclose</b> [1] 208:9</p> <p><b>disclosing</b> [1] 49:17</p> <p><b>disclosure</b> [9] 50:17 51:4 51:12,20 90:17 104:11 189:2 216:6 292:17</p> <p><b>discomfort</b> [1] 293:12</p> <p><b>discover</b> [1] 43:14</p> <p><b>discovery</b> [1] 208:7</p> <p><b>discuss</b> [11] 63:11 67:4 147:17 168:6 193:16 195:22 218:6 224:22 272:14 282:17 291:20</p> <p><b>discussed</b> [19] 63:19,20 64:16,17 97:13 136:14 137:16 154:16,21 155:5 163:23 173:17 174:8 177:2 198:24 208:4 212:22 221:15 294:18</p> <p><b>discussion</b> [1] 229:8</p> <p><b>discussion</b> [43] 14:1,4 16:8,9 63:23 68:20 69:21 71:2,11 72:5,7,10 73:1 116:9 117:6 119:23 127:3 131:20 135:23 136:5 155:8 157:25 163:8 168:4 168:8 176:23 184:11 193:24,25 194:6 197:22 198:20,21 202:11 220:25 222:8 240:5 245:21 248:18 254:25 257:6</p>
---	--	---	---	--

<p>275:23 280:5  <b>discussions</b> [22] 40:18  49:25 60:21 64:3 98:23  99:13 126:16,24 146:13  146:23 157:1 186:23  195:15 220:9 236:3  245:22 246:1 247:11  248:15 289:16 293:8,10  <b>disgruntled</b> [1] 111:8  <b>disheartening</b> [2]  252:16 293:23  <b>dislike</b> [1] 206:10  <b>disservice</b> [1] 293:25  <b>distinct</b> [2] 116:5 135:13  <b>distinctive</b> [1] 113:24  <b>distinctly</b> [2] 104:16  229:13  <b>distressed</b> [1] 84:17  <b>distressing</b> [1] 203:6  <b>distribution</b> [1] 23:1  <b>divided</b> [1] 255:23  <b>division</b> [9] 1:16 17:15  17:21,22 20:14,16 22:12  22:19,21  <b>divisions</b> [1] 17:19  <b>docs</b> [1] 286:3  <b>doctor</b> [6] 84:20 85:19  163:2,3 285:25 286:10  <b>doctors</b> [2] 1:10 285:23  <b>document</b> [1] 249:21  <b>documentation</b> [1]  213:15  <b>documents</b> [2] 248:25  267:25  <b>Dodge</b> [2] 10:22 240:3  <b>doesn't</b> [9] 21:8 80:18  91:10 113:11 216:21  279:16 280:2,3,5  <b>dollars</b> [1] 24:1  <b>done</b> [39] 33:18 36:7  52:17 61:13 69:14,14,14  78:5 86:1 105:5 107:19  109:17 115:7,9 116:18  116:21 120:1 122:18  125:2,15 134:10 140:4  142:12 150:2,14 155:15  166:6 195:20 203:10,11  205:20 250:18 251:24  263:18 264:3,12,25 283:1  292:23  <b>Dornan</b> [1] 285:4  <b>dossier</b> [1] 175:24  <b>double</b> [2] 73:6,8  <b>doubt</b> [7] 81:16 83:9  109:20 187:2 209:11  210:6 290:11  <b>doubts</b> [1] 153:6  <b>doubt</b> [38] 21:25 25:1  26:2 42:15 43:15,17 47:9  52:2 54:6 56:17 67:4  83:15 84:1 100:7,10,17  107:22 108:1 124:14  127:22 136:4,19 140:24  156:4 157:5,16 163:16  163:17 184:25 202:24</p>	<p>218:21 220:13 229:15  252:6 262:8 270:14 284:5  292:16  <b>Dr</b> [114] 14:8 37:20 62:1  66:5,9 67:18 68:3,14  69:8 72:17 73:3 75:2  76:15 77:16 81:10 92:10  92:16 94:1 96:20 97:1  97:11,14,21 98:24 99:23  100:19 102:1 106:2 107:4  107:14,16,19 108:2,11  109:15 112:23 114:24  115:19 116:6 117:6  118:16 119:2,20 125:3  125:11 133:17 138:20  150:8 156:10 157:15  160:2,11,13 161:8,12  162:4 163:23 164:4,15  164:15,17 165:7,9 166:17  167:10,12,15 174:15,16  174:23,25 175:3,10,15  176:4,19,20,24 177:17  178:5 180:7 181:12,20  182:2 183:24 185:10  194:16,17,18,19 195:9  195:16,19 196:6 200:2,3  210:25 211:17,23 212:9  239:22 240:4 245:20,24  246:4 248:16,19 253:20  254:5,17 255:2 256:8  295:6,16  <b>draft</b> [16] 174:20 175:2  181:13,19 183:24 187:19  192:14 258:11,13 262:8  262:17 264:16 287:14,16  287:20 291:1  <b>drafted</b> [3] 183:24 194:8  265:6  <b>drafting</b> [2] 184:19  287:18  <b>drag</b> [1] 82:14  <b>dramatically</b> [1] 279:15  <b>drastic</b> [2] 76:11 133:15  <b>drawn</b> [2] 37:10 39:12  <b>drill</b> [2] 21:25 270:14  <b>drilled</b> [1] 52:2  <b>driving</b> [1] 97:17  <b>drug</b> [3] 123:23,24 253:6  <b>drugs</b> [2] 160:21,23  <b>Due</b> [1] 267:7  <b>Dunn</b> [2] 107:11 115:18  <b>during</b> [4] 13:13 14:11  29:12 35:24  <b>dwindled</b> [1] 121:7  <b>dyslexic</b> [1] 207:16</p> <hr/> <p style="text-align: center;"><b>-E-</b></p> <hr/> <p><b>e</b> [8] 92:3 93:11 100:7,15  100:19 101:9 253:22,22  <b>e-mail</b> [50] 29:20 79:17  81:7,16 84:7 87:10 88:7  92:1 96:3,11,17 102:8  102:16 104:25 106:1,7,8  107:9 111:13 114:23  118:2 126:1 156:1 181:12  187:6,13,16,19 189:8  191:13 192:14 193:7,17</p>	<p>194:7,16 196:12 199:25  200:22 204:10 207:17  240:2,5 271:9 275:3  276:17 279:5 280:14,15  281:23 291:2  <b>e-mailing</b> [2] 209:12  228:17  <b>e-mails</b> [6] 239:18,19  257:19,21 264:16 278:18  <b>ear</b> [1] 49:20  <b>earliest</b> [2] 51:12,20  <b>early</b> [20] 29:13 46:22  55:6,15 60:16 61:24  62:18 63:23 65:20 74:8  76:21 86:18 88:21 94:24  95:12 121:3 151:21  198:25 203:24 217:16  <b>ease</b> [1] 136:9  <b>Eastern</b> [233] 1:11 8:8  9:22,24 26:21 28:2 34:4  34:9,22 35:5,7 36:5,11  37:2,18 38:2,24 39:5  40:9 41:11,19,20 42:19  43:1,21 44:9,22 45:5,17  46:14,20,22 47:1,4 48:2  48:7 53:7 55:4,5,12,18  55:19,21 57:13,18 58:3  59:9 60:20 61:1,15,25  62:9,14,15,20 65:5,22  65:23 66:2,22 74:22  75:20 76:7,13 78:2 79:3  80:5,13 82:20 83:5,10  84:22 85:23 86:1,3,8,10  86:12,14 87:7,21 88:6,7  90:4,6,16 94:2 99:5  101:2 102:17 103:21,24  104:20 108:25 109:15  111:6,12 112:8,15 113:11  113:19 114:1,16 118:15  123:16 124:12,25 132:11  137:14 146:23 148:2,6  148:23 149:2,7,23,24  150:3,9,13,25 151:5,14  152:1 153:13 155:14  157:8 158:17 159:2 165:5  173:18,20,21 175:25,25  180:2,22 181:14,25  183:12,17 184:7,23 185:2  186:24 187:6 190:4 191:2  204:4 206:6 210:16  214:24 219:11 220:4,10  221:2,22 222:6,9 223:3  223:3 225:18 227:4,13  227:22 229:23 230:6  232:25 234:10,11,18  235:2,6,12,25 236:7,9  236:20,25 238:3,18,19  239:21 241:1,13,17  242:11,13,15 243:16  245:2,22,25 246:25 247:9  247:17 248:14 249:3,11  250:10 261:11,12 263:16  275:4 276:7,8,12 279:9  282:7,12,16 283:22 284:6  284:19 285:8,11,16 286:6  287:10 288:4,11,22  289:14 290:6 291:5,19  291:22 292:4,19,20 293:8  293:12 294:1  <b>echo</b> [1] 258:8  <b>echoing</b> [1] 262:4</p>	<p><b>edition</b> [1] 74:11  <b>education</b> [1] 97:6  <b>educational</b> [2] 5:10,12  <b>effect</b> [1] 183:9  <b>effective</b> [1] 270:17  <b>effort</b> [7] 26:13 34:20  39:1 57:11 105:20 117:9  121:6  <b>efforts</b> [5] 176:15 178:3  179:5 185:18 277:25  <b>eight</b> [5] 71:1 73:18  143:12 144:1 266:13  <b>either</b> [24] 21:6 31:22  32:19 44:21 56:11 58:19  69:17 88:2 90:19 92:3  101:21 105:17 111:13  168:17 177:12,13,13  181:17 207:2 218:14  236:25 243:25 286:12  290:17  <b>Ejckam</b> [2] 14:9 246:4  <b>Ejckam's</b> [1] 245:20  <b>elicit</b> [1] 207:3  <b>Elizabeth</b> [1] 92:6  <b>Elliott</b> [4] 10:19,21 13:23  174:14  <b>embargo</b> [1] 268:8  <b>embargoed</b> [1] 266:25  <b>Emma</b> [10] 232:12,14,18  257:22 265:11 268:4  270:18 275:11 277:5  278:7  <b>emotional</b> [3] 21:12 25:2  261:6  <b>encompass</b> [2] 176:17  178:9  <b>encourages</b> [1] 85:2  <b>end</b> [24] 18:17 31:19 32:2  32:7 33:5 43:22 58:20  111:19 112:10 113:5  131:24 161:22 164:23  168:20 169:6 170:15  188:25 188:21 231:4,12  251:5 260:11 274:20  278:20  <b>endangered</b> [1] 122:23  <b>endeavour</b> [4] 113:8  131:7 183:21 244:5  <b>endeavours</b> [1] 175:16  <b>ended</b> [27] 5:23 12:24  41:19 47:11 55:5,25 61:8  66:8 77:9 79:10 90:15  114:11 116:12 181:7  184:10 186:1 216:17  225:3 250:22 251:2  261:20 263:11 268:4  279:22 281:19 283:18  285:3  <b>ends</b> [3] 19:8 53:16  274:20  <b>enemies</b> [1] 190:11  <b>energy</b> [4] 28:24 43:7  252:3,7  <b>engage</b> [1] 32:1  <b>engagement</b> [1] 262:10</p>	<p><b>enhancing</b> [2] 176:18  178:9  <b>enjoying</b> [1] 187:23  <b>enormous</b> [1] 253:2  <b>ensure</b> [2] 54:11 70:19  <b>enter</b> [1] 4:24  <b>entered</b> [7] 3:2,3,4 5:3,4  5:5,6  <b>Enterprises</b> [1] 6:1  <b>entire</b> [2] 46:1 86:1  <b>entitled</b> [1] 215:25  <b>entity</b> [2] 20:17 32:16  <b>epidemiological</b> [2]  282:18 292:8  <b>equal</b> [1] 121:21  <b>equating</b> [2] 124:3,4  <b>ER</b> [2] 118:21 189:14  <b>ER/PR</b> [112] 8:7 35:18  35:24 40:1 44:1,2 49:12  63:11,14,24 64:19 97:14  97:20,23 98:12,17,24  109:25 112:4 118:23  119:24 123:9 126:17  127:1 128:3,3 129:15  133:8,24 135:1,7 136:11  136:15 137:5,22 138:15  140:17 146:14 147:5,17  147:20 149:21 154:4,15  155:5 156:14 157:3,20  160:22 161:21 168:6,14  168:24 170:14,21 171:3  173:7,10,14,15,21 174:4  174:8 178:21 181:9  186:18,25 187:3,10,25  188:17 189:14 192:24  193:13 194:10,19,22  195:23 196:19,25 197:6  197:12,22 199:8,11  202:13 209:23 213:7  217:20 218:6,10,16 219:5  219:22 220:17 221:15  222:5,9 223:4,6,17  224:23 228:9 245:16  246:3 250:2 255:22  260:18,24 277:11 288:7  290:19  <b>eradication</b> [4] 20:20  20:22 21:4 22:5  <b>error</b> [12] 76:25 82:21  120:2,3,7 124:21 163:22  167:6 226:17,18,20  229:17  <b>especially</b> [2] 19:16  237:7  <b>essentially</b> [8] 17:20  18:18 129:18 140:9,16  185:10 238:17 277:21  <b>establishment</b> [1]  200:11  <b>estimate</b> [1] 78:18  <b>estrogen</b> [2] 123:10  176:2  <b>et</b> [1] 1:10  <b>etc</b> [4] 72:12 190:15  220:19 285:13  <b>etcetera</b> [5] 131:4 226:6  235:5 260:22 261:14</p>
---	--	--	---	---

<p><b>ethical</b> [1] 288:17  <b>etiquette</b> [2] 65:8,9  <b>evaluate</b> [1] 265:3  <b>evening</b> [1] 198:25  <b>Evenings</b> [1] 92:13  <b>event</b> [14] 43:8,9,10,11  177:22 184:18 198:9,23  206:18 210:19 213:22  214:23 215:20 232:10  <b>events</b> [4] 41:12,14 51:23  208:20  <b>eventually</b> [4] 47:12  61:13 95:23 98:15  <b>Evergreen</b> [1] 6:1  <b>everybody</b> [22] 103:8  151:25 152:6,6 153:3,5  153:13,22,23 155:18  230:25 231:1 235:8,22  236:10 241:13,18,25  242:11 259:9 260:3  264:10  <b>everybody's</b> [2] 42:23  241:21  <b>everywhere</b> [1] 192:9  <b>evidence</b> [7] 134:24  159:25 168:4 206:2  235:21 240:19 248:25  <b>evolved</b> [5] 6:17 39:17  87:3 178:25 183:7  <b>exact</b> [4] 61:22 76:20  125:23 230:19  <b>exactly</b> [10] 20:3 47:23  48:8,22 101:24 122:5  124:13 185:11 257:4  266:2  <b>Examination</b> [2] 2:3 4:6  <b>example</b> [14] 27:4 43:8  117:10 118:16 139:12  140:1 141:8,25 149:17  151:6 163:9 196:7 213:16  216:9  <b>examples</b> [1] 158:11  <b>excellent</b> [1] 192:13  <b>except</b> [2] 198:3 255:14  <b>exception</b> [1] 140:7  <b>exchange</b> [6] 81:7 92:1  204:10 207:18 271:9  275:3  <b>exchanges</b> [2] 58:9,12  <b>excited</b> [1] 138:22  <b>exclusive</b> [1] 41:25  <b>exclusively</b> [1] 220:22  <b>excuse</b> [2] 87:17 153:22  <b>executive</b> [15] 6:4 12:11  16:11 18:13 22:8,11,13  24:16 27:1,6 174:22  182:4 206:7 245:2,4  <b>exercise</b> [2] 18:1 285:16  <b>exhibit</b> [10] 173:4 176:10  207:12,22 217:3 257:19  264:15 280:15 287:14  291:15  <b>exhibits</b> [8] 3:1,2,3,4  4:23 5:4,5,6  <b>expect</b> [2] 13:5 30:7</p>	<p><b>expectation</b> [2] 46:8  215:19  <b>expectations</b> [1] 163:5  <b>expected</b> [4] 45:16,18  46:4 70:15  <b>expecting</b> [2] 216:23  229:21  <b>experience</b> [13] 5:16  15:24 18:7 19:4,14 32:8  34:21 35:4 37:1 41:6  121:15 141:22 142:1  <b>experienced</b> [3] 33:21  34:5,9  <b>expert</b> [1] 188:13  <b>expertise</b> [4] 17:7 119:4  166:20 277:2  <b>explain</b> [6] 17:17 96:6  137:3 199:5 254:23  280:24  <b>explained</b> [7] 69:9 70:10  70:11 160:21,23 169:3  293:14  <b>explaining</b> [4] 69:23  72:8 80:17,19  <b>explanation</b> [8] 53:2  199:4 215:11 216:14  234:2 281:10,11 293:19  <b>explicit</b> [3] 185:17  210:20 231:5  <b>explicitly</b> [2] 186:7  288:22  <b>exposed</b> [1] 190:3  <b>express</b> [6] 85:22 151:4  158:8 172:16 183:19  243:17  <b>expressed</b> [13] 50:25  59:16,21 72:15 91:4 98:3  98:10 99:1,3 158:3  172:19 270:6 290:15  <b>expressing</b> [6] 86:5  158:5 173:19 186:7 231:5  233:2  <b>extend</b> [1] 179:12  <b>extensive</b> [1] 194:6  <b>extent</b> [2] 178:20 242:18  <b>external</b> [7] 73:2 164:8  164:9,13 165:22,25  280:19  <b>Exxon</b> [1] 6:14</p> <hr/> <p style="text-align: center;"><b>-F-</b></p> <hr/> <p><b>facing</b> [1] 254:22  <b>fact</b> [22] 15:17 20:17 67:7  83:14 85:25 103:25  138:12 141:4 154:15  161:24 176:9 183:15  193:17 201:24 203:16  215:14 227:21 230:19  243:24 253:1 272:17  289:5  <b>factor</b> [2] 72:24 189:15  <b>factors</b> [4] 160:25 175:21  191:25 192:3  <b>facts</b> [1] 277:15  <b>factual</b> [6] 171:24,25</p>	<p>172:13 244:3,9 293:18  <b>fair</b> [1] 243:14  <b>fairly</b> [12] 46:13 55:6  75:3 90:13 91:7 116:24  128:23 136:4 162:23  241:23 257:25 293:18  <b>fall</b> [12] 56:7 84:15 160:5  160:19 164:11 234:24  241:4 243:5 245:17  258:25 259:13 260:1  <b>falls</b> [1] 255:23  <b>false</b> [2] 81:13 183:1  <b>familiar</b> [4] 15:8 122:18  205:1 239:19  <b>families</b> [4] 34:17 88:17  203:7 275:7  <b>family</b> [3] 84:20 85:18  148:23  <b>far</b> [5] 42:9 153:20  236:10 249:1 256:15  <b>fashion</b> [8] 19:11,12  60:12 79:19 83:11 95:20  114:12 116:24  <b>fax</b> [1] 174:14  <b>faxed</b> [1] 225:10  <b>fear</b> [2] 53:19 240:17  <b>February</b> [9] 79:12  217:24 218:22 257:24  258:13 267:6 271:11  276:18 280:18  <b>federal</b> [7] 24:4 28:16  113:10 139:14,22,23  257:8  <b>feedback</b> [25] 54:14  58:16 59:1,4 86:7 101:6  105:8 108:25 128:4  131:25 132:4 138:4 150:4  152:2 155:9 158:10  163:13 189:5 196:13  223:5 232:12 242:14  244:10,11 290:24  <b>feeling</b> [14] 57:25 59:23  60:7 70:4,5 121:22  131:17 161:2 230:7 233:3  233:7,7 248:3 283:3  <b>fellow</b> [1] 204:14  <b>felt</b> [25] 36:7 43:3,4 61:3  62:13 69:25 75:3,6 79:18  79:24 92:21 120:7,8  155:14 156:13 157:16  158:12 161:1 180:13,21  190:21,25 247:23 250:7  256:21  <b>Festival</b> [3] 198:3,5,23  <b>few</b> [4] 50:5 87:19 202:9  213:3  <b>fielding</b> [1] 74:4  <b>figure</b> [5] 123:4 125:8  282:25 283:12,14  <b>figured</b> [2] 86:25 223:2  <b>filed</b> [3] 148:22,24 225:18  <b>files</b> [3] 31:1 145:5  199:18  <b>finalizing</b> [1] 188:20  <b>financial</b> [5] 21:16 131:3  168:18 199:14 222:2</p>	<p><b>finding</b> [1] 123:15  <b>fine</b> [1] 115:5  <b>finish</b> [1] 295:5  <b>first</b> [45] 16:17 18:10  21:3 32:13 44:2 51:1,2,7  53:16 56:4 57:3,4,4,6  64:17 65:11 66:21,24  73:19,21 74:12 78:1  80:16 85:17 87:20 96:24  119:21 133:23 151:15  154:4 160:12 173:7  174:24 187:7 189:20  218:4 230:13 244:25  245:15 246:20 255:1  256:19 257:20 264:18  282:19  <b>firsthand</b> [1] 65:25  <b>fit</b> [4] 135:23 161:5  204:21 260:9  <b>fits</b> [1] 180:20  <b>five</b> [11] 6:25 7:5 9:14  120:4 187:20,20 215:24  286:17,19,21,25  <b>fix</b> [2] 72:17 203:11  <b>fixation</b> [1] 73:14  <b>fixed</b> [3] 204:7 216:8  248:9  <b>flexible</b> [1] 265:1  <b>floated</b> [1] 286:13  <b>fly</b> [1] 286:13  <b>focus</b> [8] 28:23 167:8  189:4 214:24 237:12,17  272:20 273:4  <b>focused</b> [6] 166:5 182:14  192:20 215:3 236:22  238:18  <b>focusing</b> [1] 166:5  <b>Fog</b> [8] 107:13,16,25  108:4,6 109:2 239:24,25  <b>follow</b> [18] 16:16,17  71:12 73:5 78:4 119:11  172:1,6 188:24 207:24  210:1 214:20 220:23  268:13 273:10 281:25  288:14 291:25  <b>follow-up</b> [12] 13:7  115:21,22 116:8 120:22  179:19,20 180:12 188:16  224:14 241:22 292:7  <b>followed</b> [7] 14:25 47:3  137:17 156:21 210:23  211:9 274:16  <b>following</b> [9] 54:24  109:1 132:19 182:11  187:17 202:11 209:18  228:8,18  <b>follows</b> [2] 188:9 196:1  <b>fool</b> [1] 204:25  <b>football</b> [2] 139:24 140:8  <b>Foote</b> [1] 169:4  <b>forefront</b> [1] 85:15  <b>foregoing</b> [1] 296:8  <b>foresee</b> [1] 223:2  <b>forge</b> [1] 133:6  <b>form</b> [6] 21:3,4 80:24</p>	<p>257:5 279:11,20  <b>formal</b> [3] 64:6,11  119:11  <b>format</b> [2] 220:14 256:3  <b>formation</b> [2] 254:2  291:11  <b>formed</b> [1] 26:10  <b>forming</b> [1] 256:25  <b>formula</b> [1] 24:12  <b>formulate</b> [1] 233:12  <b>formulated</b> [1] 182:11  <b>formulating</b> [2] 254:18  257:3  <b>forth</b> [6] 8:19 98:14  230:6 268:6 269:11 270:1  <b>forthcoming</b> [2] 60:9  90:7  <b>forum</b> [5] 48:1,2,5 49:9  78:24  <b>forward</b> [43] 12:7 14:17  16:11,14,19 18:24 31:16  38:1,4 51:14 56:18 85:4  101:5 105:1 115:20  124:11,12 151:2 153:7  176:16 178:7,8 180:4,19  180:24 200:10,14 214:12  214:13 230:5,16 232:2  233:13 234:11 253:9  255:2 259:7 260:6 262:9  262:16 277:7 288:19  291:2  <b>forward-looking</b> [1]  249:21  <b>forwarded</b> [5] 115:18  176:14 193:7 264:16  287:14  <b>forwarding</b> [3] 92:16  126:9 275:21  <b>forwards</b> [1] 275:14  <b>found</b> [7] 36:5 165:22  166:1,21 179:23 257:13  264:4  <b>Foundation</b> [8] 6:2,21  7:3,17 12:18 35:7 37:13  38:6  <b>four</b> [14] 7:1,5 9:17,18  10:6,9 22:24 23:4,7 25:7  26:12 187:20 204:13  244:7  <b>frame</b> [2] 111:2 220:15  <b>free</b> [2] 61:11 260:16  <b>frequent</b> [3] 46:18 79:4  149:18  <b>Friday</b> [4] 201:2 208:22  209:6,11  <b>friend</b> [1] 190:11  <b>friends</b> [1] 294:16  <b>front</b> [7] 24:20,24 27:2  29:7 115:12 232:11 233:6  <b>frontline</b> [8] 58:13,14  58:17,21 59:3,5,18,20  <b>fruitful</b> [1] 65:15  <b>fruition</b> [2] 19:6 252:17  <b>frustrated</b> [8] 59:19  60:14,19 105:9 111:16</p>
---	--	--	---	--

