

<p style="text-align: center;">COMMISSION OF INQUIRY ON HORMONE RECEPTOR TESTING</p> <p style="text-align: center;">BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER</p> <p style="text-align: center;">MARCH 27, 2008</p> <p>Appearances:</p> <p>Bernard Coffey, Q.C. Commission Co-counsel</p> <p>Sandra Chaytor, Q.C. Commission Co-counsel</p> <p>Rolf Pritchard Her Majesty in Right of NL</p> <p>Daniel Simmons Eastern Regional Integrated Health Authority</p> <p>Chesley Crosbie, Q.C. Members of the Breast Cancer Testing Class Action</p> <p>Ms. Darlene Russell Co-counsel</p> <p>Jennifer Newbury Canadian Cancer Society (NL Division)</p> <p>David Eaton, Q.C. Central, Western and Labrador-Grenfell Regional Integrated Health Authorities</p> <p>Ms. Stacey O’Dea Co-counsel</p>	<p style="text-align: center;">EXHIBIT LIST</p> <p>EXHIBIT P-0118 ENTERED Pg. 240</p> <p>EXHIBIT P-0117 ENTERED Pg. 293</p>
<p style="text-align: center;">TABLE OF CONTENTS</p> <p style="text-align: center;">MARCH 27, 2008</p> <p>MS. JOAN DAWE - RESUMES THE STAND</p> <p>Examination by Bernard Coffey, Q.C. (Cont’d) . . . Pgs. 1 - 237</p> <p>Examination by Mr. Peter Browne Pgs. 237 - 251</p> <p>Examination by Ms. Jennifer Newbury Pgs. 251 - 291</p> <p>Discussion Pgs. 291 - 296</p> <p>Certificate</p>	<p style="text-align: right;">Page 4</p> <p>1 THE COMMISSIONER:</p> <p>2 Q. Good morning. Please be seated. Mr. Coffey.</p> <p>3 MS. JOAN DAWE, EXAMINATION BY BERNARD COFFEY, Q.C.</p> <p>4 (CONT’D)</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Thank you, Commissioner. Just let Ms. Dawe</p> <p>7 get settled in here, and--thank you, ma’am.</p> <p>8 MS. DAWE:</p> <p>9 A. Good morning.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. Ms. Dawe, just before the Commissioner came</p> <p>12 into the room, you advised me of something.</p> <p>13 Can you tell us, please -</p> <p>14 MS. DAWE:</p> <p>15 A. Last evening, I received notification that the</p> <p>16 Regional Health Authorities Act has been</p> <p>17 proclaimed to come into effect April the 1st.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. As in?</p> <p>20 MS. DAWE:</p> <p>21 A. 2008.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And this is the Act that you referred to</p> <p>24 yesterday?</p> <p>25 MS. DAWE:</p>

Page 5

1 A. I was referring to that the Board had been
 2 operating on the basis of the new legislation,
 3 the spirit and intent of that.
 4 COFFEY, Q.C.:
 5 Q. Ma'am, if we could, Commissioner, we were
 6 yesterday into dealing with the Board minutes
 7 and we were getting toward the end of 2005.
 8 That's Exhibit P-0018, please. Okay, I
 9 believe we were up around, if I could,
 10 Registrar, please, around page 19 in this
 11 exhibit. Okay, yes, going to scroll a bit
 12 further down through it. These are the
 13 minutes of--let me see, go down as far as the
 14 minutes of November 25, 2005, and they are a
 15 bit further down than I thought. Sorry,
 16 Commissioner, I'm just -
 17 THE COMMISSIONER:
 18 Q. Sure. Are we looking for November minutes or
 19 another date?
 20 COFFEY, Q.C.:
 21 Q. We're actually on the November minutes right
 22 there now on the screen, Commissioner. It's a
 23 particular part of it. I apologize. Let me
 24 see here. Ah, yes, here we are. Page 14 of
 25 the minutes themselves. It's actually page 47

Page 6

1 of Exhibit P-0018, and here there's a
 2 reference to media analysis, Ms. Dawe.
 3 MS. DAWE:
 4 A. Um-hm.
 5 COFFEY, Q.C.:
 6 Q. I take it that the Board, during its regular
 7 meetings, would be advised by the Executive
 8 about the media coverage?
 9 MS. DAWE:
 10 A. Periodically, yes.
 11 COFFEY, Q.C.:
 12 Q. And that was a standing or standard part of a
 13 Board meeting?
 14 MS. DAWE:
 15 A. It's not always reported on, obviously, if
 16 there are no events, but yes, yes, yeah. It's
 17 not unusual.
 18 COFFEY, Q.C.:
 19 Q. And here, and this was as of November 25,
 20 2005. It's noted "October was extremely busy
 21 media wise. In September, the ER/PR breast
 22 cancer issue was the predominant issue. While
 23 most of the coverage was negative, we did
 24 manage to get key messages to the general
 25 public through a designated spokesperson. A

Page 7

1 provincial-wide print campaign was also
 2 undertaken in an effort to clear up any
 3 confusion or misconception put forth by the
 4 media." And it continues at the bottom of the
 5 page, "the pandemic/avian flu preparation,
 6 ER/PR and herceptin coverage province wide
 7 also received national media attention."
 8 Now with respect to receiving, the Board
 9 receiving reports relating to media coverage
 10 of Eastern Health, what was your understanding
 11 or your view of the purpose of that?
 12 MS. DAWE:
 13 A. Information only, to provide information that
 14 was public, summarized.
 15 COFFEY, Q.C.:
 16 Q. You say information only -
 17 MS. DAWE:
 18 A. You know, it's after the fact here.
 19 COFFEY, Q.C.:
 20 Q. Yes.
 21 MS. DAWE:
 22 A. Obviously, and it would be very much in
 23 keeping, as with the philosophy of the Board
 24 in its outreach to the community and community
 25 engagement and working with partners. So it's

Page 8

1 not--it's nothing unusual.
 2 COFFEY, Q.C.:
 3 Q. Okay.
 4 MS. DAWE:
 5 A. And remember, these again, this would have
 6 been within the first, say, six months of the
 7 Board assuming its responsibility.
 8 COFFEY, Q.C.:
 9 Q. Now those sorts of media reports, we're going
 10 to see as we continue on through '06 and '07.
 11 MS. DAWE:
 12 A. Some of it, yes.
 13 COFFEY, Q.C.:
 14 Q. They continue.
 15 MS. DAWE:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. To the Board.
 19 MS. DAWE:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. So this wasn't occurring just in the first six
 23 to eight months of the Board's existence.
 24 MS. DAWE:
 25 A. No.

Page 9

1 COFFEY, Q.C.:

2 Q. This continued on?

3 MS. DAWE:

4 A. Absolutely, yeah.

5 COFFEY, Q.C.:

6 Q. In the same vein, what was the purpose or your

7 understanding of why the Board was being

8 briefed by Dr. Williams, and he was doing so

9 at the behest of George Tilley, I gather -

10 MS. DAWE:

11 A. Yes.

12 COFFEY, Q.C.:

13 Q. - about ER/PR? Why was the Board being kept

14 apprised of this?

15 MS. DAWE:

16 A. Because of the significance of the issue,

17 certainly, and it involved, again as I had

18 said yesterday, it involved other areas of the

19 province, other regions. It engaged national

20 organizations because it was seen as a

21 national initiative and issue, and I think

22 it's very fair to say now that there was very

23 little experience in how to deal with this

24 matter. I think that became obvious as the

25 months and certainly the years have gone on.

Page 10

1 COFFEY, Q.C.:

2 Q. And I appreciate that, why ER/PR was being,

3 you know, for those reasons you've just

4 articulated -

5 MS. DAWE:

6 A. Yes.

7 COFFEY, Q.C.:

8 Q. - was being brought before the Board. The

9 Board was being kept apprised as time went on

10 about it. But, my question is really related

11 to what was the Board expected to do about it?

12 MS. DAWE:

13 A. Of what? ER/PR?

14 COFFEY, Q.C.:

15 Q. ER/PR. It's one thing to be told something.

16 MS. DAWE:

17 A. Yes.

18 COFFEY, Q.C.:

19 Q. It's another thing entirely, you know, for

20 your information. It's another thing entirely

21 to be told something with a view that perhaps

22 you might do something about it. So I'm just

23 asking you, in terms of, you know, September,

24 Dr. Williams comes along, gives you, I gather,

25 a fairly lengthy verbal briefing?

Page 11

1 MS. DAWE:

2 A. Yes.

3 COFFEY, Q.C.:

4 Q. We've looked at other references, I believe in

5 October and November, to ER/PR status. With a

6 view to the Board doing what or not doing

7 anything? What was the purpose?

8 MS. DAWE:

9 A. Well, firstly, it would be for information.

10 Secondly though, if there was a need for Board

11 intervention or policy direction or advice

12 from the Board, clearly.

13 COFFEY, Q.C.:

14 Q. So if there's a need for Board intervention,

15 what sort of intervention might possibly

16 occur?

17 MS. DAWE:

18 A. It could be at the policy level or the need to

19 intervene with Government, which is quite

20 often the case.

21 COFFEY, Q.C.:

22 Q. Could it be to intervene on an operational

23 level?

24 MS. DAWE:

25 A. You have to be more specific in that regard

Page 12

1 because, you know, again -

2 COFFEY, Q.C.:

3 Q. We will, for the moment, jump ahead to May

4 2007.

5 MS. DAWE:

6 A. Yes.

7 COFFEY, Q.C.:

8 Q. When the Board did intervene in the sense

9 that, and we'll see this in the minutes, that

10 to suggest that, in fact, outside media

11 consultants be brought in.

12 MS. DAWE:

13 A. Yes.

14 COFFEY, Q.C.:

15 Q. And that is an operational intervention, isn't

16 it?

17 MS. DAWE:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. So the Board, in May of '07, by that point,

21 because of the circumstances presumably that

22 the Board perceived to exist at the time, did

23 operationally intervene. That's the kind of

24 intervention I'm talking about, or any type of

25 operational intervention.

Page 13

1 MS. DAWE:
 2 A. But it would be in the sense of offering
 3 suggestions and advice in that regard, for
 4 sure.
 5 COFFEY, Q.C.:
 6 Q. So that from the perspective of why this sort
 7 of information is being, in terms of relating
 8 to ER/PR, was being provided to the Board
 9 right from the beginning -
 10 MS. DAWE:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. - it was with a view to possible intervention
 14 and it might even be operational?
 15 MS. DAWE:
 16 A. If it were deemed appropriate.
 17 COFFEY, Q.C.:
 18 Q. Appropriate, yes.
 19 MS. DAWE:
 20 A. And that's the very fine line between the role
 21 of the Board and the role of the organization.
 22 So I can't generalize there for sure.
 23 COFFEY, Q.C.:
 24 Q. And I appreciate that, but the notion or idea
 25 or premise that the Board might, depending on

Page 14

1 the circumstances, see fit to intervene
 2 operationally was always there?
 3 MS. DAWE:
 4 A. To advise the Executive Director, the
 5 President and the Executive Director to take a
 6 specific action.
 7 COFFEY, Q.C.:
 8 Q. Yes.
 9 MS. DAWE:
 10 A. To that degree of intervention.
 11 COFFEY, Q.C.:
 12 Q. Yes.
 13 MS. DAWE:
 14 A. Not to reach down in the organization.
 15 COFFEY, Q.C.:
 16 Q. And I understand that.
 17 MS. DAWE:
 18 A. Okay.
 19 COFFEY, Q.C.:
 20 Q. And I appreciate--so, if I understand you
 21 correctly, you're saying, "look, Mr. Coffey, I
 22 wasn't going to pick up the phone and tell Bob
 23 Williams how to do his job."
 24 MS. DAWE:
 25 A. Absolutely.

Page 15

1 COFFEY, Q.C.:
 2 Q. But it might be that the Board -
 3 MS. DAWE:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. - which I chaired, might very well, while in a
 7 meeting or otherwise, tell Mr. Tilley, this is
 8 our view on something.
 9 MS. DAWE:
 10 A. Absolutely.
 11 COFFEY, Q.C.:
 12 Q. Okay, and that thing might involve an
 13 operational matter?
 14 MS. DAWE:
 15 A. It could. It could, it's very specific to the
 16 issue, but in our response--our only employee
 17 is, as I had said yesterday, is the president
 18 and CEO. So that is our line and it's
 19 important that the Board provide advice or
 20 direction, depending on the circumstance.
 21 That's our accountability as well.
 22 COFFEY, Q.C.:
 23 Q. And from your perspective, I gather, and
 24 certainly as you pointed out just a couple of
 25 minutes ago, the Board might see fit to

Page 16

1 provide policy advice too?
 2 MS. DAWE:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. In terms of the role, if I could, the role of
 6 the--not so much perhaps the Board and in
 7 fact, you as the Board chair, if I could
 8 please, Registrar, Exhibit P-0099, P-0099.
 9 MS. DAWE:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. This is a two-page letter, Ms. Dawe. It's on
 13 Government of Newfoundland and Labrador
 14 stationary. It's from John Ottenheimer,
 15 signing as the MHA for St. John's East
 16 District, Minister, and we look back to the
 17 first page, the letterhead, it's Department of
 18 Health and Community Services, Office of the
 19 Minister. The letter, date stamp on it is
 20 November 23rd 2005, which is right there, and
 21 it's addressed to yourself. I take it you did
 22 receive this letter?
 23 MS. DAWE:
 24 A. Yes, sir, I did.
 25 COFFEY, Q.C.:

Page 17

1 Q. And in keeping with, in fact, a question the
 2 Commissioner had yesterday in relation to the
 3 very pragmatic part of where the Board is,
 4 where its offices are, it's addressed to you
 5 as the Chair, Board of Trustees, Eastern
 6 Regional Integrated Health Authority, South
 7 Wing, Waterford Hospital. So that was the
 8 executive offices of Eastern Health?
 9 MS. DAWE:
 10 A. Yeah, the Board as such, we have no facility,
 11 no office, you know. This is--any information
 12 through the Board works through the executive
 13 office, absolutely.
 14 COFFEY, Q.C.:
 15 Q. Sure, because the received stamp on the top
 16 right-hand side of this page is Office of the
 17 CEO.
 18 MS. DAWE:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. November 28th 2005, Eastern Health.
 22 MS. DAWE:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. So any kind of correspondence that you got in

Page 18

1 your capacity as Chair of the Board of
 2 Trustees would be directed through George
 3 Tilley's office?
 4 MS. DAWE:
 5 A. If not directly, then I would forward it, but
 6 yes, absolutely.
 7 COFFEY, Q.C.:
 8 Q. Now this letter is about eight and a half
 9 months into your tenure, official tenure. Do
 10 you know how this letter came about?
 11 MS. DAWE:
 12 A. Yes, indeed I do. When the Board assumed its
 13 responsibility in April of 2005, again it was
 14 at the period where we were working on new
 15 legislation, both the transparency and
 16 accountability legislation I referred to
 17 yesterday, and the new Regional Health
 18 Authorities Act.
 19 COFFEY, Q.C.:
 20 Q. Which you just referred to moments ago.
 21 MS. DAWE:
 22 A. Absolutely. So that's new legislation. It was
 23 a new legislative framework, a new
 24 organization, integration of seven former
 25 boards into the one. So we had--I had invited

Page 19

1 Mr. Ottenheimer actually to come to meet with
 2 the Board in its early--within the first or
 3 second month, to come and meet the Board and
 4 talk about roles and responsibilities and
 5 expectations, which he did. And then in the
 6 coming months, I approached him again in
 7 discussion. I can't tell you precisely when,
 8 but I approached him about exchanging a letter
 9 to more clearly define accountabilities,
 10 because again, we were in transition with the
 11 old Hospitals Act and knowing, I was aware and
 12 I was very much engaged in understanding the
 13 transparency and accountability legislation
 14 and the Regional Health Authorities Act. So I
 15 said "I want something very specific so that I
 16 understand what's expected of me as Chair of
 17 the Board and vice versa. So can we talk
 18 about this?" And as a result of that
 19 discussion, I have this letter. So it's more
 20 clearly outlines what the Minister expected in
 21 the early period, and it's very focussed on
 22 the orientation of the Board, because as I
 23 mentioned yesterday, considerable amount of
 24 time had to go into trustee education and
 25 orientation because it was a brand new board

Page 20

1 with a very significant mandate. The
 2 development, the second point is the
 3 development of the first strategic plan for
 4 the organization, in accordance with the
 5 legislation yet to be proclaimed there. The
 6 reference to the budget and the monitoring
 7 processes and so on. The regional--the
 8 development of a Regional Health Services
 9 Plan, and it was that, the thinking around
 10 there was our activities related to the Needs
 11 Assessment. In other words, how do you
 12 develop a plan for service delivery if you
 13 don't fully understand the needs of the
 14 community. So you can understand the context
 15 around there.
 16 COFFEY, Q.C.:
 17 Q. Yes.
 18 MS. DAWE:
 19 A. And then, number five was the working
 20 relationship and responsibilities between the
 21 Board and the CEO and a performance report.
 22 So it's more clearly defining. In addition to
 23 a legislative framework, which is very
 24 general, these were the expectations for the
 25 early years.

Page 21

1 COFFEY, Q.C.:

2 Q. And the letter was received by yourself. I

3 notice on the second page of the letter,

4 there's a spot for countersigned by. Now the

5 particular copy we have does not have your

6 signature. Did you ever countersign this?

7 MS. DAWE:

8 A. Yes, I did. The official record shows that.

9 COFFEY, Q.C.:

10 Q. All right. Did that ever, that understanding,

11 is that still in existence? I mean, in the

12 sense of has it ever changed?

13 MS. DAWE:

14 A. No. There's nothing since then.

15 COFFEY, Q.C.:

16 Q. No, this is -

17 MS. DAWE:

18 A. No, but the principles obviously are the same

19 because we have--you know, the role of the

20 Board, the governance, the Board development

21 and so on, that carries on. We have our

22 strategic--we had our first strategic plan

23 developed in accordance with this. We've just

24 submitted our second strategic plan. The

25 budgeting, you know, so the principles

Page 22

1 outlined here are still in effect.

2 COFFEY, Q.C.:

3 Q. Been no modification certainly in writing or

4 otherwise?

5 MS. DAWE:

6 A. No, no.

7 COFFEY, Q.C.:

8 Q. Okay.

9 MS. DAWE:

10 A. This suits, and excuse me, I have to say that,

11 in my history, this is the first time we've

12 exchanged a letter so as to more clearly focus

13 accountabilities and responsibilities.

14 COFFEY, Q.C.:

15 Q. And I take it that your purpose at the time,

16 in having this dialogue with Mr. Ottenheimer

17 that you've described concerning that matter,

18 was because, from your perspective, I gather

19 it wasn't, until that letter existed, it was

20 not clearly defined anywhere?

21 MS. DAWE:

22 A. No, and we were in this period, as I said, of

23 transition with the new legislation and, you

24 know, it was for the--for me, it was for these

25 reasons, plus the mandate that this Board had

Page 23

1 been given was quite significant, so rather

2 than have a discussion around the table, I

3 felt that it would be appropriate to let's

4 document what the expectations are.

5 COFFEY, Q.C.:

6 Q. If I could, please, Registrar, Exhibit P-0096?

7 Ma'am, this is--and I'm not suggesting you've

8 ever seen this, this email exchange, but this

9 is an email exchange. It begins at the bottom

10 of the page as these forms of printout of

11 emails are one to do. On November 3rd, and

12 this would be 2005, at 14:07 hours. The

13 subject is ER/PR. It's from Moira Hennessey,

14 who I understand was an ADM with the

15 Department of Health, and it's sent to George

16 Tilley, and she says "Hi, George. Can you

17 give me an update on the contacting of

18 patients? Where are we and when will all

19 patients be contacted? We need to ensure that

20 the Minister can state all patients have been

21 contacted when the House opens later this

22 month. Also, have you received the report

23 from the Chief Pathologist at the BC Cancer

24 Institute and the Chief Technologist at Mount

25 Sinai? If yes, can you give me a quick update

Page 24

1 to reflect in the Minister's HOA note," which

2 would be House of Assembly note.

3 And Mr. Tilley, on the same day,

4 approximately eight minutes later, according

5 to the timing printout, comes back and says

6 "Moira, I am in Ottawa. I know a briefing

7 meeting has been set with the Minister on

8 November 17th to brief him for the House. In

9 the meantime, and if there is some immediate

10 need you have in the interim, I ask that you

11 touch base with Bob Williams."

12 Now I have this here because I want to

13 ask you, in the beginning of November of 2005

14 and into December 2005, did George Tilley ever

15 bring to your attention the fact that

16 apparently the ADM from the Department of

17 Health was inquiring of him about the status

18 of the report from the Chief Pathologist at

19 the BC Cancer Institute and the Chief

20 Technologist at Mount Sinai, and the fact that

21 the Department of Health was then looking for

22 a quick update on those?

23 MS. DAWE:

24 A. I can't recall anything of that. I haven't

25 seen this obviously before.

1 COFFEY, Q.C.:

2 Q. And I appreciate that. I'm asking you about

3 did George ever come to you and say -

4 MS. DAWE:

5 A. Not certainly that I recall. Obviously, as I

6 indicated again yesterday, there would be

7 ongoing dialogue on this matter between the

8 Executive and the Department of Health

9 officials.

10 COFFEY, Q.C.:

11 Q. If we could go to, please, Exhibit P-0097?

12 Ma'am, this is--again, these are--it's

13 actually two emails. The first is--it's just

14 one page long actually.

15 MS. DAWE:

16 A. Okay.

17 COFFEY, Q.C.:

18 Q. The first email is from Moira Hennessey again,

19 this time to Dr. Robert Williams, Novem

20 ber 3rd 2005, at 2:56 p.m. The subject is ER/PR and

21 this, on the next day, as you can see, on November 4th at

22 1:15 p.m., I guess forwarded from Denise Dunn, who I

23 understand evidence will show worked with Dr. Robert

24 Williams. She forwards it the next afternoon to Heather

25 Predham, but on the afternoon of the 3rd of November, Ms.

1 Q. And I raise that because we've looked at the

2 November 25th 2005 minutes late yesterday -

3 MS. DAWE:

4 A. Yes.

5 COFFEY, Q.C.:

6 Q. - and back to them this morning, and there's

7 no mention by Dr. Williams, at least noted in

8 the minutes, of the fact that earlier that

9 month, the ADM from Health was looking for

10 information about the findings in those two

11 reports.

12 MS. DAWE:

13 A. I'm not sure that, at that level of operation,

14 that it would come to the Board's attention

15 really, you know.

16 COFFEY, Q.C.:

17 Q. Okay.

18 MS. DAWE:

19 A. But it certainly didn't. I can assure you of

20 that, and this is new information for me. But

21 because there's--you know, in many cases,

22 depending on the issue, there could be daily

23 or weekly contact between the officials of

24 Eastern Health and the officials of the

25 Department that would never reach the level of

1 Hennessey has written "Hi, Bob. Can you please give me

2 an update on where we are with the contacting of

3 patients? I understand the process is ongoing and there

4 have been some problems. Also, have you received the

5 report from the BC pathologist and the Mount Sinai

6 technologist? If yes, what is the general finding(s)?

7 While I know you are briefing the Minister later this

8 month, we have to complete the first draft of the House

9 of Assembly briefing notes by tomorrow. I will then

10 update it after the meeting with the Minister. Thanks,

11 Moira."

12 Now again, I appreciate you--I understand

13 that you never seen this email.

14 MS. DAWE:

15 A. No.

16 COFFEY, Q.C.:

17 Q. But with respect to its contents, did Dr.

18 Williams ever, in November or December of

19 2005, let you know that Moira Hennessey was

20 looking for information about this report from

21 the BC pathologist and the Mount Sinai

22 technologist and the general findings in them?

23 MS. DAWE:

24 A. No, no, and -

25 COFFEY, Q.C.:

1 the Board.

2 COFFEY, Q.C.:

3 Q. And I appreciate that, but in this context, my

4 question is directed at -

5 MS. DAWE:

6 A. The report.

7 COFFEY, Q.C.:

8 Q. - the reports and the fact that the Department

9 of Health is looking for, at least the general

10 findings by those two external consultants so

11 that the Minister can be briefed on them, and

12 the fact, you know, might that be of

13 significance, the fact that the Department was

14 looking for that? Might that have been of

15 significance to the Board?

16 MS. DAWE:

17 A. Yes, and it's, you know, it's after the fact

18 and you know what our minutes reflect for our

19 November meeting.

20 COFFEY, Q.C.:

21 Q. In terms of that, as you've just referred to,

22 it's not--you know, in your experience, I

23 suspect in your personal experience in your

24 days as DM, going back that far, that the fact

25 that there would be routinely contact between

Page 29

1 the CEO of the then Health Care Corporation of
 2 St. John's and now Eastern Health and the
 3 deputy minister wouldn't be at all unusual?
 4 MS. DAWE:
 5 A. Not at all. And you know, between the vice-
 6 president, maybe, and the ADMs this is how the
 7 system operates.
 8 COFFEY, Q.C.:
 9 Q. In relation to that, then, in an operational
 10 way does that mean that, in fact, the
 11 Department of Health has a much more hands on
 12 involvement in the running of Eastern Health
 13 than the Board of Trustees does?
 14 MS. DAWE:
 15 A. In some cases, yes, yes. I should say it's
 16 not only Eastern Health.
 17 COFFEY, Q.C.:
 18 Q. Oh, and I appreciate that. And it's just in
 19 your--of course, you're from Eastern Health,
 20 but.
 21 MS. DAWE:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. You have--we'll go further and ask, there is--
 25 you have no reason to objectively to believe

Page 30

1 that it would be any different from the other
 2 health authorities?
 3 MS. DAWE:
 4 A. Absolutely not. And I would suggest to you if
 5 you spoke to people out of this province in
 6 other jurisdictions, the same would apply.
 7 COFFEY, Q.C.:
 8 Q. Ma'am, while we're on and before we leave
 9 entirely, I hope, the Board of Trustee minutes
 10 for 2005, if we could bring up P-0018 again,
 11 please, Registrar? If we could go, please,
 12 to--I don't know if they're reproduced here.
 13 P-0018, page 50, please? Okay, we haven't
 14 reproduced them because there's nothing of
 15 relevance to ER/PR in them. But there is a--
 16 just a moment, please. There was a Board
 17 meeting in December of 2005. Here it is. I
 18 just want to get the date, Commissioner. It
 19 was December 14th, 2005. And at least -
 20 CROSBIE, Q.C.:
 21 Q. That's the next meeting.
 22 COFFEY, Q.C.:
 23 Q. Yes, December 14th, 2005, yes.
 24 CROSBIE, Q.C.:
 25 Q. It's the next one.

Page 31

1 COFFEY, Q.C.:
 2 Q. Yes. Oh, I appreciate that. There was one on
 3 December 14th, 2005 and ER/PR was not
 4 discussed at that meeting, okay.
 5 MS. DAWE:
 6 A. I don't have the minutes in front of me, but I
 7 assume you would, if the matter were
 8 addressed.
 9 COFFEY, Q.C.:
 10 Q. Ma'am myself and Mr. Simmons haven't been able
 11 to find any reference to it, so if there was,
 12 it would be here. So -
 13 MR. SIMMONS:
 14 Q. And if I might?
 15 COFFEY, Q.C.:
 16 Q. Yes.
 17 MR. SIMMONS:
 18 Q. That meeting is, was recorded as being a
 19 telephone conference call meeting and a
 20 special meeting called solely to review the
 21 budget prior to submission to government, so
 22 that was the only agenda item.
 23 COFFEY, Q.C.:
 24 Q. I appreciate that.
 25 MR. SIMMONS:

Page 32

1 Q. In that meeting.
 2 COFFEY, Q.C.:
 3 Q. Yeah, I appreciate that, Mr. Simmons, yes.
 4 The point being -
 5 THE COMMISSIONER:
 6 Q. Okay, wait now, let's make sure everybody's in
 7 agreement here. You're in agreement that
 8 there was a meeting on December the 14th,
 9 2005, it was held by telephone for a specific
 10 purpose and the minutes of that meeting do not
 11 reflect that the subject of ER was raised?
 12 MR. SIMMONS:
 13 Q. That's correct, yes.
 14 COFFEY, Q.C.:
 15 Q. That's, Mr. Simmons is entirely correct.
 16 THE COMMISSIONER:
 17 Q. Thank you.
 18 COFFEY, Q.C.:
 19 Q. Thank you. Exhibit P-0101. Now, it is in
 20 your book, P-0101, further along. Thank you.
 21 Ms. Dawe, this is a letter of December 7th,
 22 2005. It's three pages. It's addressed to
 23 Dr. Robert Williams. It's a letter from Dr.
 24 Beverley Carter, it's carboned to Doctors Cook
 25 and Ejeckam and to Mr. Terry Gulliver. This

Page 33

1 is a letter that Dr. Carter wrote, and why she
 2 wrote it apparently is set out in the first
 3 three lines. "I was most recently asked by
 4 Dr. Don Cook to comment on the suggestion of
 5 Mr. Barry Dyer that stated that he felt that
 6 the Ventana testing for estrogen receptor,
 7 progesterone receptor and HER-2 neu could be
 8 started at any time." So that's apparently
 9 what instigated the letter. And she goes on
 10 then to refer to, "I find this comment quite
 11 startling in the face of two fairly damning
 12 reports sent by Dr. Banerjee and Trish
 13 Wegrynowski on review of our
 14 immunohistochemistry laboratory with special
 15 emphasis on the predictive factors for breast
 16 cancer patients." We're going to go on to
 17 look at the Board minutes for 2006, beginning
 18 in early 2006. The subject matter that Dr.
 19 Carter apparently raised with Dr. Williams
 20 concerning her concerns about the idea of
 21 restarting ER/PR testing at that point in St.
 22 John's and her view that the two reports in
 23 question were fairly damning, I take it Dr.
 24 Robert Williams didn't pass that on to the
 25 Board?

Page 34

1 MS. DAWE:
 2 A. I'm not aware of this letter or the contents
 3 of this letter.
 4 COFFEY, Q.C.:
 5 Q. Or the contents, either.
 6 THE COMMISSIONER:
 7 Q. Would you expect to be?
 8 MS. DAWE:
 9 A. I think as I had indicated yesterday, what I
 10 know now with respect to the reports I would
 11 have expected to have at a high level an
 12 indication that there were inadequacies in the
 13 areas which I documented yesterday. I think
 14 my response to that would be the same.
 15 COFFEY, Q.C.:
 16 Q. Inadequacies that did not involve the
 17 equipment?
 18 MS. DAWE:
 19 A. Right, inadequacies in terms of quality
 20 control, documentation and some others that we
 21 are aware of today. I think my response,
 22 Commissioner, would be the same.
 23 THE COMMISSIONER:
 24 Q. And when you say at a high level, in light of
 25 the evidence that you have given thus far that

Page 35

1 the Board speaks to the president?
 2 MS. DAWE:
 3 A. Yes.
 4 THE COMMISSIONER:
 5 Q. I assume you would have expected to be
 6 informed by the president or someone he
 7 designated to inform you?
 8 MS. DAWE:
 9 A. Yes.
 10 THE COMMISSIONER:
 11 Q. And it would -
 12 MS. DAWE:
 13 A. Naturally in this case I would expect that it
 14 would come through the reports either through
 15 Mr. Tilley or Dr. Williams at the Board
 16 meetings.
 17 THE COMMISSIONER:
 18 Q. Sorry, Mr. Coffey.
 19 COFFEY, Q.C.:
 20 Q. Go ahead.
 21 THE COMMISSIONER:
 22 Q. But I have this in my mind and it might slip
 23 away if I don't ask the question now. When
 24 you talked yesterday about the process which
 25 seemed to me to be a lengthy and rather

Page 36

1 thorough one for informing your Board about
 2 its role?
 3 MS. DAWE:
 4 A. Yes.
 5 THE COMMISSIONER:
 6 Q. Was Mr. Tilley, would Mr. Tilley have been the
 7 president all during your period?
 8 MS. DAWE:
 9 A. Yes.
 10 THE COMMISSIONER:
 11 Q. Of time up until he resigned relatively
 12 recently?
 13 MS. DAWE:
 14 A. Yes.
 15 THE COMMISSIONER:
 16 Q. Okay. Would Mr. Tilley have been present
 17 during that education process?
 18 MS. DAWE:
 19 A. Some, some of that. He certainly would be
 20 aware because there are standard documents,
 21 modules for trustee education that are
 22 available that we follow. And so that's
 23 primarily, that's a provincial standard
 24 trustee education.
 25 THE COMMISSIONER:

Page 37

1 Q. Um-hm.
 2 MS. DAWE:
 3 A. So he would certainly be aware of that. I
 4 think he was present for some of that but not
 5 all. The other component on governance and
 6 the education and--he was present for some of
 7 that, as well.
 8 THE COMMISSIONER:
 9 Q. The point I'm getting at, obviously, that how
 10 does Mr. Tilley vis-a-vis you or other persons
 11 in other health authorities understand his
 12 role vis-a-vis the Board?
 13 MS. DAWE:
 14 A. And very much that's an--first of all, there's
 15 documentation on the roles, and we work hand
 16 in hand in that sense in understanding roles.
 17 So he would not have been excluded from any of
 18 the discussions or understanding on the role
 19 and the education of the Board. He'd be very
 20 much engaged. Well, not only he, I'm saying
 21 the position.
 22 THE COMMISSIONER:
 23 Q. Yes.
 24 MS. DAWE:
 25 A. That the person holding that position would be

Page 38

1 very much engaged. They'd have to because
 2 they have to understand the role of the Board
 3 versus the role of the president/CEO.
 4 THE COMMISSIONER:
 5 Q. Okay.
 6 MS. DAWE:
 7 A. So this would not happen in isolation.
 8 THE COMMISSIONER:
 9 Q. All right. So that during your period of time
 10 in which Mr. Tilley was the president of
 11 Eastern Health, I won't give it its long name
 12 if you don't mind, and you were the Chair of
 13 the Board, did you believe he understood
 14 correctly the divisions in the roles as you -
 15 MS. DAWE:
 16 A. Absolutely.
 17 THE COMMISSIONER:
 18 Q. - understood them?
 19 MS. DAWE:
 20 A. Absolutely. I would have no hesitation
 21 because not only for Eastern Health but he had
 22 been a CEO in the past, so the role was not
 23 new to him and the role had not changed
 24 substantially at all. What we were doing in
 25 Eastern Health was refining and being much

Page 39

1 more accurate in defining the role. But the
 2 principles of the role of a Board of Trustees
 3 and the role of an executive director or
 4 president are well established, well
 5 established, so there would be--I wouldn't
 6 even hesitate to respond to that.
 7 THE COMMISSIONER:
 8 Q. Sorry, Mr. Coffey.
 9 COFFEY, Q.C.:
 10 Q. Oh, no. Thank you, Commissioner. Exhibit P-
 11 0088. And we had looked at Exhibit P- 0092
 12 yesterday and that was an e-mail from Daniel
 13 Boone to Heather Predham on October 18th,
 14 2005. This is another series of e-mails
 15 earlier that month. I'm going to refer you to
 16 them, then I have a question for you about
 17 what they may reflect. At the bottom of the
 18 page, I'll just scroll down here, there's an
 19 e-mail on Thursday, October 6th, 2005 at 9: 52
 20 a.m. from Dan Boone to Heather Predham. And
 21 again, this is Mr. Boone is involved in a
 22 series of e-mails. There's an earlier one
 23 referred to at the bottom of the page. The
 24 subject is once again ER/PR testing. And he
 25 says, "Heather, as per my voice mail, I have

Page 40

1 concerns with referring to a quality review in
 2 correspondence and with characterizing the
 3 retesting of samples as part of the quality
 4 review. As I understand it the retesting was
 5 done from a patient care perspective. I also
 6 would like to reconsider the necessity of
 7 referring to that one patient whose test
 8 results started it." Signed, "Daniel Boone."
 9 And then above that, if we could come up a
 10 little bit, Ms. Predham on the same day at
 11 10:14 that morning forwards this to Patricia
 12 Pilgrim and Dianne Smith saying here's Dan's
 13 feedback. "I figure we might as well say
 14 quality review since Dr. Williams has been
 15 saying it all along. How about this," and she
 16 has some wording there. And she says,
 17 continues on, "I checked with Dan and he's
 18 okay with this." Signed, "Heather." Ma'am,
 19 in the fall of 2005 as the chair of the Board
 20 of Trustees what, if anything, was your
 21 understanding about the nature of the
 22 involvement by Daniel Boone in giving advice
 23 to or at least providing information or advice
 24 to people such as Heather Predham and others
 25 in the administration of Eastern Health?

Page 41

1 MS. DAWE:
 2 A. Let me preface, I'm seeing this for the first
 3 time.
 4 COFFEY, Q.C.:
 5 Q. I appreciate that, ma'am.
 6 MS. DAWE:
 7 A. As well.
 8 COFFEY, Q.C.:
 9 Q. Yes.
 10 MS. DAWE:
 11 A. And so I wouldn't--I'm not aware of the
 12 context in which this discussion would have
 13 occurred. And I truthfully would have to say
 14 if we had--I don't even recall any discussion
 15 about Mr. Boone's involvement within the
 16 organization. I have no record of that
 17 anywhere.
 18 COFFEY, Q.C.:
 19 Q. Yes. Now if we could, Exhibit P-0019, please?
 20 And this you'll have to look at the screen,
 21 this is a--look to the screen. This is a,
 22 these are minutes of the Board of Trustees
 23 meetings for 2006. And I'm sorry,
 24 Commissioner, I just want to--oh, I'm sorry,
 25 Commissioner, there's -

Page 42

1 THE COMMISSIONER:
 2 Q. Is there pages -
 3 COFFEY, Q.C.:
 4 Q. Some of the pages seem to have been missed in
 5 the scan.
 6 THE COMMISSIONER:
 7 Q. Well, we'll have it investigated and you can
 8 come back to it, if that's all right.
 9 COFFEY, Q.C.:
 10 Q. Thank you, very much. Yes, we certainly can.
 11 THE COMMISSIONER:
 12 Q. The number again is 0019?
 13 COFFEY, Q.C.:
 14 Q. Yes, and it's -
 15 THE COMMISSIONER:
 16 Q. And it's the first meeting?
 17 COFFEY, Q.C.:
 18 Q. Yeah, it's the Board of Trustees meeting of
 19 January 25, 2006. Commissioner, the
 20 particular pages are pages, is page 6,
 21 actually.
 22 THE COMMISSIONER:
 23 Q. Page 6?
 24 COFFEY, Q.C.:
 25 Q. Page 6 of the actual original minutes. And

Page 43

1 we'll come back to that.
 2 THE COMMISSIONER:
 3 Q. That will be communicated to the office.
 4 COFFEY, Q.C.:
 5 Q. Yes, I'll do that. That will be fine.
 6 THE COMMISSIONER:
 7 Q. Thank you.
 8 COFFEY, Q.C.:
 9 Q. Thank you, Commissioner. Scroll down through
 10 this. And again, just in passing as we go by,
 11 on--this is page 8 of P-0019. And the idea of
 12 double signatures is there, they are reflected
 13 there?
 14 MS. DAWE:
 15 A. Um-hm.
 16 COFFEY, Q.C.:
 17 Q. By yourself and Mr. Tilley?
 18 MS. DAWE:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Ah, here, actually, they are, the minutes are
 22 reproduced there twice, Commissioner.
 23 THE COMMISSIONER:
 24 Q. Oh, all right.
 25 COFFEY, Q.C.:

Page 44

1 Q. So if we could -
 2 THE COMMISSIONER:
 3 Q. We won't panic. All right, so now you're
 4 going--we can use--if you'd use the number on
 5 the -
 6 COFFEY, Q.C.:
 7 Q. Screen right now?
 8 THE COMMISSIONER:
 9 Q. Exhibit as opposed to the number on the actual
 10 page, then that will help me later on.
 11 COFFEY, Q.C.:
 12 Q. I certainly will, Commissioner. It's Exhibit
 13 P-0019, page 14.
 14 THE COMMISSIONER:
 15 Q. Okay.
 16 COFFEY, Q.C.:
 17 Q. And it's paragraph 3.2. And, Ms. Dawe, you
 18 have that, you can see that there on the
 19 screen in front of you?
 20 MS. DAWE:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. These are the minutes, as you can see, of
 24 January 25, 2006. And it notes, "Dr. Williams
 25 provided an update on the ER/PR retesting as

Page 45

1 follows." External consultants' reports is
 2 there in bold print. "The time frames for
 3 implementation of the recommendations from
 4 these reports have been identified. The
 5 target date to reintroduce testing in our
 6 laboratory is 31, March, 2006. As
 7 recommended, the testing and readings will now
 8 be restricted to a few pathologists and all
 9 testing will be performed in a central
 10 location. There will be extra training for
 11 breast pathology and the organization will be
 12 enrolled in a QI program for this retesting,"
 13 I'm sorry, "for this testing." And it goes on
 14 to say in terms of the next heading is
 15 "Retesting Mount Sinai. A written commitment
 16 has been received from Mount Sinai to complete
 17 the retesting for the 928 test results that
 18 have been referred to them. The expert panel
 19 is reviewing all of the tests that converted.
 20 Will continue to meet weekly until all
 21 patients are completed and recommendations for
 22 their care given to attending physicians."
 23 With respect to the second matter there, the
 24 retesting, by the end of January, 2006 what's
 25 your recollection of what the Board's

Page 46

1 understanding was then in terms of how it was
 2 going to play itself out in terms of being
 3 concluded?
 4 MS. DAWE:
 5 A. Well, we were late, obviously, from the
 6 original estimation of having the results back
 7 within six to eight weeks. So there would be
 8 the continued concern within the organization
 9 and at the board level that this had carried
 10 on longer than anticipated for reasons I
 11 believe that were beyond the control of
 12 Eastern Health and had to do with the ability
 13 of Mount Sinai to respond.
 14 COFFEY, Q.C.:
 15 Q. Yes.
 16 MS. DAWE:
 17 A. In a timely fashion.
 18 COFFEY, Q.C.:
 19 Q. Ma'am, in terms of that I would interject here
 20 because your account is kind of a first
 21 overview. The documentary evidence will
 22 subsequently show that there was certainly a
 23 certain amount of communication by the
 24 administration of Eastern Health with Mount
 25 Sinai.

Page 47

1 MS. DAWE:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. About trying to get the matter concluded.
 5 MS. DAWE:
 6 A. Yeah. And that's, so that's clearly my
 7 recall, my understanding that there was a
 8 great deal of pressure. And that would start
 9 with the Board because we would be asking the
 10 same questions, you know, why--what's causing
 11 the delay. So it was a concern at all levels.
 12 So that would be the starting point, and that
 13 we expected the results to be forthcoming
 14 within a matter of weeks. And I thought it
 15 would be by February. I must--I recall
 16 reading it somewhere recently, but that they
 17 would, the results would be forthcoming within
 18 a short period.
 19 COFFEY, Q.C.:
 20 Q. And in terms of the expert panel that's
 21 referred to there that is reviewing all the
 22 tests, was there any understanding about when
 23 they might complete their task?
 24 MS. DAWE:
 25 A. I don't recall that, but they would be meeting

Page 48

1 weekly, so it would be dependent on the, when
 2 the results came back. But I certainly did
 3 never get any impression that there was delay
 4 caused through the panelling process. The
 5 delay was the retesting.
 6 COFFEY, Q.C.:
 7 Q. With respect to the first, the paragraph above
 8 that, the first paragraph under 3.2, external
 9 consultants' reports. Now the Board
 10 apparently, on that day, is being told by Dr.
 11 Williams that, at least as to what certain of
 12 the recommendations were; namely, "that the
 13 testing and readings will not be restricted to
 14 a few pathologists. And all testing will be
 15 performed in a central location." What was
 16 your understanding about where the central
 17 location was?
 18 MS. DAWE:
 19 A. I'm not sure that we were told, but from there
 20 I would assume the Health Science's site, and
 21 then more specifically in a location, a
 22 centralized location. Now, that's my
 23 assumption in reading--I really can't recall
 24 at this stage the level of detail around this
 25 information that we would have been provided.

Page 49

1 COFFEY, Q.C.:

2 Q. Now it also references him having told the

3 Board that the testing and readings will now

4 be restricted to a few pathologists.

5 MS. DAWE:

6 A. Yes.

7 COFFEY, Q.C.:

8 Q. Now at the time do you recall what--did you

9 recognize any significance in that as to why

10 it would have to be a few pathologists?

11 MS. DAWE:

12 A. No, it--you know, it would be part of the

13 ongoing quality initiatives to ensure the

14 expertise is centralized and, you know, it's

15 all part of the quality improvement, so there

16 would be nothing in a presentation that would

17 provide that level of information. Again, I

18 use the word a "red flag", there would be

19 nothing to make the Board question further.