113:15,21 232:23  
**frustrating** [6] 42:18,23  
 42:25 43:19 251:15,22  
**frustration** [3] 59:22  
 60:10 233:8  
**frustrations** [1] 16:25  
**full** [10] 51:11,20 75:14  
 79:20 171:10 186:2  
 203:21 215:10 216:14  
 218:12  
**fulltime** [2] 22:22 23:10  
**fully** [2] 183:8,11  
**fund** [1] 24:14  
**funded** [1] 23:17  
**funding** [3] 24:8,15  
 139:15  
**fundraising** [3] 25:2  
 43:9 198:9  
**funds** [3] 23:16,23 24:10  
**future** [3] 156:5 166:7  
 194:25  
**FYI** [2] 126:11 291:5

**-G-**

**G-E-O-F-F-R-E-Y** [1]  
 4:12  
**gained** [1] 150:17  
**gala** [1] 198:9  
**gallery** [1] 283:6  
**game** [2] 230:8 279:9  
**general** [22] 12:24 14:2  
 26:7 36:18 40:18 41:16  
 49:25 51:13 55:2 71:8  
 87:2 89:23 115:11 116:1  
 123:13 146:6 194:12  
 240:13 258:7 260:21  
 264:24 293:4  
**generate** [5] 23:16 24:8  
 24:9 42:1 268:15  
**generated** [1] 16:11  
**generation** [1] 25:3  
**Geoffrey** [1] 4:12  
**geographical** [2] 23:1  
 25:8  
**George** [36] 8:18,21  
 10:16 17:2 27:7 37:19  
 37:23 39:6 46:24,25 56:1  
 56:2,2 62:2 66:16,17  
 67:9 81:11,19 96:19  
 102:4 106:11 107:12  
 115:3,4,17 153:17 154:3  
 156:4 157:17 197:5  
 206:24 218:23,24 223:6  
 246:20  
**Gerri** [1] 114:11  
**get-go** [1] 139:5  
**Gilhooly** [3] 122:16  
 126:6,14  
**given** [35] 22:23 23:12  
 24:11 26:17 43:12 51:10  
 57:24 58:2 65:11 75:7  
 76:17 78:15,20 80:1 86:7  
 99:3 119:9 125:9 134:23  
 164:19 165:20 172:7  
 211:16 213:15,16 214:2

214:3 259:24 266:9 269:5  
 274:8 276:6 285:22 288:2  
 293:19  
**giving** [13] 25:19 132:4  
 152:2 155:9 157:9 158:23  
 161:20 219:18 221:1  
 249:9 274:20 277:14  
 288:24  
**glad** [3] 59:24 180:10  
 288:15  
**glaring** [5] 82:11,21  
 167:4,6 215:21  
**Globe** [3] 81:19 82:5  
 118:24  
**go-forward** [2] 249:18  
 258:21  
**goes** [7] 85:4,21 102:16  
 107:11 183:15 242:4  
 291:20  
**gone** [5] 17:25 43:15 44:6  
 71:12 223:3  
**good** [25] 4:4,19,21 12:11  
 12:14 30:5 32:13,18  
 68:12 75:25 85:16 93:2  
 100:21 105:7,19 149:1  
 150:2 168:2 186:6 192:14  
 209:8 233:3 264:25  
 274:23 284:16  
**goodwill** [1] 204:22  
**Gosse** [1] 74:2  
**govern** [1] 19:10  
**governance** [16] 14:24  
 15:5,10,12,14,18 16:1  
 16:14,15,21,22 17:13  
 18:2,7,11 19:19  
**government** [56] 23:17  
 23:20 24:7 28:7,21,23  
 29:3 30:17,24 31:18,21  
 32:5,9 33:8 34:24 37:8  
 38:24 46:13 55:13 109:25  
 110:6 113:10,10,11  
 126:17 130:16,20 131:8  
 132:6,9,16 133:2,24  
 136:21,23 137:21 139:11  
 139:22,23 140:24 141:17  
 141:23 142:3,19 143:5  
 145:7 149:19,22 168:17  
 170:22 199:20 223:8  
 238:13 249:4 258:19  
 267:25  
**government's** [1] 33:17  
**governments** [3] 24:5  
 28:14,14  
**governs** [1] 15:10  
**grants** [1] 23:20  
**grapevine** [1] 101:14  
**great** [20] 15:23 16:9  
 19:2,6,7 25:21 26:13  
 28:11 38:11 39:15 70:21  
 84:11 118:25 140:7  
 160:21 237:22 238:16  
 250:21 253:10 288:13  
**greater** [2] 25:25 268:24  
**greatly** [1] 52:9  
**ground** [2] 52:4 251:25  
**group** [15] 5:19 6:13  
 47:25 57:6 84:15 109:20

136:15 240:14 241:11  
 242:3 277:5 284:2 287:23  
 292:13,18  
**groups** [3] 26:9 33:10  
 80:20  
**growing** [1] 57:14  
**guarantee** [1] 231:8  
**guess** [16] 7:12 10:2 13:5  
 13:14 17:17 30:2 63:7  
 72:2 121:6 132:25 157:6  
 174:17 216:20 276:13,14  
 295:16  
**guessing** [1] 47:15  
**Gulliver** [1] 115:20

**-H-**

**Haegert** [2] 295:6,16  
**Halifax** [1] 258:3  
**hall** [5] 282:2,21 283:18  
 284:7 290:1  
**hallmark** [1] 182:17  
**hand** [3] 146:6,8 196:17  
**handle** [2] 72:10 80:6  
**handled** [6] 36:4 137:14  
 150:12 182:21 231:10  
 272:12  
**handling** [3] 90:17 222:7  
 222:7  
**hands** [1] 103:3  
**hang** [1] 286:25  
**hanging** [1] 172:12  
**Hanlon's** [1] 148:23  
**happening** [14] 36:14  
 44:8 51:24 64:9 82:8  
 173:24 201:18 210:19  
 220:1 230:18,19 232:5  
 237:9 244:17  
**hard** [1] 249:8  
**hard-pressed** [1] 61:21  
**harder** [3] 250:24 251:7  
 253:17  
**harsh** [1] 129:16  
**Hart** [1] 92:7  
**hazard** [1] 30:2  
**he'd** [4] 79:19 120:9  
 131:21 226:15  
**head** [2] 18:16 119:5  
**heads** [3] 113:4 219:18  
 269:5  
**health** [320] 1:12,18 5:17  
 6:7 8:8 9:8,16,21,22,24  
 10:12,18 11:7,13 12:7  
 12:15,21,23 13:5 14:23  
 16:2 17:4 20:25 23:1  
 25:6,9,11,22,25 26:5,11  
 26:12,21 28:2,25 29:7  
 30:25 31:3,12 34:4,10  
 34:14,23,23 35:5,8,16  
 36:5,11 37:2,2,18 38:2  
 38:24,25 39:5 40:9 41:6  
 41:8,11,19,20 42:11,12  
 42:19 43:1,21 44:9,22  
 45:5,17 46:14,20,23 47:2  
 47:4 48:2,3,7 53:7,12,23  
 53:24 55:4,5,12,18,19

55:21 57:13,19 58:3 59:9  
 60:20 61:1,15,25 62:4,9  
 62:11,14,15,20 64:25  
 65:5,22,23 66:2,22 68:3  
 74:22 75:20 76:7,13 78:2  
 79:3 80:5,13 82:20 83:5  
 83:10 84:22 85:1,23 86:1  
 86:4,8,13,14 87:7,12,21  
 90:4,7,17 94:2 97:7  
 98:20 99:5 101:3 102:18  
 103:22,24 104:20 109:1  
 109:11,12,15 110:7,14  
 111:7,13 112:9,15 113:11  
 113:19 114:1,6,16 118:15  
 120:18 123:16 124:12,25  
 126:5,24 127:16 128:1  
 129:6 132:8,12 134:22  
 136:2 137:14 138:25  
 141:7,8 144:16 146:23  
 148:2,6,24 149:2,7,23  
 149:24 150:3,10,14,25  
 151:5,14 152:1 153:13  
 155:15 157:7,9,11 158:17  
 158:21 159:3 163:5 165:5  
 168:12 171:2 172:11  
 173:18,20,21 175:25  
 176:1 180:22 181:14,25  
 183:7,13,18,22 184:7,24  
 185:2 186:24 187:6 190:4  
 191:2 197:14 204:4 206:6  
 210:16 211:23 214:24  
 219:11 220:5,11 221:2,8  
 221:23 222:6,10 223:3,3  
 225:18 227:4,13,22  
 229:23 230:3,6 233:1  
 234:10,11,18 235:2,7,12  
 235:25 236:8,9,25 238:4  
 238:18,20 239:21 241:1  
 241:13,17 242:6,11,13  
 242:15 243:16 245:2,23  
 245:25 246:25 247:9,17  
 248:14 249:3,11 250:10  
 257:12 261:11,12,18  
 262:22 263:7,16,17 264:3  
 268:22 275:4 276:7,8,12  
 279:9 282:7,12,16 283:22  
 284:6,19 285:8,12,16  
 286:6 287:10 288:4,11  
 288:23 289:14 291:5,19  
 291:22 292:4,19,21 293:8  
 293:12 294:1  
**Health's** [3] 180:2  
 236:20 290:6  
**healthier** [1] 37:24  
**healthy** [12] 26:14 30:20  
 32:11 33:1,18,21 35:15  
 111:23 112:21,23 136:22  
 142:9  
**hear** [12] 13:15 40:6 44:2  
 44:3 52:21 101:2 102:17  
 115:23 120:23 151:15  
 180:11 295:16  
**heard** [21] 14:7 15:6 45:2  
 45:16 50:23 52:19 74:10  
 85:8 88:10 96:4 101:14  
 116:1 152:24 198:14  
 233:19,21,23 246:13,15  
 248:25 296:11  
**hearing** [9] 44:5 56:23  
 129:22 130:5 151:18  
 153:4 233:15 236:5 256:8

**hearings** [1] 8:5  
**Heather** [35] 8:12,13,15  
 67:14,18 68:14 71:20,21  
 72:10 75:2 92:9,9,19  
 104:14,17 112:24 118:3  
 118:5,7 120:16 121:1,6  
 145:18 146:9,22 147:1,4  
 147:9 153:19 174:15,16  
 187:8 225:22 239:21  
 248:17  
**heels** [1] 135:19  
**held** [2] 198:11 206:18  
**Hello** [1] 84:10  
**help** [11] 80:23 123:25  
 138:25 172:22 190:9,17  
 190:25 213:11 271:22  
 277:4,6  
**helped** [1] 253:7  
**helpful** [3] 12:6,22 235:7  
**helping** [1] 45:25  
**helpless** [1] 191:1  
**hence** [2] 223:5 240:10  
**Hennebury** [1] 1:10  
**Hennessey** [7] 109:13  
 110:22 145:13,16 146:9  
 146:14,16  
**HER2/neu** [3] 255:25  
 256:18,21  
**hereby** [1] 296:8  
**herself** [7] 87:1 102:3  
 161:8 169:10 268:5 272:6  
 272:12  
**hesitate** [1] 200:8  
**hesitation** [1] 75:13  
**Hi** [9] 92:17 118:25 156:4  
 181:13 187:10,19 193:10  
 275:11,15  
**high** [1] 16:21  
**higher** [1] 58:11  
**highest** [1] 51:17  
**highly** [1] 119:3  
**himself** [5] 32:6 46:24  
 131:22 201:4 213:3  
**hindsight** [1] 14:17  
**hindsight's** [1] 250:25  
**hoc** [2] 121:16 255:10  
**hold** [3] 261:22 263:15  
 263:15  
**holding** [1] 149:24  
**holidays** [1] 187:22  
**Hollett** [1] 92:6  
**home** [1] 5:19  
**homes** [1] 6:13  
**honestly** [13] 55:22  
 78:12 104:24 132:5  
 149:25 234:8 236:7  
 249:13 250:3 257:12  
 271:2 285:14 293:14  
**Honourable** [2] 1:3  
 296:12  
**hook** [1] 261:3  
**hope** [4] 141:12 187:22  
 256:9 271:14  
**hopes** [1] 149:1

<p><b>hoping</b> [1] 156:4  <b>Hopkins</b> [1] 194:16  <b>hormonal</b> [1] 161:23  <b>hormone</b> [15] 1:2 77:9  123:10 161:5 175:17  180:3 181:14 182:20  183:20 208:1 216:2 263:1  278:2,3 296:10  <b>hospital</b> [11] 5:20,22 6:2  6:20 7:3,17,18 8:10  12:13 17:8 166:24  <b>hostel</b> [1] 159:14  <b>hour</b> [2] 68:12 108:10  <b>House</b> [6] 6:14 168:7,9  172:9,25 235:22  <b>households</b> [1] 91:12  <b>Houser</b> [16] 232:12  257:22,23 265:11 267:6  269:24 270:1 271:10,25  272:6 274:8 275:4,5,15  275:22 278:7  <b>Howell</b> [11] 194:18  195:16,19 196:6 210:25  211:17,24 212:9 239:22  240:4 248:19  <b>Hoyles</b> [1] 202:17  <b>HR</b> [3] 24:22 47:9 278:3  <b>Hynes</b> [4] 126:1 138:19  206:1,1</p>	<p>58:23 76:6 148:9 183:4  279:25  <b>implicit</b> [1] 43:13  <b>implying</b> [1] 161:8  <b>importance</b> [1] 149:7  <b>important</b> [12] 43:2  113:3 145:6 175:21  176:18 182:24 189:18,19  189:23,23 195:5 294:4  <b>impossible</b> [1] 177:8  <b>impression</b> [13] 41:4  61:7 75:15 77:4,15 87:20  99:13 148:7 165:11  205:13 214:11 240:14  249:10  <b>improve</b> [2] 139:15  183:22  <b>improved</b> [2] 183:17  184:7  <b>improvement</b> [2] 35:22  289:21  <b>improving</b> [1] 175:18  <b>inaccuracies</b> [1] 82:10  <b>inaccurate</b> [3] 83:19  161:13,21  <b>inappropriate</b> [1]  135:10  <b>incidents</b> [1] 21:1  <b>include</b> [2] 187:18  192:17  <b>included</b> [3] 38:8 103:16  183:2  <b>includes</b> [1] 181:21  <b>including</b> [3] 107:12  115:3 245:23  <b>inclusion</b> [1] 182:17  <b>inclusive</b> [5] 4:25,25 5:1  41:25 294:11  <b>incorrectly</b> [1] 74:6  <b>increase</b> [1] 231:25  <b>increased</b> [1] 79:2  <b>incredulous</b> [3] 152:3  153:12 242:16  <b>indeed</b> [3] 87:20 145:8  264:11  <b>Independent</b> [4] 45:9  63:9 74:1,11  <b>independently</b> [1]  278:17  <b>index</b> [1] 70:10  <b>indicate</b> [12] 63:4 74:9  94:2 97:21 99:23 210:11  223:15 262:9 263:23  277:24 279:10 281:24  <b>indicated</b> [12] 50:5 72:14  72:17 76:15 119:3 138:11  159:25 201:1 235:22  240:19 282:7,8  <b>indicates</b> [10] 74:2 85:17  87:10 97:9,14 107:14  175:23 191:23 205:3  287:9  <b>indicating</b> [9] 76:8 82:4  99:24 188:12 189:7 191:7  232:3 257:25 280:21</p>	<p><b>indication</b> [4] 44:13  246:21 273:19 282:12  <b>indicative</b> [1] 229:22  <b>indicator</b> [1] 33:18  <b>indicators</b> [1] 18:20  <b>indirect</b> [1] 157:13  <b>indirectly</b> [2] 95:20  109:6  <b>individual</b> [16] 17:6 39:4  53:25 60:10 84:8 89:14  89:20 90:24 111:21  114:17 163:12 186:1  220:23,24 234:9 253:4  <b>individual's</b> [1] 103:13  <b>individually</b> [1] 102:21  <b>individuals</b> [19] 8:4,6,9  61:15 86:25 104:11  111:25 112:1 129:22  145:23 153:6 155:11  189:6 219:12 232:12,16  237:15 238:19 275:10  <b>inevitable</b> [1] 251:5  <b>inevitably</b> [2] 152:22  243:25  <b>inflammatory</b> [2] 92:19  92:23  <b>influence</b> [5] 21:8 26:16  28:24 31:20 160:23  <b>info</b> [1] 264:25  <b>inform</b> [1] 171:19  <b>informal</b> [2] 131:25  220:25  <b>informally</b> [1] 63:20  <b>information</b> [171] 21:24  25:21,22 42:4,4,7 44:10  53:18 54:3 57:8,12,15  57:19,20,23 58:2,18 60:5  60:8 62:5 65:23 66:1  68:18 71:9 72:11 75:7  78:6 83:11 84:18,20,25  85:19 86:21,24 87:6 90:8  96:7 99:4,24 100:25  101:16 102:16 103:2,3  104:21 105:10 108:5  111:7,15,20 112:25 113:1  113:2,16,17 115:12 120:8  124:5,11,12,24 148:8  149:2 150:4 151:7 163:20  171:14,21,24,25 172:4  172:14 177:18 180:23  185:21 188:7,8 189:19  189:24 190:4 191:6,8  193:1 195:7 203:1,4,6  203:23 204:1 205:9  209:23 210:17 211:3,5  214:2,3,12,13,18 218:14  218:15,18 219:23,24  220:7,9,24 225:3,11,14  227:21 228:16 229:24  230:1,8,9,14,16,25 231:9  232:22 233:2 234:7,17  235:11,17 236:8 244:2,3  244:6,9 247:22 248:4,5  259:24 260:16,19,23  261:18,23 264:3 265:7,9  266:5 267:15 268:8,18  270:7,14,20,22,24 271:1  271:22 273:21 274:20</p>	<p>276:6 277:17 279:17  283:11,15 284:4,20 285:7  287:22,22 288:7,10,10  288:24 289:7  <b>informed</b> [6] 45:21 82:1  183:9 278:12 279:13,19  <b>informing</b> [2] 182:22  235:1  <b>infrastructure</b> [1] 52:4  <b>inherent</b> [4] 19:19 120:7  121:20 177:6  <b>inherently</b> [1] 119:25  <b>initial</b> [13] 39:14 43:12  46:24 47:7 56:4 76:17  85:7 144:25 236:15  284:18,24 285:1 292:22  <b>initiate</b> [2] 71:12 259:12  <b>initiated</b> [8] 38:23 55:20  55:20 67:1 155:21 203:19  210:25 254:1  <b>initiating</b> [3] 72:3  130:25 218:11  <b>initiative</b> [6] 130:19,24  260:2,12 261:15 274:13  <b>initiatives</b> [1] 97:6  <b>initiator</b> [1] 157:13  <b>initiators</b> [1] 39:23  <b>injustice</b> [1] 155:16  <b>innocuous</b> [1] 206:21  <b>input</b> [4] 52:11,12 259:4  287:17  <b>inquire</b> [2] 162:13 169:2  <b>inquired</b> [1] 171:2  <b>inquiries</b> [6] 62:19  120:23 121:3 218:19  234:20 247:1  <b>inquiry</b> [23] 1:1 232:8  252:25 258:18,22,24,25  259:2,15 277:4,8 283:6  283:7 286:2 287:25 288:6  290:19 293:22,22 294:5  294:6 296:10,13  <b>ins</b> [1] 161:4  <b>insistent</b> [1] 153:12  <b>insisting</b> [4] 152:1 235:8  236:9,21  <b>instead</b> [2] 191:9 250:24  <b>instigation</b> [1] 134:10  <b>instinct</b> [1] 251:1  <b>institution</b> [5] 14:3  19:18,22 292:6,6  <b>institutional</b> [2] 41:23  52:9  <b>institutions</b> [2] 15:22  54:11  <b>instruction</b> [1] 274:7  <b>instructions</b> [1] 274:15  <b>Integrated</b> [2] 1:11,18  <b>integrity</b> [1] 70:18  <b>intended</b> [2] 201:5  270:21  <b>intent</b> [2] 136:6 183:5  <b>intention</b> [2] 82:16  157:21</p>	<p><b>intentions</b> [2] 156:15,25  <b>interact</b> [2] 26:23 40:21  <b>interaction</b> [6] 25:5,9  27:25 28:11 38:10 48:6  <b>interactions</b> [2] 27:22  28:6  <b>interest</b> [2] 33:10 84:11  <b>interested</b> [10] 31:22  89:16 90:14 200:6 201:21  205:8 261:9 282:24  284:20 292:19  <b>interests</b> [1] 106:19  <b>internal</b> [3] 73:4 190:5  239:20  <b>internally</b> [1] 250:9  <b>internet</b> [1] 53:21  <b>interpret</b> [1] 131:13  <b>interpretation</b> [1]  167:14  <b>interpreted</b> [2] 131:16  167:16  <b>intervening</b> [1] 227:16  <b>intervention</b> [2] 221:25  222:5  <b>interview</b> [30] 73:20  82:5 89:20 90:23 92:14  96:5 97:10 100:22 107:14  107:16,18 108:11,13,21  122:16 126:5,7,13,14  139:20 202:16,18 203:18  203:20 215:7,9 226:12  240:24 274:18 281:19  <b>interviews</b> [3] 109:17  122:19 272:11  <b>introducing</b> [2] 145:2,3  <b>introductory</b> [2] 145:1  213:2  <b>investigation</b> [1] 188:18  <b>invitation</b> [2] 40:13  179:14  <b>invitations</b> [1] 39:20  <b>invite</b> [1] 179:20  <b>invited</b> [8] 39:6,18 46:6  46:9 127:21 208:15 254:5  266:4  <b>involve</b> [2] 36:24 85:9  <b>involved</b> [30] 9:8 10:20  13:6 39:12 56:14 58:8  58:11 65:11,17,18 68:20  69:10 87:25 89:24 90:3  90:10 103:14 122:8,9  153:1 179:13,14,15  182:20 217:20 230:21  231:18 263:1 267:21  288:17  <b>involvement</b> [3] 24:19  160:11 239:2  <b>involving</b> [4] 37:4 188:1  277:11,13  <b>issue</b> [299] 8:7 17:12  22:18,18 26:25 27:8,23  29:5,10,13,14,21 31:18  32:2 33:9,10 35:18,25  36:3,10 37:4,8 39:21  40:1 44:1,2,23 49:12,18  49:20 51:19 54:20 55:1</p>
<p><b>-I-</b></p>				
<p><b>I'</b> [1] 218:9  <b>idea</b> [19] 31:24 38:11  39:15 42:7 45:11 116:18  124:20 189:21 192:13  206:24 215:12 216:15  247:24 258:9 273:20  282:5 286:4,12 287:21  <b>ideal</b> [1] 19:21  <b>ideas</b> [1] 42:5  <b>identification</b> [3]  188:22 262:24 264:22  <b>identified</b> [8] 76:12  188:15 215:1 248:9  259:22,23 264:5 283:10  <b>identify</b> [2] 16:18 151:1  <b>identifying</b> [2] 139:1  204:5  <b>IHC</b> [1] 256:6  <b>illusion</b> [1] 75:9  <b>imagine</b> [2] 241:10  254:21  <b>immediate</b> [1] 293:4  <b>immediately</b> [4] 63:9  127:19 196:1 256:23  <b>immunohistochemical</b>  [1] 179:8  <b>immunohistochemistry</b>  [5] 200:12 253:23 255:20  257:1,16  <b>impact</b> [3] 54:4 216:19  252:5  <b>impacted</b> [1] 85:25  <b>implications</b> [6] 56:16</p>				

<p>55:3,25 56:13 57:10 59:17 60:1,1,3 62:8,10 62:14,15 63:11 64:3 65:12 66:22 68:15 71:8 73:20 77:25 78:25 83:7 85:3,6,15 86:9,10,10 88:23,23 89:7 93:16 94:4 95:6,6,12,15 96:5 97:19 97:20,23 98:12,24 99:4 99:15,25 103:18 106:17 106:24 109:19,25 110:16 118:21,22,23 120:10,14 120:19 121:5 122:3,20 126:18 127:1 128:3,6,7 128:24 129:15,22,24 130:6 133:8,24 134:24 135:1,4,21 136:10,16,18 136:20 137:5,13,22 138:7 139:11,13,17,25,25 140:2 140:2,6 141:1,15 142:13 142:23,23 146:14,25 147:17,20 148:2,6,10,11 148:19 149:5,10,16,17 149:21,23 150:17,25 151:14 155:14,17 156:14 156:15 157:3 158:24 159:4 161:20 162:3,20 163:22 164:3,12 166:3 167:4 168:6,6,24,24 169:3,11 170:11,14,21 171:4,19,20 172:2,12,17 173:10,22 175:17 177:6 177:9,13,13,13,24 178:7 178:21 179:21 181:6,9 181:16 182:2,24 185:3 186:19 188:17 195:16,22 196:19,25 197:6,12,15 197:22 199:11,14 202:13 203:14 204:7 216:4,18 216:19 218:6 219:5,21 219:22 220:14 221:14,14 221:23,24 222:5,6,12,14 222:17 223:4 224:23 226:24 228:8,18 230:5 230:10 231:13,13,19 232:4 234:5 235:16 237:3 237:9 238:9,10,24 242:24 243:4,15,23 245:8,17,20 246:3,9 247:25 248:1,16 249:5,15,17,18,21 250:25 251:8,22,23 255:4 256:21 258:12 262:11 263:2 269:11 270:2 271:19 272:22,25 273:3,4,6,10 274:9 277:11 278:2,3,13 279:8 280:12 281:17 282:6,13,19,20 283:2 287:12 289:15 290:19 293:2</p> <p><b>issues</b> [97] 12:7 13:2,3,7 13:7,8,16,17,18 14:8 16:10,13,23 18:11,11 19:19 22:16 28:15,19 31:13,15,16 36:24 39:4 39:21 40:1,5,9 42:20 46:6 73:13 78:23 86:8 91:3 110:9,11 111:9 112:24 119:8 121:11 130:13 131:2 142:11 156:6,19 168:16,17 170:20,23 171:3 172:5 172:11 173:21 177:5,10 177:25 178:15 181:8</p>	<p>183:9,20 188:22 190:9 192:24 194:9,12 204:5 205:10 214:22 216:23 217:5 218:8,10 220:20 233:10 245:13 249:5 251:12 252:11,12,12,13 257:9 260:18 262:24 264:5,22 273:8 277:6,19 281:25 282:17 286:11 289:8 291:20 292:17 293:17,18</p> <p><b>item</b> [1] 245:6</p> <p><b>items</b> [4] 16:10,18 222:1 244:9</p> <p><b>itself</b> [11] 19:9 33:16 36:5 136:16 167:1,6 177:7 243:19 253:12 277:16 294:5</p> <hr/> <p style="text-align: center;"><b>-J-</b></p> <hr/> <p><b>J</b> [4] 144:2,14 174:3 196:18</p> <p><b>Janeway</b> [1] 8:19</p> <p><b>January</b> [13] 64:19 79:12 127:3 143:15 144:2 154:2 154:14 156:2,22 164:17 165:1 217:11 246:18</p> <p><b>Jeff</b> [3] 122:16 126:6,14</p> <p><b>Jennifer</b> [2] 1:16 92:6</p> <p><b>Joan</b> [2] 96:18 181:19</p> <p><b>job</b> [8] 86:15,23 93:23 150:2 249:22 250:13 265:1 274:23</p> <p><b>jobs</b> [1] 290:14</p> <p><b>John</b> [21] 10:15 15:18 17:1 29:14 48:20,22 63:2 63:23 64:18 65:17 119:2 132:20,21,23,24 133:4 137:13 138:16 168:5 173:6 246:17</p> <p><b>John's</b> [16] 9:16 10:15 16:2 73:9 85:14 88:23 88:24 89:2,4 91:18 159:15 179:9 198:12 281:7 296:14,18</p> <p><b>join</b> [1] 255:17</p> <p><b>joint</b> [1] 261:25</p> <p><b>Jones</b> [10] 27:8 168:11 169:20 170:9 171:15,20 172:16,24 281:23 285:10</p> <p><b>Joy</b> [1] 48:24</p> <p><b>judge</b> [1] 265:14</p> <p><b>judicial</b> [1] 258:18</p> <p><b>Judy</b> [4] 169:4,9 296:8 296:23</p> <p><b>Julie</b> [1] 11:14</p> <p><b>July</b> [1] 186:11</p> <p><b>jump</b> [1] 256:22</p> <p><b>jumping</b> [1] 118:12</p> <p><b>June</b> [3] 181:13 184:5,20</p> <p><b>jurisdiction</b> [1] 38:15</p> <p><b>Justice</b> [2] 1:3 296:12</p> <hr/> <p style="text-align: center;"><b>-K-</b></p> <hr/>	<p><b>Kara</b> [4] 1:10 56:6 160:8 162:25</p> <p><b>Karney</b> [1] 98:6</p> <p><b>Kearney</b> [9] 96:22,24 97:1,1,14,21 98:24 99:23 102:1</p> <p><b>Kearney's</b> [1] 97:11</p> <p><b>keep</b> [22] 32:10 58:6 65:13 79:6,6,7,24 85:16 87:7 88:13 98:21 148:5 189:18,22 190:10 195:5 196:6,8,9 252:7 266:25 293:5</p> <p><b>keeping</b> [1] 85:15</p> <p><b>keeps</b> [1] 16:20</p> <p><b>kept</b> [6] 39:24 151:17 152:1 153:4 195:10 290:11</p> <p><b>key</b> [3] 32:13 264:18 265:20</p> <p><b>kicked</b> [1] 62:16</p> <p><b>kind</b> [8] 27:25 34:5 56:22 74:24 157:12 179:21 211:11 225:9</p> <p><b>kinds</b> [1] 208:17</p> <p><b>knew</b> [33] 8:23 13:23 27:11 29:15 33:11 70:21 75:10 90:13,13 101:20 103:7 127:15 134:18 136:3 169:5 171:8 185:21 190:23 201:18,19 203:23 210:2 227:14 233:9 236:2 236:15,17 237:25 241:14 241:15 251:13 260:7 271:5</p> <p><b>knowing</b> [8] 14:17 47:14 48:22 113:19 162:11 216:17 231:12 248:24</p> <p><b>knowledge</b> [6] 14:10 59:5 60:21 75:14 172:24 173:2</p> <p><b>known</b> [5] 8:15 123:25 127:17 160:13 242:7</p> <p><b>knows</b> [3] 91:6,7 163:2</p> <hr/> <p style="text-align: center;"><b>-L-</b></p> <hr/> <p><b>l</b> [1] 253:22</p> <p><b>lab</b> [14] 44:8 70:18 72:22 74:17 119:5 121:24 166:21 167:4,5 246:22 248:1 253:12 280:19 285:13</p> <p><b>laboratories</b> [1] 149:4</p> <p><b>laboratory</b> [5] 13:19 14:5 179:9 195:3 200:12</p> <p><b>Labrador</b> [17] 17:15,22 20:10,12 22:12,21,25 74:3 80:21 139:20 183:23 216:1 259:3 261:17 264:2 296:14,18</p> <p><b>Labrador-Grenfell</b> [1] 1:17</p> <p><b>labs</b> [8] 119:10 120:11 120:19 121:12,19,21 177:4,10</p> <p><b>lack</b> [5] 42:19 72:21</p>	<p>115:11 203:6 216:6</p> <p><b>Laing</b> [11] 1:10 56:6 160:2,8,13 161:12 162:4 162:25 163:23 164:4,15</p> <p><b>Laing's</b> [1] 160:11</p> <p><b>land</b> [1] 139:1</p> <p><b>Lane</b> [1] 6:1</p> <p><b>Lapierre</b> [1] 200:4</p> <p><b>large</b> [1] 178:18</p> <p><b>larger</b> [1] 76:7</p> <p><b>largest</b> [1] 12:13</p> <p><b>last</b> [15] 85:8 87:18 94:24 100:23 109:14 143:8 156:18 159:13 193:11 204:15,23 206:20 240:11 258:11 276:20</p> <p><b>late</b> [4] 59:20 101:1 156:7 193:11</p> <p><b>latest</b> [2] 187:24 188:6</p> <p><b>Laura</b> [1] 1:13</p> <p><b>lawsuit</b> [1] 225:19</p> <p><b>lawyer</b> [1] 188:2</p> <p><b>layers</b> [2] 38:2 47:5</p> <p><b>lead</b> [5] 13:24 73:2 76:10 82:22 230:12</p> <p><b>leading</b> [3] 9:18 200:24 206:17</p> <p><b>leads</b> [2] 203:10 273:9</p> <p><b>learn</b> [2] 246:9 292:14</p> <p><b>learned</b> [1] 294:16</p> <p><b>learning</b> [2] 246:24 292:20</p> <p><b>learnings</b> [1] 282:18</p> <p><b>least</b> [15] 30:3 45:21 61:11 78:9 92:21 93:20 93:25 106:21 126:6 136:2 160:1 203:12 206:7 227:19 232:24</p> <p><b>leave</b> [4] 41:15 172:6 187:12 240:13</p> <p><b>leaving</b> [1] 47:11</p> <p><b>lecture</b> [1] 139:8</p> <p><b>lecturing</b> [1] 161:3</p> <p><b>led</b> [2] 247:17 250:13</p> <p><b>left</b> [9] 75:15 115:16 146:6 165:11 182:23 195:8,9 233:21 280:1</p> <p><b>legal</b> [1] 20:17</p> <p><b>legislature</b> [1] 239:1</p> <p><b>length</b> [2] 160:21 194:7</p> <p><b>lengthy</b> [1] 198:21</p> <p><b>Leona</b> [4] 187:8 204:11 207:20 208:2</p> <p><b>less</b> [2] 19:21 240:9</p> <p><b>letter</b> [50] 85:1 87:11,13 173:7,14,15,18 174:18 174:20,24 175:3,7,11 176:21 177:16,25 179:3 180:7 181:14,19,21 183:19 184:12,14,16,19 185:7,12,14 186:3 200:3 227:19 253:20 282:5 287:11,15,17,18,21 288:18 289:1,3,6 290:3</p>	<p>290:4,21,22,24 291:4,12</p> <p><b>letters</b> [1] 107:21</p> <p><b>letting</b> [1] 219:22</p> <p><b>level</b> [46] 5:24 15:24 16:10,21,21,22 17:15,24 19:1 22:13,19 23:25 26:16,22 27:6 28:13,22 29:2,8 32:9 38:12 43:4,5 43:5,16 44:12,12 48:25 51:17 53:25 58:11 59:3 59:6 65:13 91:23 120:14 120:18 131:19 139:22 167:1 168:25 173:17 176:25 211:23 240:17 255:16</p> <p><b>Lewis</b> [1] 188:2</p> <p><b>Liberal</b> [2] 169:8,12</p> <p><b>lied</b> [1] 221:24</p> <p><b>life</b> [5] 27:12 169:5 216:4 236:2 238:25</p> <p><b>likely</b> [3] 79:17 217:22 219:8</p> <p><b>likewise</b> [1] 217:4</p> <p><b>liking</b> [1] 157:14</p> <p><b>limitation</b> [1] 18:13</p> <p><b>limitations</b> [1] 18:12</p> <p><b>limited</b> [6] 58:2 70:6 150:5,19 252:1 253:14</p> <p><b>line</b> [13] 24:20,24 27:2 29:7 31:23 61:11 62:17 65:16 115:12 148:11 223:4 233:6 268:6</p> <p><b>lined</b> [1] 285:24</p> <p><b>lines</b> [5] 50:1 98:17 220:10 289:22,24</p> <p><b>link</b> [5] 34:15 105:11 158:22 236:23 238:19</p> <p><b>linkage</b> [1] 25:15</p> <p><b>list</b> [4] 3:1 146:5 173:23 221:25</p> <p><b>listed</b> [1] 154:4</p> <p><b>listen</b> [1] 213:21</p> <p><b>listened</b> [3] 52:12 84:10 250:8</p> <p><b>listening</b> [3] 91:13 105:21,22</p> <p><b>lists</b> [1] 146:7</p> <p><b>literally</b> [2] 22:23 47:2</p> <p><b>literature</b> [3] 120:4 175:24 176:5</p> <p><b>live</b> [3] 53:20 108:8,13</p> <p><b>lives</b> [3] 53:22 122:23 253:2</p> <p><b>living</b> [7] 20:21 21:11,18 25:1 117:4,12,16</p> <p><b>lobbied</b> [1] 195:4</p> <p><b>local</b> [1] 285:25</p> <p><b>locally</b> [1] 177:2</p> <p><b>located</b> [1] 7:18</p> <p><b>location</b> [1] 139:1</p> <p><b>locations</b> [1] 25:8</p> <p><b>lockdown</b> [4] 265:12 266:1 267:13,21</p> <p><b>lodge</b> [1] 159:14</p>
--	---	--	---	--