20 Unless it was presented in a way that would

21 suggest otherwise, that there were serious

22 problems and that we would provide more detail

23 or the recommendations, for example, then you

24 could pursue it further.

25 COFFEY, Q.C.:

Page 50

1 Q. And in terms of, in that paragraph, the

2 minutes go on to say: "There will be extra

3 training for breast pathology."

4 MS. DAWE:

5 A. Uh-hm.

6 COFFEY, Q.C.:

7 Q. The information that Dr. Williams apparently

8 conveyed to the Board, look, one of the

9 recommendations is going to result in extra

10 training for breast pathology. Did that cause

11 any--did it cause your eyebrows to go up about

12 what is it that requires extra training for

13 breast pathology?

14 MS. DAWE:

15 A. But it would be in the same context of, again,

16 I was aware there was no national standards in

17 this area and so--and the situation that we

18 had with pathologists with the recruitment and

19 retention issues, it would be all in keeping

20 with our need for continues quality

21 improvement in this area.

22 COFFEY, Q.C.:

23 Q. If someone now, I mean looking at these

24 minutes, you know, with the heading "External

25 Consultants' Reports" suggesting that any

Page 51

1 recommendations relate to those external

2 consultants reports and there aren't a lot of

3 them--not a lot of recommendations listed

4 here.

5 MS. DAWE:

6 A. No, no.

7 COFFEY, Q.C.:

8 Q. The idea of testing and readings being

9 restricted to a few pathologists and extra

10 training for breast pathology didn't cause you

11 to think, well what is it about the

12 pathologists or pathology training that the

13 consultants are concerned about?

14 MS. DAWE:

15 A. I, as again, I can't recall the level of

16 discussion that we would have had, but I

17 believe that if there were discussions and

18 there were significant concerns of the Board,

19 they would have been reflected in the minutes.

20 I believe that because you've seen throughout

21 our minutes any time that I would have

22 expressed a concern or the trustees expressed

23 a concern or so on, so I have nothing at this

24 stage. I know the information now because I

25 have the reports, but that's in hindsight.

Page 52

1 COFFEY, Q.C.:

2 Q. And the reports in question, certainly Dr.

3 Banerjee's October 2005 report we looked at

4 yesterday, certainly did go to Dr. Williams

5 and I'm presuming he read it. So you're,

6 looking back on it and even at the time

7 looking back on it, is it your recollection

8 that, well the message in those reports about

9 pathologists and pathology work was not

10 conveyed to the Board?

11 MS. DAWE:

12 A. Not to the extent that I have seen--no, it was

13 -

14 COFFEY, Q.C.:

15 Q. And the only thing the Board found out is

16 those two things that are referenced there?

17 MS. DAWE:

18 A. Yes, you know, and I think categorically the

19 Board, the first time the Board saw the

20 details of that report would have been this

21 last six weeks or month or so, when they were

22 released publicly and I don't, you know, in

23 retrospect, as I said, what I have in the

24 reports now are not really reflected here in

25 the minutes because the discussion, obviously,

Page 53

1 did not occur.
 2 COFFEY, Q.C.:
 3 Q. And you have referred a number of times to the
 4 idea that, you know, a high level, at least a
 5 count you would have expected to get, and I
 6 understand then that from your comment just
 7 now that references in paragraph 3.2 to "the
 8 testing and readings will now be restricted to
 9 a few pathologists and there will be extra
 10 training for breast pathology", I take it that
 11 that, in your view, was too vague?
 12 MS. DAWE:
 13 A. Now?
 14 COFFEY, Q.C.:
 15 Q. Yes, knowing what you do now.
 16 MS. DAWE:
 17 A. Now, now that I have the reports, yes.
 18 COFFEY, Q.C.:
 19 Q. Okay. Could you tell the Commissioner,
 20 please, bearing in mind what you apparently
 21 were told verses what's in the report, what--
 22 how much lower down in terms of high altitude
 23 would the conveyer of the information have to
 24 come for you to have been alerted to what--the
 25 problems identified in Dr. Banerjee's report?

Page 54

1 MS. DAWE:
 2 A. The recommendations, I think when I look at
 3 the recommendations now, the recommendations
 4 would have given me, personally, and I'm sure
 5 other members of the Board, cause to question.
 6 COFFEY, Q.C.:
 7 Q. And the purpose then of causing you to
 8 question would be what? What's the advantage
 9 of that?
 10 MS. DAWE:
 11 A. So we have, first of all we would have
 12 knowledge and then to make sure that the, in
 13 keeping with the role of the Board, that the
 14 proper policies and monitoring and so on are
 15 in place. So you would--we'd be questioning
 16 more.
 17 COFFEY, Q.C.:
 18 Q. Okay.
 19 MS. DAWE:
 20 A. Not interfering and I have to continue to
 21 remind, not interfering in the operations, but
 22 in keeping with the role of the Board.
 23 COFFEY, Q.C.:
 24 Q. Now, I appreciate that, because you've given
 25 us your background, I appreciate you're not a

Page 55

1 lawyer, but I do have some familiarity now
 2 with Section 8.1 of the Evidence Act. And
 3 that Act is structured and refers to, amongst
 4 other things, if they are peer review or
 5 quality assurance reviews, or peer review
 6 reports, quality assurance reports, they do
 7 refer to recommendations as being within the
 8 protected confidential area that is covered by
 9 that particular provision in the Act, okay?
 10 MS. DAWE:
 11 A. Uh-hm.
 12 COFFEY, Q.C.:
 13 Q. And has any thought been given by the Board
 14 because I gather you're suggesting, look, if
 15 we had at least known the recommendations, we
 16 could have gotten the heads up and to govern
 17 ourselves accordingly. Well if the Act
 18 prevents, if they were peer reviews and
 19 quality assurance reviews and the Act prevents
 20 recommendations from being given to outsiders,
 21 as it were, has any thought been given to how
 22 we're going to address that?
 23 MS. DAWE:
 24 A. I believe I've indicated already that we've
 25 had--we started that discussion at a committee

Page 56

1 level, at the Safety and Improvement Committee
 2 level of the Board, so it certainly is a
 3 matter for discussion at the Board. I believe
 4 it's very important, you know, again, we're
 5 learning. We're learning through this
 6 experience. That would be one of the
 7 learnings for me, for the Board, to ensure
 8 that appropriate information, the mechanisms
 9 are there. You know, if there are impediments
 10 in the Legislation with respect to that, then
 11 I feel that's our responsibility as a Board to
 12 bring that forth to the proper authorities for
 13 discussion and then on to government.
 14 COFFEY, Q.C.:
 15 Q. And again, don't take my legal advice for it,
 16 but it's just in terms of that, the idea that
 17 there might be impediments, the Board is aware
 18 of that, Legislative impediments.
 19 MS. DAWE:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. And you will pursue that.
 23 MS. DAWE:
 24 A. Absolutely, I think we have the learnings over
 25 this last few months now, for sure.

Page 57

1 COFFEY, Q.C.:

2 Q. If we could please, I want to go on,

3 Commissioner, to the minutes in the same

4 exhibit of February 23rd, 2006. They are

5 located on page 34 of that exhibit, P-0019 and

6 it is there on the screen before you, Ms.

7 Dawe.

8 MS. DAWE:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. It's ER/PR retesting update and Dr. Williams

12 provided an update on the ER/PR as follows,

13 and the minutes note "Retesting for ER/PR

14 receptors within our laboratory will not

15 resume until the two consultants who did the

16 quality review indicates support of our

17 follow-up action to the recommendations. The

18 expert panel reviewing the test continues to

19 meet and should complete the review of all

20 patients by the end of February, barring any

21 unforeseen circumstances. The process of

22 notification of patients is ongoing with

23 physician follow-up is appropriate. The PR/ER

24 testing issue continues to be followed up with

25 the Canadian Medical Oncology Association and

Page 58

1 Canadian Pathology Association and their

2 counterparts for oncology at the national

3 level. If I could, now this--just a moment,

4 please Commissioner, I'm just going to check

5 something here. This, as scanned here,

6 Commissioner, there is--that particular

7 exhibit, although it's not on the screen here,

8 does go on to make reference to "the

9 Newfoundland Branch of the Canadian Cancer

10 Society continues to be updated on the

11 situation." Okay.

12 MS. DAWE:

13 A. Yes.

14 COFFEY, Q.C.:

15 Q. So I have just a couple of questions in

16 relation to that and Commissioner, I will

17 ensure that that one line reference to the

18 Newfoundland Branch of the Canadian Cancer

19 Society being updated is appropriately

20 entered.

21 THE COMMISSIONER:

22 Q. Is restored.

23 COFFEY, Q.C.:

24 Q. Ms. Dawe, in term of the end of February,

25 2006, this seems to suggest that the Board

Page 59

1 would have understood then that ER/PR testing

2 in St. John's would not resume until these two

3 people from outside have come in and indicated

4 support for what had been done.

5 MS. DAWE:

6 A. That would be sort of the next step in the

7 monitoring and quality initiative to make sure

8 that the implementation of the recommendations

9 addressed issues. And so that would we--we

10 would be very pleased to see that, that's the

11 next step in assurance.

12 COFFEY, Q.C.:

13 Q. And ma'am, the expert panel expected to finish

14 by the end of February, that was good news?

15 MS. DAWE:

16 A. Yes, I think I referenced that. I referenced

17 that earlier, I recall February.

18 COFFEY, Q.C.:

19 Q. The notification of patients being ongoing,

20 that process with physician follow-up and that

21 was good news to the Board?

22 MS. DAWE:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. And the fact that ER/PR testing issues were

Page 60

1 being followed up with the Canadian Medical

2 Oncology Association and Canadian Pathology

3 Association, that was in keeping with what you

4 had been told before?

5 MS. DAWE:

6 A. And that was started, if not during the

7 summer, certainly in September month.

8 COFFEY, Q.C.:

9 Q. Yes. And the reference to "The Newfoundland

10 Branch of the Canadian Cancer Society

11 continues to be updated on the situation",

12 what was your understanding as the Chair of

13 the Board about that?

14 MS. DAWE:

15 A. As much as it's seen there, you know, I think

16 I and the Board have been, we've demonstrated

17 that we work in partnership with other health

18 organizations or deliverers of service and so

19 it's a matter of--I view, personally I view

20 the Cancer Society as a partner, it's an

21 advocacy, they have a very much an advocacy

22 role on behalf of persons. And so, they would

23 be logically one of the partners in this case

24 to be updated and to be provided information

25 on an ongoing basis. So I wouldn't think

Page 61

1 there's anything unusual about that.

2 COFFEY, Q.C.:

3 Q. Just a moment please. Commissioner, and some

4 of my fellow counsel may be able to help me,

5 off the top of my head, I haven't memorized

6 the number yet.

7 MR. SIMMONS:

8 Q. If it's that reference you're looking for, try

9 page 45 in the same document, that might be

10 the one.

11 COFFEY, Q.C.:

12 Q. Okay, well I'll try that, but can you go ahead

13 to page 45 please? I appreciate that, Mr.

14 Simmons. Yes, there it is there, in fact,

15 that's -

16 THE COMMISSIONER:

17 Q. Medical Association.

18 COFFEY, Q.C.:

19 Q. Medication Association is there, page 45, I

20 appreciate that, thank you Mr. Simmons.

21 THE COMMISSIONER:

22 Q. Cancer Society. Ms. Newbury, have you got the

23 note of where that is?

24 MS. NEWBURY:

25 Q. Yes.

Page 62

1 COFFEY, Q.C.:

2 Q. This is P-0019 and page 45 and it has the

3 reference to the Newfoundland Branch of the

4 Canadian Cancer Society continuing to be

5 updated on the situation. Mr. Simmons, it was

6 the e-mail that involved the reference to Geri

7 Rogers, Ches Crosbie and Peter Dawe in May of

8 2007.

9 THE COMMISSIONER:

10 Q. The document that has already been referred

11 to?

12 COFFEY, Q.C.:

13 Q. Yes, it's in--I'm just trying to recall off

14 the top of my head, it's around P-0015, P-

15 0016. In fact, I can tell you what it is,

16 it's the first one listed in the index. It's

17 P-0017.

18 THE COMMISSIONER:

19 Q. P-0017.

20 COFFEY, Q.C.:

21 Q. No, I'm sorry, I apologize. Just go back to

22 Geri Rogers, please. Thank you.

23 THE COMMISSIONER:

24 Q. There are e-mails referred to in some of

25 those.

Page 63

1 COFFEY, Q.C.:

2 Q. Yes, it's up above, actually. It would be -

3 CHAYTOR, Q.C.:

4 Q. P-0011.

5 MR. BROWNE:

6 Q. 12.

7 COFFEY, Q.C.:

8 Q. And I do apologize for this, Commissioner,

9 I'll get the hang of it eventually.

10 THE COMMISSIONER:

11 Q. Mr. Browne suggests 12.

12 COFFEY, Q.C.:

13 Q. Thank you, Mr. Browne. Now, Ms. Dawe,

14 undoubtedly you've heard reference to this in

15 the media in the past week or so, at least the

16 contents of it. It's an e-mail from Susan

17 Bonnell, dated May 16th, 2007 to George

18 Tilley, Stephen Dodge and Oscar Howell. And

19 "Why should we speak publicly", she says, "Our

20 credibility as an organization and our ability

21 to provide quality care are being maligned."

22 Second bullet: "When you don't speak, the

23 story continues with or without you and the

24 media look for less credible spokes people who

25 will speak to them; hence, Peter Dawe, Geri

Page 64

1 Rogers, Ches Crosbie...", suggesting she has

2 others in mind, potentially. Ma'am, when did

3 you first learn that this sort of sentiment

4 being expressed by Susan Bonnell in May of

5 2007?

6 MS. DAWE:

7 A. 24 hours or so ago when I was provided with

8 this e-mail.

9 COFFEY, Q.C.:

10 Q. The view--Mr. Dawe, of course, represents the

11 Newfoundland Branch of the Canadian Cancer

12 Society and in that part of P-0019 we just

13 looked at, and the minutes in late February of

14 2006, the Board is being told that the

15 Canadian Cancer Society is being kept in the

16 loop, as it were.

17 MS. DAWE:

18 A. Uh-hm.

19 COFFEY, Q.C.:

20 Q. Which presumable would mean in this context,

21 Peter Dawe is being kept in the loop. Can you

22 tell us, please, because there seems to be a

23 disconnect, frankly, between what--the

24 sentiment expressed in that e-mail and what

25 the Board was being told. What is your view

Page 65

1 of the sentiment expressed in the e-mail, as
 2 the chair of the Board?
 3 MS. DAWE:
 4 A. It's, you know, since I've had the opportunity
 5 to review the e-mail, it's a lengthy e-mail to
 6 begin with and there are some fine suggestions
 7 otherwise in that document. So I'd have to
 8 keep it in context again. From the
 9 perspective of the Board, these comments,
 10 these sentiments are inappropriate. I had
 11 indicated earlier the--I would and I'm pretty
 12 sure I'm reflecting the view of the Board, the
 13 Canadian Cancer Society would be seen in this
 14 case to be partners. I understand clearly the
 15 role and there may be times when there might
 16 be differences of opinion, but that's fine,
 17 that's healthy as well. And we are all in
 18 these various roles directed at the best
 19 interest of the patient. So, when I saw--when
 20 I first heard and then saw these comments,
 21 yes, personally they are in appropriate. It
 22 would be unfair, I guess, at this stage for me
 23 to comment any further, as I understand Susan
 24 Bonnell, who will be providing her evidence
 25 here and she can speak to the detail, but I'm

Page 66

1 just reflecting my personal view and that of
 2 the Board.
 3 COFFEY, Q.C.:
 4 Q. And with respect to that, we've heard of
 5 George Tilley. Who is Stephen Dodge?
 6 MS. DAWE:
 7 A. He is the vice-president of Human Re--People
 8 and Information, so it's the Human Resource
 9 side, and he would be responsible at the vice-
 10 president level for communications.
 11 COFFEY, Q.C.:
 12 Q. The division within which Susan Bonnell
 13 worked?
 14 MS. DAWE:
 15 A. Yes, yes.
 16 COFFEY, Q.C.:
 17 Q. And, of course, Mr. Tilley is no longer with
 18 the organization. Is Mr. Dodge still there?
 19 MS. DAWE:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. And I gather Dr. Oscar Howell is still over
 23 there as well?
 24 MS. DAWE:
 25 A. Yes.

Page 67

1 COFFEY, Q.C.:
 2 Q. From your perspective, as the chair of the
 3 Board of Trustees, do you have any plans to
 4 inquire of Messrs. Dodge and Howell as to what
 5 their reaction was? And I'll be asking them
 6 questions about it, yes, but does the Board
 7 intend to pursue this further?
 8 MS. DAWE:
 9 A. Yes. I have to say I've actually already
 10 expressed my view to Mr. Dodge.
 11 COFFEY, Q.C.:
 12 Q. And your view was, I take it, you've given -
 13 MS. DAWE:
 14 A. That's right, as I have indicated here.
 15 COFFEY, Q.C.:
 16 Q. Okay. I tried to proceed chronologically
 17 through 2006 and without referring you to an
 18 exhibit, I'm going to ask in early 2006,
 19 particularly in February and March of 2006,
 20 were you ever--did you ever have a discussion
 21 with George Tilley about how Eastern Health
 22 might respond to or might give input into how
 23 the government might respond to requests for
 24 information under the Access to Information
 25 Act?

Page 68

1 MS. DAWE:
 2 A. Could you just -
 3 COFFEY, Q.C.:
 4 Q. Okay, I'll go back again. Were you ever
 5 asked, every discussed with George Tilley
 6 about how Eastern Health, itself, would
 7 respond to Access to Information Requests in
 8 general or in particular. I'm not suggesting
 9 you were, I'm just asking, was it ever raised
 10 with you?
 11 MS. DAWE:
 12 A. I'm trying to recall. I can't recall anything
 13 specific because the minister has, within
 14 Legislation, the authority to request.
 15 COFFEY, Q.C.:
 16 Q. And with respect to if George Tilley--I'm not
 17 suggesting he ever did, I'm just asking.
 18 MS. DAWE:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Do you have any recollection of George Tilley
 22 ever speaking to you in 2006 about what he
 23 might say to the Deputy Minister of Health
 24 about certain information that was going to be
 25 provided to CBC? You have no recollection of-

Page 69

1 -I'm not suggesting it was, but -
 2 MS. DAWE:
 3 A. No, no, no, but you know, I'm not being
 4 provided with enough information with respect,
 5 to be able to say I knew that or I didn't know
 6 that.
 7 COFFEY, Q.C.:
 8 Q. Okay, well here we are, July 20th, 2005 memo.
 9 MS. DAWE:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. We looked at that yesterday and you indicated
 13 the first time you had ever seen it was a
 14 couple of weeks ago.
 15 MS. DAWE:
 16 A. Yes, yes.
 17 COFFEY, Q.C.:
 18 Q. Or several weeks ago. That paragraph on Dr.
 19 Ejeckam on the third page -
 20 MS. DAWE:
 21 A. Yes, okay.
 22 COFFEY, Q.C.:
 23 Q. The idea of editing that out -
 24 MS. DAWE:
 25 A. Okay, now I understand your question.

Page 70

1 COFFEY, Q.C.:
 2 Q. Okay, was that ever raised with you by Mr.
 3 Tilley?
 4 MS. DAWE:
 5 A. Absolutely not, absolutely now, and I'm sorry,
 6 but I need you to be specific.
 7 COFFEY, Q.C.:
 8 Q. Oh no, and I appreciate that, I should have
 9 been more specific. And he never did talk to
 10 you about that?
 11 MS. DAWE:
 12 A. No.
 13 COFFEY, Q.C.:
 14 Q. Registrar, Exhibit P-0102 and this is in the
 15 binder, Ms. Dawe, thank you. It's on Eastern
 16 Health letterhead, it's at the bottom right-
 17 hand side in small italics, there's a note
 18 "Message to The Current, CBC Radio, August
 19 4th, 2006." And it's a message by George
 20 Tilley signing as president and CEO of Eastern
 21 Health. And apparently this is a message that
 22 Mr.--a written message that he provided to The
 23 Current, CBC Radio, on August 4th, 2006. And
 24 this would be the middle of the summer of
 25 2006. Do you recall being informed that this

Page 71

1 was being sent to "The Current"?
 2 MS. DAWE:
 3 A. I don't recall, no. That's not saying that it
 4 didn't occur, I'm saying I have no
 5 recollection -
 6 COFFEY, Q.C.:
 7 Q. And I understand that.
 8 MS. DAWE:
 9 A. - at this stage and I have nothing in my file
 10 to indicate.
 11 COFFEY, Q.C.:
 12 Q. If we go to page 2 of the same exhibit,
 13 please, again you will note at the top of the
 14 page, Ms. Dawe, that the Commission received
 15 this in fact from counsel for Eastern Health,
 16 Mr. Simmons provided it to us. The source is
 17 indicated to be Pat Pilgrim and there appears
 18 to have been a story on August 7th, 2006 about
 19 the ER/PR issue and toward the bottom of the
 20 page, Newfoundland Cancer-Health Authority and
 21 there's a note here "No one from the Eastern
 22 Regional Integrated Health Authority was
 23 available to speak to The Current this
 24 morning. Late last week, George Tilley, the
 25 authority's president and CEO issued the

Page 72

1 following statement about the situation." And
 2 in fact, when you go on to look at what's
 3 quoted there in italics and it concludes with
 4 "The above statement was issued by George
 5 Tilley, the president and CEO." You, as chair
 6 of the Board, were you aware in the summer of
 7 2006 that the media were looking for comments
 8 from Eastern Health, a representative from
 9 Eastern Health about the ER/PR issue?
 10 MS. DAWE:
 11 A. I suspect I was aware through the general
 12 public, you know, it would be the same as the
 13 issue around hearing in the media that all
 14 patients were (sic.) notified, and reading in
 15 our documentation or hearing from the
 16 organization that all patients were notified.
 17 COFFEY, Q.C.:
 18 Q. I'm sorry, hearing in the media that they were
 19 not -
 20 MS. DAWE:
 21 A. That they were not. And so, you know, yes, I
 22 was hearing much information come from the
 23 media. Now whether it was anything specific
 24 related to looking for information and not
 25 being able to provide it, I can't say to you

Page 73

1 today that I knew that precisely in the summer
 2 of 2006. But there were mixed messages,
 3 clearly.
 4 COFFEY, Q.C.:
 5 Q. Now, as a consumer of media output and
 6 hearing, well a message from the media, as
 7 you've described and yet being advised
 8 otherwise or to the contrary by Eastern Health
 9 staff, did you or any members of the Board
 10 that you're aware of or did the Board as a
 11 whole take up with the administration of
 12 Eastern Health, how does this disconnect
 13 exist?
 14 MS. DAWE:
 15 A. I certainly did and I know the Board did at
 16 Board meetings, but I would have done that in
 17 the intervening periods as well, because it
 18 was distressing to me and the part that was
 19 most distressing because it was, you know, it
 20 was our area of concern from the first time we
 21 were notified of this, and I think my response
 22 to the e-mail on July 20th, 2005 indicated
 23 that I was sorry I was disturbed in hearing
 24 this information and that it should be made
 25 public; meaning, patients being notified and

Page 74

1 made public as quickly as possible. You saw--
 2 we discussed that yesterday.
 3 COFFEY, Q.C.:
 4 Q. What I'm getting at though, as time went on
 5 though, you're hearing one thing from the
 6 media -
 7 MS. DAWE:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. And you're being told something else. What if
 11 anything did they do -
 12 MS. DAWE:
 13 A. I'm getting to the point of yes, indeed, I
 14 would have commented. I would have had a
 15 discussion with Mr. Tilley, number one, why is
 16 this happening. We need to certainly improve
 17 our communications and I know that I have
 18 raised that on a number of occasions, I think
 19 it's expressed in a set of minutes along the
 20 way. It was certainly a major issue for the
 21 Board as reflected in as late as the May 2007.
 22 So it was an area of concern, absolutely, yes.
 23 COFFEY, Q.C.:
 24 Q. What explanation was Mr. Tilley giving to you
 25 or to the Board?

Page 75

1 MS. DAWE:
 2 A. Well and I'll speak specifically to patients
 3 being notified, all patients because that, you
 4 know, from the beginning, that's been my issue
 5 of concern. And I keep it in context again.
 6 I believe we have a great deal of information
 7 today about the inadequacies of the
 8 information systems and the database. So it's
 9 fine to be reflective when I know differently
 10 now, but at that point, I believe that Mr.
 11 Tilley actually believed himself what he was
 12 being advised and that is that all patients
 13 were notified. And it seems to me now, in
 14 retrospect, that based on the information that
 15 was--and the data that were available to the
 16 people who were engaged in this very much down
 17 in the organization, they thought they had all
 18 the data and information and they felt they
 19 had notified all patients. As time went on,
 20 it became evident that that was not the case.
 21 COFFEY, Q.C.:
 22 Q. See, in terms of that and if you, if someone
 23 says, look, I've notified everybody, as best I
 24 know I have and then there are one or two
 25 examples to the contrary, wouldn't that

Page 76

1 suggest that well, you were wrong--I was wrong
 2 in the first place and therefore, maybe I want
 3 to re-evaluate the premises on which I based
 4 my original assertion? Is that--I mean, did
 5 that kind of thing go on here to your
 6 knowledge?
 7 MS. DAWE:
 8 A. Well I would have again, I would have to
 9 assume. I had raised this issue on a number
 10 of occasions, as well as the Board. It was
 11 our priority and because it was our priority,
 12 I'm sure the message was clear to the people
 13 we were communicating with to make sure that
 14 this was actual and factual. It's not, you
 15 know, it would not be my--it wouldn't be
 16 appropriate for me to say I'm going into the
 17 organization and I went to get down to the
 18 level of who is making the calls and can I see
 19 a checklist? No, that's not appropriate for
 20 me, but having raised the matter as a concern,
 21 it would be my expectation that it would be
 22 followed through within the organization to
 23 ensure accuracy and, you know, I want to keep
 24 it in context. I'm saying that now with the
 25 information that I've had and all the

Page 77

1 learnings over a period, but I have to feel
 2 the people who were engaged in this at a very
 3 early stage, felt they had all the patient
 4 names and contacts and that they had contacted
 5 them. I don't think for a moment they would
 6 have advised the Board that all patients were
 7 notified and that we would have been notified
 8 of that on a regular basis if indeed they
 9 didn't believe that. But it just points to
 10 the inadequacies of the information systems
 11 and that became very clear.

12 COFFEY, Q.C.:
 13 Q. Just a moment please, Commissioner.
 14 THE COMMISSIONER:
 15 Q. Ms. Dawe, when you talk about planning and the
 16 role of the Board in doing just that, I
 17 presume you're looking at needs both within
 18 the system and for the future and for the
 19 community and all of that kind of stuff?

20 MS. DAWE:
 21 A. Yes, yes.
 22 THE COMMISSIONER:
 23 Q. Prior to the, what I will broadly describe as
 24 ER/PR problem, was systems information on your
 25 radar?

Page 78

1 MS. DAWE:
 2 A. Yes, systems information has been an issue for
 3 many years, not only in this province but
 4 throughout the country and it relates to,
 5 clearly a funding issue, for sure and I would
 6 be happy to provide a great deal of
 7 information about that, but without exception
 8 through the 80's and the 90's, there was a
 9 period of restraint in this province and
 10 elsewhere and the challenges for people who
 11 were administering and directing a system was
 12 to make sure services at the front line were
 13 provided, to be responding to the public needs
 14 and demands for providing access to services;
 15 hence, information systems, capital equipment,
 16 infrastructure, all of these suffered as a
 17 result of our inability to fund these. It's
 18 not that they weren't recognized and I think
 19 if you could go back in anybody's budget in
 20 this province and elsewhere, but I'll speak to
 21 what I know, this has been an issue for many
 22 years. But the ability of the province to
 23 fund necessary elements of making a system
 24 work efficiently, it wasn't there through the
 25 90's. It's not that it wasn't recognized and

Page 79

1 I'm sure if government, of the day, if they
 2 had the resources to respond to us, they would
 3 have, but it was the inability--I believe it
 4 was the inability to respond that has caused
 5 this. And you can take information systems,
 6 you can look at the infrastructure issues and,
 7 you know, I indicated yesterday one of the
 8 very first things that this Board did, in
 9 assuming its role and it was within a matter
 10 of, I don't know, two months, three months,
 11 was to say before we move, before we talk
 12 about providing services and programs, we have
 13 to know what we're dealing with here. So
 14 let's embark upon an inventory of our
 15 buildings and so on, because I certainly had
 16 information to know that we had significant
 17 needs and demands there. And the same would
 18 be for capital equipment, so you can
 19 understand our level of operation, it's--it
 20 would be useless talking about providing
 21 services and programs if we didn't have
 22 appropriate buildings to provide them from and
 23 equipment and so on. So it's a matter of
 24 funding, not that it was not recognized.

25 COFFEY, Q.C.:

Page 80

1 Q. Commissioner, Exhibit P-0019, come up a bit.
 2 Just a moment, please, Commissioner, one
 3 second. Here we are. The Board of Trustees'
 4 meeting of 25th of October, 2006 and the
 5 actual exhibit page number, Commissioner, is
 6 page 148.

7 THE COMMISSIONER:
 8 Q. That will be on the screen, I think.
 9 COFFEY, Q.C.:
 10 Q. It's on the screen there, ma'am. It's under
 11 "Quality and Risk Management". And under
 12 ER/PR update, "the Board apparently was
 13 notified on this day, the ER/PR quality review
 14 is nearing completion. All necessary follow-
 15 up with patients and physicians have been
 16 initiated. We expect the final report by the
 17 end of November. Quality improvement
 18 processes have already been initiated in the
 19 laboratory. We will resume local ER/PR
 20 testing only when the final report has been
 21 received and any further quality initiatives
 22 implemented. There is currently a class
 23 action lawsuit related to this issue." Now,
 24 in relation to this, if I could--way too far,
 25 it's much too sensitive.

Page 81

1 THE COMMISSIONER:
 2 Q. It couldn't be lack of experience with the use
 3 of a mouse, would it?
 4 COFFEY, Q.C.:
 5 Q. Ah Commissioner you got me there. We would
 6 have to give that due consideration, I'm sure,
 7 Commissioner. With respect to this particular
 8 meeting, the opening of it and the reason--I'm
 9 scrolling back to the first page of it, Ms.
 10 Dawe, is as follows: "We look at the minutes
 11 of the Board of Trustees' meeting of Eastern
 12 Health held 25 October, 2006." We note under
 13 people who were there present, the middle,
 14 right here, Oscar Howell is now, I take it by
 15 this point in time has replaced Dr. Robert
 16 Williams.
 17 MS DAWE:
 18 A. Uh-hm.
 19 COFFEY, Q.C.:
 20 Q. So that that ER/PR update, which is actually
 21 located at page 19 of the document itself,
 22 actual original document, Dr. Howell would
 23 have been the one giving you the update by the
 24 end of October.
 25 MS. DAWE:

Page 82

1 A. If it's not stated there, most likely he did,
 2 even though it was early in his tenure, but
 3 certainly he would be the lead then, from a
 4 medical perspective.
 5 THE COMMISSIONER:
 6 Q. Mr. Coffey, it's about the time for the
 7 morning break, unless you're on a particular
 8 point you want to finish?
 9 COFFEY, Q.C.:
 10 Q. Just one point on that, it's noted that you
 11 were told "We expect a final report by the end
 12 of November."
 13 MS. DAWE:
 14 A. 2006.
 15 COFFEY, Q.C.:
 16 Q. Presumably the "we" on this context would be
 17 Eastern Health's administration?
 18 MS. DAWE:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Did the Board anticipate that it would get a
 22 report?
 23 MS. DAWE:
 24 A. Yes, yeah. Once, you know, once the
 25 information had all been completed, yes.

Page 83

1 COFFEY, Q.C.:
 2 Q. Thank you, Commissioner. Break time.
 3 THE COMMISSIONER:
 4 Q. Fifteen minutes. Thank you.
 5 (RECESS)
 6 THE COMMISSIONER:
 7 Q. Please be seated. Mr. Coffey?
 8 COFFEY, Q.C.:
 9 Q. Thank you, Commissioner. In Exhibit P-0019,
 10 Commissioner, the minutes of the Board of
 11 Trustees' meeting of November 22nd, 2006 begin
 12 at page 165 and I'm going to ask in relation
 13 to this that we turn to--scroll down a little
 14 bit, bear with me, there's a subject matter
 15 that came up in passing yesterday -
 16 REGISTRAR:
 17 Q. One second please, I have to change the -
 18 COFFEY, Q.C.:
 19 Q. I apologize, I don't know how I did that.
 20 THE COMMISSIONER:
 21 Q. That may be the problem. You keep doing it.
 22 COFFEY, Q.C.:
 23 Q. Okay, well there you are.
 24 THE COMMISSIONER:
 25 Q. Yes, let the Registrar handle the resolution,

Page 84

1 you do the scrolling.
 2 COFFEY, Q.C.:
 3 Q. Okay, over here, are we set to click on there?
 4 Yes, okay, thank you. Okay, page 14, which is
 5 actually, in terms of the exhibit number,
 6 Commissioner, for your purposes is page 178 of
 7 P-0019.
 8 THE COMMISSIONER:
 9 Q. Yes.
 10 COFFEY, Q.C.:
 11 Q. Ms. Dawe, on the screen there, you will see--
 12 and this is in the minutes of November 22nd,
 13 2006, paragraph 6.4, "Safety and Improvement
 14 Committee".
 15 MS. DAWE:
 16 A. Uh-hm.
 17 COFFEY, Q.C.:
 18 Q. "And the Board will be establishing a Safety
 19 and Improvement Committee" and Ms. Rowena
 20 Bryans has accepted the role as the chair and
 21 trustees are requested to advise Joan Dawe of
 22 their interest in serving on this committee.
 23 The Board is anxious to move forward with the
 24 implementation. The draft Terms of Reference
 25 will be developed over the next few weeks."

Page 85

1 And it goes on to say, "On a related note,
 2 George Tilley and Joan Dawe presented at the
 3 recent Canadian Patient Safety Institute,
 4 CPSI, Conference in Halifax, November 13 to
 5 15, 2006. George Tilley's presentation
 6 focussed on Eastern Health's experience with
 7 ER/PR testing experience and Joan Dawe talked
 8 to the wrap-up session at the conference."
 9 And ma'am, in relation to this, I have a
 10 couple of questions that suggest that this was
 11 the start of or was envisaged here that there
 12 would be a Safety and Improvement Committee of
 13 the Board struck?
 14 MS. DAWE:
 15 A. It's not the beginning of the discussion. The
 16 Board, after its establishment, considered the
 17 number of committees that it would establish
 18 and I think we had identified clearly then
 19 that there would be a quality, I think we were
 20 talking about a quality committee. But we
 21 were not sure how we wanted the Board engaged
 22 at that level and the format and so on, so we
 23 said let's explore what's happening across the
 24 country first of all and the best practices
 25 and so on. And so it's not--it wasn't the

Page 86

1 first discussion. It was always the intent to
 2 do this.
 3 COFFEY, Q.C.:
 4 Q. Sure.
 5 MS. DAWE:
 6 A. So after my involvement in this conference -
 7 COFFEY, Q.C.:
 8 Q. That's the November 13th to the 16th -
 9 MS. DAWE:
 10 A. Yes, '06.
 11 COFFEY, Q.C.:
 12 Q. - Halifax conference?
 13 MS. DAWE:
 14 A. Yes. After that I wrapped up the whole
 15 conference, but throughout the conference at
 16 one of the sessions I met with the chairs of
 17 the authorities in Atlantic Canada on this
 18 topic to determine what was happening
 19 elsewhere, you know, to determine the best
 20 practices, to find out that there were not
 21 many of the boards had a board committee on
 22 quality. So we talked about that, and each of
 23 us then committed to go back to our own
 24 jurisdictions provinces and follow up with the
 25 establishment of such a committee.

Page 87

1 COFFEY, Q.C.:
 2 Q. Now, Mr.--in that second paragraph there's a
 3 reference to "George Tilley's presentation
 4 focussed on Eastern Health's experience with
 5 ER/PR testing experience."
 6 MS. DAWE:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. I take it that you were in the audience what
 10 that was presented?
 11 MS. DAWE:
 12 A. I was in the audience, yes.
 13 COFFEY, Q.C.:
 14 Q. And we will be seeing that when Mr. Tilley
 15 appears here. What's your memory kind of how
 16 that--what his message was and how it went
 17 over?
 18 MS. DAWE:
 19 A. It was a very comprehensive presentation
 20 because the audience would be very interested
 21 in the subject. It was the issues around
 22 ER/PR testing were known nationally at that
 23 stage, so people were informed. It was a
 24 topic of interest and concern to the Canadian
 25 Patient Safety Institute, obviously, and

Page 88

1 George was asked as one of the presenters.
 2 And it was a very extensive presentation from
 3 the beginning of the discovery to the point of
 4 November, 2006. And it was extremely well
 5 received by the audience, extremely well
 6 received because they were--I recall them
 7 exploring the fact that there were no national
 8 standards and how the Canadian Patient Safety
 9 Institute had been brought in on the
 10 discussions earlier and the Canadian
 11 Association of Pathologists and Oncologists,
 12 that indeed it had been brought to the
 13 national level and there was little experience
 14 from across the country to help guide the
 15 people here in this province and so there was
 16 uncharted waters again. So there was much
 17 discussion around that, and particularly the
 18 disclosure, because that would be one of the
 19 mandate areas for the Canadian Patient Safety
 20 Institute.
 21 COFFEY, Q.C.:
 22 Q. Do you recall whether at that point during
 23 his--or during this presentation George Tilley
 24 advised the audience that Eastern Health had
 25 advised all patients and contacted all

Page 89

1 patients, identified and contacted all
 2 patients?
 3 MS. DAWE:
 4 A. I couldn't be 100 percent accurate, but I
 5 would think that he would have said all
 6 patients because that was the kind of
 7 information that was shared both publicly and
 8 with the Board and it obviously was to the
 9 best of his knowledge, given the information
 10 he had been given.
 11 COFFEY, Q.C.:
 12 Q. Now with respect to Mr. Tilley's knowledge and
 13 at least your understanding of it.
 14 MS. DAWE:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. As of November, 2006 and during that
 18 presentation did Mr. Tilley speak to the
 19 audience about the, you know, what you now
 20 know to be the external consultants' views as
 21 to the causes or potential causes of the
 22 problems?
 23 MS. DAWE:
 24 A. I really, I'd have to go back and look at the
 25 presentation.

Page 90

1 COFFEY, Q.C.:
 2 Q. Certainly -
 3 MS. DAWE:
 4 A. I wouldn't--I mean, it doesn't--no, because I
 5 think the focus was more on the issue and the
 6 importance--what the organization had done in
 7 the disclosure and how it was searching for
 8 information because it was, as I say,
 9 unchartered waters and so on. So I certainly
 10 don't think that would have been covered.
 11 COFFEY, Q.C.:
 12 Q. Now, again, I'd ask you in this context and
 13 not only up to November of '06 but in fact up
 14 until Mr. Tilley left in July of '07, ask you
 15 to reflect upon your interaction with him.
 16 Did you ever get the sense, bearing in mind
 17 what you now know about Dr. Banerjee and Trish
 18 Wegrynowski's reports, did you ever get the
 19 sense looking back on it that Mr. Tilley knew
 20 what was in those reports, what you now know
 21 to be in those reports?
 22 MS. DAWE:
 23 A. No. I would have to say today given the
 24 working relationship that he and I and he and
 25 the Board had, it was a very open and

Page 91

1 transparent one and very much an engagement of
 2 both parties. I wonder, I guess I would have
 3 to question did Mr. Tilley know.
 4 COFFEY, Q.C.:
 5 Q. I'll be asking him that.
 6 MS. DAWE:
 7 A. Okay, and I--you know.
 8 COFFEY, Q.C.:
 9 Q. But in the sense of looking back on it now,
 10 there was never any time that, in terms of
 11 things he said or -
 12 MS. DAWE:
 13 A. No, no. I guess it's a question for me today
 14 because obviously, I mean, I haven't had any
 15 discussion with Mr. Tilley since he's left the
 16 organization, on this matter, and after
 17 reading the report I'm left wondering--and I
 18 have to tell you, even based on yesterday's
 19 discussion I know and the records show when I
 20 was informed. You presented me with other
 21 information yesterday and I'm wondering if,
 22 indeed, Mr. Tilley knew back in April, May,
 23 June.
 24 COFFEY, Q.C.:
 25 Q. Yeah, and I appreciate that, yes.

Page 92

1 MS. DAWE:
 2 A. I'm wondering, maybe Mr. Tilley didn't know.
 3 COFFEY, Q.C.:
 4 Q. Yeah. And we will be hearing from Mr. Tilley
 5 on that.
 6 MS. DAWE:
 7 A. Yeah. But I just wanted to--you know, on
 8 reflection I need to say that because to the--
 9 he really, I felt he really kept me well
 10 informed, certainly in the latter two years.
 11 You know, you have to keep it in context. And
 12 I'm sorry to keep coming back to this, but
 13 starting out as a brand new organization with
 14 such a significant mandate and for the
 15 organization Mr. Tilley's responsibility was
 16 make sure that we didn't destabilize services
 17 and programs in this area. So he had quite a
 18 weighty responsibility, so.
 19 COFFEY, Q.C.:
 20 Q. Okay.
 21 MS. DAWE:
 22 A. I'm wondering, I guess my question is did he
 23 even know.
 24 COFFEY, Q.C.:
 25 Q. And now there is here, and this is,

Page 93

1 Commissioner, in the same minutes, page 182 of
 2 P-0019, there are references here to a pilot
 3 study, national patient safety performance
 4 measures. And I just stop on that one because
 5 I take it that the Board was kept apprised
 6 from time to time of what sorts of safety
 7 initiatives or quality assurance initiatives
 8 involving outside organizations that the
 9 hospital or the organization was involved in?
 10 MS. DAWE:
 11 A. And it would be normally through the Safety
 12 and Improvement Committee.
 13 COFFEY, Q.C.:
 14 Q. Okay.
 15 MS. DAWE:
 16 A. That we would get our reports on these
 17 matters. But anything of significance and
 18 certainly remember we were preparing for
 19 accreditation in the early years, as well, so
 20 it would be of interest and an important area
 21 for the Board to be knowledgeable.
 22 COFFEY, Q.C.:
 23 Q. Before I leave the issue of Safety and
 24 Improvement Committee for now, this committee
 25 as of November 22nd is being set up?