<p><b>Logan</b> [5] 118:3,5,7 120:17,24</p> <p><b>lone</b> [1] 99:16</p> <p><b>longer</b> [1] 65:15</p> <p><b>look</b> [36] 53:12,13 65:21 66:11 88:19 98:17 112:7 145:11 152:5 175:10 178:21 193:6 200:10,13 206:16,19 219:20,25 220:15 223:1 224:6 225:8 228:1 251:16,17,18,20 252:20 261:21 262:8 286:3 288:4 290:1,2 292:13 294:12</p> <p><b>looked</b> [11] 18:4 41:22 78:15 191:19 206:20 226:20 229:12,17 255:24 256:18,24</p> <p><b>looking</b> [34] 16:7 17:10 28:21 32:3 36:9 38:1,3 46:4 50:19,19 52:15 57:8 62:11 79:21 88:15 90:12 102:20 106:19 171:20 178:3,6 186:4 222:8 234:2,7 237:14 248:13 248:23 250:17 252:16 253:10 259:14 266:16 279:2</p> <p><b>looks</b> [9] 145:12 154:4 207:19 208:7 217:25 221:7 240:9 258:20 282:2</p> <p><b>loop</b> [5] 189:18,22 191:19 195:5,10</p> <p><b>lose</b> [2] 181:16 249:22</p> <p><b>loss</b> [1] 35:23</p> <p><b>lots</b> [1] 213:5</p> <p><b>Louise</b> [4] 27:7 281:23 285:2,10</p> <p><b>loved</b> [5] 21:18 51:8 231:6 234:6 261:3</p> <p><b>low</b> [1] 279:21</p> <p><b>LPN</b> [1] 6:18</p> <p><b>lull</b> [1] 180:24</p> <p><b>lulled</b> [2] 150:11 181:1</p> <p><b>LUNCH</b> [1] 167:23</p> <p><b>luncheon</b> [2] 159:9 167:21</p>	<p><b>Majesty</b> [1] 1:9</p> <p><b>major</b> [14] 48:5 54:4 82:11 130:24 150:20,21 155:17 183:3 190:19 229:22 231:13,13,19 260:10</p> <p><b>majority</b> [2] 12:18 192:20</p> <p><b>makes</b> [3] 65:13 253:1,7</p> <p><b>manage</b> [1] 53:13</p> <p><b>management</b> [19] 5:14 5:24 7:21,24 8:7 10:18 16:20 18:23 19:12 28:2 29:8 38:3,12 47:5 151:7 166:25 245:2 264:4 289:14</p> <p><b>mandate</b> [6] 20:6,15,16 20:18 255:7,19</p> <p><b>mandatory</b> [2] 257:7 257:10</p> <p><b>Mandy</b> [1] 1:8</p> <p><b>manner</b> [6] 102:6 129:1 129:11 230:17 243:17 255:5</p> <p><b>March</b> [4] 10:2 13:15 144:13,17</p> <p><b>Margaret</b> [1] 296:12</p> <p><b>Marie</b> [1] 74:2</p> <p><b>mark</b> [17] 1:15 171:5 207:19,20 208:11 209:11 209:16 215:9 217:12,25 218:5,11 219:13,16 224:17 227:12 229:15</p> <p><b>marked</b> [6] 3:2,3,4 5:4 5:5,6</p> <p><b>marketing</b> [2] 26:8 283:13</p> <p><b>marks</b> [1] 258:10</p> <p><b>Master</b> [1] 5:14</p> <p><b>match</b> [1] 22:25</p> <p><b>material</b> [1] 226:8</p> <p><b>materialize</b> [7] 39:4,15 39:24 40:14 282:3 284:9 284:16</p> <p><b>math</b> [5] 125:2,15,18 226:19 229:16</p> <p><b>matter</b> [11] 15:16 39:8 113:11 141:4 230:18 235:15 253:1 257:11 280:6 289:25 296:9</p> <p><b>may</b> [50] 36:24 69:4 72:16 73:19 74:5 77:17 78:9 81:14 84:25 95:7 115:4 122:23 136:19 141:24 144:21 148:18 150:1 152:9 156:16 159:3 166:8 167:9 169:18 170:4 173:5 174:2,16 175:7,9 206:9 214:3 224:16,18 228:3 231:22 239:20 240:2,21 243:15 244:20 245:1,8 246:1 265:3,8 270:7 274:19 275:20 278:11,12</p> <p><b>McGill</b> [1] 5:14</p> <p><b>mean</b> [15] 41:15 52:13 76:1 91:10 97:20 142:24</p>	<p>153:16 210:13 216:4 228:19 229:25 230:21,22 252:21 266:1</p> <p><b>meaning</b> [1] 178:4</p> <p><b>meaningful</b> [1] 173:24</p> <p><b>means</b> [5] 26:6 123:9,23 292:9 296:16</p> <p><b>meant</b> [3] 183:2 214:17 247:24</p> <p><b>meantime</b> [2] 82:6 200:8</p> <p><b>measurable</b> [1] 33:3</p> <p><b>measure</b> [1] 18:21</p> <p><b>measurements</b> [1] 18:23</p> <p><b>mechanism</b> [1] 61:12</p> <p><b>media</b> [122] 44:14,15,18 45:3,4 47:19 50:13,24 54:16,17,23,25 55:10,16 56:12 60:17 61:4,6 62:25 73:20 78:25 81:15,25 83:6,8 84:18 86:20 89:17 89:19,23 90:1,11,14 91:6 91:10 92:4,22 93:21 95:6 106:22 111:10,18 112:7 112:11,16 113:6,17,20 113:25 114:1,7 115:14 116:13 128:1,6 129:14 130:14 132:9 135:25 136:9 142:14 151:20,22 152:15,21 153:9 179:23 187:24 189:9 190:14 193:12 194:8 195:21 196:1,4 199:2,4,10 200:24 201:3,7 202:13 203:13,21 204:17,18 206:16,17,18 207:1 210:19 212:4 213:22 214:23 215:6,20 218:9 219:19,21 220:4,16 223:1 229:8 232:9 234:23 240:9 243:8,14 244:20 246:11 260:8,10,10 263:12 266:8 272:4,6,11 273:4,17,20 274:18</p> <p><b>medical</b> [5] 1:15 109:16 135:2 167:5 213:1</p> <p><b>medications</b> [1] 199:22</p> <p><b>medicine</b> [1] 13:19</p> <p><b>medium</b> [1] 91:13</p> <p><b>meet</b> [13] 42:15 55:21,23 55:25 150:14 154:15 197:17 211:1,16 221:9 224:9 245:6 282:1</p> <p><b>meeting</b> [140] 26:18 31:13 37:22 38:13 42:16 42:19 46:19,24 48:14 49:5,6,7 55:5 56:1,3,5,6 62:1 63:4,14 65:22 66:1 66:8,21,24 67:1,7,15 68:1,10 71:21,22 74:21 75:2,14,18 76:15,17 80:16 81:10 82:4 93:25 94:25 116:7 128:10 132:1 132:15,19,20 134:9,14 135:17 138:1,2,12,14,16 138:18,23 139:3,4,6 140:22,23 143:17,21 144:7,17,21,23,25 145:1 145:8,9,22 146:6 147:11</p>	<p>154:2,20,21 155:1,21 156:3,23 159:21 160:1,3 160:7,9,12,18 162:4 163:23 164:11 168:11,13 168:20 169:7,19,24 170:9 170:15,24 171:15 174:3 174:8 182:12 195:19,25 197:14 206:3,4 212:3 213:2 217:19 218:5 223:6 224:12,17 225:12 245:1 245:4,13,16 279:4 282:2 282:7,15,21 283:19 284:7 284:22 285:1 287:10 288:21 290:1 291:18,21 291:24 292:22</p> <p><b>meetings</b> [30] 17:1 29:20 46:18 47:7,11,20 48:9 49:1,13 50:25 56:7 80:5 104:8 110:5,16,21 111:1 121:2 132:19 141:22 149:18 156:22 186:24 195:15 246:18 284:18 285:3 289:15 293:1,8</p> <p><b>mega</b> [1] 22:5</p> <p><b>member</b> [9] 7:24 10:11 11:6,20 14:22 17:7,9,11 110:14</p> <p><b>members</b> [7] 1:13 28:1 168:7,8 169:8 276:25 277:1</p> <p><b>memo</b> [1] 25:19</p> <p><b>Memorial</b> [2] 5:13 97:2</p> <p><b>memory</b> [1] 116:5</p> <p><b>memos</b> [1] 245:20</p> <p><b>men</b> [1] 77:12</p> <p><b>mentality</b> [1] 190:6</p> <p><b>mention</b> [6] 64:24 72:20 73:13 119:23 140:17 260:20</p> <p><b>mentioned</b> [9] 74:16 93:13 109:15 131:7,10 138:15 168:3 189:6 200:4</p> <p><b>message</b> [31] 49:23 54:13 54:13 91:11,21 92:16 106:18 115:4,16 132:23 133:1 135:18 140:9,16 153:2,4 157:9,10 193:9 233:21 243:18 258:8 261:8 262:4 263:13 268:25 270:23 275:6 279:23,24 280:1</p> <p><b>messaging</b> [3] 243:19 258:6 284:23</p> <p><b>messy</b> [1] 150:13</p> <p><b>met</b> [12] 59:19 66:4 82:2 82:6 149:10 195:6,21 246:17 256:11,13 282:13 291:15</p> <p><b>methodologies</b> [1] 176:1</p> <p><b>Michelle</b> [1] 148:23</p> <p><b>mid</b> [3] 83:17 86:18 151:10</p> <p><b>middle</b> [3] 29:7 58:20 237:5</p> <p><b>might</b> [76] 22:17,18 23:24 24:1 26:16 27:1 28:20 30:25 31:13,14</p>	<p>32:2,19,21,22,23 34:19 35:1 40:1 46:25 53:19 56:3,5 67:14 68:19 77:12 79:20 80:2 87:24 89:1 90:13 91:14 99:15 100:7 102:1 112:12 113:22 118:3 120:4,5,19 122:3 124:23 135:8 143:1 150:6 151:18 156:20 163:12 169:2 188:8,23 190:14 208:22 216:11 226:13 228:15,15,16,17 236:19 243:23 249:22 253:5 254:23 259:6 268:24 270:25 271:1 277:15 278:9 279:20 284:3 286:3 286:8 288:1,14</p> <p><b>Mill</b> [1] 5:25</p> <p><b>mind</b> [14] 9:14 10:19 24:3 31:3,17 63:21 90:21 113:18 119:22 142:11 169:11 230:2 238:10 284:1</p> <p><b>mining</b> [1] 261:19</p> <p><b>minister</b> [61] 11:13 29:9 29:9,15 30:1,4 32:5,14 32:15 48:16 49:3 64:24 65:7,18,25 114:6 138:16 138:18,19 139:7,12 140:13,15 141:8,16 144:7 144:15,24 145:2,4 147:12 147:21,21 148:4,12 156:23 197:14,17,17 198:21,22 202:12 221:8 222:16 223:3 235:20 236:1,4 237:21 242:9 258:8 261:24 262:4,24 263:8,22,25 264:10 277:22 278:8,13</p> <p><b>ministerial</b> [1] 11:16</p> <p><b>ministers</b> [5] 30:1 48:24 141:7 142:10,10</p> <p><b>Minnie</b> [1] 202:17</p> <p><b>minor</b> [1] 293:18</p> <p><b>minutes</b> [7] 48:10 50:6 93:5 156:5 286:19,21 287:1</p> <p><b>mirror</b> [1] 25:8</p> <p><b>misguided</b> [2] 53:18 54:2</p> <p><b>misperception</b> [1] 77:2</p> <p><b>missed</b> [1] 241:8</p> <p><b>missing</b> [2] 23:9 265:21</p> <p><b>mission</b> [1] 43:3</p> <p><b>misstating</b> [2] 101:21 161:25</p> <p><b>mistake</b> [5] 69:11 78:8 124:18 203:9,16</p> <p><b>mistaken</b> [1] 152:5</p> <p><b>mistakes</b> [6] 120:1,11 120:13 203:9 252:21 253:11</p> <p><b>mistrust</b> [1] 206:9</p> <p><b>mobilize</b> [1] 254:13</p> <p><b>mode</b> [2] 150:19,22</p> <p><b>model</b> [18] 14:24 15:5 16:1,4,6,15,17 17:4,11</p>
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**-M-**

<p>18:2,3,8,17 19:6,13,15 19:20,21 <b>modelled</b> [1] 31:9 <b>Moira</b> [6] 109:13 145:13 145:15 146:9,13,16 <b>moment</b> [2] 100:17 207:17 <b>moments</b> [1] 202:9 <b>Monday</b> [8] 100:23 208:4,7,11,25 209:2,13 210:18 <b>money</b> [2] 24:12,14 <b>monitor</b> [1] 19:11 <b>monitoring</b> [1] 19:1 <b>month</b> [2] 79:13 186:11 <b>monthly</b> [2] 28:18 150:7 <b>months</b> [6] 57:5,7 87:19 126:11 203:3 218:4 <b>Montreal</b> [1] 5:15 <b>monumental</b> [1] 39:1 <b>morning</b> [21] 4:4,19,21 4:24 82:8 84:12 89:11 97:25 98:3 100:2,23 115:6 168:4 169:19 195:21 208:12 217:16 249:9,13 275:15 295:2 <b>Moss</b> [2] 296:8,23 <b>most</b> [8] 34:1 51:17 56:19 63:1 86:2 119:10 251:15 255:12 <b>mostly</b> [1] 139:8 <b>Mount</b> [8] 70:23 71:15 71:17 72:3 73:8 117:8 119:5 188:12 <b>mouse</b> [1] 100:9 <b>move</b> [11] 44:1 56:18 65:16 87:8 151:19 176:16 178:7,8 233:13 255:1 277:7 <b>moved</b> [4] 6:2 199:17 256:2,25 <b>moving</b> [3] 31:15 180:3 181:8 <b>Mrs</b> [2] 187:7 188:2 <b>Ms</b> [73] 4:2 81:17,18 87:17 89:9 92:15,21 93:8 93:14 97:15 100:17 105:25 106:3,13 110:22 114:9 115:18,23 120:24 159:8 167:25 170:9 171:20 172:16,24 181:19 189:4,7,21 191:7,9,23 192:12,15 193:1,9,21,21 194:18 196:8 200:22,22 204:10,17 205:2,19 206:4 207:23 229:3 239:14,22 240:2,19,22 244:16 245:6 245:7 257:23 267:5 269:24 270:1 271:9,25 272:6 274:8 275:3,5,11 275:14,22 281:23 286:17 295:4 <b>multiple</b> [1] 74:4 <b>Mundon</b> [2] 200:23 204:10 <b>municipal</b> [3] 28:14,17</p>	<p>113:10 <b>must</b> [3] 78:13 152:5 182:14 <hr/><b>-N-</b><hr/><b>n</b> [3] 253:22,22,22 <b>naive</b> [1] 190:20 <b>naively</b> [4] 65:19 83:9 148:5 223:10 <b>name</b> [16] 4:10 25:19 93:13 98:6 105:25 107:23 143:14 144:14 147:9 148:20 186:12 196:24 197:5 224:7 228:5,6 <b>narrative</b> [3] 247:19,20 276:2 <b>national</b> [42] 15:24,25 17:18,19,25 22:13,15,15 23:25 28:13 31:9 100:22 101:23 107:1 118:8 120:14,17 121:2,5,8,17 149:5 175:18 176:15,17 176:25 178:4,8,11,16,19 180:5 195:2 200:11 254:2 255:16,17,19 256:5 257:10,11 260:15 <b>nationally</b> [2] 178:22 195:4 <b>nature</b> [9] 14:7,10 22:17 36:3 54:3 91:19 138:14 139:5 177:7 <b>navigating</b> [1] 257:8 <b>NCTRF</b> [2] 37:11 38:6 <b>near</b> [1] 156:5 <b>nearing</b> [1] 189:13 <b>necessarily</b> [10] 11:11 37:7 142:24 153:3 173:24 184:10 185:23 199:8 228:19 250:5 <b>necessary</b> [1] 267:20 <b>need</b> [26] 6:18 30:6 34:15 40:25 78:6 84:14 86:14 111:20 113:15,16 137:15 177:22 188:8 219:23 256:3 259:20 260:6 267:9 268:25 271:1,1 276:15 284:3,4 285:17 288:9 <b>needed</b> [17] 33:17 49:22 57:15 58:4,5 60:8 112:25 172:22 190:25 222:4 235:9,14,17 256:22 283:11 285:12,25 <b>needing</b> [3] 34:13 215:1 221:25 <b>needs</b> [8] 26:18 50:21 51:1 150:15 189:3 214:25 222:3 283:9 <b>negative</b> [8] 21:9 77:10 78:20 81:13,21 123:15 123:20 241:1 <b>negatively</b> [1] 206:25 <b>negatives</b> [1] 183:1 <b>network</b> [2] 80:19 260:25 <b>never</b> [23] 14:4 38:8 39:17 43:19 49:15 57:25</p>	<p>69:4 72:16 107:3 110:16 110:17 149:9 166:8 184:14,16 202:6 233:16 233:18,23 236:19 290:5 293:14,18 <b>new</b> [21] 4:23 37:23 39:9 39:10 99:11 124:9 142:10 145:2,4 180:23 189:9 191:10 212:24 214:11 218:18 232:19 240:14,17 241:11 242:3 262:19 <b>Newbury</b> [2] 1:16 295:4 <b>Newfoundland</b> [21] 12:17 17:15,22 20:7,10 20:12 22:11,20,25 35:6 37:12 74:3 80:21 139:19 183:23 215:25 259:3 261:17 264:2 296:14,18 <b>news</b> [12] 81:11 82:12,18 85:8 92:14 101:23 202:15 229:8 232:11 262:17 265:18 267:9 <b>newsroom</b> [1] 83:18 <b>next</b> [21] 4:4 38:11 43:14 52:21 55:15 63:3 66:11 96:12 114:3 134:3 144:1 174:2 186:11 196:15 201:2 224:6 228:2 232:10 267:8 275:15 282:3 <b>night</b> [1] 100:23 <b>nine</b> [1] 153:25 <b>NL</b> [3] 1:9,15,16 <b>NLCHI</b> [11] 261:16 262:21 264:19 271:4 277:13 278:9,24 279:1 282:14 288:3 291:17 <b>Nobody</b> [1] 44:22 <b>non-disclosure</b> [1] 51:4 <b>non-pathologist</b> [1] 254:20 <b>non-profit</b> [2] 15:22 253:13 <b>none</b> [2] 230:18 285:23 <b>Noon</b> [1] 96:21 <b>nor</b> [2] 107:4 215:15 <b>normal</b> [1] 36:23 <b>normally</b> [1] 208:18 <b>note</b> [9] 109:10 148:16 148:19,19 173:22 196:18 197:10 219:4 228:14 <b>notes</b> [1] 144:22 <b>nothing</b> [5] 14:7,9,13 63:21 214:19 <b>notice</b> [2] 105:14,25 <b>notification</b> [2] 53:3 162:3 <b>notified</b> [2] 260:17 269:7 <b>notifying</b> [2] 112:14 188:19 <b>noting</b> [1] 148:23 <b>November</b> [15] 79:11 109:13 114:24 197:4,10 198:1,2 199:19 200:23 202:10,15 203:13 204:12 206:3,20 <b>now</b> [49] 10:19 14:17 19:2</p>	<p>49:3 50:12,20 53:22 71:14 75:1 78:23 93:23 100:17 102:18 103:22 105:14 111:14 117:7,9 118:12 121:19 123:15 124:2 126:7,15,15 133:14 135:19 147:16 156:20 165:9 167:11 181:11 184:19 186:11 190:22 202:15 204:7 210:18 217:10 221:8 232:21 238:10 242:21 247:21 248:24 256:1,24 257:3 265:20 <b>NTV</b> [2] 92:13 107:19 <b>number</b> [52] 4:23 8:6 13:7 21:17 23:9 24:17 28:15 31:12 42:20 53:7 75:21 76:21 78:10,14,16 86:8 88:4,8,8 104:10 107:12 109:17 170:25 178:18 188:10,15 192:16 192:19 208:5 214:14 216:20 218:9 219:17 229:20,21 234:3 246:18 246:19 252:11 260:17 262:10 270:10 271:18 272:1,22 273:9,12,13 274:1,19 275:7,8 <b>numbers</b> [35] 68:19 76:16,16,20,21 78:21 88:11 123:4 124:1,15,22 125:16 208:10 214:14 215:11,15 216:14 225:6 225:20 226:4,19 229:4,7 229:12,13,15 231:7 233:11 235:5 261:13 270:9 273:7,7 279:8 280:6 <b>numerous</b> [1] 122:19 <b>nurse</b> [2] 8:12 27:3 <b>nursing</b> [3] 5:21 6:9 97:2 <hr/><b>-O-</b><hr/><b>o</b> [2] 253:22,22 <b>o'clock</b> [3] 211:1,22 212:3 <b>O'Neil</b> [1] 202:17 <b>O'Neil-Yates</b> [1] 203:5 <b>objective</b> [3] 22:3,4 33:2 <b>objectives</b> [4] 20:19 22:5 33:3 136:24 <b>obvious</b> [8] 40:2 76:3,8 86:17,22 135:25 139:5 151:24 <b>obviously</b> [26] 10:15 12:10,14 21:3,4 32:12 50:19 62:13 77:25 81:15 82:22 85:22 93:21 99:9 103:7 131:19 136:6,14 171:3,11 203:2 220:3 231:18 234:9 253:13 269:10 <b>occasion</b> [4] 8:8 111:6 147:16 224:2 <b>occasions</b> [1] 149:11 <b>occupational</b> [2] 5:23 7:1</p>	<p><b>occurs</b> [1] 21:5 <b>October</b> [33] 44:15 54:17 58:20,21 62:24 63:3,11 63:12 65:3 66:12 73:21 74:11 81:8 82:7 84:6 91:8 92:7,11,14 93:13 93:24 96:12,17 100:18 103:22 107:9 118:13 196:16,23 199:25 200:14 253:23 254:6 <b>October/November</b> [1] 59:21 <b>odd</b> [4] 15:20 69:9 76:22 217:14 <b>off</b> [11] 19:3 69:13 128:7 136:9,9 140:25 198:3,9 198:17 242:18 261:22 <b>offer</b> [8] 80:10,10,12 81:2 176:16 178:5 188:7 189:17 <b>offered</b> [6] 72:18 202:6 204:23 205:4,6 211:15 <b>offering</b> [1] 189:22 <b>offguard</b> [1] 141:5 <b>office</b> [9] 11:17 29:10 68:3 88:7 107:17 114:15 118:8 160:7 193:15 <b>Officer</b> [1] 275:9 <b>offices</b> [7] 22:24 23:4,7 25:7 52:6 80:20 88:5 <b>official</b> [5] 44:20 66:24 102:6 169:2 244:11 <b>officially</b> [1] 64:17 <b>officials</b> [1] 238:13 <b>often</b> [2] 32:16 220:21 <b>olive</b> [1] 204:24 <b>on-one</b> [1] 107:16 <b>once</b> [4] 179:6 204:25 258:8 265:8 <b>oncologist</b> [2] 27:4 285:24 <b>oncologists</b> [2] 52:21 71:5 <b>oncology</b> [1] 27:3 <b>one</b> [70] 16:24 19:3 20:17 20:19,20,23 21:22,25 42:17 52:13,19,22 58:15 62:10 63:15 69:11,12 72:2 87:1 88:20 89:22 92:2 93:25 94:25 98:3 105:19 107:15 112:18,21 113:4 116:11 117:10 123:24 127:3 136:5,5 139:16 141:7 151:18 152:23 160:1 163:12 167:14 177:5,12 183:20 195:19 201:12,21 207:2 231:6 232:24 234:6 239:21 248:18 251:4,15 255:24 256:5 257:1 260:2 260:15 261:4 273:8,16 280:14 282:23 285:8 291:24 292:22 <b>ones</b> [3] 21:18 51:8 276:19 <b>ongoing</b> [10] 146:23 180:13 245:12 259:18</p>
--	--	---	--	---