Page 94

1 MS. DAWE:
 2 A. Um-hm.
 3 COFFEY, Q.C.:
 4 Q. You've described where the idea came from, not
 5 so much the idea but certainly the final
 6 impetus.
 7 MS. DAWE:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. In the meeting in Halifax. So I take it then
 11 that before this the Board itself of Eastern
 12 Health had had no such committee?
 13 MS. DAWE:
 14 A. Not at the governance level.
 15 COFFEY, Q.C.:
 16 Q. Governance level.
 17 MS. DAWE:
 18 A. Yeah. We talked about it in the first few
 19 months.
 20 COFFEY, Q.C.:
 21 Q. I understand.
 22 MS. DAWE:
 23 A. And but we wanted to -
 24 COFFEY, Q.C.:
 25 Q. How about your predecessor organizations such

Page 95

1 as the Health Care Corporation of St. John's,
 2 had they had one, to your knowledge?
 3 MS. DAWE:
 4 A. I think so, but, you know, I would have to
 5 check the record.
 6 COFFEY, Q.C.:
 7 Q. Okay.
 8 MS. DAWE:
 9 A. I think so. Yes, actually, on reflection, I -
 10 COFFEY, Q.C.:
 11 Q. Now, under this--at page 184, Commissioner,
 12 under the heading "Eastern Health Media
 13 Analysis, September and October, 2006." It
 14 says at the bottom of the page, "Media
 15 coverage throughout November and December is
 16 expected to remain high with the organization
 17 releasing its ER/PR rate of error and
 18 announcing it will begin offering the test
 19 again. Dr. Howell will be the key
 20 spokesperson on this issue." So if we go back
 21 to the--wants to check the opening page of
 22 these minutes, in attendance at this was
 23 George Tilley, Oscar Howell, Louise Jones. So
 24 the idea that the organization would be
 25 releasing its ER/PR rate of error, do you

Page 96

1 recall who on November 22nd, 2006 conveyed
 2 that information to the Board?
 3 MS. DAWE:
 4 A. I can't. It would have been either Mr. Tilley
 5 or Dr. Howell. I couldn't be more specific
 6 than that.
 7 COFFEY, Q.C.:
 8 Q. At the time this was raised on November 22nd,
 9 2006 do you recall whether or not there was
 10 any discussion about the rate of error or what
 11 it might be? Like what it represented and
 12 what the numbers might be?
 13 MS. DAWE:
 14 A. At that meeting recall?
 15 COFFEY, Q.C.:
 16 Q. Yes.
 17 MS. DAWE:
 18 A. I'd have to, I'd have to search further. If
 19 it's not reflected in the minutes, I would be
 20 speculating. Again, I think it's fair to say
 21 that over time, you know, as I had indicated
 22 to you yesterday, the knowledge that I had and
 23 we would have had at the Board related to this
 24 ten percent issue and that periodically in the
 25 verbal reports numbers were conveyed with, you

Page 97

1 know, so many tests have been--so many, the
 2 retests have been returned and some figures.
 3 That would have happened probably through the,
 4 maybe throughout 2006. I -
 5 COFFEY, Q.C.:
 6 Q. Okay. They're not reflected in the minutes?
 7 MS. DAWE:
 8 A. They're not reflected in the minutes but I
 9 have a recollection that information was
 10 provided as the presentation was given, but
 11 not--only as the results were coming back and
 12 the process was carrying out.
 13 COFFEY, Q.C.:
 14 Q. Okay. Now, the characterization of this as
 15 ER/PR rate of error, did anyone in the Board
 16 take--raise any concerns about the usage of
 17 the phrase "rate of error"?
 18 MS. DAWE:
 19 A. No, not to my recall.
 20 COFFEY, Q.C.:
 21 Q. So this wasn't, from your perspective, at
 22 least, as the Board Chair at the time, in late
 23 November, this wasn't kind of a shock, you're
 24 going to use the word "error"?
 25 MS. DAWE:

Page 98

1 A. Well, there was something had happened here,
 2 something had occurred.
 3 COFFEY, Q.C.:
 4 Q. And the idea that somebody would characterize
 5 it as an error?
 6 MS. DAWE:
 7 A. Well, we were still waiting to--for further
 8 information. I guess we're here today to
 9 discovery that, as well.
 10 COFFEY, Q.C.:
 11 Q. Of course, at least November of '06 you have
 12 not had the benefit of having looked at those
 13 four reports, either, have you?
 14 MS. DAWE:
 15 A. Absolutely.
 16 COFFEY, Q.C.:
 17 Q. The next exhibit, Ms. Dawe, and Commissioner,
 18 is--just scroll down here a bit. Are the
 19 minutes for the immediately following--I'm
 20 sorry. Ah, there we are. December 13th,
 21 2006. In particular, I'm going to refer you
 22 to--let me see. Here we are. Don't want to
 23 go too far. Page, original page 5, but it's
 24 actually page 217 for the record,
 25 Commissioner, of Exhibit P-0019.

Page 99

1 THE COMMISSIONER:
 2 Q. Thank you.
 3 COFFEY, Q.C.:
 4 Q. And this is under paragraph, if you turn to
 5 the page before, 5, Board committees and then
 6 5.1, proposed Board committee involvement. At
 7 the top of page 5, "The newly formed Safety
 8 and Improvements Committee will be chaired by
 9 Rowena Bryans. The other members of the
 10 Safety and Improvements Committee include
 11 Primrose Bishop, Wayne Bolt and Sister
 12 Charlotte Fitzpatrick." So you by now have
 13 your committee?
 14 MS. DAWE:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. If we could go on to the next page, paragraph
 18 5.5 the Safety and Improvement Committee, "The
 19 first meeting of the Safety and Improvement
 20 Committee will be held 14, December, 2006. As
 21 with other committees of the Board the Safety
 22 and Improvements Committee will provide
 23 regular reports to the Board." And it goes on
 24 to deal, under paragraph 6.1, with executive
 25 report. "The following are highlights from

Page 100

1 the December executive report." and there are
 2 certain headings. Now, at page 7 of the
 3 original document, page 219 of P-0019, on the
 4 bottom of the page there's a paragraph
 5 "Estrogen and progesterone testing review."
 6 And it says, "Having now completed our review
 7 and having briefed breast cancer treatment
 8 specialists in Eastern Health and pathologists
 9 across the province we will be proceeding with
 10 media briefings. Initially we will provide a
 11 technical briefing covering the following
 12 areas: chronology of events, understanding the
 13 principles and practices of disclosure,
 14 understanding the ER/PR test, reviewing our
 15 outcomes, where we go from here. Media
 16 briefings will include an initial technical
 17 briefing followed by interviews as requested."
 18 And then goes on to say, "As we plan to
 19 commence testing in our own laboratories once
 20 again the following activities are of note:
 21 technical review and follow up on
 22 recommendations completed; professional review
 23 and recommendations with follow up completed;
 24 external quality assurance program with
 25 proficiency testing in place with highest

Page 101

1 marks scored and submissions to date;
 2 proficiency program from immunohistochemistry
 3 by College of American Pathologists in place
 4 and passed; pathology professionals focussed
 5 in on core areas of expertise with continuing
 6 professional development program. It is
 7 planned that we will once again start testing
 8 in our lab in early 2007. On a related note,
 9 Dr. Howell expressed his personal thanks to
 10 Dr. Robert Williams for his leadership on the
 11 ER/PR review." Now, ma'am, this is couched
 12 in--and I appreciate that these are highlights
 13 from the executive report and you would have
 14 received the executive report before the
 15 actual meeting?
 16 MS. DAWE:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And I take it that the executive report in
 20 this context was couched in a language
 21 suggesting that there will be a media
 22 technical briefing?
 23 MS. DAWE:
 24 A. Yes.
 25 COFFEY, Q.C.:

Page 102

1 Q. And, of course, by December 13th, 2006 that
 2 had already occurred?
 3 MS. DAWE:
 4 A. Had already occurred.
 5 COFFEY, Q.C.:
 6 Q. It occurred on December 11th. Now, with this
 7 as an aid, ma'am, and what was your
 8 understanding of what was going to happen on
 9 December 11?
 10 MS. DAWE:
 11 A. As is indicated there, that if you wouldn't
 12 mind just scrolling back, please?
 13 COFFEY, Q.C.:
 14 Q. Sure, no problem. I certainly will. Here we
 15 are. And I would remind you as the
 16 Commissioner -
 17 MS. DAWE:
 18 A. I can do that, as well.
 19 COFFEY, Q.C.:
 20 Q. Yes, you can.
 21 MS. DAWE:
 22 A. Sorry.
 23 COFFEY, Q.C.:
 24 Q. No problem.
 25 MS. DAWE:

Page 103

1 A. But that, so the events leading up to the
 2 review, the understand--so that people will be
 3 given an understanding of all circumstances
 4 surrounding the ER/PR testing review, as
 5 stated there, and then reviewing the final
 6 outcome. So that it was my understanding that
 7 the numbers of tests, information surrounding
 8 that would be--would be included in the
 9 briefing.
 10 COFFEY, Q.C.:
 11 Q. Now, was the Board, during the meeting of
 12 December 13th, 2006, the briefing you received
 13 then, were you made aware that there was a
 14 conscious decision, having a conscious
 15 decision made by the administration of Eastern
 16 Health in early December, 2006, before that
 17 briefing, before the media briefing.
 18 MS. DAWE:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Not to refer or not to use the words "rate of
 22 error"?
 23 MS. DAWE:
 24 A. No. No.
 25 COFFEY, Q.C.:

Page 104

1 Q. As well a conscious -
 2 MS. DAWE:
 3 A. You know I'm recalling now.
 4 COFFEY, Q.C.:
 5 Q. Okay.
 6 MS. DAWE:
 7 A. To the very best of my knowledge, no, I don't
 8 think there was any discussion at the Board
 9 level on that.
 10 COFFEY, Q.C.:
 11 Q. A conscious decision having also been made not
 12 to refer to the total number of patients with
 13 changed results?
 14 MS. DAWE:
 15 A. No. The first discussion the Board would have
 16 had about that was the May meeting.
 17 COFFEY, Q.C.:
 18 Q. May of 2007?
 19 MS. DAWE:
 20 A. May in 2007.
 21 COFFEY, Q.C.:
 22 Q. Now there is here a--there's an account, in
 23 terms by the time it comes up at the Board
 24 meeting on the 13th, the actual briefing is
 25 over, media briefing. Were there any concerns

Page 105

1 expressed by any Board members on the 13th
 2 about what had happened on the 11th and the
 3 media reporting afterward that you can recall?
 4 MS. DAWE:
 5 A. No, I think if there were serious issues
 6 raised by the Board, they would be reflected
 7 in the minutes. It's our usual practice.
 8 COFFEY, Q.C.:
 9 Q. Yeah. And there's certainly none?
 10 MS. DAWE:
 11 A. There's nothing that would draw my attention
 12 to it.
 13 COFFEY, Q.C.:
 14 Q. Exhibit P-0104, please? Ma'am, this is an
 15 exhibit, it runs for some 35 pages. The first
 16 page is an e-mail from Susan Bonnell, Monday,
 17 December 11th, 2006, 8:52 a.m. to Tansy
 18 Mundon. It will become apparent subsequently
 19 that Ms. Mundon worked in communications for
 20 the Department of Health and Community
 21 Services.
 22 MS. DAWE:
 23 A. Could I just clarify?
 24 COFFEY, Q.C.:
 25 Q. Sure.

Page 106

1 MS. DAWE:
 2 A. Is that what I have in this binder?
 3 COFFEY, Q.C.:
 4 Q. Yes, if you go back, I believe, ma'am, it
 5 should be the page -
 6 MS. DAWE:
 7 A. Okay.
 8 COFFEY, Q.C.:
 9 Q. I can come around. P-0104. I'll just come
 10 around. That's fine.
 11 THE COMMISSIONER:
 12 Q. P-0104 and then it will run for a fair amount
 13 of time.
 14 MS. DAWE:
 15 A. Okay. Thank you.
 16 COFFEY, Q.C.:
 17 Q. This, the attachments are, you'll see there
 18 they're listed as "Media Briefing, December,
 19 11th. Q and As, ER/PR Media Briefing,
 20 December 7th. Key messages. Technical
 21 Briefing Agenda. Chronology. Eastern Health
 22 releases outcomes of laboratory review. Final
 23 news release, December 12th." And I'm just
 24 reading the descriptions. And this apparently
 25 was information that Eastern Health

Page 107

1 administration was providing early on the
 2 morning of December 11th to the Department of
 3 Health concerning or in relation to the media
 4 briefing that Eastern Health was going to hold
 5 that day. In December of 2006 do you know if
 6 the Board actually received this?
 7 MS. DAWE:
 8 A. I would really have to check my files, but I
 9 know we certainly received it for the May
 10 Board meeting when we had the discussions -
 11 COFFEY, Q.C.:
 12 Q. May of '07?
 13 MS. DAWE:
 14 A. Yeah. But I would really and truly have to go
 15 back and check to see if it were part of a
 16 communication to the Board. I see, I don't
 17 see any evidence. As you had -
 18 COFFEY, Q.C.:
 19 Q. No, and there's not.
 20 MS. DAWE:
 21 A. No. As you had presented me earlier with
 22 information that was directed to the Board.
 23 COFFEY, Q.C.:
 24 Q. Yes.
 25 MS. DAWE:

Page 108

1 A. It's always very clear. There's no indication
 2 in this package.
 3 COFFEY, Q.C.:
 4 Q. No.
 5 MS. DAWE:
 6 A. But I know I've seen it and I had it, but it's
 7 subsequently.
 8 COFFEY, Q.C.:
 9 Q. Yes. Because if--and I appreciate that this
 10 is, the e-mail is the first page, but the rest
 11 of it is the actual documents themselves that
 12 are listed as attachments. When you count
 13 them up, there would actually be 34 pages of
 14 attachments. And I mean, there's kind of a
 15 slide presentation, key messages,
 16 chronologies, Q and As. If you received such
 17 a package or had received such a package in
 18 December, 2006, would you have read it?
 19 MS. DAWE:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. Okay.
 23 MS. DAWE:
 24 A. No doubt. I can tell you now that I look
 25 through this, what's familiar to me would be

Page 109

1 the chronology of events.
 2 COFFEY, Q.C.:
 3 Q. Yes.
 4 MS. DAWE:
 5 A. Because we--and I'm, my mind is actually
 6 focussed on our May meeting of '07.
 7 COFFEY, Q.C.:
 8 Q. Yes.
 9 MS. DAWE:
 10 A. And also what is familiar is the power point
 11 presentation.
 12 COFFEY, Q.C.:
 13 Q. Yes. I appreciate that May of '07, and I'll
 14 come to that in a moment.
 15 MS. DAWE:
 16 A. I'm just--no, but I'm explaining. But as I
 17 turn the pages and see Q and As, no, so that
 18 tells me then that, no, we did not have that
 19 information.
 20 COFFEY, Q.C.:
 21 Q. You didn't have it in December of '06. Did
 22 you have it, in fact, in May of '07, do you
 23 know?
 24 MS. DAWE:
 25 A. No, because this does--I have to look again,

Page 110

1 but when, you know, on first glance that
 2 doesn't look familiar.
 3 COFFEY, Q.C.:
 4 Q. Okay.
 5 THE COMMISSIONER:
 6 Q. Sorry, you're saying that the substance of the
 7 presentation, if you will, the power point
 8 kind of things and the chronology of events
 9 are familiar but the Q and As are not?
 10 MS. DAWE:
 11 A. No. But the two items are more familiar to me
 12 for our May of '07 meeting as opposed to the
 13 December. But I would, if necessary, want to
 14 check for accuracy on that. But I don't -
 15 THE COMMISSIONER:
 16 Q. So I read what you're saying as you know
 17 you've seen it?
 18 MS. DAWE:
 19 A. Yes.
 20 THE COMMISSIONER:
 21 Q. You believe you saw it in May?
 22 MS. DAWE:
 23 A. In May.
 24 THE COMMISSIONER:
 25 Q. You seem doubtful that you saw it in December?

Page 111

1 MS. DAWE:
 2 A. Yes. I know I had it in May because we used
 3 this information at our Board meeting in May.
 4 COFFEY, Q.C.:
 5 Q. Okay. So, ma'am, 2006 passes into '07 and
 6 your next recollection of the subject of ER/PR
 7 coming up is when?
 8 MS. DAWE:
 9 A. The next major issue, major issue would have
 10 been May. And it would have--I need to check
 11 dates.
 12 COFFEY, Q.C.:
 13 Q. Sure.
 14 MS. DAWE:
 15 A. But the most significant matter that I recall
 16 was the media discussion about the information
 17 presented in December of '06, the numbers
 18 relating to I think 117 of patients who had
 19 converted and who required treatment and then
 20 information that was contained in the
 21 affidavit.
 22 COFFEY, Q.C.:
 23 Q. Yes.
 24 MS. DAWE:
 25 A. In, I believe, February, maybe. And public

Page 112

1 discussion which indicated that, I guess, that
 2 the organization was less than forthcoming on
 3 providing full disclosure. That's my
 4 recollection of, and a very disturbing
 5 recollection, obviously. So it started there.
 6 And then the press conference that Mr. Tilley
 7 would have had -
 8 COFFEY, Q.C.:
 9 Q. That would be May 18th?
 10 MS. DAWE:
 11 A. 18th, okay.
 12 COFFEY, Q.C.:
 13 Q. Yes.
 14 MS. DAWE:
 15 A. Where--and it was pretty extensive coverage
 16 related to that where Mr. Tilley endeavoured
 17 to explain the results that were presented in
 18 December of '06, 117, that the focus in
 19 December of communicating the findings were
 20 related to patients whose treatment had
 21 changed and that there was no intent not to
 22 disclose the other number, which was around
 23 200, of patients whose results had converted
 24 but did not require a treatment change. So he
 25 was, he endeavoured to explain that publicly

Page 113

1 and apologized for any confusion that was
 2 caused by not releasing all the numbers and
 3 indicated clearly that it was never anybody's
 4 intent to mislead the public. So it was that
 5 discussion. And then there was much
 6 discussion in the House of Assembly because
 7 the house had been open at that time. And the
 8 next was I called a Board meeting, a special
 9 Board meeting to deal with this because,
 10 again, there was an understanding about all
 11 patients being notified again. I mean, that
 12 was raised again here. And I was and the
 13 Board was hearing something different in the
 14 media. So now we're up to the May, '07
 15 meeting of the Board.

16 COFFEY, Q.C.:

17 Q. Yes. Now, before we get into that May meeting
 18 itself, and it was a special meeting, in fact?

19 MS. DAWE:

20 A. Yes.

21 COFFEY, Q.C.:

22 Q. Wasn't it?

23 MS. DAWE:

24 A. Yes.

25 COFFEY, Q.C.:

Page 114

1 Q. If we could look at Exhibit P-0104, please?

2 MS. DAWE:

3 A. Um-hm.

4 COFFEY, Q.C.:

5 Q. Thank you, Registrar. You look at, at the top
 6 of the page, Ms. Dawe, page 30, if I could,
 7 Registrar, please?

8 THE COMMISSIONER:

9 Q. Page 30 of the exhibit?

10 COFFEY, Q.C.:

11 Q. Yes, of P-0104. Thank you, Commissioner.
 12 Now, I appreciate that your comment upon or
 13 about the ER/PR media technical briefing Q and
 14 A as not being, or jumping out at you as
 15 something you've seen. But at the bottom of
 16 that page there's a question 9, and it says,
 17 "What is the rate of error?" Thank you. "How
 18 many people converted?" And the answer 9 is,
 19 "Up to this point our focus has been on making
 20 treatment changes where appropriate and 117
 21 individuals have experienced treatment
 22 changes. Some of these changes are because of
 23 conversion in their ER/PR result from negative
 24 to positive, some because of the definition of
 25 'negative,'" in quotes, "has changed, some

Page 115

1 because of where patients are today with their
 2 disease. There are multiple factors involved.
 3 Now that legal proceedings have been
 4 initiated, we will have to allow the legal
 5 process to determine if, in fact, error has
 6 occurred. The numbers of individual
 7 conversions are not relevant and turn the
 8 process into a numbers game. For example, some
 9 people have minor conversions that did not
 10 impact upon whether they would be considered
 11 suitable for hormonal therapy, some
 12 individuals converted, but upon review of
 13 their treatment plan it was discovered that
 14 for other clinical reasons they were already
 15 receiving Tamoxifen. What is relevant is the
 16 number of people whose care may change as a
 17 result of the process and that was 117." Now,
 18 that's--we'll be speaking to people about what
 19 the intent of these Q and As was, but you've
 20 just described your recollection of Mr.
 21 Tilley's telling the media on May 18th that
 22 there was never any conscious decision not to
 23 refer to the other approximately 200
 24 individuals. And here there's an assertion
 25 that the numbers of individual conversions are

Page 116

1 not relevant and turn the process into a,
 2 quote, "numbers game", end quote. Now, does
 3 that suggest to you that, in fact, there was a
 4 conscious decision made in December of 2006
 5 not to refer to the 2000?

6 MS. DAWE:

7 A. You could read that into these statements.

8 COFFEY, Q.C.:

9 Q. And ma'am, certainly from the Board's
 10 perspective, in December of 2006, I take it
 11 you have no recollection of it ever being
 12 brought squarely to the Board's attention that
 13 we are not going to tell the media the total
 14 number of conversions?

15 MS. DAWE:

16 A. Absolutely, no.

17 COFFEY, Q.C.:

18 Q. Okay. I want to be clear on that, okay, thank
 19 you. If we could, please, Commissioner, if we
 20 go to the Board of Trustees, this special
 21 Board of Trustees meeting of Eastern Health
 22 held May 23rd 2007. It's in P-0019. I'm just
 23 going to--I'm sorry, it's not P-0019. It's P-
 24 0020, I apologize. It'll come up on the
 25 screen there now, and just going to scroll

Page 117

1 down here a little bit, if I could. Almost
 2 there. There we are. The Board kept very
 3 detailed minutes.
 4 Ma'am, here, the minutes, it's described
 5 as--and Commissioner, for the record, it's
 6 page 53 of P-0020, minutes of the special
 7 Board of Trustees meeting of Eastern Health,
 8 held 23rd May 2007. Those present are noted.
 9 Those via conference call are noted, and
 10 regrets are noted.
 11 The meeting was called to order at four
 12 p.m. Now this meeting had come about why? At
 13 whose instance and why?
 14 MS. DAWE:
 15 A. I called the meeting as a special meeting of
 16 the Board because there was so much public
 17 discussion and concern and personal concern
 18 about what was happening, and information that
 19 was discussed publicly that was not consistent
 20 with information the Board had, and I felt it
 21 was important to have the Board members have
 22 an opportunity to discuss this directly with
 23 the CEO.
 24 COFFEY, Q.C.:
 25 Q. With your employee?

Page 118

1 MS. DAWE:
 2 A. Yes, our only employee. But it was very, very
 3 important because of--well, great concern. I
 4 had great concern, so this was--and I think I
 5 tried to endeavour the last few days to
 6 explain the focus of our Board, the concerns
 7 of reaching out to the community, of engaging
 8 the community, of being open and transparent,
 9 and so this was really not consistent. What I
 10 was hearing in the media, was not consistent
 11 with the direction of the Board and the
 12 interest and priority of the Board. So here's
 13 an example of it, of calling a special meeting
 14 to deal with that.
 15 COFFEY, Q.C.:
 16 Q. And what was not consistent? What was the
 17 inconsistency?
 18 MS. DAWE:
 19 A. Well, I have to--the numbers, any
 20 interpretation that the organization would be
 21 less than forthcoming in presenting details on
 22 numbers, and there was an allegation publicly
 23 about that, so obviously that would be of
 24 grave concern, and again, the contacting all
 25 patients. I mean, I keep repeating that

Page 119

1 because it was an issue personally and for the
 2 Board for months.
 3 COFFEY, Q.C.:
 4 Q. It begins by noting "a special meeting of the
 5 Board was called to provide an opportunity for
 6 trustees to hear directly from the CEO
 7 regarding the media attention and discussions
 8 in the House of Assembly related to estrogen
 9 and progesterone testing, ER/PR, and most
 10 recently, the radiology issue in Burin," which
 11 was also in the media. Now this is the day
 12 after there's been an announcement that
 13 there's going to be a Commission of Inquiry.
 14 In fact, that was May 22nd, just to let you
 15 know that.
 16 It's noted, "the Board is sensitive to
 17 the tremendous media pressure the organization
 18 is currently experiencing. It's concerned
 19 that the confidence of the system is being
 20 eroded -
 21 MS. DAWE:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. - as a result of the misrepresentation of the
 25 facts.

Page 120

1 MS. DAWE:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. The Board extended support to the CEO, George
 5 Tilley, and the Executive team." And of
 6 course, this is at the outset of the meeting.
 7 MS. DAWE:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. Where did this notion of misrepresentation of
 11 the facts come from at this point? What was
 12 being misrepresented?
 13 MS. DAWE:
 14 A. Well, the accuracy of all patients being
 15 advised, number one. Then, patients being
 16 advised of--all patients were notified, sorry,
 17 all patients were notified. That's one. But
 18 then the second and -
 19 COFFEY, Q.C.:
 20 Q. If I could, ma'am, what I'm getting at is who
 21 is doing the misrepresenting here?
 22 MS. DAWE:
 23 A. Oh, I'm sorry.
 24 COFFEY, Q.C.:
 25 Q. As a result of the misrepresentation of the

Page 121

1 facts, by whom?
 2 MS. DAWE:
 3 A. It appeared, okay, it appeared, at that time,
 4 that there was misrepresentation of the facts
 5 by the media.
 6 COFFEY, Q.C.:
 7 Q. Okay.
 8 MS. DAWE:
 9 A. It appeared.
 10 COFFEY, Q.C.:
 11 Q. Sure.
 12 MS. DAWE:
 13 A. From the information that we had, because on
 14 one hand, we were provided with information
 15 from within the organization, and I keep
 16 saying then I'm hearing something different
 17 publicly.
 18 COFFEY, Q.C.:
 19 Q. Okay.
 20 MS. DAWE:
 21 A. So what's wrong here?
 22 COFFEY, Q.C.:
 23 Q. And -
 24 MS. DAWE:
 25 A. And the second reference there in the second

Page 122

1 paragraph, the concern that the Board had
 2 about the erosion in the confidence of the
 3 system is also a major factor because there
 4 are 12,000 employees in Eastern Health who
 5 work every single day to provide services
 6 throughout the region, and there are some
 7 very, very, very good, wonderful interventions
 8 with patients and residents and clients that
 9 happen every single day, and so all we were
 10 hearing, as trustees, in the media were the
 11 very negative stories which were undermining
 12 of the organization and all the dedicated
 13 people who work there. So that's always been
 14 a concern of the Board as well.
 15 COFFEY, Q.C.:
 16 Q. Now estrogen and progesterone testing,
 17 paragraph one, "circulated to the trustees
 18 were copies of the CEO media statement and the
 19 ER/PR media briefing Q and A's that were given
 20 to the media on Friday, 18 May 2007."
 21 MS. DAWE:
 22 A. Well, okay, so that's this information
 23 assumedly then.
 24 COFFEY, Q.C.:
 25 Q. No, I wouldn't assume that those Q and A's

Page 123

1 that you just looked at are -
 2 MS. DAWE:
 3 A. I haven't seen--yes, these, but there were--
 4 this information for sure.
 5 COFFEY, Q.C.:
 6 Q. Yes. Oh yes, the -
 7 MS. DAWE:
 8 A. And I would have -
 9 COFFEY, Q.C.:
 10 Q. - slide show?
 11 MS. DAWE:
 12 A. Yes, for sure. I've seen that and the media
 13 statement. No, I'm sorry. I'm sorry. This
 14 refers to the May 18th.
 15 COFFEY, Q.C.:
 16 Q. Yes.
 17 MS. DAWE:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. Which is a different -
 21 MS. DAWE:
 22 A. Different altogether, yeah. Definitely that
 23 information was provided to the Board.
 24 COFFEY, Q.C.:
 25 Q. Namely, the text of George Tilley's media

Page 124

1 statement?
 2 MS. DAWE:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And ER/PR media briefing Q and A's that had
 6 been passed out that day?
 7 MS. DAWE:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. To the media?
 11 MS. DAWE:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. "The trustees noted the Q and A's were an
 15 excellent representation of the events and it
 16 was evident that the media did not present all
 17 the facts." Do you recall what it was that
 18 stood out at the time that the media hadn't
 19 presented? Anything stand out?
 20 MS. DAWE:
 21 A. Yes, it's all patients being notified.
 22 COFFEY, Q.C.:
 23 Q. And if we could go on then to the next page,
 24 yourself, "the Chair sought input from each of
 25 the trustees individually with respect to

Page 125

1 strategies that should be implemented to
 2 ensure the key messages are getting to the
 3 public. There are general consensus that the
 4 organization should explore other
 5 communication strategies, such as a paid
 6 advertisement, to ensure that the correct
 7 message is being sent to the public. The
 8 public face on the issue will continue to be
 9 delivered by the CEO," and it notes that
 10 "George Tilley will consult further with
 11 Strategic Communications." Now Strategic
 12 Communications, with a capital S, capital C,
 13 is internal to Eastern Health?
 14 MS. DAWE:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. It's a division?
 18 MS. DAWE:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Okay, "and external communication specialists
 22 to employ whatever communication strategies
 23 are necessary to ensure the correct messages
 24 are being delivered to build and restore
 25 confidence in the system. The Board will be

Page 126

1 kept apprised of the initiatives that will be
 2 undertaken. The Board suggested that a 'facts
 3 sheet', " in quotes, "be developed outlining in
 4 point form the critical pieces of information.
 5 The Board will approve the 'facts sheet' prior
 6 to release to the public. Other communication
 7 strategies to be explored include an
 8 opportunity for Dr. Howell and Dr. K. Laing,
 9 oncologist, to appear on Cross Talk." So what
 10 was the purpose of having Doctors Howell and
 11 Laing appear on Cross Talk?
 12 MS. DAWE:
 13 A. To provide access to the public at large, to
 14 clarify matters of misunderstanding or express
 15 concern. So it was the openness and
 16 transparency and availability of the
 17 specialists and the key spokesperson for
 18 Eastern Health.
 19 COFFEY, Q.C.:
 20 Q. With respect to Dr. Laing, what was your
 21 understanding as to the nature of her
 22 involvement in this, and prior involvement, if
 23 any, in this whole matter?
 24 MS. DAWE:
 25 A. Very much a key person, as the Clinical Chief

Page 127

1 for the cancer program, and as an oncologist,
 2 very much involved.
 3 COFFEY, Q.C.:
 4 Q. Did you have any understanding as to whether
 5 or not she had been involved in discussion or
 6 consideration as to whether or not the public
 7 should be notified about the ER/PR issue and
 8 when the public might be notified?
 9 MS. DAWE:
 10 A. I understand that the clinic--as I referred to
 11 earlier, the clinical advice that had been
 12 given to--the information that had been given
 13 to the Board that it was based on the clinical
 14 advice to wait until the retest results were
 15 back, so as that could be shared with the
 16 patient, that that decision involved Dr.
 17 Laing, as an oncologist. That's my
 18 understanding.
 19 COFFEY, Q.C.:
 20 Q. Your understanding was the clinical -
 21 MS. DAWE:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. - involved her?
 25 MS. DAWE:

Page 128

1 A. That she was part of that kind of a team.
 2 COFFEY, Q.C.:
 3 Q. She was part of that?
 4 MS. DAWE:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. That is part of the clinical advice given to
 8 Mr. Tilley, presumably, and to the Minister -
 9 MS. DAWE:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. - right from the get-go -
 13 MS. DAWE:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. - to wait until the retest results were back?
 17 MS. DAWE:
 18 A. That's my understanding.
 19 COFFEY, Q.C.:
 20 Q. Okay. Now here, as well, there's a reference
 21 to the Board suggested a "facts sheet" be
 22 developed, and having suggested it, the Board
 23 goes on to say the Board will approve of it
 24 prior to the release. Now what was the point
 25 of that?

Page 129

1 MS. DAWE:
 2 A. Because we were concerned about
 3 communications, and that was your example this
 4 morning of providing more direction to the
 5 President/CEO.
 6 COFFEY, Q.C.:
 7 Q. So by this point, so I gather, in terms of the
 8 whole of the ER/PR matter, up to this point in
 9 time, the Board has not intervened at all?
 10 MS. DAWE:
 11 A. I wouldn't say that. We had raised concerns -
 12 COFFEY, Q.C.:
 13 Q. Oh yes.
 14 MS. DAWE:
 15 A. - as I've told you.
 16 COFFEY, Q.C.:
 17 Q. I say intervene, I mean give direction.
 18 MS. DAWE:
 19 A. I wouldn't say that either, on this matter.
 20 We were very--we've expressed concern about
 21 the communications and that obviously there
 22 were problems, because, as I've expressed
 23 several times, differences of opinion and so,
 24 we would certainly have encouraged
 25 communication. That would be a direction.

Page 130

1 COFFEY, Q.C.:
 2 Q. But here if you're going to--the Board is
 3 stipulating that we are going to--any facts
 4 sheet -
 5 MS. DAWE:
 6 A. Yes.
 7 COFFEY, Q.C.:
 8 Q. First of all, come up with one, number one.
 9 MS. DAWE:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And number two, before you give it to anybody
 13 -
 14 MS. DAWE:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. - we want to approve of it?
 18 MS. DAWE:
 19 A. Yes, because -
 20 COFFEY, Q.C.:
 21 Q. That suggests that you have some doubt about
 22 the ability of the person that you're
 23 overseeing to provide an accurate facts sheet.
 24 MS. DAWE:
 25 A. Well, it reflects the concern that we had

Page 131

1 about communication, yes, and remember, you
 2 know, trustees come from varied backgrounds,
 3 non-health backgrounds. So we thought we
 4 could bring another perspective in
 5 understanding communication as well.
 6 COFFEY, Q.C.:
 7 Q. Yes. Because in relation to that, if we could
 8 look at Exhibit P-0106, please, and this is a
 9 series of emails. The exhibit itself is five
 10 pages long. It's toward the end of the book,
 11 Ms. Dawe, thank you.
 12 MS. DAWE:
 13 A. 0106?
 14 COFFEY, Q.C.:
 15 Q. It's P-0106.
 16 MS. DAWE:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. There you are.
 20 MS. DAWE:
 21 A. Okay.
 22 COFFEY, Q.C.:
 23 Q. Now this is a series of emails and media story
 24 at the end. So I'm going to ask you to turn
 25 to page two of the exhibit, get to the first

Page 132

1 such email, and for those watching on the
 2 screen, there it is. It's from George Tilley,
 3 sent May 15 2007 at 3:56 p.m., which is the
 4 day, the public record will show, is the day
 5 it was raised in the House of Assembly, and
 6 raised on CBC and other media. This is
 7 addressed to the Board members by Mr. Tilley,
 8 and as well, he's carboned it to the Executive
 9 team, Eastern Health, May 2005. Who is the
 10 Executive team, Eastern Health, May 2005, do
 11 you know?
 12 MS. DAWE:
 13 A. Yes. It would have been the Vice Presidents
 14 and the Chief Operating Officers.
 15 COFFEY, Q.C.:
 16 Q. And the subject here is ER/PR testing media
 17 coverage, and Mr. Tilley advises--he starts
 18 out by saying, addressing the trustees, and he
 19 says "there has been media coverage today
 20 pertaining to the ER/PR testing problem that
 21 we briefed you on some time ago. The focus of
 22 attention is more on the information that was
 23 provided to the media in December when a
 24 technical briefing was provided to them
 25 compared to the information that was provided

Page 133

1 in our Court affidavit. For your information,
 2 there has been no change in the numbers. In
 3 December, when reporters asked us for totals
 4 of changed tests or an error rate, we told
 5 them the following:" and there's a quote
 6 there, and that quote, in fact, is one that is
 7 in question and answer nine, which I referred
 8 you to earlier.

9 He goes on to say, "the number that the
 10 media is focusing on today in the affidavit is
 11 317, which is the number of cases where the
 12 test results changed. What we focussed on
 13 were the 117 individuals out of 317 that
 14 actually had a change in their treatment plan
 15 because of the results. It is believed that
 16 the numbers of individual conversions are not
 17 relevant"--thank you, Registrar--"and risk
 18 turning the process into a 'numbers' game,"
 19 and he goes on from there.

20 And then he concludes with, "we did meet
 21 with the Minister of Health this morning and
 22 briefed him on the situation. He will likely
 23 respond to the media. As you would have
 24 expected, on the advice of our legal counsel,
 25 we are staying away from any public debate, as

Page 134

1 this issue proceeds through the Court
 2 process." Signed George.

3 So midway through the afternoon of May
 4 15th, on the day in May that this broke in the
 5 media, this is what the trustees, including
 6 yourself, were told. The notion or the idea
 7 that's referred to as he concludes with, "on
 8 the advice of our legal counsel, we are
 9 staying away from any public debate, as this
 10 issue proceeds through the Court process."
 11 From your perspective, at the time when you
 12 saw that, did that cause you any concern?
 13 This was suggesting "we're going to stay mum."
 14 At that time, did you have any concern about
 15 the proposed course of action, which was to
 16 say nothing?

17 MS. DAWE:
 18 A. I wouldn't think that would be acceptable to
 19 the Board.

20 COFFEY, Q.C.:
 21 Q. Okay.

22 MS. DAWE:
 23 A. It's not -

24 COFFEY, Q.C.:
 25 Q. And if that's -

Page 135

1 MS. DAWE:
 2 A. It's not typical of what the Board's
 3 expectations are.

4 COFFEY, Q.C.:
 5 Q. And you're not alone on the Board, because
 6 when we go further or later into time, I have
 7 there on the screen, and this runs from page
 8 one to page two of the exhibit itself, this is
 9 an email from William Boyd, May 15 2007 at
 10 8:56 p.m. He addresses it to George Tilley.
 11 The subject is ER/PR testing media coverage,
 12 and Mr. Boyd--well, first of all, I'll ask
 13 you, who's Mr. Boyd?

14 MS. DAWE:
 15 A. He's a trustee.

16 COFFEY, Q.C.:
 17 Q. And he's a lawyer?

18 MS. DAWE:
 19 A. He's a lawyer.

20 COFFEY, Q.C.:
 21 Q. And he opens by saying "thanks for the heads
 22 up, George. I was confronted today with the
 23 story and questions from colleagues. I heard
 24 the comments of the Minister during the supper
 25 hour CBC report. He must say more than that

Page 136

1 Eastern Health was advised by its lawyers to
 2 not disclose information. That sounds very
 3 bad and makes it appear that we did
 4 deliberately mislead. We must respond, in my
 5 view, to the allegations that we misled the
 6 media and the public in our previous
 7 disclosures. I think we can do so without
 8 prejudicing the legal case for the defence."
 9 Signed Bill.

10 And I appreciate that this was addressed
 11 to George, but did you ever become aware of
 12 the sentiment expressed there?

13 MS. DAWE:
 14 A. I'm pretty sure, if I didn't receive it, that
 15 he--Bill would have expressed that at our
 16 Board meeting, I have no doubt. I want to
 17 recall and this helps me recall. When the
 18 Minister made--Minister Wiseman, made the
 19 comments of actions or lack of action that had
 20 been taken by the organization based on legal
 21 advice, that's the first I heard of that, and
 22 I took great exception to that personally, and
 23 I know I expressed that to--at our Board
 24 meeting as well, that this was--I knew this
 25 would not be in keeping with the Board's

Page 137

1 philosophy and approach, and I was disturbed
 2 that the Minister would say that, and I
 3 thought it was inaccurate for him.
 4 COFFEY, Q.C.:
 5 Q. And what do you think now?
 6 MS. DAWE:
 7 A. Well -
 8 COFFEY, Q.C.:
 9 Q. The documents do tend to suggest that there
 10 may be some substance -
 11 MS. DAWE:
 12 A. You know, I only--you know, I wanted--because
 13 I'm sure I probably said something to the
 14 Minister in that regard, that is not in
 15 keeping with the Board's philosophy.
 16 COFFEY, Q.C.:
 17 Q. And we will be hearing from the Minister on
 18 that, okay. Mr. Tilley then, apparently the
 19 next morning, May 16 2007, 7:53 a.m.,
 20 forwarded, as he terms it, "opinion of Board
 21 member Bill Boyd (lawyer)" to Oscar Howell,
 22 Heather Predham and Susan Bonnell, and then
 23 there is an email from Heather Predham, sent
 24 May 16th 2007 at 8:49 a.m. to George Tilley,
 25 Oscar Howell and Susan Bonnell, ER/PR testing

Page 138

1 media coverage. She says "hi, all. There's
 2 part of me that totally agrees and feels that
 3 we should be out on roof tops clarifying this
 4 point. I admit I only heard part of the
 5 coverage. I had to turn off Lorraine Michaels
 6 and I couldn't bear to watch Peter Dawe on
 7 'Out of the Fog'. The other part of me is
 8 thinking we're only going to give them more
 9 fodder and that whatever we say will fan the
 10 fires and it will be better to hold the no
 11 comment line. I'll call Dan this a.m.. I got
 12 a voice mail from him last night (which was
 13 difficult to understand with background
 14 noise). He was at a pre-hearing meeting with
 15 the Judge re: the certification, and the Judge
 16 believes that Ches' case is not developed
 17 enough to be heard and wants to postpone it
 18 until September. The difficult part of the
 19 message to hear was that I think Dan said that
 20 Ches still wants to proceed. I guess the key
 21 point of clarification is that all the
 22 patients who need to know knows. It's the
 23 general public and the media that doesn't have
 24 all the details and that is because it's
 25 before the Court." Signed Heather.

Page 139

1 Now ma'am, were you made aware in May
 2 16th all the way up through your Board meeting
 3 of May 23rd 2007, that at least in terms of--I
 4 won't say that--were you made aware by Mr.
 5 Tilley or Oscar Howell, because I gather Mr.
 6 Howell was probably at the special meeting,
 7 were you made aware that this sort of
 8 sentiment or view existed within the
 9 organization?
 10 MS. DAWE:
 11 A. No. I'm seeing this again for the first time.
 12 COFFEY, Q.C.:
 13 Q. First time, and I understand that.
 14 MS. DAWE:
 15 A. And I'm--you know, I'm conscious of the
 16 context that may have been around this
 17 discussion that I would not be privy to,
 18 obviously.
 19 COFFEY, Q.C.:
 20 Q. Was there any context, do you think, in terms
 21 of that--because this suggests, and again,
 22 perhaps this is just one person's
 23 interpretation, but someone who says "I
 24 couldn't bear to watch Peter Dawe on 'Out of
 25 the Fog'" now Peter Dawe would be the Peter

Page 140

1 Dawe of the Cancer Society. Out of the Fog is
 2 a local cable show.
 3 MS. DAWE:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. You know, in terms of that, Lorraine Michaels
 7 is the leader of the NDP Party, and believe
 8 probably at the time. It suggests that Ms.
 9 Predham took issue with or is aggravated by
 10 what she was seeing. Are you surprised by
 11 that? I mean, what possible context here
 12 could it -
 13 MS. DAWE:
 14 A. I can't -
 15 COFFEY, Q.C.:
 16 Q. - could it be acceptable?
 17 MS. DAWE:
 18 A. I can't speak for Heather Predham, I'm sorry.
 19 COFFEY, Q.C.:
 20 Q. And I will be asking Heather Predham about it.
 21 I'm just -
 22 MS. DAWE:
 23 A. I'm saying, I guess, my response to what I see
 24 here is that these are inappropriate comments.
 25 COFFEY, Q.C.:

Page 141

1 Q. Unless there's some context you don't know
 2 about.
 3 MS. DAWE:
 4 A. Unless there's some context I'm unaware of,
 5 and that's what--that's the difficult position
 6 I find myself in, seeing this information for
 7 the first time and I don't understand the
 8 context around some of this, and I'm speaking
 9 as a trustee and not somebody who is an
 10 employee of the organization.
 11 COFFEY, Q.C.:
 12 Q. Now the Dan in question in the third paragraph
 13 of Heather Predham's email, in this context,
 14 and we'll hear from Heather, but it's probably
 15 Dan Boone.
 16 MS. DAWE:
 17 A. I would assume it's Dan Boone.
 18 COFFEY, Q.C.:
 19 Q. Yes. Now Dan Boone is the lawyer for HIROC?
 20 MS. DAWE:
 21 A. HIROC, yes.
 22 COFFEY, Q.C.:
 23 Q. The insurers of Eastern Health.
 24 MS. DAWE:
 25 A. Yes.

Page 142

1 COFFEY, Q.C.:
 2 Q. And if her comment about Dan, calling Dan this
 3 a.m., immediately follows her comment "and it
 4 would be better to hold the no comment line."
 5 Now from your perspective, in May of 2007, was
 6 it your view that--at least as the Chair of
 7 the Board of Trustees, that the communication
 8 approach of Eastern Health should be
 9 determined by HIROC's lawyer?
 10 MS. DAWE:
 11 A. Absolutely no. That's an issue for Eastern
 12 Health.
 13 COFFEY, Q.C.:
 14 Q. Were you advised, up to and including the
 15 Board meeting of May 23rd 2007, that the input
 16 of HIROC's lawyer in that regard was being
 17 sought?
 18 MS. DAWE:
 19 A. No. Again, this is very much at an
 20 operational level and I'm pretty sure that
 21 this--and given the circumstances and given
 22 the public debate and given the interest of
 23 the Board and expressions of concern of the
 24 Board on communication, if that had--you know,
 25 I'm sure it didn't come to the Board, but had

Page 143

1 it, there would be a different opinion
 2 expressed.
 3 COFFEY, Q.C.:
 4 Q. And if we could return, please, to P-0020?
 5 Thank you. And certainly, by May 23rd, the
 6 Board had any reluctance it might have earlier
 7 had to intervene at least in some operational
 8 matters had disappeared, by this, by May 23rd?
 9 MS. DAWE:
 10 A. On this matter.
 11 COFFEY, Q.C.:
 12 Q. Yes.
 13 MS. DAWE:
 14 A. On this matter.
 15 COFFEY, Q.C.:
 16 Q. On this matter. Under paragraph 1.1, the
 17 Court hearing, re: class action claim. Mr.
 18 Tilley goes on to say "explained that what
 19 precipitated the public misunderstanding
 20 during the past week with respect to ER/PR
 21 occurred when the affidavits were filed on
 22 behalf of Eastern Health and the lawyer
 23 representing the affected patients posted the
 24 information on his website. The media
 25 focussed on a particular number, ie. those

Page 144

1 whose results changed but did not result in a
 2 change in a treatment change, and the
 3 organization was portrayed as withholding
 4 information. The organization immediately
 5 engaged in discussion with the Deputy Minister
 6 to clarify. On Thursday, 17 May, Dr. O.
 7 Howell, Oscar Howell and George Tilley briefed
 8 the Deputy Minister at length on the ER/PR
 9 issue so that he could apprise the Minister
 10 and the Cabinet. There was considerable focus
 11 in the House of Assembly and consequently the
 12 organization recognized the need to go out to
 13 the public to clarify the messages. This
 14 resulted in a press conference being held on
 15 Friday, May 18, 2007." And there's a reference
 16 then to the Judge's decision being expected.
 17 Now ma'am, when the Board was told this
 18 on May 23rd, about how this, the 317 number
 19 had gotten into the public domain, did anyone
 20 raise with Mr. Tilley or Oscar Howell how you
 21 could decide not to provide the 317 number in
 22 December to the media, because it was apparent
 23 by May 23rd that they hadn't, yet lawyers
 24 acting on behalf of Eastern Health are going
 25 to file it in an affidavit in a public forum?