<p>276:1,11 283:10 286:2 289:13 292:2 <b>online</b> [3] 81:11 82:12 82:17 <b>Ontario</b> [1] 119:8 <b>onus</b> [1] 191:11 <b>onwards</b> [1] 54:21 <b>open</b> [5] 150:3 182:3,16 182:19 294:11 <b>operate</b> [1] 172:2 <b>operating</b> [3] 90:9 124:23 267:24 <b>operational</b> [9] 16:9,23 18:10 19:1 23:17,23 24:6 189:16 191:25 <b>opinion</b> [3] 185:15 189:25 209:24 <b>opportunities</b> [1] 292:12 <b>opportunity</b> [17] 12:23 37:24 158:23 179:12,15 202:6 223:7 265:14 268:15,23 277:25 279:18 280:3 285:12 290:23 294:6,7 <b>opposed</b> [3] 249:5 274:1 274:6 <b>opposite</b> [1] 230:19 <b>opposition</b> [4] 169:2,13 172:3,4 <b>options</b> [2] 121:7 161:4 <b>order</b> [6] 17:8 26:15 71:12 115:9 116:19 271:23 <b>organization</b> [55] 13:11 16:19 17:18,21 18:19 19:4,17,23 20:25 21:13 30:21 37:13 38:20 41:17 41:18,25 42:1,6 46:23 47:12 52:3 59:3,6 87:4 88:12,13 97:16 101:9 105:18 111:25 145:3 153:8 155:12 171:6 177:3 177:11 180:17 190:8,13 190:17 199:6 213:12 237:4,10 244:10 249:12 250:1,12 251:17,18,19 251:20,21 253:14 290:17</p>	<p><b>Oscar</b> [2] 201:3 211:23 <b>otherwise</b> [3] 80:11 101:15 188:23 <b>Ottenheimer</b> [10] 29:24 30:5 138:16 140:13,15 144:3 168:5 222:16 223:3 223:15 <b>ourselves</b> [8] 145:3 191:1 234:25,25 243:6 259:1 273:21 288:5 <b>outcome</b> [7] 138:1 142:22,25 237:12 252:15 279:23 280:11 <b>outcomes</b> [7] 18:18,21 176:2 183:10 190:19 237:13,14 <b>outlined</b> [1] 225:19 <b>outlining</b> [3] 68:18 185:5 226:4 <b>outrageous</b> [1] 133:10 <b>outreach</b> [7] 40:10 61:14 79:1 259:13 270:16,25 275:1 <b>outs</b> [1] 161:4 <b>outside</b> [11] 32:3 41:7 42:5 84:9 85:23 88:6,24 180:17 182:24 254:22 277:2 <b>outstanding</b> [1] 183:13 <b>overall</b> [4] 49:6 56:9 215:12 216:15 <b>overly</b> [2] 129:15 235:7 <b>oversight</b> [1] 198:18 <b>overstating</b> [2] 101:22 268:12 <b>overtures</b> [1] 38:7 <b>own</b> [29] 17:14,23 18:7 23:16 24:9 26:6 31:23 31:23 73:10 81:20 89:17 103:12 105:18 121:14 131:19 144:22 151:5 177:3 205:9 233:12 238:25 241:22 259:12 261:23 274:13 275:10,20 277:19 283:8</p>	<p><b>P-1366</b> [1] 174:13 <b>P-1408</b> [1] 202:8 <b>P-1442</b> [1] 108:20 <b>P-2436</b> [3] 3:2 4:24 5:4 <b>P-2438</b> [2] 3:2 5:4 <b>P-2482</b> [4] 3:3 4:25 5:5 84:5 <b>P-2483</b> [1] 91:25 <b>P-2484</b> [3] 3:3 5:5 194:15 <b>P-2501</b> [2] 3:4 5:6 <b>P-2505</b> [1] 118:1 <b>P-2509</b> [1] 181:11 <b>P-2510</b> [1] 187:5 <b>P-2511</b> [1] 193:6 <b>P-2514</b> [1] 253:19 <b>P-2520</b> [8] 62:22 143:11 153:25 169:17 173:4 186:10 196:15 217:3 <b>P-2521</b> [2] 257:18 280:15 <b>P-2523</b> [3] 3:4 5:1,6 <b>P-2531</b> [2] 207:6,8 <b>P-E-T-E-R</b> [1] 4:12 <b>p.m</b> [9] 63:4 82:2 154:3 215:8 224:16 240:3 265:3 267:12 271:11 <b>page</b> [42] 43:20 66:11 73:18 122:14 143:12,13 144:1,1,13 145:11 147:9 147:10 148:15 153:25 169:17 173:4 174:2 186:10 196:16 211:20 215:6,24 216:9 217:3 221:5 224:7 228:2,2 232:11 244:25 257:20,23 262:16 264:14 265:17 266:13 271:8 275:3 276:17 280:15 290:21 291:14 <b>palatable</b> [1] 60:13 <b>palliative</b> [1] 26:2 <b>Pam</b> [6] 10:19,21 13:23 13:23 174:14,16 <b>pan</b> [1] 22:16 <b>panel</b> [1] 188:14 <b>PAP</b> [2] 139:19 140:4 <b>paper</b> [1] 19:2 <b>paragraph</b> [5] 19:3 262:20 263:3 264:23 265:22 <b>paragraphs</b> [1] 262:18 <b>paraphrase</b> [1] 135:10 <b>paraphrasing</b> [2] 133:14 165:9 <b>PARIS</b> [1] 21:23 <b>parliamentary</b> [2] 126:4,23 <b>parochial</b> [1] 53:17 <b>part</b> [35] 5:18 8:7 24:8 34:1 57:14 62:2 67:15 99:15 103:21,24 105:20 142:5 176:9 178:18 180:5 180:12,15,17 181:21 188:5,14 221:1 225:17</p>	<p>230:5,7 233:4 234:6 236:14 258:22,24 274:25 276:1 280:5 282:4 283:23 <b>participate</b> [9] 40:8 80:4 80:25 97:5 285:24 286:1 286:5,8 291:11 <b>participating</b> [2] 259:2 268:21 <b>participation</b> [2] 179:21 259:15 <b>particular</b> [30] 13:17 15:4 27:23 30:25 31:21 32:2 35:5,10 41:11 54:5 59:16 76:10 85:13 89:2 89:3 90:12 105:12 106:21 175:2 182:2 183:13 194:12 243:23 260:2,14 268:1 270:9 271:3 273:16 289:19 <b>particularly</b> [2] 40:14 84:16 <b>partisan</b> [1] 237:8 <b>partner</b> [1] 130:17 <b>partnering</b> [4] 130:20 131:8 135:21 141:23 <b>partners</b> [2] 48:4 200:7 <b>partnership</b> [4] 31:2,11 133:5 178:25 <b>parts</b> [1] 187:16 <b>pass</b> [2] 86:3 111:6 <b>passed</b> [3] 51:9 135:8 172:14 <b>passing</b> [3] 177:17 235:10 242:18 <b>past</b> [2] 82:10 183:8 <b>paste</b> [1] 208:8 <b>Pat</b> [29] 10:24 11:2 27:5 38:13 39:7 47:12,20 48:8 115:22 116:3,9 153:20 187:18 193:24 218:23,24 243:22,22 244:8 245:3 245:12,16 248:17 258:10 282:23,24 283:24 285:2 293:16 <b>Pat's</b> [1] 283:24 <b>patent</b> [1] 15:17 <b>path</b> [3] 119:5 163:17 284:5 <b>pathologist</b> [1] 119:12 <b>pathologists</b> [5] 121:23 200:2 254:1 255:11,13 <b>Pathologists'</b> [1] 121:16 <b>pathology</b> [1] 85:10 <b>patient</b> [19] 51:1,24 53:14 58:19 84:9 85:9 86:5 135:3 162:3 163:10 163:16 182:13 188:2 199:16 261:3,3 262:25 279:12,13 <b>patient's</b> [1] 107:22 <b>patients</b> [60] 25:15,16 25:24 26:15,19 34:16 36:9 37:5 49:22 50:22 51:1,7 52:23,25 53:4,16 59:1 60:23 78:9 84:13 84:16,17,21,23 85:3</p>	<p>87:22 96:8 102:22 103:25 106:20 111:7 112:15 115:2 117:11,12,12,21 123:5 124:7 129:17 141:2 142:23 155:13 175:23 186:1 188:20,25 189:3 199:22 208:5 216:1 237:16 249:6 258:7 262:11 278:1 279:8 290:9 293:25 294:3 <b>Patricia</b> [3] 92:11,17 116:3 <b>patronizing</b> [1] 53:17 <b>pattern</b> [3] 79:14 113:23 260:9 <b>Paul</b> [1] 200:4 <b>peer</b> [1] 24:14 <b>pending</b> [2] 228:23 277:14 <b>Pennell</b> [2] 92:5,8 <b>people</b> [247] 11:12 16:15 18:9 20:21 21:10,14,18 25:1 26:11,16 31:5,13 33:14 34:15,18,19 47:5 47:10 48:7 49:10,24 50:21,23 51:8,9 53:7,21 53:24 54:5 55:3,19 56:14 56:19,23 57:8,9,14 59:9 60:13,18 61:8,10 64:22 65:10 70:14 71:3 72:2 72:12 74:22,24 77:9,17 78:5,14,16 82:24 83:3 85:22 87:1 88:5,15,17 88:20 91:13,15 103:4,10 104:15 105:2,8,21,22,23 107:12 111:15,17,18 112:5 113:24 116:11 117:3,4 120:12,17 121:14 123:12,19 124:4,13,22 130:5 135:7 136:3 140:3 140:3 143:1,1 150:4,15 151:1,18 152:24 153:4 158:20 159:15 163:6,14 163:19 171:12 172:20,22 176:25 177:1,14 178:18 182:22,24 183:1,5,8,22 184:24 190:24 191:2,21 192:23 210:8 214:15,17 214:25 215:11 216:5,14 216:17,20 219:8,18 220:8 220:10,18 226:4 230:21 230:22,24 231:4,8,18,25 232:2,17,19,20,20,25 233:6,8,15,18,19,20,24 234:4,11,19 235:1,14 236:5,13,17,23,24 238:11 241:7,16 242:8,16,19 243:2,10 247:9 248:10 252:19 253:3,3 254:18 254:21 255:12,13 259:4 259:6,8,14,16,21 260:5 260:17 262:13 263:14 264:5,9 268:15,17 270:11 270:25 271:21,22 272:23 273:11,21 274:24,25 275:1,19 276:3,10,14 277:2,6 278:11 279:23 280:6 282:6,11,16 283:2 283:4,11,15,15 284:2,24 285:4 287:12,23 288:24 290:12,16 291:19,22</p>
<p style="text-align: center;"><b>-P-</b></p> <p><b>P</b> [2] 4:25 148:14 <b>P-0012</b> [1] 240:1 <b>P-0106</b> [1] 239:17 <b>P-0144</b> [1] 93:11 <b>P-0178</b> [1] 200:21 <b>P-0181</b> [1] 204:9 <b>P-0311</b> [1] 125:25 <b>P-0345</b> [2] 73:18 77:23 <b>P-0348</b> [1] 81:6 <b>P-0361</b> [1] 96:16 <b>P-0367</b> [1] 100:6 <b>P-0385</b> [1] 107:8 <b>P-0387</b> [1] 114:23 <b>P-0395</b> [1] 122:14 <b>P-0428</b> [1] 215:5 <b>P-0488</b> [1] 244:24</p>				

292:2,5,7,10,11,13,18 294:12 <b>People's</b> [1] 163:4 <b>per</b> [5] 13:4 75:18 90:12 137:16 244:11 <b>perceive</b> [3] 205:21 223:9 238:8 <b>perceived</b> [5] 38:5 149:23 183:10 222:6 249:3 <b>percent</b> [29] 20:25 76:24 76:25 77:4,8,16,23 78:7 78:19 120:5,5 123:4,12 123:14,17,17 124:2,3,3 124:20 125:3,8 177:8 226:17,20 229:17,18,19 244:4 <b>perception</b> [18] 62:8 75:22,23 76:25 90:16 91:9 105:16 124:16 129:14 132:4,10 136:7 136:12,15 148:1,1 190:12 223:4 <b>performance</b> [1] 18:20 <b>perhaps</b> [21] 5:8 20:5 35:23 41:7 43:25 50:9 62:2 83:9 89:15 96:12 100:9 118:4 127:5 133:20 189:12 191:7 208:8 214:8 223:14 249:4 250:17 <b>period</b> [21] 30:17 46:19 46:20 48:14 77:10 78:18 87:23 110:4,11 118:14 123:19 132:18 146:12 153:2 190:22 235:19 244:17 246:5 248:5 254:12 258:14 <b>peripheral</b> [1] 13:8 <b>permission</b> [4] 43:12,13 210:21 288:5 <b>person</b> [25] 13:24 21:9 32:17 84:10 85:18 86:25 90:12 108:12 113:5,14 113:21 115:6 116:10,14 151:19 161:22 182:15,20 200:5 232:15,25 279:16 279:22 280:2,4 <b>personal</b> [6] 8:23 59:21 148:18 166:21 247:16 251:21 <b>personally</b> [10] 19:15 27:1 29:16 42:24 58:8 192:18 207:3 220:5 236:2 237:25 <b>personnel</b> [2] 186:25 245:22 <b>perspective</b> [49] 18:5 23:18 24:7 28:10,10 34:13 37:9 40:24 41:2 42:21,23 51:3,6,10,16 53:15 54:18 56:8 58:3 60:5 90:6,18 93:21 99:19 103:12,12 105:1,17 133:3 136:9,10 148:4 162:8 166:21 171:23 185:15 199:18 230:1 231:17 236:20 237:4 253:8 268:3 273:18,19 285:6 289:5 292:8,13	<b>perspectives</b> [1] 101:5 <b>pesticides</b> [1] 252:11 <b>Peter</b> [38] 1:10 2:2 4:5,6 4:12 81:16,20 82:2 84:10 92:18 93:19 97:17 107:23 109:17 118:25 119:1 148:25 149:9 181:18 182:4 187:11,19 193:10 194:20 199:3 201:1 204:17,20 208:1,16 216:5 240:11,17 242:22 245:4 267:10 275:16 278:17 <b>Pg</b> [3] 3:2,3,4 <b>Pgs</b> [1] 2:3 <b>philosophical</b> [3] 51:13 51:18 53:15 <b>philosophically</b> [2] 52:10 279:14 <b>phone</b> [33] 27:13 29:17 29:21 37:1 55:2,11,12 55:17 56:11 64:22 72:8 72:11 79:17 97:25 98:2 104:10 115:17 151:23 187:14,16 219:20 231:3 232:8 233:21,24 235:3 236:1 244:16 259:11,16 261:13 270:4 279:5 <b>phoned</b> [1] 225:6 <b>phoning</b> [3] 27:13 134:4 228:17 <b>phrase</b> [2] 140:7 251:2 <b>physicians</b> [1] 52:24 <b>pick</b> [5] 29:16,21 55:11 106:15 236:1 <b>picked</b> [4] 18:3 42:2 247:19 263:12 <b>picking</b> [2] 27:12 252:2 <b>picture</b> [2] 50:14 90:3 <b>piece</b> [17] 50:12 81:19 82:13 99:7 106:22 107:1 112:22 139:1 214:17 219:23,24 247:22 248:3 248:4 261:23 263:18 270:25 <b>pieces</b> [3] 57:24 106:16 244:9 <b>Pike</b> [1] 1:15 <b>Pilgrim</b> [31] 10:24 11:3 27:5 38:13 39:7 47:12 47:20 92:11,17 115:22 115:24 116:3,4 153:20 189:5 191:7 193:2,10,21 196:8 218:24 243:22 244:8,16 245:3,6,7,16 248:18 282:23 293:16 <b>Pilgrim</b> [1] 187:8 <b>place</b> [38] 18:9 21:3,6,14 24:2 31:3 38:3,12 47:10 54:11 63:18 68:1 78:1 89:10 93:2 115:15 130:25 137:17 138:24 140:5 142:1,20 143:6 150:20 159:16 160:3 164:10,10 166:23 167:6 170:4 205:15 212:5 252:10 255:25 256:24 270:16 271:14	<b>plan</b> [6] 56:18 137:17 161:1 254:18 270:15,16 <b>planned</b> [2] 49:10 60:22 <b>planning</b> [8] 26:18 37:16 48:1,5 49:6 226:23 249:17 288:12 <b>plans</b> [4] 233:12 278:8 293:1,5 <b>plant</b> [1] 49:19 <b>play</b> [3] 54:21 71:23 258:20 <b>played</b> [7] 45:25 46:7 50:8,11,16 101:23 213:7 <b>pleased</b> [4] 101:2 102:17 262:23 263:24 <b>plight</b> [1] 84:12 <b>PMH</b> [1] 119:12 <b>point</b> [92] 5:16 21:7 22:20 30:6 36:12 38:8 41:22 45:5 51:14 54:21 55:10 60:20 65:5,9,14 66:4 71:4 72:2 74:24 75:4 77:7 81:22,24 85:20 92:23 93:23 94:16 95:11 98:1,4 109:23 111:8 117:16 126:2,15 130:20 133:12 138:23 140:19 142:15 144:16 148:3 155:6 158:14 166:10 171:1,4,6 173:10 176:20 177:20 180:21 184:4,11 184:19 185:20 201:12,21 204:2 212:5 227:16 230:7 231:24 232:15 237:1,22 238:9,23 240:24 250:16 268:10,14,14 270:8,13 271:20 272:19 273:12 274:17,21,23 276:13 279:9 281:20 282:24 285:8,14,15 289:12,19 290:18 291:25 <b>pointing</b> [3] 90:4 104:25 162:23 <b>points</b> [5] 51:5 112:18 247:21 264:17 276:3 <b>policies</b> [1] 34:25 <b>policy</b> [27] 15:9,11,14 16:1,8,14,15,21 17:12 18:1,2,7 19:19 28:15,20 28:25,25 30:23 33:4 111:24 141:11,12,18 158:18 232:14 253:8 259:6 <b>political</b> [13] 139:24 140:8 148:10 168:25 221:24,25 222:4,17 237:3 237:6 238:9,10,24 <b>politicians</b> [2] 223:12 242:6 <b>politicize</b> [1] 251:8 <b>politicized</b> [1] 223:7 <b>politics</b> [2] 237:12 238:22 <b>ponder</b> [1] 275:13 <b>pool</b> [1] 24:13 <b>pooled</b> [1] 24:13 <b>population</b> [3] 26:8	53:21 78:21 <b>portion</b> [1] 160:9 <b>portraying</b> [1] 95:14 <b>pose</b> [1] 284:22 <b>posing</b> [1] 269:6 <b>position</b> [18] 7:22 12:1 30:4 32:4 36:6 98:13 144:16 162:13 189:15 191:24 195:8,11,17 213:9 234:8 238:1 250:7 279:16 <b>positions</b> [4] 6:16,17,18 47:15 <b>positive</b> [4] 123:9,10,21 123:22 <b>positively</b> [1] 102:2 <b>possession</b> [1] 177:19 <b>possibility</b> [4] 119:9 177:14 283:20 285:9 <b>possible</b> [15] 51:12,20 67:16 116:2,8 136:11 156:16 177:3 199:13 211:17 228:14 230:23 245:10 258:4 280:23 <b>poster</b> [1] 43:10 <b>posters</b> [1] 43:13 <b>potential</b> [2] 72:23 187:21 <b>power</b> [2] 197:15 222:1 <b>powerful</b> [1] 90:1 <b>PowerPoint</b> [1] 213:16 <b>PR</b> [2] 118:21 285:16 <b>practical</b> [1] 65:9 <b>practice</b> [4] 89:25 158:18 237:10 267:24 <b>practises</b> [2] 51:22 53:13 <b>pre-briefing</b> [2] 269:15 270:7 <b>predated</b> [1] 35:18 <b>predates</b> [1] 276:18 <b>predecessor</b> [3] 37:13 41:17,18 <b>predecessors</b> [1] 222:13 <b>Predham</b> [26] 8:12 67:14 67:18 68:14 71:20 75:2 92:9,10,15,21 104:14,17 112:24 145:18 146:9,22 147:1,4 153:19 174:15 187:9 192:15 194:18 225:22 239:22 248:17 <b>Predham's</b> [4] 147:9 192:12 229:3 240:22 <b>preference</b> [1] 108:16 <b>premier</b> [1] 29:10 <b>premier's</b> [1] 29:10 <b>prepared</b> [4] 61:5 75:24 109:12 275:19 <b>preparing</b> [1] 139:2 <b>present</b> [1] 164:4 <b>presentation</b> [3] 204:23 205:4 213:17 <b>presenting</b> [2] 99:16 294:5 <b>president</b> [3] 37:20 133:18 157:15	<b>press</b> [15] 149:21 195:21 204:3,3 208:13 258:11 258:13 260:2 265:5 266:14 271:12,13 278:19 280:17 281:7 <b>pressing</b> [1] 251:12 <b>pressure</b> [6] 90:5,5,19 132:3 199:20 223:4 <b>pressured</b> [1] 61:3 <b>presumably</b> [2] 106:14 178:4 <b>pretty</b> [9] 32:17 76:10 77:24 100:3 194:12 206:21,22 227:12 265:23 <b>prevent</b> [2] 20:24 21:2 <b>preventable</b> [1] 21:2 <b>prevention</b> [6] 20:23 21:23 26:1 28:10 34:18 252:12 <b>previous</b> [3] 27:11 141:6 205:4 <b>principle</b> [2] 163:18,19 <b>prioritization</b> [6] 116:2 116:6,17 117:5,15 122:20 <b>prioritize</b> [2] 117:7,19 <b>prioritized</b> [2] 115:10 116:25 <b>priority</b> [3] 115:1,15 256:19 <b>Pritchard/Jackie</b> [1] 1:9 <b>Pritchett</b> [1] 1:17 <b>privacy</b> [1] 25:17 <b>private</b> [3] 15:20 20:1 175:7 <b>privately</b> [3] 32:19,23 142:18 <b>proactive</b> [9] 56:18 83:6 150:22 171:7 181:4 250:22 270:24 275:1 276:9 <b>problem</b> [28] 68:21 69:1 69:3,4,23,25 70:4 72:15 77:5 82:11 96:9 121:18 121:20 142:25 164:4 165:24 166:3,8 167:10 177:6 191:3 215:16 216:7 229:23 231:9 246:22 250:4 261:5 <b>problematic</b> [1] 82:13 <b>problems</b> [7] 71:14 74:17 76:9 77:18 177:4 236:16 263:14 <b>procedure</b> [4] 84:24 90:9 115:15 141:14 <b>procedures</b> [3] 35:1 72:22 149:8 <b>proceeded</b> [1] 139:7 <b>process</b> [59] 15:18 18:20 19:9 24:15 25:17 31:16 33:13 37:17 39:13 42:8 43:18,21 46:1,3,9 47:6,9 47:9 49:4,9 51:5 52:11 52:17 55:7 58:6 69:9,10 70:22 71:17 72:19 88:9 90:21 108:6 112:3 116:1
---	--	--	--	---

<p>150:13 155:10 160:24 172:21 179:13,15 180:15 180:18 183:3 188:19 189:1 194:10 215:13 216:5,16 239:2 248:2 256:9 257:2 258:23 266:8 277:4 293:5,22</p> <p><b>processes</b> [8] 26:18 51:25 52:1 54:10 71:11 103:14 142:6 160:15</p> <p><b>prodded</b> [1] 150:16</p> <p><b>produce</b> [1] 284:23</p> <p><b>producer</b> [1] 108:4</p> <p><b>productive</b> [1] 43:22</p> <p><b>productively</b> [1] 43:7</p> <p><b>professional</b> [1] 5:9</p> <p><b>professionals</b> [1] 260:22</p> <p><b>professor</b> [1] 97:2</p> <p><b>progesterone</b> [2] 123:11 176:3</p> <p><b>prognosis</b> [6] 52:1 54:4 103:15 161:19 177:15 183:4</p> <p><b>program</b> [14] 12:20 13:19 23:25 26:2 31:4 37:25 39:10 40:7 43:1 72:21 107:25 108:1 140:5 249:19</p> <p><b>programs</b> [10] 5:25 14:2 22:1 24:20 25:14 167:5 260:14,15 261:8 283:16</p> <p><b>progress</b> [1] 251:14</p> <p><b>project</b> [7] 24:2 138:24 139:2 142:1,20 150:21 200:14</p> <p><b>projects</b> [4] 23:21 63:16 150:21 156:6</p> <p><b>promised</b> [1] 268:8</p> <p><b>promising</b> [1] 266:25</p> <p><b>prompted</b> [2] 282:15 291:18</p> <p><b>pronounces</b> [1] 98:5</p> <p><b>proper</b> [6] 78:4 91:20 109:21 120:12 140:4 177:15</p> <p><b>properly</b> [9] 19:10 90:18 120:2 166:6 222:8 231:10 243:3 259:10 278:11</p> <p><b>property</b> [1] 45:24</p> <p><b>protected</b> [1] 15:17</p> <p><b>protocol</b> [2] 255:25 256:23</p> <p><b>proud</b> [1] 70:13</p> <p><b>proved</b> [1] 113:23</p> <p><b>provide</b> [12] 25:24 34:11 40:3 84:21 87:6 174:19 189:20 260:18 261:5 271:22 281:10,11</p> <p><b>provided</b> [5] 189:24 245:24 266:14 290:23 291:1</p> <p><b>providing</b> [2] 86:24 236:25</p> <p><b>province</b> [29] 9:9 12:19 17:20 23:5 24:10,11 25:6</p>	<p>36:19 39:3,11 40:16 41:9 45:20 52:5 84:13 85:6 86:2,2 87:5 123:7 129:17 143:2 179:5 277:2 290:9 290:17 294:1,13 295:2</p> <p><b>provinces</b> [1] 119:8</p> <p><b>provincial</b> [29] 24:4 28:13,17,21,22 29:2 30:24 31:8 32:9 34:24 38:22,23 39:22 40:20 63:18 113:9 130:23 132:9 136:2 139:22 142:19 145:7 149:6,22 170:22 199:20 249:20 257:9 258:18</p> <p><b>public</b> [80] 11:21 15:22 19:17,21 28:15,25 32:22 33:12 35:11 36:6,12 48:1 48:5 49:9,24 54:20 55:2 61:16 70:19 71:8 74:13 75:19 77:7 78:24 85:6 87:2 91:4,23 93:16 94:4 97:6 101:7 104:12 111:23 112:19,20 114:4 132:6 136:17 137:21 141:1,11 141:14 149:7 150:5 153:16 155:11,13 157:3 157:12 158:15 161:10 164:20,23,24 165:6 185:22,24 203:2,4 240:13 245:21 250:9 252:25 253:8 258:7 259:3 260:21 261:24,25 277:1,19 278:9 280:20 283:6 285:11,18 292:6,17 293:11</p> <p><b>publicly</b> [22] 32:20 55:1 75:25 90:4 114:13 125:11 129:25 137:16 142:17 153:8 156:17 157:8 158:5 158:16 161:24 185:1 230:2 237:6 241:12 242:7 247:14 259:20</p> <p><b>pure</b> [1] 142:5</p> <p><b>purports</b> [1] 18:10</p> <p><b>purpose</b> [16] 89:19 90:15 112:14 129:17 170:10,23 170:25 171:16 183:18 184:18,22 237:22 242:10 270:13,18 285:6</p> <p><b>pursue</b> [2] 178:10 179:1</p> <p><b>pursued</b> [3] 176:19 178:22,23</p> <p><b>pursuing</b> [1] 205:8</p> <p><b>push</b> [3] 141:18 251:7 253:15</p> <p><b>pushed</b> [2] 150:15 253:17</p> <p><b>pushing</b> [4] 39:23,24 87:7 250:24</p> <p><b>put</b> [29] 18:9 26:13 30:7 31:19 34:20 38:12 43:10 43:13 54:10 61:20 75:21 90:5,19 101:5 115:4 173:5 189:11 191:11 198:9 199:19 228:14 250:7 252:3,3,4,14 259:7 268:11 276:24</p> <p><b>putting</b> [8] 38:2 47:10 51:7 53:16 90:5 105:1 252:7 258:23</p>	<p style="text-align: center;"><b>-Q-</b></p> <p><b>Q.C</b> [474] 1:6,7 2:3 4:3,7 4:18,22 5:7 6:6,19 7:6 7:11,15,23 8:3,14,22 9:2 9:7,20,25 10:5,10,23 11:4,19 12:3 13:12 14:6 14:14,21 15:3,13 19:25 20:4,11 22:7 23:3,19 25:4 26:20 27:9,17,21 28:5 29:1,11,23 30:9,14 33:20 34:2 35:17,21 36:20 40:11,23 41:5 43:24 44:19 45:1,10,15 46:10,17 47:17 48:12,17 49:11,16 50:4 52:18 54:15 55:8 56:21 57:17 58:7 59:7,12 60:15 61:23 62:21 63:8,25 64:7,12 64:20 66:3,10,15,20,25 67:5,11,17,21,25 68:4,8 68:13,24 69:5 71:19 72:13 73:12,17,25 74:20 75:11 76:14 77:14,21 78:22 80:3,9 81:1,5 83:12,20,24 84:4 87:9 89:12 90:22 91:2,24 93:1 93:9 94:7,11,15,20 95:1 95:5,10,18,24 96:10,15 97:8 98:7,22 99:22 100:5 100:13 101:13 102:7,14 102:25 103:19 104:4,18 105:13,24 106:6,12 107:2 107:7 108:14,19,24 109:5 109:9 110:3,15,20,25 111:5 112:13 114:8,18 114:22 116:15 117:20,25 118:10,20 119:16 120:20 121:9 122:1,6,13 123:1 125:1,7,13,19,24 126:21 127:4,10 128:8,13 129:3 129:7,20 130:3,9,15 131:5,12 132:14 133:19 134:2,8,13,17,21 135:12 135:16 137:2,8,19,25 138:5,10 140:12,18 141:20 143:4,10,20,25 144:6,11 145:10,17,21 146:1,11,17,21 147:3,8 147:15,23 148:13 149:14 150:23 151:12 152:8,12 152:17 153:11,24 154:8 154:13,19,25 155:4,19 155:25 156:11 157:18,24 158:7,25 159:11,19,24 160:10,17 161:11 162:2 162:12,17 163:21 164:2 164:7,25 165:4,10,15,19 166:9,15 167:7,18 168:1 169:15,23 170:3,8,17 171:17 172:15,23 173:3 173:13 174:1,7,12 175:5 175:14 176:8,13 178:1 179:2,18,25 181:10 182:9 184:3,13,17 185:6 186:9 186:17,22 187:4 191:4 191:22 192:11 193:5,20 194:1,14 195:14,24 196:5 196:14,22 197:3,9,16,21 197:25 198:6,13 199:9 199:23 200:20 201:11,23 202:3,7,21 204:8 205:17</p>	<p>205:25 207:5,9,15 208:24 209:3,7 210:10 211:8,19 212:2,8,13,17,21 213:14 213:20,25 214:7 215:4 215:23 217:2,9,18,23 218:3,20 219:3,10 220:2 221:4,13,18 222:11 223:13,20,25 224:5,15 224:21 225:13,21 226:1 226:7,22 227:2,8,17,25 228:10,20 229:1 231:14 231:20 233:14 234:12,16 235:18 237:18,23 238:5 239:8,15 243:7,13 244:15 244:23 245:18 246:8,12 246:23 247:5 248:12,22 250:15 251:9 253:18 254:9 255:6 256:7,14 257:17 262:2,7 263:20 264:13 265:16 266:12,20 266:24 267:4,18 269:1 269:13,19,23 270:5 271:7 272:5,13,21 273:24 274:5 274:12 275:2 276:16 277:9,23 278:6 280:8,13 281:3,8,15,21 284:8,12 286:14,18,22 287:4,8 288:16 289:10,20 290:20 291:7,13 292:25 293:6 294:14,20,25 295:12</p> <p><b>quality</b> [23] 10:20 13:17 13:18,22 14:1,5 72:1,21 72:22 109:16 166:22,23 175:19 176:18 177:10 178:10 180:4 236:16 256:2 279:2,21 280:9,11</p> <p><b>questioned</b> [1] 149:3</p> <p><b>questions</b> [15] 79:22 189:10 191:11 193:13 200:9 202:22 206:22 210:6 216:7 271:15,24 274:19 279:18 284:22 294:16</p> <p><b>quick</b> [2] 57:15 229:16</p> <p><b>quickly</b> [3] 87:3 145:4 237:14</p> <p><b>Quinlan</b> [1] 47:7</p> <p><b>Quinn</b> [23] 207:19,20,22 207:25 208:17 209:12,16 210:12 215:10 217:12,25 218:6 219:16 224:17,18 224:22 225:2,15 226:10 226:23 227:12,18 229:16</p> <p><b>Quinn's</b> [4] 219:13 228:3 228:22 231:22</p> <p><b>quite</b> [45] 15:8 17:5 18:1 42:25 55:22 60:12 67:15 70:13 71:16 78:12 97:7 104:24 110:10 116:2,8 132:5 136:11 140:10 149:25 168:19 191:1 213:8 226:21 229:24 231:11 233:4 234:7 236:7 241:24 242:7 243:4 246:15 249:13,15 250:3 251:21 257:12 271:2 279:14 282:4 284:19 285:14 290:13 293:14,23</p> <p><b>quote</b> [7] 76:1,19 81:20 109:19 199:2 216:12</p>	<p>262:15</p> <p><b>quoted</b> [7] 74:9 77:24 79:5 149:1 202:24 215:8 216:2</p> <p style="text-align: center;"><b>-R-</b></p> <p><b>r</b> [2] 109:15 253:22</p> <p><b>radiation</b> [1] 89:3</p> <p><b>radio</b> [8] 84:12 96:21 122:17 126:13 148:21 209:17 217:16 226:12</p> <p><b>raise</b> [9] 122:20 149:5,15 149:16,19 153:6 172:24 221:14 223:3</p> <p><b>raised</b> [6] 14:9 94:16 149:10 222:13 269:3,25</p> <p><b>raises</b> [1] 216:6</p> <p><b>raising</b> [2] 171:18 269:8</p> <p><b>ran</b> [6] 6:1 7:4 24:3 81:12 100:22 142:11</p> <p><b>range</b> [3] 21:11 282:17 291:20</p> <p><b>ranged</b> [1] 68:20</p> <p><b>rapidly</b> [1] 238:25</p> <p><b>rate</b> [14] 77:1 78:8 120:3 120:3,7 124:1,21 163:22 163:23 226:18,18,20 229:17,18</p> <p><b>rates</b> [1] 226:6</p> <p><b>rather</b> [3] 191:5,8 215:21</p> <p><b>rattle</b> [1] 19:3</p> <p><b>re</b> [8] 96:20 181:14 187:10,24 189:13 194:19 194:21 208:1</p> <p><b>re-institute</b> [1] 179:10</p> <p><b>re-instituting</b> [1] 179:7</p> <p><b>reach</b> [8] 26:10 102:20 185:9,11 191:1 259:2,8 268:23</p> <p><b>reaching</b> [6] 34:16,18 34:19 91:12 268:24 276:10</p> <p><b>react</b> [2] 44:10 205:21</p> <p><b>reacting</b> [3] 56:10,20 206:25</p> <p><b>reaction</b> [5] 56:23 57:1 57:7 183:11 248:7</p> <p><b>reactionary</b> [2] 150:19 203:20</p> <p><b>reactive</b> [5] 56:9 171:7 181:8 250:23 252:9</p> <p><b>read</b> [7] 45:8 55:11 167:11 190:15 197:11 225:8 242:19</p> <p><b>reading</b> [2] 225:7,9</p> <p><b>ready</b> [1] 190:17</p> <p><b>real</b> [6] 43:15 56:18 139:24,25 245:15 250:2</p> <p><b>reality</b> [4] 19:4 51:3 243:1 252:6</p> <p><b>realization</b> [3] 230:10 231:6 259:18</p> <p><b>realize</b> [2] 183:4 242:11</p> <p><b>realized</b> [3] 44:16 112:25</p>
---	--	---	--	--

210:22 <b>really</b> [27] 46:2 47:24 48:10 76:12 89:22 98:18 112:18 138:24 157:14 167:15 185:11 191:17 197:11 234:1,4,5,6 235:16 236:22 249:8 252:21 259:19 268:6 271:18 274:16 276:14 279:19 <b>reason</b> [15] 53:8 99:17 103:9 105:19 106:10 114:2 121:10,17 211:16 215:20 238:6,23 242:1 251:10 285:22 <b>reasons</b> [4] 25:18 52:19 52:22 188:4 <b>reassured</b> [1] 180:14 <b>receive</b> [15] 23:20,25 37:1 87:13 106:3 108:25 174:24 175:3 179:6 193:1 196:12 216:1 227:20 267:1 292:15 <b>received</b> [16] 24:7 74:8 84:8 88:1 106:14 175:11 188:11 193:17 210:20 218:18 225:14 227:19 232:8 236:15 280:16 282:23 <b>receives</b> [1] 189:6 <b>receiving</b> [19] 55:2,16 55:17 64:22 101:7 105:8 118:16 120:12 141:24 177:15 180:6 182:15 216:3 231:3 235:3 243:21 259:11 265:6 279:22 <b>recent</b> [3] 182:11 188:1 293:7 <b>receptor</b> [12] 1:2 161:5 175:17 176:3 180:4 181:15 182:20 183:20 263:1 278:2,3 296:10 <b>receptors</b> [1] 123:11 <b>RECESS</b> [2] 93:6 239:12 <b>recipient</b> [1] 92:3 <b>recipients</b> [1] 92:2 <b>recognition</b> [4] 11:25 33:17 35:12 263:17 <b>recognize</b> [1] 93:22 <b>recognized</b> [3] 256:19 285:17,25 <b>recognizing</b> [2] 264:10 285:17 <b>recollection</b> [24] 14:4 56:3 57:5 60:7,25 61:3 61:19 63:22 64:15,16 67:3 69:16 73:3 135:13 168:12 194:5 197:20 208:20 211:14 224:25 244:14,22 245:11,15 <b>recommendations</b> [4] 73:5 166:2 188:20 259:6 <b>reconvene</b> [1] 167:22 <b>record</b> [4] 98:5 114:5 125:14 186:6 <b>Recycling</b> [1] 6:1 <b>redacted</b> [4] 63:2 85:11	107:22 198:16 <b>redactions</b> [1] 198:15 <b>redone</b> [1] 208:3 <b>reenforcing</b> [1] 153:20 <b>refer</b> [2] 77:23 122:22 <b>reference</b> [24] 76:23 82:23 83:8 103:1 123:3 133:6 146:8 147:4 159:12 173:8 186:14 188:10 190:2 195:3 199:8 202:10 202:10 241:10 242:3 262:3 264:20 281:14 287:25 291:15 <b>referenced</b> [3] 144:8 159:16 173:15 <b>references</b> [1] 272:18 <b>referencing</b> [2] 135:6 169:25 <b>referred</b> [6] 128:2 143:22 156:3 216:12 276:19,22 <b>referring</b> [10] 74:14 81:20 82:6 100:16 101:10 124:2 225:23 234:10 235:4 271:25 <b>refers</b> [2] 239:23 240:6 <b>reflective</b> [1] 101:6 <b>reflects</b> [1] 263:6 <b>refute</b> [1] 88:2 <b>regarding</b> [11] 13:18 126:17,25 128:16 157:2 173:8 186:25 219:5 262:25 275:23 281:11 <b>regardless</b> [1] 183:10 <b>regards</b> [1] 258:5 <b>region</b> [4] 85:3,23 86:10 88:6 <b>regional</b> [9] 1:11,18 22:24 23:4,7 25:7 52:6 87:11 88:5 <b>regions</b> [1] 86:11 <b>register</b> [1] 184:22 <b>Registrar</b> [9] 4:8,14 93:10 100:14 143:12 148:15 169:17 207:7,11 <b>regret</b> [2] 250:21 251:6 <b>regular</b> [4] 31:14 194:21 196:7 254:23 <b>regularly</b> [1] 133:16 <b>reinforced</b> [1] 124:19 <b>reiterated</b> [2] 124:19 166:7 <b>reiterating</b> [1] 158:12 <b>relate</b> [1] 22:4 <b>related</b> [9] 147:7 154:10 157:1 187:3,24 188:17 193:12 197:12 217:16 <b>relation</b> [3] 196:25 197:6 198:7 <b>relations</b> [2] 206:5 275:9 <b>relationship</b> [45] 17:24 25:13 26:5 30:6,16,20 32:11 33:1,19 34:3 35:8 35:15,24 36:17 37:24 39:17 42:3 43:23 45:23	46:5 79:25 112:21,22 113:7,13 128:20 131:17 131:22 136:23 142:2,9 142:22,24 180:13,20,21 183:16 184:6 185:19 190:13 249:11,14,16,24 250:14 <b>relationships</b> [4] 26:14 36:15 42:2 129:1 <b>relatively</b> [2] 156:14,25 <b>relayed</b> [3] 108:4 111:14 194:2 <b>release</b> [25] 208:5 211:4 211:5 258:9,12,13 260:3 262:18 263:9,9 265:5,13 265:18,23,24 266:11,14 267:9 268:11 269:5 271:13 272:9 277:14 278:9,19 <b>released</b> [8] 210:1 229:7 230:2 262:21 266:5 270:8 270:15 278:14 <b>releasing</b> [5] 210:17 258:5 261:19 264:18 267:25 <b>reliance</b> [1] 235:24 <b>relied</b> [1] 175:21 <b>reluctance</b> [3] 103:21 103:24 107:24 <b>reluctant</b> [1] 104:5 <b>rely</b> [1] 25:21 <b>relying</b> [1] 234:10 <b>remain</b> [4] 249:25 250:1 262:25 271:24 <b>remainder</b> [1] 7:4 <b>remained</b> [1] 247:19 <b>remains</b> [2] 121:21 262:12 <b>remains'</b> [1] 264:22 <b>remember</b> [53] 11:2 13:3,22 16:25 37:19 38:11,16 39:6 44:5 46:23 55:22 58:15 68:17 69:20 71:5 77:6 80:16 83:18 94:25 96:3 99:11,18 104:16 113:24 114:3 116:4 117:5,10 129:13 133:9,10 135:6 137:13 139:20 141:7 146:12 161:2 162:22,24 164:16 168:19 169:4 194:13 201:17 213:7 214:23 215:19 229:14,14,15 231:11 243:21 288:21 <b>remembers</b> [1] 209:9 <b>reminder</b> [2] 173:22 224:13 <b>rep</b> [1] 119:2 <b>repeat</b> [1] 91:21 <b>replaced</b> [1] 212:25 <b>replied</b> [2] 200:13 208:4 <b>replies</b> [1] 275:11 <b>reply</b> [1] 200:3 <b>report</b> [19] 188:13 262:20 264:19,20 265:19,21 266:10,17 269:3 271:4	277:13,16,17 278:10,14 278:25 279:1 282:14 291:17 <b>reporter</b> [4] 45:11 207:18 209:16 281:6 <b>reporting</b> [1] 17:24 <b>reports</b> [9] 165:21 166:11,17 167:11,15 179:6 280:19,24 281:12 <b>represent</b> [2] 255:18 256:4 <b>representative</b> [1] 47:1 <b>representatives</b> [2] 110:6 267:20 <b>representing</b> [4] 11:11 49:2 138:21 155:12 <b>represents</b> [3] 17:20 145:8 177:14 <b>reproducibility</b> [2] 122:2 175:19 <b>request</b> [5] 66:24 201:20 203:20 219:21 225:3 <b>requested</b> [1] 92:9 <b>requesting</b> [1] 38:13 <b>requests</b> [6] 55:16,20,24 56:12 219:19 272:11 <b>require</b> [2] 188:16 192:20 <b>required</b> [3] 81:15 83:9 208:6 <b>research</b> [10] 12:17 21:24 22:18 24:13,15 35:7 37:12 97:12 292:12 292:16 <b>resend</b> [1] 106:8 <b>resolve</b> [1] 255:3 <b>resource</b> [8] 40:3,4,6 191:19 236:24 251:22,23 252:3 <b>resources</b> [6] 19:7 141:24 150:19 252:1,14 253:14 <b>respect</b> [9] 33:22,23 84:12 115:24 176:1,2,5 182:16 295:9 <b>respective</b> [1] 141:16 <b>respond</b> [3] 89:13 106:11 234:19 <b>responded</b> [1] 187:12 <b>responds</b> [2] 82:1 118:25 <b>response</b> [29] 30:8 39:14 106:3,15 112:12 117:17 130:10,12 137:9,11 162:18,19 170:15 180:8 189:7,21 192:9,12 204:18 207:4 208:11 210:11 211:12 230:13 235:6,12 254:16 283:7,24 <b>responsibilities</b> [1] 22:16 <b>responsibility</b> [2] 125:22 292:5 <b>responsive</b> [1] 89:23 <b>rest</b> [5] 167:2 207:21 244:20 265:22,23	<b>restoring</b> [1] 149:7 <b>restructuring</b> [1] 40:15 <b>result</b> [13] 82:12 114:11 114:17 116:12 121:24 162:11 163:11 188:22 272:23 273:22 278:18,20 290:2 <b>results</b> [37] 42:20 53:1 60:11 69:13 70:25 71:6 71:15 73:8 81:14 99:10 99:10,17 111:16 113:22 114:2 116:17 122:2 126:10 149:3 162:9 164:12 175:20 183:6 188:11 203:15 208:3 214:15 230:23 261:19 262:14 264:19 265:21 270:11 274:2 275:11 289:25 292:11 <b>retest</b> [4] 70:14 99:8 194:23 262:15 <b>retested</b> [9] 70:9 77:17 78:8 84:14 101:4 102:19 182:23 233:23 273:23 <b>retesting</b> [14] 71:13 72:3 77:1 84:24 115:1,7,8,16 179:24 182:21 183:6 194:25 229:19 263:2 <b>retests</b> [1] 76:21 <b>retraction</b> [1] 82:14 <b>return</b> [1] 193:22 <b>revenue</b> [4] 24:9,9,12 25:2 <b>review</b> [15] 18:1 24:15 156:5 174:18 179:5 183:25 187:10,25 188:5 188:14,21,24 189:14 264:3 265:8 <b>reviewed</b> [5] 175:25 188:11,13 226:8 229:3 <b>reviewers</b> [4] 165:22 166:1,12 280:20 <b>reviews</b> [13] 69:13,18,18 73:2,5 164:8,9,13,18,24 166:5,11 167:8 <b>revisit</b> [2] 156:17 159:13 <b>revisited</b> [1] 179:5 <b>revolve</b> [1] 40:19 <b>revolves</b> [1] 273:6 <b>rhetoric</b> [1] 136:19 <b>right</b> [72] 1:9 10:1,1 20:3 21:13 23:14 24:25 26:1 35:13 43:16 51:24 54:6 54:7,8,9,10 69:20,22 70:21 73:10 74:25 77:13 77:20 80:15 85:20 89:9 93:5 96:14,14 103:13,18 106:24 108:9 119:21 122:12,25 125:6,14 134:9 146:8 163:6,16,19 167:21 170:7 173:7 196:17 212:1 212:7 223:10,19,24 225:5 235:5 236:24 239:11 243:12 253:15 257:2 259:18 262:6 265:11 266:23 267:17 269:18 270:23 274:4 276:14 278:23 285:20 292:16
--	--	---	---	--