Page 145

1 Did anybody ever raise that?

2 MS. DAWE:

3 A. Oh, I'm sure it was discussed. I'm sure, and

4 again, I'm recalling that Mr. Tilley had said

5 in the press conference, the same as the

6 information that he had given the Board, that

7 had they realized the impact and the impact of

8 not releasing all the numbers, that they would

9 have done that in December.

10 COFFEY, Q.C.:

11 Q. In the briefing of May 23rd 2007, did anyone

12 raise it with Mr. Tilley or put to Mr. Tilley,

13 "look, Mr. Tilley, look, George, how could you

14 not have known?" Did anybody raise that with

15 him, and if so, what was his response?

16 MS. DAWE:

17 A. All I recall that there was a great deal of

18 concern about how this happened, why it

19 happened, the impact that this has caused,

20 because it seemed very clear, from the

21 information that we had then, that 300--the

22 number was 317 results had converted, but the

23 explanation continued to be that the focus,

24 the people who made the decision in December

25 was to talk about the 117 patients who had

Page 146

1 converted who required treatment. So yes, I

2 can't tell you exactly what was said around

3 these discussions, but I can assure you that

4 there was much discussion about what, why is

5 this an issue when it seemed very simply all

6 you had to do was release the full numbers.

7 And that's as basic as I can bring it at this

8 stage, on recall.

9 COFFEY, Q.C.:

10 Q. Now with respect to the 117 number, I think

11 you just phrased it, who had had a change in

12 result and a change in treatment as a result.

13 MS. DAWE:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. Have you ever seen a list of the 117?

17 MS. DAWE:

18 A. No. You mean a list of patients?

19 COFFEY, Q.C.:

20 Q. Of those 117 patients.

21 MS. DAWE:

22 A. No, I wouldn't see patients' names, no.

23 COFFEY, Q.C.:

24 Q. Okay. Have you ever made any inquiries about

25 whether that 117 number is accurate?

Page 147

1 MS. DAWE:

2 A. Well, all I can tell you is so often during

3 this period, I know I would have said, and

4 other trustees would have said, "are we sure

5 we know--are we being accurate? We are

6 concerned about the use of 'all' and being so

7 precise when we're finding out, after the

8 fact, that you can't be precise" because, for

9 varying reasons, including the database, the

10 availability of information and so on.

11 COFFEY, Q.C.:

12 Q. But in terms of the--in particular the -

13 MS. DAWE:

14 A. But I had not seen--no, I have not seen a list

15 of patients. It would be not appropriate for

16 me to see that.

17 COFFEY, Q.C.:

18 Q. Sure.

19 MS. DAWE:

20 A. But I would not be at all surprised to say

21 "are you sure?"

22 COFFEY, Q.C.:

23 Q. And in terms of the 117 number, have you had

24 any assurances that that 117 number is

25 accurate? That it accurately reflects the

Page 148

1 total number of people -

2 MS. DAWE:

3 A. That's our understanding. That's clearly, at

4 that point, that's our understanding.

5 COFFEY, Q.C.:

6 Q. How about your--as we sit here today?

7 MS. DAWE:

8 A. Well, I'm not--to be honest, I'm not too sure

9 if I can--how much of the information that I

10 can rely on because it seems that new

11 information is being presented regularly. So

12 I'm much less confident in the information.

13 COFFEY, Q.C.:

14 Q. In making any assertion that the 117 -

15 MS. DAWE:

16 A. Or any numbers, to be honest.

17 COFFEY, Q.C.:

18 Q. And I raise it because we are privy to, myself

19 and Ms. Chaytor, are privy to a listing, as we

20 would be, and it would be appropriate for us

21 to be, and there are certain people who have

22 been in here, have testified that they had

23 treatment changes, had changed results and a

24 treatment change, and their names are not on

25 the list. So I'm just--in terms of that, so

Page 149

1 the point being you've never challenged, you
 2 on behalf of the Board or the Board has never
 3 challenged the 117?
 4 MS. DAWE:
 5 A. Well, challenged in as much as "are you sure?
 6 Are we sure that's accurate?"
 7 COFFEY, Q.C.:
 8 Q. And who would you have said "are you sure?"
 9 to?
 10 MS. DAWE:
 11 A. Well, either--the two people who were involved
 12 in this would be Mr. Tilley and now Dr.
 13 Howell. This would be--because these were the
 14 people who would be given the information. So
 15 it would--I can assure you that I would have
 16 said, you know, long before now, I would have
 17 challenged the accuracy of the information,
 18 and the assurance that the Board was given
 19 that at that point, at that point, to the best
 20 of their knowledge, the information was
 21 accurate. But I'm sure you sense, from all
 22 I've said this last few days, that it has been
 23 a challenging area for the Board and one that
 24 we have less confidence in, in the
 25 information.

Page 150

1 COFFEY, Q.C.:
 2 Q. So with respect to, and I gather, again, and
 3 my comment in that regard--my comments in that
 4 regard, eventually we will, between myself and
 5 Ms. Chaytor, we'll find a way to bring before
 6 the Commissioner the issue of whose names or
 7 whether people are or are not included on this
 8 list, okay, and we have to be cognizant of the
 9 privacy issues as well, but between the
 10 lawyers involved, we'll figure it out.
 11 Are you aware of whether or not the 117
 12 figure still exists on the website of Eastern
 13 Health?
 14 MS. DAWE:
 15 A. I would think it is. I've checked the--you
 16 know, I haven't checked the website recently,
 17 but let me put it this way, I have no reason
 18 to believe or any information that's been
 19 presented to the Board to indicate another
 20 number.
 21 COFFEY, Q.C.:
 22 Q. Okay. If we could, to the next--let me just
 23 see, page here. There's a reference at
 24 paragraph 1.3 at page 55 of Exhibit P-0020,
 25 Commissioner, to the creation of the seat

Page 151

1 you're now sitting in, and the Board here, in
 2 the second paragraph, it's noted "the Board
 3 requested that a review of the Board minutes
 4 be undertaken and that a chronological listing
 5 of the events of ER/PR be developed. It was
 6 emphasized that it is important for all
 7 trustees to be familiar with the time line of
 8 events. Discussion ensued regarding legal
 9 counsel for the Board, in the event that the
 10 terms of reference for the inquiry are
 11 extended to include the Board."
 12 Why was it at that time, did the Board
 13 members apparently feel it was important to
 14 understand the time lines?
 15 MS. DAWE:
 16 A. The time lines?
 17 COFFEY, Q.C.:
 18 Q. Well, the paragraph is -
 19 MS. DAWE:
 20 A. The information, yes. More to make sure that
 21 when--what information the Board had, when it
 22 had it, and so on. That's the whole purpose
 23 of that.
 24 COFFEY, Q.C.:
 25 Q. And I take it that this discussion ensued

Page 152

1 regarding the possibility of retaining legal
 2 counsel for the Board. Whatever discussion
 3 ensued, there's the one lawyer.
 4 MS. DAWE:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. Mr. Simmons.
 8 MS. DAWE:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. If we could please, I'm just going to go a
 12 tiny bit faster down through this. The next
 13 regular meeting of the Board, I believe, was
 14 June 27th 2007, and in particular, in terms of
 15 ER/PR, at page 62 of P-0020, Commissioner,
 16 page six of the original document, under the
 17 heading Paragraph F., ER/PR. "At the June 8th
 18 2007 meeting, the Committee requested and
 19 received the report of the improvement
 20 processes implemented in the pathology
 21 laboratory at the General Hospital Health
 22 Sciences site as a result of the ER/PR
 23 incident. The committee asked for feedback
 24 from staff regarding the impact the ER/PR
 25 coverage is having on pursuing a just and

Page 153

1 trusting culture. Staff reported the
 2 organization has been distracted and there's
 3 some indications that physicians and others
 4 are reacting with concern about the untimely
 5 disclosure of peer reviews and the blame
 6 stance of the politicians."
 7 Now in this context, I'm going to put it
 8 fairly in context, if I can, this appears
 9 under paragraph four, which is Board
 10 Committees, and 4.1 Safety and Quality
 11 Improvement Committee.
 12 MS. DAWE:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. Because there are a number of--that committee,
 16 in the paragraphs, some of which are there and
 17 some of which are redacted, is doing certain
 18 reporting to the Board, but here, at least,
 19 the committee is reporting on their activities
 20 in terms of ER/PR.
 21 This, the committee, what was your
 22 understanding, the report that the committee
 23 had received on improvement processes. Did
 24 the Board ever see that--receive the report on
 25 improvement processes implemented in the

Page 154

1 pathology lab?
 2 MS. DAWE:
 3 A. I don't believe so. I think it went to the
 4 committee and reported from the committee to
 5 the Board. I believe that's the case.
 6 COFFEY, Q.C.:
 7 Q. In terms of the Board, because there's a
 8 reference then to the committee advising the
 9 Board here that "physicians and others are
 10 reacting with concern about the untimely
 11 disclosure of peer reviews and the blame
 12 stance of the politicians." And I appreciate
 13 in this context the radiology issue was also
 14 going on.
 15 MS. DAWE:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. So this may not--although it's under the
 19 paragraph ER/PR -
 20 MS. DAWE:
 21 A. I think the blame stance as well probably at
 22 that time, when I look at the timing there,
 23 might have had--no, it overlaps with ER/PR,
 24 but it also certainly captures discussions
 25 around the Burin radiology.

Page 155

1 COFFEY, Q.C.:
 2 Q. If we could, please, Commissioner, I want to--
 3 right here--to page 74 of P-0020, this is
 4 paragraph 4.4, the Medical Advisory Committee,
 5 and this is now June 27, 2007, and I'll get to
 6 this, the contents of this in a moment, but up
 7 to this point, had the MAC--do you have any
 8 recollection of the MAC reporting to the Board
 9 about ER/PR?
 10 MS. DAWE:
 11 A. Through their minutes, but not in an extensive
 12 way, as I recall, but it certainly--I know
 13 that it was discussed at MAC.
 14 COFFEY, Q.C.:
 15 Q. And here, there's a reference to the MAC acute
 16 care facility St. John's, and "circulated at
 17 the table was a copy of correspondence from
 18 the chairperson of the Medical Advisory
 19 Committee, Dr. Linda Inkpen, dated 18 June
 20 2007 in support for Mr. Tilley, President and
 21 Chief Executive Officer. MAC acknowledged the
 22 many challenges and complex issues the CEO has
 23 been dealing with and endorsed his leadership.
 24 The Board chair acknowledged verbally to Dr.
 25 Inkpen receipt of the letter and expressed her

Page 156

1 personal appreciation for the support of MAC
 2 for George Tilley. Dr. Inkpen was in
 3 agreement of forwarding the correspondence to
 4 the Minister of Health and Community Services.
 5 The trustees recommended that a copy of the
 6 correspondence from Dr. Inkpen be forwarded to
 7 the Minister of Health and Deputy Minister,
 8 indicating that it represents the Board's
 9 views as well." So I take it Ms. Inkpen is in
 10 attendance here?
 11 MS. DAWE:
 12 A. No, not at that Board meeting.
 13 COFFEY, Q.C.:
 14 Q. Oh, okay.
 15 MS. DAWE:
 16 A. Not at that. That would be her letter, I'm
 17 pretty certain.
 18 COFFEY, Q.C.:
 19 Q. Oh, you're reporting here that you had
 20 acknowledged verbally to her that you'd
 21 received -
 22 MS. DAWE:
 23 A. I had a verbal--yes, because I received the
 24 letter and I contacted her and reported that.
 25 COFFEY, Q.C.:

Page 157

1 Q. And the letter itself, if I could, please,
 2 it's Exhibit P-0116. Now this is the letter
 3 itself and--well, actually, the first page of
 4 P-0116 is an email. The second page of it is
 5 the June 18th letter, as is the third page,
 6 and the fourth and fifth are a later letter.
 7 MS. DAWE:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. And here, in terms of the email, Joyce Penney
 11 of Eastern Health is sending this to yourself,
 12 J. Dawe, and other correspondence from Dr.
 13 Linda Inkpen forwarded on behalf of yourself,
 14 Joan Dawe, and you write to the Minister and
 15 Deputy Minister with the permission of Dr.
 16 Linda Inkpen.
 17 MS. DAWE:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. "I'm forwarding the attached correspondence
 21 for your information," and that's both the
 22 June 18th and the July 24th letters. "With
 23 respect to the reference in the July 24th
 24 correspondence and the MAC requesting the
 25 opportunity to meet with the Premier and

Page 158

1 Minister of Health, Mrs. Dawe advises that she
 2 will be meeting with Dr. Inkpen for a focus
 3 discussion prior to scheduling this meeting."
 4 Now at page two of P-0116, Dr. Inkpen has
 5 written to you. Commissioner, if we could,
 6 because it is lunch time and we'll go to that
 7 and we'll come back and -
 8 THE COMMISSIONER:
 9 Q. Do you want to--are you saying you would like
 10 to break and then come back to this or are you
 11 asking to go to this before we break?
 12 COFFEY, Q.C.:
 13 Q. Actually, we can go on--if we could?
 14 Actually, if everybody can -
 15 THE COMMISSIONER:
 16 Q. Hang on?
 17 COFFEY, Q.C.:
 18 Q. Yes, thank you.
 19 THE COMMISSIONER:
 20 Q. All right. If I promise to give them the
 21 minutes at the end, I think they'll forgive
 22 you.
 23 COFFEY, Q.C.:
 24 Q. Thanks. Ms. Dawe, the letter, this particular
 25 letter of June 18th is single spaced. It

Page 159

1 covers more than a full page, and the July
 2 24th letter covers almost a full two pages of
 3 single-spaced writing. What was the--if you
 4 could summarize the gist of Dr. Inkpen's
 5 position on behalf of MAC?
 6 MS. DAWE:
 7 A. It was one which was endorsing Mr. Tilley's
 8 leadership and expressing the difficult and
 9 challenging environment in which he was
 10 working, and expressed--it had been obviously
 11 discussed on June the 13th at the MAC meeting.
 12 I would not have been present there, but the
 13 text of this and a subsequent meeting that I
 14 attended with MAC was clearly one which
 15 demonstrated support for Mr. Tilley's
 16 leadership, and I think it was around the time
 17 that there was a great deal of public
 18 discussion and calling for Mr. Tilley's
 19 resignation as well. So this was a means of
 20 the medical staff within the acute care
 21 facilities in St. John's communicating
 22 directly to the Board of their support for his
 23 leadership. That's in essence, a very strong
 24 letter of support.
 25 COFFEY, Q.C.:

Page 160

1 Q. And that's certainly the first letter. The
 2 second letter, at page four of P-0116, thanks
 3 you very much for attending the special
 4 meeting of the Medical Advisory Committee on
 5 July 16th 2007, and "the Committee members are
 6 very appreciative of the time you and Mr.
 7 Davis spent with us," and she's then been
 8 asked to write to the Board with the following
 9 comments, and what was the point of this
 10 letter or your understanding that you took
 11 from this letter?
 12 MS. DAWE:
 13 A. The purpose of the letter, first of all?
 14 COFFEY, Q.C.:
 15 Q. Yes.
 16 MS. DAWE:
 17 A. This letter came following Mr. Tilley's
 18 leaving the organization, and a meeting that I
 19 had with Dr. Inkpen, which I, at my
 20 initiative, with Dr. Inkpen prior to Mr.
 21 Tilley leaving the organization to advise her,
 22 and then an agreement that she and I had that
 23 I would be more than prepared to come to meet
 24 with the MAC, if they felt it so necessary, to
 25 allow them to express their concerns and an

Page 161

1 opportunity for me to give--to share with them
 2 as much information as I was able to share at
 3 that time. So that's what actually triggered
 4 the meeting.
 5 COFFEY, Q.C.:
 6 Q. And how did the meeting go?
 7 MS. DAWE:
 8 A. It was an opportunity for the clinical chiefs-
 9 -the MAC as I had indicated, I think, includes
 10 the clinical chiefs and the chairs of the
 11 various disciplines of the Medical School, so
 12 there was a great deal of concern among the
 13 MAC about what was happening and the public
 14 discussions and the--and comments from the
 15 Minister at that time as well of lack of
 16 support for Mr. Tilley's leadership and so on.
 17 So it was an opportunity for me and the Vice-
 18 Chair to go and listen directly to the MAC
 19 members, allow them to express their concerns,
 20 and in a very open way. So it was, I'm pretty
 21 sure, 75 or 80 percent of those in attendance,
 22 and maybe 20 people or more, would have
 23 spoken, and I welcomed--truly, it was a
 24 difficult meeting because there was--there
 25 were strong views expressed about public

Page 162

1 statements and political involvement and needs
 2 that the organization had expressed over time,
 3 certainly going back to the Health Care
 4 Corporation, about the need for support for
 5 new technology and physician human resources
 6 and all these matters. So one could infer
 7 from the discussions that, you know, there was
 8 less than full support of the Department and
 9 Government for our initiatives or a lack of
 10 recognition for the mandate that we had at
 11 Eastern Health and how hard people were
 12 working to fulfil that mandate. I guess that
 13 summarizes it, but I--as difficult as it was,
 14 I welcomed the opportunity to go directly and
 15 listen and provide as much feedback as I was
 16 able to at that time.
 17 COFFEY, Q.C.:
 18 Q. Because the beginning of the letter of July
 19 24th, the second paragraph, says "firstly, the
 20 Medical Advisory Committee members felt there
 21 was nothing presented at this special
 22 meeting"--sorry, thank you, it's at--right
 23 there, thank you, Registrar--"presented at
 24 this special meeting which caused them to feel
 25 differently than when the Medical Advisory

Page 163

1 Committee wrote to you on June 18th 2007."
 2 MS. DAWE:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. Suggesting that you provided certain
 6 information, you or Mr. Davis or both of you
 7 provided certain information to the MAC as
 8 well?
 9 MS. DAWE:
 10 A. Yes, as much as I was able to provide at that
 11 stage.
 12 COFFEY, Q.C.:
 13 Q. And that was in relation to what?
 14 MS. DAWE:
 15 A. Mr. Tilley's resignation.
 16 COFFEY, Q.C.:
 17 Q. Okay, and the circumstances -
 18 MS. DAWE:
 19 A. Circumstances surrounding it that--and so this
 20 again was reflective of the support of MAC for
 21 Mr. Tilley. That's the context.
 22 COFFEY, Q.C.:
 23 Q. If we could go to the second page of this, the
 24 second paragraph, last two sentences, "the
 25 Medical Advisory Committee is asking for the

Page 164

1 opportunity to meet with the Premier and the
 2 Minister of Health and Community Services. I
 3 would welcome the opportunity to discuss the
 4 details of such a meeting with the Board
 5 Chair."
 6 MS. DAWE:
 7 A. Um-hm.
 8 COFFEY, Q.C.:
 9 Q. So I take it that--well, I'll ask, first of
 10 all, did you ever have--discuss the details of
 11 such a meeting with the Board Chair?
 12 MS. DAWE:
 13 A. Did I, with the chair of MAC?
 14 COFFEY, Q.C.:
 15 Q. You being the Board Chair, with her?
 16 MS. DAWE:
 17 A. With the MAC or the Chair of MAC?
 18 COFFEY, Q.C.:
 19 Q. Yes.
 20 MS. DAWE:
 21 A. Yes, indeed I did. We met and we probably had
 22 phone calls as well about this, and because I
 23 was quite prepared--actually, you know, I
 24 alerted the Minister. The Minister of Health
 25 would have been aware of the outcome of this

Page 165

1 meeting and I shared with him the expressed
 2 concerns. So there was nothing--it was very,
 3 very transparent. So when I met with and
 4 discussed this with Dr. Inkpen, I think there
 5 was a change of opinion on whether they wanted
 6 to continue to pursue a meeting with the
 7 Minister and the Premier, and we found other
 8 ways of making sure the information was
 9 presented, but no, it was at her call then
 10 that I did not organize a meeting.

11 COFFEY, Q.C.:

12 Q. And on that note, if we could break for lunch,
 13 Commissioner?

14 THE COMMISSIONER:

15 Q. Yes, by all means. We'll break for lunch and
 16 let's make it at 2:10 instead of our regular
 17 2:00.

18 COFFEY, Q.C.:

19 Q. Thank you.

20 THE COMMISSIONER:

21 Q. Thank you.

22 (LUNCH BREAK)

23 THE COMMISSIONER:

24 Q. Please be seated. Before you begin, Mr.
 25 Coffey, I'm advised by the administrative

Page 166

1 staff that the problems with Exhibit P-0019
 2 from this morning have been resolved and in
 3 the one case, the missing piece that had been
 4 redacted that should not have been redacted
 5 has been replaced, and in the other case,
 6 there was a duplication of certain minutes.
 7 So the duplicate copy that did not contain
 8 page six has been removed and you're left with
 9 the full copy that was already there. The
 10 down side of all this is that that has meant
 11 that some page numbering has changed. So if
 12 you want to refer to that exhibit in your
 13 examination of either this witness or another
 14 witness, then you should be alert to that and
 15 maybe double check the numbers before you make
 16 -

17 MR. BROWNE:

18 Q. Can I ask again what was the exhibit number?

19 THE COMMISSIONER:

20 Q. P-0019.

21 MR. BROWNE:

22 Q. P-0019?

23 THE COMMISSIONER:

24 Q. Yes, it was the exhibit this morning with the
 25 minutes of a meeting that Mr. Coffey referred

Page 167

1 to and then we couldn't find the page and all
 2 that kind of stuff. Now Mr. Coffey?