295:8 <b>right-hand</b> [1] 186:13 <b>rightly</b> [1] 223:9 <b>risk</b> [5] 16:19 18:22 19:1 19:11 293:24 <b>risks</b> [1] 239:3 <b>Robert</b> [14] 48:21 174:15 194:17 258:1,2,3 261:15 261:21,21 263:7 268:2 269:12 271:16 282:13 <b>Rogers</b> [2] 114:9,11 <b>role</b> [34] 11:8 12:14 17:6 20:7 22:8 24:16 26:1 28:7 30:21 31:25 32:18 33:23,24 34:6 45:25 46:7 50:9,10,15 54:20 71:20 71:22 101:8 140:21 158:5 158:15 160:18 169:1 199:5 223:22 232:16,18 258:20 259:5 <b>roles</b> [1] 24:18 <b>Rolf</b> [1] 1:9 <b>room</b> [4] 40:3,4,6 169:6 <b>rope</b> [2] 111:19 112:10 <b>Ross</b> [6] 126:2 127:15 132:20,24 221:7 228:5 <b>rough</b> [1] 78:18 <b>route</b> [1] 106:14 <b>Roy</b> [10] 37:19,20 133:17 138:20 156:7,8,10 157:16 181:12,13 <b>rule</b> [2] 119:9 123:13 <b>rumbling</b> [1] 44:11 <b>rumblings</b> [3] 44:16 74:10,14 <b>rumour</b> [1] 44:12 <b>run</b> [7] 17:5 22:19,20 40:3 166:20 213:12 293:24 <b>running</b> [2] 17:7 71:14 <b>runs</b> [2] 228:4 231:22 <b>rush</b> [1] 181:15 <hr/> <b>-S-</b> <hr/> <b>s</b> [2] 253:22,22 <b>sake</b> [1] 89:1 <b>sample</b> [1] 121:25 <b>samples</b> [7] 70:23 72:5 78:8 116:22 117:8 122:21 182:23 <b>sampling</b> [1] 256:20 <b>Sandra</b> [3] 1:7 2:3 4:6 <b>sat</b> [9] 7:21 8:5 13:21 47:10 56:4,6,17 127:22 229:24 <b>satisfactory</b> [1] 255:5 <b>satisfied</b> [2] 38:9 204:7 <b>saw</b> [6] 12:22 37:23 185:2 232:23,24,25 <b>says</b> [19] 74:13 78:2 81:18 82:9 120:21 126:10 175:8 178:9 183:15 193:16 203:5,5 239:24 262:20 264:18,21 265:20	266:17 291:2 <b>scattered</b> [1] 150:9 <b>scene</b> [2] 121:5,8 <b>scenes</b> [1] 237:7 <b>Schacter</b> [2] 119:12,15 <b>scheduled</b> [1] 107:15 <b>School</b> [1] 97:2 <b>Science</b> [1] 211:23 <b>Sciences</b> [1] 68:3 <b>scope</b> [5] 56:13 70:4,6 76:4 216:21 <b>scrambling</b> [2] 61:6 76:2 <b>screening</b> [7] 26:1 34:18 97:11 140:4,5 249:19 252:13 <b>screens</b> [1] 139:19 <b>scroll</b> [4] 100:7,10,16 218:21 <b>se</b> [5] 13:4 75:18 90:12 137:16 244:11 <b>search</b> [1] 84:18 <b>seated</b> [4] 4:2 93:8 167:25 239:14 <b>second</b> [6] 41:15 138:1 192:16 240:6 248:7 282:4 <b>secretary</b> [2] 126:4,23 <b>sector</b> [2] 15:20 20:1 <b>see</b> [30] 18:23 35:22 60:3 62:5 71:21 112:11 120:15 140:3 144:14 147:9,10 208:7,10 209:13 221:24 225:8 227:16 228:2 229:22 239:1 242:20 243:5 258:4 265:4,8,17 268:22 283:22 284:21 287:13 <b>seeing</b> [4] 107:24 215:10 216:13 284:5 <b>seek</b> [1] 49:19 <b>seeking</b> [2] 57:21 82:14 <b>seem</b> [11] 16:13 35:11 42:8 61:5,14 85:19 99:12 180:23 181:3 199:1 207:24 <b>seeming</b> [1] 43:20 <b>send</b> [7] 25:20 184:11 185:7 191:6 275:16 288:6 289:6 <b>sender</b> [1] 92:3 <b>sending</b> [5] 70:23 72:5 85:1 176:20 228:16 <b>sends</b> [5] 81:17 92:8,10 174:19 189:5 <b>senior</b> [7] 7:21,24 10:17 28:1 158:20 181:25 289:13 <b>sense</b> [23] 34:25 65:14 65:17 78:7 103:21 113:4 117:14 141:5 149:25 150:12 171:9,11,13 172:7 180:25 181:2 203:22 227:11 233:6 236:12 238:24 240:25 279:10 <b>sensed</b> [2] 103:23 206:4	<b>sensing</b> [1] 206:9 <b>sensitive</b> [2] 93:22 113:19 <b>sent</b> [19] 70:24 76:22 96:3 114:24 115:21 116:23 117:1,22 122:21 175:8 176:4 184:16 194:17 200:1 290:4,22 291:4,8 291:10 <b>separate</b> [2] 13:10 18:10 <b>separately</b> [1] 17:2 <b>September</b> [4] 1:4 47:18 296:11,19 <b>series</b> [9] 97:25 98:2 104:7 142:9 166:2 203:9 223:5 257:19 259:25 <b>serve</b> [2] 17:9 129:16 <b>served</b> [3] 134:22 172:21 237:21 <b>service</b> [3] 260:16,23 276:15 <b>services</b> [12] 22:2 24:20 25:14 26:3 80:12 109:16 179:9 182:15 221:9 262:22 263:18 289:8 <b>session</b> [7] 179:11 265:12 266:1 267:13,22 268:4 285:7 <b>sessions</b> [1] 283:5 <b>set</b> [27] 5:25 7:4 16:13 18:17,20,22 19:20,23 49:8 61:11 111:24 138:15 144:23 160:8 168:14,15 171:16 193:2 200:7 204:19 211:17 232:14,18 260:14,24 283:16 292:17 <b>sets</b> [3] 18:12,14 241:19 <b>setting</b> [3] 14:5 195:3 255:8 <b>seven</b> [2] 30:3 209:20 <b>several</b> [29] 9:12 12:24 16:25 21:21 24:1 56:7 57:4,4,7 91:1 111:12 112:4 113:23 121:1 123:19 126:11 140:20 141:7 149:11 156:6 170:23 177:22 190:22 198:24 232:25 244:7 255:22 256:13 281:25 <b>shape</b> [2] 80:23 279:11 <b>share</b> [2] 113:3 195:7 <b>shared</b> [6] 120:9 210:6 219:17 248:6,6 264:24 <b>sharing</b> [2] 24:12 284:20 <b>Sharon</b> [15] 27:5 38:16 38:18 39:8 47:13,20 48:8 153:19 193:9,14 194:16 218:23,24 258:10 275:4 <b>shifted</b> [1] 237:15 <b>shocking</b> [1] 251:3 <b>short</b> [1] 257:25 <b>shorter</b> [1] 126:10 <b>shorthand</b> [1] 145:15 <b>shortly</b> [4] 96:11 149:2 200:7 245:7 <b>show</b> [13] 58:19 96:21	98:15,16 106:16 108:10 217:16 239:17 279:11 285:11,15,15 286:1 <b>showed</b> [1] 204:14 <b>shown</b> [3] 181:25 183:14 287:20 <b>shutdown</b> [1] 290:5 <b>side</b> [16] 21:10 24:13,22 33:4,5 34:20,22 46:1 61:7 76:11 146:7,8 176:23 186:13 196:17 253:12 <b>signature</b> [1] 181:21 <b>signed</b> [2] 175:9 208:16 <b>significant</b> [3] 142:19 232:9 248:4 <b>signifies</b> [1] 190:6 <b>similar</b> [7] 107:18 119:8 121:11 132:15 134:4 216:12 261:5 <b>similarly</b> [1] 137:10 <b>Simmons</b> [2] 1:11 258:10 <b>simple</b> [1] 279:25 <b>Sinai</b> [8] 70:23 71:15,17 72:3 73:8 117:8 119:6 188:12 <b>sincere</b> [2] 71:16 181:24 <b>single</b> [1] 273:4 <b>singular</b> [1] 136:13 <b>sinking</b> [1] 153:3 <b>sinks</b> [1] 91:11 <b>sit</b> [12] 11:17 12:12 42:15 43:17 67:4 136:4 156:4 157:16 201:22,24 220:13 230:14 <b>sit-down</b> [1] 245:15 <b>sitting</b> [11] 48:9 49:1 107:21 108:1 121:15 124:14 132:1 157:5 161:2 229:15 254:19 <b>situated</b> [1] 80:18 <b>situation</b> [7] 24:22 80:6 84:14 237:11 241:24 275:21,24 <b>six</b> [7] 30:3 71:1 143:13 148:15 156:2 209:20 262:17 <b>sixth</b> [1] 187:21 <b>slip</b> [1] 119:22 <b>small</b> [3] 43:8 188:15 192:18 <b>smears</b> [1] 140:4 <b>Smith</b> [13] 27:5 38:16 39:8 47:13,21 153:19 193:8,9,14,22 218:24 275:4,11 <b>smoking</b> [2] 33:8,15 <b>snapshot</b> [1] 273:16 <b>soak</b> [1] 91:22 <b>social</b> [3] 5:22 6:24 53:25 <b>society</b> [139] 1:16 6:3,5 7:7 11:9,12,22 12:1,5,12 15:25 17:16,18 20:8	25:10,23 27:25 28:7,12 30:16,22 31:25 33:24 34:6,13 36:23,25 37:3 37:22 38:19 40:22 43:2 45:19,24 46:3 48:3 50:7 50:8,11,15 51:2,6,16 52:3 53:11 54:19,20 56:8 56:25 57:11,20 59:25 61:9,10 74:3,16 79:2 80:1,12 93:18 97:4 101:7 103:12 105:4,6 109:18 118:9 120:15 121:10 126:9 127:25 128:2,20 128:21 129:8,10 130:18 136:1,8,20 138:22 139:10 139:10 140:21 141:21 142:8,14 148:25 163:4 174:23 177:1,12 178:5,7 178:17 180:16 181:23 182:1,18 183:11 184:6 190:7 194:21 195:1 198:10 200:6 206:6 213:4 223:5 232:13 240:13 241:2 242:22 245:3,5 249:2 250:13,18 251:16 255:15,18 257:23 258:20 260:13 261:2 262:12,23 263:23 267:21 269:15 272:24 278:15 279:15 282:9,25 283:17 289:4 293:21 294:10 <b>Society's</b> [5] 33:22 222:14 231:24 259:5 290:7 <b>sole</b> [1] 161:22 <b>solutions</b> [1] 192:1 <b>someone</b> [18] 27:2 29:6 43:14 89:24 90:2,10 114:4 115:5 120:16 133:12 152:21 185:18 204:24 230:3,4 233:25 249:22 255:15 <b>sometime</b> [2] 73:21 245:7 <b>somewhat</b> [11] 70:15 87:19 93:17 122:18 124:24 128:7 161:3 180:14 235:13 242:15 264:6 <b>somewhere</b> [1] 42:17 <b>soon</b> [7] 44:14 45:8 144:23 189:17 192:1 194:22 280:22 <b>sooner</b> [2] 71:3 252:18 <b>sorry</b> [13] 23:9 81:11 114:21 127:11 143:12 152:13 174:14 207:16,17 207:23 266:21 275:17 281:4 <b>sort</b> [1] 224:13 <b>sought</b> [1] 54:14 <b>sound</b> [2] 268:11 296:16 <b>sounds</b> [2] 19:2 81:24 <b>source</b> [1] 99:24 <b>sources</b> [2] 75:21 271:23 <b>souring</b> [1] 206:5 <b>spare</b> [1] 183:5 <b>speak</b> [25] 18:5 41:14
---	--	--	--	---

<p>49:22 61:2 62:17 65:16 76:16 89:24 90:11 97:21 98:13,18 111:17 119:5 156:17 157:16 192:2 228:11,21 232:3 240:7 240:10 276:20 282:19 293:9</p> <p><b>speaking</b> [13] 27:13 59:9 59:25 89:17 90:14 97:15 101:1 129:25 134:25 157:7 199:11 259:20 286:10</p> <p><b>speaking</b> [2] 95:12 157:3</p> <p><b>special</b> [1] 24:2</p> <p><b>specific</b> [30] 14:2 15:16 16:4 28:20 39:20 49:7 79:22,23 94:25 112:25 116:10,14 119:4 124:11 128:14 131:11 139:12 159:14 180:10 181:3 194:11 223:16 229:14 241:5 244:8 287:22,23 288:7,10 293:17</p> <p><b>specifically</b> [15] 55:23 112:5 117:6 121:7 128:3 131:7 135:6 136:8 141:8 168:20 171:15 188:3 219:16 285:4 293:21</p> <p><b>speed</b> [3] 90:20 145:5 260:24</p> <p><b>spell</b> [1] 4:9</p> <p><b>spelled</b> [1] 106:1</p> <p><b>spend</b> [1] 19:13</p> <p><b>spent</b> [4] 42:19,22 70:21 284:16</p> <p><b>spin</b> [1] 208:10</p> <p><b>spoke</b> [12] 55:9 102:8 109:18 115:5 116:3 156:7 156:18 159:13 162:9 205:3 220:3 228:19</p> <p><b>spoken</b> [8] 84:19,21 85:18 121:23 153:21 279:3,4 295:3</p> <p><b>spokespeople</b> [1] 240:10</p> <p><b>spokesperson</b> [1] 97:16</p> <p><b>sporadic</b> [1] 259:11</p> <p><b>spot</b> [1] 159:9</p> <p><b>spots</b> [1] 91:10</p> <p><b>spring</b> [7] 31:7 38:25 46:12 156:18 159:14 229:10 253:25</p> <p><b>squash</b> [1] 136:17</p> <p><b>Strigley</b> [1] 119:3</p> <p><b>St</b> [15] 9:16 16:2 73:9 85:14 88:23,24 89:1,4 91:17 159:15 179:9 198:11 281:7 296:13,18</p> <p><b>staff</b> [25] 8:12 13:24 18:14 22:22 23:10 24:23 43:5 58:13,14,17,17,21 58:21,24 59:2,18,20 115:12 181:25 183:15 184:24 242:14 252:5 277:5 281:6</p> <p><b>stage</b> [2] 53:12 65:18</p> <p><b>stains</b> [1] 246:3</p>	<p><b>stakeholder</b> [4] 37:10 37:16 41:8 45:19</p> <p><b>standard</b> [3] 90:9 141:13 267:24</p> <p><b>standards</b> [11] 121:17 195:2 200:11 254:2 255:20 256:2,5 257:4,7 257:7,11</p> <p><b>standing</b> [1] 258:25</p> <p><b>stands</b> [1] 282:12</p> <p><b>start</b> [5] 151:23 204:4 220:17 243:5 285:18</p> <p><b>started</b> [12] 6:23 7:3 47:14 48:16,21,23 55:1 58:1 70:20 232:8,16 249:8</p> <p><b>startled</b> [1] 231:11</p> <p><b>startling</b> [4] 166:22 225:10 226:21 229:20</p> <p><b>starts</b> [3] 84:7 191:16 267:12</p> <p><b>state</b> [4] 4:9 181:23 247:13,14</p> <p><b>statement</b> [18] 32:22 77:7 133:16 135:7,9,10 148:22,24 151:24 182:6 189:25 225:4,17 241:15 263:11 264:21 265:1,3</p> <p><b>statements</b> [12] 18:17 33:12 75:20 153:16,17 153:18 157:12 206:21 241:13 246:16 262:23 263:21</p> <p><b>States</b> [2] 15:19 19:24</p> <p><b>stating</b> [3] 127:14 161:24 241:11</p> <p><b>statistics</b> [1] 124:8</p> <p><b>stats</b> [1] 78:16</p> <p><b>status</b> [6] 188:12,17 192:24 194:22,24 256:15</p> <p><b>stay</b> [9] 31:5 78:3 97:19 267:11,14 271:18 272:24 273:2 274:8</p> <p><b>stayed</b> [2] 49:4 142:8</p> <p><b>Stella</b> [2] 9:13,15</p> <p><b>step</b> [5] 69:11,12 111:20 112:2 255:1</p> <p><b>steps</b> [2] 69:10 72:19</p> <p><b>Steve</b> [1] 10:22</p> <p><b>stick</b> [1] 285:21</p> <p><b>sticking</b> [1] 274:23</p> <p><b>still</b> [78] 11:14 12:22 31:17 32:10 65:19 75:12 83:17 91:13,14,15 113:3 116:4 117:4,12,16 118:14 118:15 125:8 132:10 155:17 171:12 172:21 185:2,20,25,25 186:5 199:3,11 203:3 210:5,8 215:10 220:8,18,19 222:5 226:16 228:2 232:1 233:9 233:10 234:10 235:14 236:9,12,14 238:11 241:25 242:16,23 243:2 259:9,10,21 260:4 262:13 262:25 263:14 264:22</p>	<p>265:4 268:17 271:21 274:24 275:9,20 276:15 278:10,12 279:22 283:9 283:11,14 284:4 286:8 288:9,14 290:8</p> <p><b>Stokes</b> [1] 92:14</p> <p><b>stood</b> [3] 167:1,3 235:21</p> <p><b>stop</b> [3] 133:20 242:24 243:1</p> <p><b>stopped</b> [1] 69:15</p> <p><b>stories</b> [2] 82:10 194:8</p> <p><b>story</b> [50] 44:13,14,18 45:4,8,12 47:19 54:16 54:24 55:11 62:25 63:10 64:1 81:12 82:7,18,21 83:14,17,25 87:20,21 93:15 148:21 171:9,10 209:18,24,25 218:12,16 226:24 227:12 228:4,23 230:11 231:22 232:11 237:2,6 240:7 244:19 247:18,20,23 274:21 292:1,2,3,4</p> <p><b>straightforward</b> [2] 128:24 192:19</p> <p><b>strained</b> [1] 36:14</p> <p><b>Strange</b> [1] 92:6</p> <p><b>strategic</b> [1] 37:16</p> <p><b>strategize</b> [1] 277:7</p> <p><b>strategy</b> [25] 31:8,9,10 38:21,22 39:3,22 40:21 46:14 48:8 63:19 113:20 130:24 131:6 133:5 135:22 176:17 178:9,17 178:19,24 180:5 222:3 245:14 249:20</p> <p><b>stray</b> [1] 274:19</p> <p><b>strengths</b> [1] 24:23</p> <p><b>stress</b> [1] 163:15</p> <p><b>stressed</b> [2] 106:18 149:6</p> <p><b>stressful</b> [1] 233:5</p> <p><b>strictly</b> [1] 79:11</p> <p><b>stronger</b> [1] 263:11</p> <p><b>strongly</b> [2] 109:18 175:16</p> <p><b>structure</b> [1] 13:1</p> <p><b>stuck</b> [2] 169:11 258:2</p> <p><b>students</b> [1] 23:24</p> <p><b>studio</b> [3] 97:18 107:21 108:7</p> <p><b>sub</b> [1] 49:7</p> <p><b>sub-committees</b> [1] 12:25</p> <p><b>subcommittee</b> [1] 13:21</p> <p><b>subcommittees</b> [1] 256:25</p> <p><b>subject</b> [3] 87:18 114:25 245:21</p> <p><b>subsequent</b> [4] 50:25 116:7 223:6 226:9</p> <p><b>substance</b> [1] 145:9</p> <p><b>subtleties</b> [1] 257:16</p> <p><b>success</b> [1] 33:16</p> <p><b>succinctly</b> [1] 76:13</p>	<p><b>such</b> [10] 21:7 27:22 54:4 54:7 73:13 140:23 174:24 182:17 201:13 246:3</p> <p><b>suggest</b> [2] 209:20 267:10</p> <p><b>suggested</b> [2] 119:4 265:20</p> <p><b>suggesting</b> [2] 32:24 265:7</p> <p><b>suggestion</b> [2] 191:5,9</p> <p><b>suggestions</b> [1] 72:18</p> <p><b>suggests</b> [1] 78:8</p> <p><b>summer</b> [9] 23:24 44:5 44:17 46:11 47:16 186:23 187:2 189:1 258:19</p> <p><b>Sunday</b> [1] 54:24</p> <p><b>support</b> [17] 20:21 21:10 21:12,17,24 22:6 25:1 32:19 80:20 88:2 180:2 260:15,25 261:1,6 280:4 290:8</p> <p><b>supported</b> [1] 247:20</p> <p><b>supporting</b> [1] 175:16</p> <p><b>supportive</b> [1] 183:12</p> <p><b>supposed</b> [1] 18:25</p> <p><b>Supreme</b> [2] 260:7 283:4</p> <p><b>surgery</b> [1] 13:9</p> <p><b>surprise</b> [1] 276:12</p> <p><b>surprised</b> [1] 71:21</p> <p><b>surprising</b> [2] 251:4 275:18</p> <p><b>surrounding</b> [1] 141:1</p> <p><b>survival</b> [1] 124:1</p> <p><b>survivor</b> [1] 169:9</p> <p><b>survivors</b> [2] 203:7 277:1</p> <p><b>Susan</b> [14] 92:5 96:4,17 100:4,21 101:20 102:3 107:11 187:9 192:13 204:12 206:24 210:24 211:9</p> <p><b>suspended</b> [1] 246:4</p> <p><b>suspicion</b> [1] 75:13</p> <p><b>switched</b> [1] 207:13</p> <p><b>system</b> [23] 5:17,19 6:7 12:24 25:22 34:11,14 41:7 76:4 127:16 163:5 166:25 182:13,14,18 183:7 203:11 230:4,5 257:12 261:1 285:19 294:4</p> <p><b>systematic</b> [2] 166:23 167:5</p> <p><b>systems</b> [2] 53:14 151:7</p>	<p><b>Tamoxifen</b> [4] 123:24 160:22 253:6 292:15</p> <p><b>tangly</b> [1] 275:12</p> <p><b>Tansy</b> [1] 204:18</p> <p><b>taped</b> [4] 100:23 108:8 108:11,13</p> <p><b>Tara</b> [1] 280:16</p> <p><b>team</b> [4] 7:21,25 22:13 266:15</p> <p><b>technical</b> [18] 196:1,4 200:25 201:7,22,25 205:10 208:13 209:15 210:18,21 211:15 212:4 255:21 265:2 266:9 286:11 292:16</p> <p><b>technically</b> [1] 268:11</p> <p><b>technology</b> [11] 69:24 70:1,7 72:20 99:4,5,6,8 99:11,21,25</p> <p><b>telephone</b> [7] 30:7 111:13 193:25 220:22,22 245:12 261:1</p> <p><b>television</b> [1] 226:13</p> <p><b>telling</b> [6] 49:18 52:23 83:18 99:11 152:4 171:1</p> <p><b>tells</b> [2] 163:3 216:19</p> <p><b>temper</b> [1] 190:14</p> <p><b>ten</b> [16] 76:24,25 77:4,8 77:16,23 78:7 120:5 123:3,16 124:2,3,20 125:2,8 226:17</p> <p><b>tension</b> [2] 205:19 240:25</p> <p><b>tentatively</b> [1] 107:15</p> <p><b>term</b> [6] 10:6 15:8,9 43:17 48:23 128:23</p> <p><b>termed</b> [1] 128:22</p> <p><b>terms</b> [25] 12:6 15:4 25:5 34:3 40:14 50:16 68:25 72:18 74:7 80:5 95:11 116:16 118:11 125:15 140:20 141:25 178:3 180:4 194:3 218:6 220:3 222:13 247:6 248:24 281:11</p> <p><b>territorial</b> [1] 257:9</p> <p><b>Terry</b> [1] 115:20</p> <p><b>test</b> [30] 69:15,19 70:8,20 71:6 73:7 76:10 85:13 85:25 89:2 99:8 119:24 119:25 120:1 121:19,20 122:2 149:3 160:22 161:5 161:9,14,17,21 166:6 176:5 177:7,7 255:22 257:5</p> <p><b>tested</b> [2] 123:6 214:15</p> <p><b>testified</b> [2] 10:16 114:4</p> <p><b>testifying</b> [1] 283:5</p> <p><b>testimony</b> [1] 249:9</p> <p><b>testing</b> [19] 1:2,14 73:8 81:12 118:23 149:8 175:17 176:3 178:21 179:8,10 180:4,19 181:15 194:10 200:12 246:4 256:6 296:10</p> <p><b>tests</b> [12] 87:24 175:19</p>
--	---	--	---	---

-T-

<p>175:20 189:14 208:1,3 226:5,5 229:19 255:20 255:22 257:2 <b>thank</b> [25] 4:15,17,19 5:8 20:5 89:9,13 93:10 159:12 167:19 168:2 200:13 239:9,16 257:18 275:6 276:20 287:5,9 293:7 294:15 295:8,11 295:13,16 <b>thanked</b> [1] 138:4 <b>thanking</b> [1] 89:14 <b>Thanks</b> [4] 85:14 119:17 174:20 271:16 <b>theme</b> [4] 88:18 89:7 234:4 276:2 <b>themes</b> [3] 88:19,21 152:23 <b>themselves</b> [7] 84:19 231:5 236:23,24 237:16 276:9 279:25 <b>therapy</b> [3] 5:23 7:2 161:23 <b>there'd</b> [2] 28:11 131:19 <b>they've</b> [8] 124:16 230:23,25 246:21 255:23 255:24 256:2,24 <b>thinking</b> [7] 28:22 77:6 83:9 89:6 204:2 238:23 283:25 <b>third</b> [6] 114:3 133:16 138:12,14 192:17,22 <b>Thirdly</b> [1] 188:14 <b>Thomas</b> [2] 92:5,8 <b>Thomas-Pennell</b> [1] 107:9 <b>Thompson</b> [16] 48:21 258:2 261:15 263:7 264:17 265:7,19 266:15 267:5 268:2 271:10 276:18 278:21,24 282:13 291:16 <b>Thompson's</b> [1] 277:10 <b>thoroughly</b> [1] 75:4 <b>thought</b> [36] 17:13 38:10 46:7 58:4 71:16 80:23 81:19 82:12 83:5 85:8 108:5 113:18 118:24 128:5,15 135:2 139:6 142:6 145:5 185:22 201:21 210:3 221:23 226:18 236:14 241:9,23 248:2,2 250:5 251:6 264:7 267:3 275:16 285:23 286:5 <b>thoughts</b> [1] 187:18 <b>thousands</b> [3] 22:23 24:1 52:5 <b>threatened</b> [2] 111:17 114:6 <b>threatening</b> [1] 113:25 <b>three</b> [17] 7:1 9:18 10:9 31:1 48:4 68:9 104:8 108:7 132:19 154:3 187:20 208:15 211:22 219:8 244:7 257:21,23 <b>through</b> [66] 3:2,3,4 5:4</p>	<p>5:5,6,9 6:12 12:16 17:25 21:13 25:17 27:4 30:17 32:24 33:13 36:22 44:7 47:9,16 48:10 62:6 71:12 71:13 79:11,25 88:9 101:14 106:14 112:3 121:6 129:12 137:18 141:19 157:15 160:15,15 179:23 181:18 190:22 194:10 216:5 225:2 226:14 234:22 244:20 246:11 248:11,11 250:21 258:23 259:25 261:4,15 262:9 264:15 271:8 277:6 277:7 278:20 283:7,16 290:18,19 293:22 294:3 <b>throughout</b> [9] 46:11 52:5 80:21 118:12 189:1 209:19,21 210:5 245:24 <b>throw</b> [2] 69:12 204:24 <b>thrown</b> [1] 128:18 <b>Thursday</b> [1] 202:15 <b>tight</b> [1] 61:17 <b>tightrope</b> [2] 32:6 199:6 <b>Tilley</b> [54] 8:18 10:16 17:2 27:7,11,14 28:1 37:19 38:10 39:7 46:24 62:2 66:5,17 67:6 81:8 81:17,18 82:1,3,17 93:12 93:15,17 94:1,1 96:19 100:18 102:4 106:2,20 107:4,13 114:25 115:19 153:17 154:3,15 155:3,9 155:22 156:2 158:1 159:20 194:18 206:4,25 218:25 223:6,7 239:22 240:3 246:20 248:16 <b>Tilley's</b> [2] 186:12 197:5 <b>timeline</b> [1] 61:22 <b>timelines</b> [1] 61:1 <b>timely</b> [9] 19:10,12 60:11 79:19 83:11 114:12 116:24 230:17 282:4 <b>times</b> [33] 27:6 29:19 32:21 35:13 36:6 37:9 37:14 42:25 48:24 86:7 101:25 105:16 111:12 112:1,4 113:23 121:1 139:13,15,17,18 158:15 163:1 177:22 190:22 192:6 209:21 210:7 219:17 235:11 243:21 256:13 270:4 <b>timing</b> [3] 50:17 267:7 285:19 <b>to-do</b> [2] 146:7 173:23 <b>tobacco</b> [10] 28:16 31:16 33:6 131:2 141:9 168:17 197:15 222:1 252:10,13 <b>today</b> [9] 81:12 89:18 115:22 148:22 159:25 162:24 262:21 267:9 282:14 <b>together</b> [7] 39:2 57:6 75:21 97:18 219:8 258:23 276:24 <b>toll</b> [2] 61:11 260:16 <b>Tom</b> [4] 144:14 146:8,18</p>	<p>147:10 <b>tomorrow</b> [5] 96:21 119:13 294:19 295:2,5 <b>tone</b> [5] 136:18 140:24 185:11,13 244:12 <b>too</b> [12] 67:15 85:24 100:14 117:18 123:3 128:5,15 133:15 157:12 218:9 255:21 278:15 <b>took</b> [9] 131:22 140:7 170:4 177:16 233:11 234:24 238:25 264:23 271:13 <b>top</b> [2] 63:2 133:15 <b>topic</b> [9] 97:11,13 98:19 98:21 101:5 104:10,17 129:19 260:19 <b>topics</b> [1] 222:3 <b>Torlakovic</b> [4] 253:20 254:17 255:3 256:9 <b>Toronto</b> [1] 118:9 <b>total</b> [1] 31:2 <b>touch</b> [7] 78:3 79:7 187:23 189:11 193:11 196:8 282:1 <b>touched</b> [1] 209:21 <b>towards</b> [9] 142:6,7 168:20 196:17 206:7 241:1,2 293:20,21 <b>town</b> [9] 31:5 268:4 272:10 282:2,21 283:18 284:6 290:1 295:2 <b>tracking</b> [1] 279:1 <b>trained</b> [2] 6:15 261:6 <b>transcribed</b> [1] 296:15 <b>transcript</b> [10] 92:12,17 126:12,12 202:14,25 204:13 206:19 215:6 296:9 <b>transcripts</b> [1] 206:16 <b>translate</b> [1] 35:14 <b>transmission</b> [1] 174:14 <b>transpired</b> [1] 212:10 <b>transportation</b> [6] 131:4 135:3,3 168:18 199:21 222:2 <b>treat</b> [1] 182:15 <b>treated</b> [3] 74:5 249:3 250:6 <b>treating</b> [1] 52:24 <b>treatment</b> [31] 12:17,19 13:9 21:6,14 35:7 37:12 38:6 44:7,7 51:25 54:5 76:11 77:12 88:25 103:15 109:22 120:12 161:1,4 175:22 177:15,16 182:13 208:6 215:1,2 216:2,3 216:18 294:3 <b>Trees</b> [3] 198:3,5,23 <b>tried</b> [9] 12:25 19:5 88:11 96:6 223:7 251:8 268:7 271:18 289:7 <b>trigger</b> [1] 82:20 <b>triggers</b> [1] 259:16 <b>trouble</b> [3] 100:8,12,14</p>	<p><b>troubles</b> [1] 84:15 <b>true</b> [7] 30:10 113:23 120:18 151:25 152:2 240:20 296:9 <b>truly</b> [1] 182:13 <b>Trustees</b> [2] 10:12 11:6 <b>try</b> [18] 57:12 61:19,22 62:5 73:7 82:9 87:6 158:21 168:7 178:7 204:20 208:10 237:16 252:5 259:4 267:3 270:21 274:8 <b>trying</b> [56] 20:18 21:20 22:2 28:24 31:20 32:15 33:3 37:15 41:22 43:3 43:10,16 65:21 79:24 87:8 89:19 90:5 99:18 103:20 105:3 129:16 130:19 133:6,7 136:17 136:18 139:9,21 145:4 150:2 157:5 162:22 170:10,12 187:23 193:10 199:4 218:13,15 220:23 223:6 227:14 233:1 236:23 238:19 239:4 241:12 254:22 261:7 273:11,19 274:22 276:7 283:12,14 289:16 <b>Tuesday</b> [1] 65:3 <b>tumour</b> [1] 123:11 <b>turn</b> [2] 98:11 285:16 <b>turned</b> [9] 52:10 78:20 85:11 127:18 158:11 191:20 212:24 232:17 285:22 <b>turning</b> [2] 191:16 231:13 <b>turns</b> [2] 237:7 289:2 <b>twenty</b> [1] 123:17 <b>two</b> [34] 20:19,23 22:4 30:25 33:12 59:20 60:16 86:16 89:22 104:8 108:10 112:5,18 113:23 132:18 136:3 154:2,9 177:5,5 179:4 192:14 215:6 216:9 231:2 255:23,24 256:5 257:1 260:14 262:18 275:17 280:19 282:3 <b>type</b> [21] 44:9 49:5 60:6 61:12 88:11 117:14 134:5 190:6 203:1 207:3 213:2 230:14,15 257:10 263:10 276:15 284:23 285:7,10 292:16 293:18 <b>types</b> [9] 6:17 60:17 74:7 85:21 86:4 202:22,22 231:7 235:3</p>	<p><b>uncomfortable</b> [3] 17:3 140:10 157:11 <b>under</b> [14] 12:20 16:14 20:22 23:24 38:14 75:9 109:14 148:7 205:12 209:13 214:11 226:16 245:3 254:11 <b>underlined</b> [1] 148:20 <b>underlying</b> [1] 290:16 <b>understand</b> [36] 16:16 54:9 57:10 60:19 62:23 71:23 85:24 100:24 103:18 104:19,23 115:2 126:2 148:17 152:4 158:18 176:19 177:23 187:21 200:24 201:5 229:2 234:1 235:16 247:7 257:21 258:1 259:23 263:21 270:9 271:12 276:5 279:17,24,24 280:3 <b>understands</b> [2] 32:15 231:1 <b>understating</b> [1] 268:12 <b>understood</b> [5] 54:13 164:9 171:18 238:6 263:24 <b>undertaken</b> [1] 36:8 <b>undue</b> [2] 52:25 163:15 <b>uneasy</b> [1] 136:3 <b>unfolding</b> [1] 29:13 <b>unfortunate</b> [4] 46:2 50:6 190:16 191:18 <b>unintelligible</b> [1] 291:3 <b>United</b> [2] 15:19 19:23 <b>university</b> [5] 5:13,15 5:18 6:13 97:3 <b>unless</b> [4] 42:6 82:10 141:10 192:5 <b>unrelated</b> [2] 146:10 156:19 <b>unresolved</b> [1] 172:12 <b>unsure</b> [2] 275:10,20 <b>untrained</b> [3] 5:20 6:8,9 <b>up</b> [190] 5:24,25 7:4 9:18 10:1 12:24 13:15 18:17 18:20 19:8,21,23 27:5 27:12 29:16,21 31:19 32:2 40:12 41:19 43:10 43:13,16,22 47:4,11 49:8 49:12 51:22 53:17 55:5 55:11,25 56:18 58:19 61:8,11 62:17 64:4,25 65:16,24 66:8 72:5,23 74:23 76:2,22 77:9 78:4 79:10 81:2 85:16 86:12 90:15,20 93:23 98:18 102:10 104:12,15 106:15 108:9 109:23 110:17 111:24 113:4,5 114:2,11 116:12 117:8,10 119:11 119:21 124:22 126:15 127:21 128:1 132:22 139:3,12 140:19 144:15 144:23 145:5 147:20 148:11 150:3 158:19 160:8 161:23 162:4,7 163:9 164:4,12,15 168:14 168:15,16 169:7,13</p>
--	---	---	---	--

-U-

<p>170:11,14 171:16 172:1 172:6,6,9 178:11,14 181:6,7 184:10 186:1 188:25 194:9 196:6 199:1 199:3 200:7,24 203:3 204:1,14,19 206:18 210:1 210:23 211:9,18 213:10 214:20 216:17 219:18 220:23 221:19 223:4 224:1 225:3,6 228:8,18 229:16 231:12 232:14,18 233:1 236:1 238:7 239:4 241:19 246:1 247:20 248:1 250:22 251:3 252:1 255:19 257:3 259:18 260:11,14,24,25 261:3 261:20 263:11,12 264:6 268:4,14 269:5,12 271:24 273:10 274:20,20 279:22 281:19,25 283:16,18 285:3,9,18,24 288:14 291:25</p> <p><b>upcoming</b> [1] 207:13 <b>update</b> [5] 150:7,8 179:11 188:6,9 <b>updates</b> [2] 196:13 245:23 <b>upfront</b> [3] 129:1,10 277:18 <b>upset</b> [1] 57:9 <b>urgent</b> [1] 267:7 <b>urging</b> [1] 276:8 <b>used</b> [7] 15:9 18:13 43:6 78:18 97:4 125:11 206:8 <b>useful</b> [2] 257:14,15 <b>uses</b> [1] 16:1 <b>using</b> [7] 16:7 59:2 91:13 125:8 139:23 140:7 244:12 <b>usual</b> [1] 36:23 <b>usually</b> [1] 249:16</p> <hr/> <p style="text-align: center;"><b>-V-</b></p> <hr/> <p><b>vacation</b> [2] 187:15 193:16 <b>vacuum</b> [1] 124:24 <b>valid</b> [2] 238:23 275:9 <b>value</b> [2] 17:9 239:3 <b>valued</b> [1] 128:20 <b>variations</b> [1] 234:3 <b>various</b> [10] 6:13,17 48:6 48:23 51:5 86:7,14 160:25 192:6 276:3 <b>version</b> [6] 39:10 58:5 146:4 161:8 287:15,16 <b>versions</b> [1] 284:15 <b>versus</b> [10] 16:22 18:14 19:9 41:25 117:11,14,16 171:7 271:1 274:21 <b>vet</b> [2] 181:17 277:6 <b>via</b> [2] 187:13,16 <b>view</b> [20] 5:16 22:20 34:22,24 36:12 41:20,22 51:14 53:10,10 55:11 65:10 71:4 83:2 88:2 175:18 231:24 242:7</p>	<p>250:16 251:21 <b>viewed</b> [4] 12:10 65:6 190:20 285:14 <b>viewing</b> [1] 40:20 <b>views</b> [2] 15:4 162:19 <b>vision</b> [2] 39:10 43:17 <b>visit</b> [1] 180:12 <b>visits</b> [1] 214:20 <b>vital</b> [4] 25:13 45:25 50:9 183:12 <b>vividly</b> [1] 169:4 <b>vocal</b> [3] 137:1 241:24 250:8 <b>voicing</b> [2] 241:8 278:16 <b>voluntary</b> [2] 257:6,11 <b>volunteer</b> [9] 9:11 21:12 21:13 43:5 88:13 97:3 251:18 256:20 277:3 <b>volunteered</b> [2] 9:12 131:23 <b>volunteers</b> [7] 22:23 40:4 44:6 52:6 74:15 80:19 261:6 <b>voracity</b> [1] 116:18 <b>VP</b> [3] 109:16 212:24,25</p> <hr/> <p style="text-align: center;"><b>-W-</b></p> <hr/> <p><b>W</b> [1] 66:16 <b>wait</b> [7] 126:10 139:13 139:15,17,18 140:2,6 <b>waiting</b> [3] 53:1 183:6 250:23 <b>walk</b> [2] 33:8 199:7 <b>walked</b> [1] 139:4 <b>walls</b> [2] 197:15 222:1 <b>wanting</b> [6] 34:10 52:16 68:18 113:25 139:9 159:12 <b>wants</b> [3] 38:19 211:4 261:24 <b>warrant</b> [1] 42:21 <b>watch</b> [2] 239:25 240:23 <b>Waterford</b> [14] 5:20,22 5:24 6:2,14,20,23 7:3,16 7:18,22 8:10,19 9:5 <b>ways</b> [9] 21:21 26:11 86:14 88:8 150:10 218:13 218:15 290:15 294:12 <b>week</b> [28] 52:21,21 54:25 57:3 60:16 61:20 66:8 73:21 85:8 86:18,19 107:10 115:3 132:18 138:17 193:11 201:4 204:15,23 205:4 206:20 208:22 209:16 232:10,10 267:8 276:20 284:17 <b>weekly</b> [3] 28:18 110:13 150:8 <b>weeks</b> [5] 57:4 71:1 86:16 104:9 282:3 <b>West</b> [10] 37:20,20 133:17 138:20 156:8,10 157:16 181:13 183:24 185:10</p>	<p><b>West's</b> [1] 181:20 <b>Western</b> [1] 1:17 <b>whatsoever</b> [6] 44:13 64:13 65:17 132:3 166:20 231:8 <b>wherever</b> [1] 159:8 <b>whip</b> [1] 204:24 <b>who'd</b> [4] 58:19 78:16 230:3 241:8 <b>whole</b> [16] 17:12 59:5 77:25 83:7 86:9 88:9 149:21 150:16 181:9 192:8 210:4 218:16 237:2 279:7 282:18 283:2 <b>Williams</b> [80] 55:6,23 59:15 62:1 66:5,9,17 67:18 68:3,14 69:8 72:18 73:3 75:2 76:15 77:16 79:15 81:10,10 82:2 92:10,16 94:1 96:20 99:14 100:19 101:1 102:4 102:9 104:13 106:2 107:4 107:15,20 108:2,11 109:15 112:24 114:25 115:19 116:6 117:6 118:17 119:21 125:4,11 150:8 153:19 164:16,17 165:7,9 166:17 167:10 167:12,15 174:15,16,23 174:25 175:4,10,15 176:4 176:20,20,24 177:17 178:5 180:7 182:3 185:19 194:17,19 195:8,9 212:25 245:24 246:19 248:16 <b>Williams'</b> [3] 107:17 160:6 161:8 <b>willing</b> [4] 80:24 90:11 113:2 286:25 <b>willingness</b> [1] 42:15 <b>winter</b> [1] 260:1 <b>Wiseman</b> [26] 30:11 126:2,3,22 127:8,13 128:10 129:21 131:10,14 133:22 135:20 140:23 156:22 221:7,9,15,20 223:21 224:2,10 228:5 228:12 235:20 236:1,4 <b>Wiseman's</b> [5] 130:10 222:12 224:7 228:5,6 <b>wish</b> [1] 265:3 <b>wit</b> [1] 210:7 <b>withhold</b> [1] 53:18 <b>withholding</b> [1] 54:2 <b>within</b> [35] 5:16 7:18 14:2 16:18 17:11,21 18:19,22 19:12,19 21:17 24:10,11 25:6 40:9,15 41:6,8,16 62:10 71:1 109:11 114:15 117:1 121:22 131:20 132:18 141:17 177:2 179:8 187:6 219:21 229:23 239:1 251:24 <b>without</b> [8] 49:18 65:25 105:18 162:10 240:8 265:6 286:9 290:15 <b>witness</b> [4] 4:4 207:13 294:23 295:1</p>	<p><b>women</b> [8] 74:4 77:11 85:13 101:4 102:19 109:21 240:15 241:11 <b>wonder</b> [4] 85:12 207:23 208:9 275:12 <b>wondering</b> [8] 115:19 198:14,17 203:14,15 204:15 220:19 259:17 <b>Woodland</b> [1] 1:8 <b>woodwork</b> [1] 232:3 <b>word</b> [6] 44:20 223:10 260:13 265:19,21 292:9 <b>wording</b> [2] 18:12 185:12 <b>words</b> [1] 206:8 <b>worked</b> [19] 5:16,18,21 6:25,25 8:13,18,20 10:21 36:15 37:14 127:15 131:23 166:24 230:3,4 260:22 271:14,16 <b>workload</b> [2] 254:21,23 <b>works</b> [1] 232:13 <b>world</b> [4] 19:24 20:25 123:13 260:19 <b>worried</b> [1] 115:10 <b>worse</b> [1] 82:15 <b>worth</b> [3] 82:13 117:9 211:2 <b>write</b> [4] 81:11 87:11 100:20 102:16 <b>writes</b> [19] 81:18 84:10 92:15 93:17 97:15 175:15 176:15 180:1 187:10,21 194:19 200:3 253:24 258:3 267:5 271:10,15 275:6 280:20 <b>writing</b> [12] 156:24 173:17 177:21,23 184:4 186:6 204:11 207:25 257:24 279:6 287:11 288:24 <b>written</b> [10] 74:1 91:3 93:16 143:14,16 148:20 149:9 181:20 207:22 211:22 <b>wrong</b> [9] 106:1 162:1 204:6 215:13 216:16,22 225:1 243:24 288:23 <b>wrongly</b> [1] 223:9 <b>wrote</b> [3] 100:17 185:14 240:21</p> <hr/> <p style="text-align: center;"><b>-Y-</b></p> <hr/> <p><b>Yates</b> [1] 202:18 <b>year</b> [18] 7:8 22:24 24:21 94:24 123:6,19,19 124:4 124:7 143:8,9 151:10 165:1 209:19,21 210:5 241:5 254:10 <b>years</b> [16] 6:3,25 7:1,5 9:15,17,18 10:7,9 15:20 33:12 34:8 35:6 117:2 140:20 231:3 <b>yesterday</b> [2] 82:3 101:1 <b>yet</b> [5] 119:7 207:12 236:19 264:24,25</p>	<p><b>yourself</b> [14] 25:10 83:21 118:2 128:9 156:1 181:12 205:19 207:18 241:19 253:21 257:22 275:15 276:17 281:23 <b>Yvonne</b> [3] 168:11 169:20 171:15</p>
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