3 COFFEY, Q.C.:

4 Q. Thank you, Commissioner. Registrar, please,
 5 Exhibit--just get it out. If we could just
 6 turn briefly to Exhibit P-0116, and that's at
 7 the very end of the book, Ms. Dawe, I believe,
 8 pretty well. Yes, it is.

9 Before I leave the MAC, what's your
 10 understanding then in terms of the division of
 11 responsibility or sharing of responsibility
 12 between the Board of Trustees and the MAC for
 13 the quality of medical care in Eastern Health?

14 MS. DAWE:

15 A. The MAC has the responsibility for carrying
 16 out--for ensuring that medical services are
 17 provided with appropriate standards and the
 18 like, and part of that is the responsibility
 19 for the credentialing process and its
 20 recommendations to the Board. So clearly,
 21 there's a very weighty responsibility at the
 22 level of the MAC to ensure the standards for
 23 medical, provision of medical services are at
 24 the level that they're expected.

25 COFFEY, Q.C.:

Page 168

1 Q. And how about from the Board's perspective is
 2 to oversee the MAC?

3 MS. DAWE:

4 A. Yes, the MAC, the chair of the MAC is
 5 appointed by the Board and I've mentioned
 6 earlier, the members of the MAC consists of
 7 the clinical chiefs and the divisional chiefs.
 8 So yes, the direct--there is a direct link
 9 between the Board and MAC through the chair of
 10 MAC.

11 COFFEY, Q.C.:

12 Q. Okay.

13 MS. DAWE:

14 A. And there are a set of--you know, the medical
 15 staff bylaws and rules and regulations all
 16 clearly delineate the roles and
 17 responsibilities of MAC.

18 COFFEY, Q.C.:

19 Q. If we could turn, please, to Exhibit P-0114?
 20 Now this is an exhibit that the Commission
 21 received from Eastern Health's counsel and I
 22 understand it was identified and the way it
 23 came to us as having come from the office of
 24 the VP Medical, and I stand to be corrected on
 25 that, but that's my understanding, and it's -

Page 169

1 THE COMMISSIONER:
 2 Q. All right, just a moment now. You have a
 3 quizzical look on your face.
 4 MR. SIMMONS:
 5 Q. I'm not sure I can confirm that. Anything
 6 that we produced from that source, we had the
 7 identifier on the top which identified it as a
 8 document source from Eastern Health. I'm not
 9 denying that it might have found its way
 10 through out of something we produced, but
 11 right now, I'm uncertain as to the providence
 12 of it.
 13 COFFEY, Q.C.:
 14 Q. Okay, and if I could explore then, we will
 15 certainly--between yourself and I, we'll
 16 figure out where it came from, Mr. Simmons.
 17 Thank you.
 18 It's feedback from immunohistochemistry
 19 technologists, May 29th 2007, and in bold
 20 print, it says "express concerns relating to
 21 coordination of quality assurance activities
 22 for entire immunohistochemical service," and
 23 it goes on to say "vast majority of IHC SOPs,
 24 which would be standard operating procedures,
 25 not signed off (ER/PR have been completed).

Page 170

1 No knowledge of feedback re: external
 2 proficiency testing. No knowledge of overall
 3 action plan or status of same. Recommended
 4 training for technologists re: controls has
 5 not occurred. Overall feeling that QA," which
 6 would be quality assurance, "activities for
 7 ER/PR are not"--or I'm sorry, "are in place,
 8 but not for the remaining IHC service." And
 9 then it goes on, under the heading "express
 10 concerns regarding communication. Request for
 11 project-type work are coming from numerous
 12 sources, ie. clinical chief, IHC chief,
 13 without explanation or knowledge of manager.
 14 Request for documentation are coming in
 15 without knowledge of manager. ER/PR retesting
 16 restarted without knowledge of manager
 17 (manager informed by technologist after the
 18 fact)."
 19 Now this, and it does refer to what is
 20 d e s c r i b e d a s f e e d b a c k f r o m
 21 immunohistochemistry technologists, May 29th
 22 2007, and see the--we've looked at the Board
 23 meeting, the special Board meeting in early--
 24 just prior to that, in May, and I think it's
 25 May 23rd, 2007, and a subsequent meeting, I

Page 171

1 believe, in June 2007. The informational
 2 content or matters relating to at least what
 3 is reflected here, whether it's accurate or
 4 otherwise, feedback from immunohistochemistry
 5 technologists at the end of May of 2007. Do
 6 you remember the Board ever being made aware
 7 of any of this sort of information?
 8 MS. DAWE:
 9 A. No, no, and of course, information would not
 10 come to the Board directly from technologists
 11 either.
 12 COFFEY, Q.C.:
 13 Q. I appreciate that, but even up through the
 14 reporting chain -
 15 MS. DAWE:
 16 A. No, no. The information the Board would have
 17 in terms of the implementation would have been
 18 reflected in past Board minutes.
 19 COFFEY, Q.C.:
 20 Q. With respect to the sorts of matters that are
 21 referred to here, do you have any
 22 understanding about who within the senior
 23 management of Eastern Health would be
 24 responsible for addressing these sorts of
 25 matters?

Page 172

1 MS. DAWE:
 2 A. You mean the executive level?
 3 COFFEY, Q.C.:
 4 Q. Yes.
 5 MS. DAWE:
 6 A. That would be the Vice President of Medical
 7 Services.
 8 COFFEY, Q.C.:
 9 Q. If we could turn, please, to Exhibit P-0112?
 10 Ms. Dawe, that's just a bit earlier in the
 11 book, if you--and I'll leave it to yourself,
 12 whichever you're most comfortable with, of
 13 course. It's an email from George Tilley,
 14 sent May 31st 2007, at five p.m. to the Board
 15 members. The subject is continued ER/PR
 16 issues. Here, he opens with "trustees, in the
 17 House of Assembly yesterday, the Premier
 18 released an internal memo, dated June 2003, to
 19 the media from the pathologist who was
 20 overseeing our histochemistry lab to the
 21 Director of our laboratory medicine, in which
 22 the pathologist raises concerns about ER/PR
 23 testing in 2003, two years prior to the time
 24 that a decision was made to retest. The
 25 existence of the memo was not made known to

Page 173

1 Bob Williams until the summer of 2005 when we
 2 were discussing retesting, and of course, Bob
 3 would have informed me after that." And it
 4 goes on, "CBC sought our response." Thank
 5 you, Registrar. "We did a technical for the
 6 CBC media prior to a subsequent interview with
 7 Nash Denic and I this afternoon. At the
 8 technical briefing, there were Oscar Howell,
 9 Nash Denic, current clinical chief of
 10 Laboratory Medicine, Don Cook, past clinical
 11 chief of Laboratory Medicine, myself and
 12 several CBC reporters. The points that were
 13 made include: the 2003 memo was dealt with as
 14 part of the ongoing lab quality control
 15 problem. The issues of concern related to the
 16 staining component, though the pathologist did
 17 use language that was critical of the service,
 18 the actual follow-up measures at the time were
 19 operational in nature and included:" and he
 20 goes on to describe them.
 21 Then the next bullet indicates "other
 22 correspondence was shared with the media which
 23 show that the issues were dealt with in a
 24 timely fashion and to the satisfaction of the
 25 pathologist. He subsequently stayed with us

Page 174

1 until 2006." And then it goes on, "the
 2 questions of the media were many, including:"
 3 and if I could, "why was something not done
 4 about this in 2003? The answer was that the
 5 focus at that time was about tissue staining
 6 and there was no indication of a results
 7 concern, unlike in 2005 when there was an
 8 index case involving changed results which
 9 precipitated the review and subsequent
 10 retesting. We told them that the concerns in
 11 the memo were not shared at that time beyond
 12 the lab and the surgical pathology review
 13 committee (which consisted of pathologists,
 14 surgeons and oncologists, a quality oversight
 15 committee). They asked as to why it was not
 16 shared with administration at the time. We
 17 responded that it would not come to our
 18 attention unless there was specific
 19 recommendations flowing from it. They also
 20 asked why we didn't share that last week
 21 during the press conference and all I could
 22 say was that the press conference was about
 23 bringing clarity to the confusion as to why
 24 accumulated information from our subsequent
 25 retesting and not about the ongoing quality

Page 175

1 process in the lab," and he goes on to talk
 2 about how it's been a discouraging week, or
 3 discouraging day, I'm sorry, to say the least.
 4 He concludes with "in follow up to the
 5 request of the Board for us to strategize
 6 around seeking to clear up some of the
 7 confusion that has surrounded this, our
 8 communications director, Susan Bonnell, met
 9 with Bristol Communications today. They are
 10 currently working on the content of an ad for
 11 this weekend's paper. Time is going to
 12 preempt the ability to give the Board an
 13 opportunity to provide input since it will
 14 need to go tomorrow. I apologize for that. I
 15 went on the basis that you would want us to
 16 get this out there ASAP. They are working on
 17 an overall strategy involving other short and
 18 long-term measures."
 19 Now ma'am, when you received this email
 20 late on Thursday, May 31st 2007, had you been
 21 aware that the Premier had raised this in the
 22 House of Assembly the day before?
 23 MS. DAWE:
 24 A. I think that's where I heard it first, on the
 25 news.

Page 176

1 COFFEY, Q.C.:
 2 Q. First on the news.
 3 MS. DAWE:
 4 A. I believe it was the evening prior to.
 5 COFFEY, Q.C.:
 6 Q. Yes. Was this, to your knowledge, ever raised
 7 with Mr. Tilley afterward, this matter
 8 involving Dr. Ejeckam in 2003? There's a
 9 reference here to a June 2003 internal memo.
 10 Was this ever pursued by the Board, because we
 11 do know--I mean, Commission counsel certainly
 12 know, and I think it's no secret at all, that
 13 there was an April 4th 2003 memo and a May 2nd
 14 2003 memo as well, and they're, in fact,
 15 included here later in the materials. So was
 16 this ever raised by the Board after May 31st?
 17 MS. DAWE:
 18 A. It was certainly raised by the Board because,
 19 you know, hearing this issue in the media
 20 again was of concern. So we would have
 21 discussed it, but I'm thinking--I can't tell
 22 you precisely at what point it was discussed,
 23 but I know it was, but certainly not prior to
 24 this.
 25 COFFEY, Q.C.:

Page 177

1 Q. Oh yes, I understand that. But was it
 2 discussed by the Board with Mr. Tilley while
 3 Mr. Tilley was still CEO?
 4 MS. DAWE:
 5 A. Yes, it would have been. I really can't give
 6 information as to the amount of detail that it
 7 would have been discussed, and I'm trying to
 8 recall the dates of our May the--it was May
 9 the 23rd when we had our special meeting, so
 10 this would have been after, after that period.
 11 COFFEY, Q.C.:
 12 Q. Just one moment please, Commissioner. The
 13 next meeting is then--we've already looked -
 14 MS. DAWE:
 15 A. Yes, June.
 16 COFFEY, Q.C.:
 17 Q. June 27th, 2007, and I was just checking then.
 18 I don't believe that -
 19 MS. DAWE:
 20 A. I don't think it was there.
 21 COFFEY, Q.C.:
 22 Q. - this is mentioned in that meeting, at least
 23 the minutes of the meeting.
 24 MS. DAWE:
 25 A. Well, if it's not reflected in the minutes,

Page 178

1 that's all I can really go by now.
 2 COFFEY, Q.C.:
 3 Q. Sure.
 4 MS. DAWE:
 5 A. But, you know, I know that there was
 6 discussion around this issue when it had been
 7 raised by the Premier and then subsequently we
 8 had the information, the explanation for it
 9 here.
 10 COFFEY, Q.C.:
 11 Q. Did you ever raise with Mr. Tilley--he refers
 12 in his email here to "the existence of this
 13 memo was not made known to Bob Williams until
 14 the summer of 2005 when we were discussing
 15 retesting." I'm sorry, it's right there, the
 16 end of the first paragraph. "And of course,
 17 Bob would have informed me after that." Did
 18 you ever discuss with Mr. Tilley, and I expect
 19 you call him George, "George, did--how is it
 20 that I am only learning about this in May of
 21 2007, when you've known about it, you and Bob,
 22 according to your email, have known about this
 23 since the summer of '05?"
 24 MS. DAWE:
 25 A. I can only speculate on that, as to why it

Page 179

1 would not have come to the Board's attention.
 2 COFFEY, Q.C.:
 3 Q. But now, but did you ever ask George about it,
 4 or Mr. Tilley about it, that you can recall?
 5 MS. DAWE:
 6 A. I can't give you, with 100 percent accuracy.
 7 I know I had discussions around that, you
 8 know, I know for sure, but I would have
 9 certainly have accepted the explanation that
 10 is given there.
 11 COFFEY, Q.C.:
 12 Q. Now this is--as well, the points that were
 13 made include, and he says, in his email, "the
 14 2003 memo was dealt with as part of the
 15 ongoing lab quality control program." See
 16 that?
 17 MS. DAWE:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. Now it's your understanding that what, quality
 21 control, quality assurance would be
 22 confidential?
 23 MS. DAWE:
 24 A. Well -
 25 COFFEY, Q.C.:

Page 180

1 Q. Or -
 2 MS. DAWE:
 3 A. But there are components of quality assurance
 4 that are not all confidential.
 5 COFFEY, Q.C.:
 6 Q. Okay.
 7 MS. DAWE:
 8 A. That's just the normal insuring that standards
 9 are met and, you know, part of accreditation
 10 process and so on, so that's, it's not all
 11 confidential. It's, I think I referenced
 12 earlier, this is the way we do business, to
 13 make sure that we're continuing to improve
 14 services.
 15 COFFEY, Q.C.:
 16 Q. Sure. So from your perspective, then, if it
 17 fell within the, or under the umbrella of
 18 quality assurance, peer review quality
 19 assurance?
 20 MS. DAWE:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. That that memo, you would--that would have
 24 caused you to wonder, well, what's the premier
 25 got -

Page 181

1 MS. DAWE:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. How did the premier end up with it?
 5 MS. DAWE:
 6 A. I just thought this was very unusual for this
 7 -
 8 COFFEY, Q.C.:
 9 Q. And why did you think it was unusual?
 10 MS. DAWE:
 11 A. For the premier to expose a letter like this
 12 in the House of Assembly, that's not an
 13 everyday occurrence.
 14 COFFEY, Q.C.:
 15 Q. Did you ask or raise with Mr. Tilley the
 16 question of how did this end up in the
 17 premier's possession? Did you ask Mr. Tilley
 18 about that?
 19 MS. DAWE:
 20 A. I'm pretty sure I did, and it would be on the
 21 basis that this obviously was provided to the
 22 Department of Health.
 23 COFFEY, Q.C.:
 24 Q. Did you explore it any further with Mr.
 25 Tilley, any further as to, well, how did that

Page 182

1 come about?
 2 MS. DAWE:
 3 A. I can't tell you precisely, but it would be--
 4 you know, we know the exchange of information
 5 between the executive of Eastern Health and
 6 the Department of Health on an ongoing basis
 7 there, so, no, I can't tell you precisely the
 8 reason that this document would have been
 9 shared.
 10 THE COMMISSIONER:
 11 Q. Are you suggesting--I just want to be precise
 12 about why it is you thought this was unusual.
 13 Is it that you thought that it would be
 14 unusual that a document of this nature would
 15 be used or is it that you thought it would be
 16 unusual that this document would be released
 17 outside of Eastern Health organization?
 18 MS. DAWE:
 19 A. No, no. That the manner in which this
 20 information was released was in the House of
 21 Assembly.
 22 THE COMMISSIONER:
 23 Q. Um-hm.
 24 MS. DAWE:
 25 A. It was a very unusual--you know, I'm not

Page 183

1 suggesting that information isn't shared
 2 between the organization and the Department of
 3 Health, because that's ongoing activity, as
 4 well. But it was unusual for me to hear--to
 5 see this used in the House of Assembly.
 6 COFFEY, Q.C.:
 7 Q. Now, at the bottom of that page the questions
 8 of the media were many, including, "Why was
 9 something not done about this in 2003?" Now,
 10 what was your understanding--the explanation
 11 was given, I appreciate there's something
 12 written here, but is there anything else that
 13 you were informed of by the administration of
 14 Eastern Health about why was something not
 15 done about this in 2003?
 16 MS. DAWE:
 17 A. My recall, again, is that when Dr. Ejeckam
 18 raised the matters, that there was action
 19 taken and that through the committee
 20 structures within the laboratory services that
 21 he was satisfied with the action and so it was
 22 not deemed to be anything for further follow
 23 up. That's a recall.
 24 COFFEY, Q.C.:
 25 Q. Yes. Now, do you recall the end of May, 2007

Page 184

1 or early June or thereafter in 2007 being
 2 advised that Dr. Ejeckam, in April of 2003,
 3 had used the words, "Kindly note that the
 4 immunohistochemical stains for the following
 5 antibodies" and the rate of them, I'm not
 6 going list them all out, the last two are ER
 7 and PR, "have remained unreliable, erratic and
 8 therefore unhelpful for diagnostic purposes."
 9 MS. DAWE:
 10 A. I heard that--
 11 COFFEY, Q.C.:
 12 Q. Was the Board made -
 13 MS. DAWE:
 14 A. We heard that--now, whether I heard it or
 15 whether it was--I don't think it was at a
 16 Board meeting, but I think we heard that
 17 information. And whether we heard it first
 18 publicly, because I think it was discussed
 19 publicly, as well, I believe, but I'm aware of
 20 that information, yes, after the fact.
 21 COFFEY, Q.C.:
 22 Q. Were any questions asked of Mr. Tilley about,
 23 well, you know, if that's what the gentleman
 24 said in writing, and he apparently had enough
 25 influence to stop the testing in April of

Page 185

1 2003, was that taken up with Mr. Tilley about,
 2 well, what's the story on why didn't you
 3 retest anybody then? Was Mr. Tilley asked
 4 that point blank?
 5 MS. DAWE:
 6 A. My recall is as I've given you earlier, that
 7 Dr. Ejeckam was satisfied with the action that
 8 was taken.
 9 COFFEY, Q.C.:
 10 Q. Were you ever or have you ever been advised
 11 that Dr. Ejeckam was asked about that in, I
 12 believe, March of 2006, anybody ever told you
 13 about what his response was? I won't give it,
 14 but what his response is reported to have
 15 been? Anybody ever told you what Dr.
 16 Ejeckam's position is?
 17 MS. DAWE:
 18 A. I can't say.
 19 COFFEY, Q.C.:
 20 Q. Have you ever asked anybody pointedly, what
 21 was Ejeckam's position on this?
 22 MS. DAWE:
 23 A. I probably would have, given--and it's all
 24 around this time because it was a surprise to
 25 hear this information, so I would suspect

Page 186

1 there was follow up discussion. I can't tell
 2 you when that would have been.
 3 COFFEY, Q.C.:
 4 Q. Has the Board, that you're aware of, pursued
 5 with the administration of Eastern Health any
 6 questions concerning the other six antibodies
 7 identified in the April 4th, 2003 memo?
 8 MS. DAWE:
 9 A. Not precisely, not at the Board level.
 10 COFFEY, Q.C.:
 11 Q. How about other than the Board level, as you
 12 as chair, have you pursued that?
 13 MS. DAWE:
 14 A. Not to my recollection, no.
 15 COFFEY, Q.C.:
 16 Q. Okay. Do you know or did anybody ever inform
 17 you as to who the Surgical Pathology Review
 18 Committee referred to at the bottom of that
 19 page reported to?
 20 MS. DAWE:
 21 A. I'm not sure that we were advised. It could
 22 be to the MAC or it could be to the vice-
 23 president of medical services. But I can't--I
 24 don't have in writing anywhere the structure
 25 or the details surrounding that. And we

Page 187

1 wouldn't necessarily. You know, that's the
 2 level of detail within the operations that I
 3 wouldn't be privy to.
 4 COFFEY, Q.C.:
 5 Q. The three memos of Dr. Ejeckam, the three 2003
 6 memos, have you ever seen those?
 7 MS. DAWE:
 8 A. Are they here in this document?
 9 COFFEY, Q.C.:
 10 Q. Actually, yes, it might assist you. Exhibit
 11 P-0113, please?
 12 THE COMMISSIONER:
 13 Q. 0113?
 14 COFFEY, Q.C.:
 15 Q. Thank you, Commissioner.
 16 THE COMMISSIONER:
 17 Q. Is that what it is?
 18 COFFEY, Q.C.:
 19 Q. Yes. That's the first of them.
 20 THE COMMISSIONER:
 21 Q. All right.
 22 COFFEY, Q.C.:
 23 Q. Page 1, page 2 is the May 2nd one, and page 5
 24 is the June 19th one. In fact, there are
 25 multiple copies of it throughout this.

Page 188

1 Continue, P-0113 continues on. But the three
 2 of them occur at page 1 of P-0113, page 2 and
 3 page 5. Just take a moment, please, Ms. Dawe.
 4 THE COMMISSIONER:
 5 Q. So the question is whether or not Ms. Dawe has
 6 seen those?
 7 COFFEY, Q.C.:
 8 Q. You've ever seen those before.
 9 MS. DAWE:
 10 A. I can tell you just on first glance I hadn't
 11 seen them before.
 12 COFFEY, Q.C.:
 13 Q. Okay.
 14 MS. DAWE:
 15 A. And, you know, it's again at a level within
 16 the operations of the organization that we
 17 would not necessarily have this information
 18 anyways.
 19 CROSBIE, Q.C.:
 20 Q. Seen them before when, Mr. Coffey?
 21 COFFEY, Q.C.:
 22 Q. Seen them before, period. Have you seen them
 23 before at all, like, before now, looking at
 24 them now?
 25 MS. DAWE:

Page 189

1 A. I certainly don't recall. Unless they--unless
 2 you had shown them to me -
 3 COFFEY, Q.C.:
 4 Q. During an interview.
 5 MS. DAWE:
 6 A. - during the interview.
 7 COFFEY, Q.C.:
 8 Q. But other--in the end of February. But other
 9 than that, if they were shown then?
 10 MS. DAWE:
 11 A. They don't--you know, they're not familiar to
 12 me.
 13 COFFEY, Q.C.:
 14 Q. Sure. Now, ma'am, with respect to--just some
 15 questions generally. Before we leave the
 16 chronology, though, I'll ask, you've referred
 17 to the fact Mr. Tilley is not with the
 18 organization any more. Could you tell us,
 19 please, what you know about his leaving and
 20 did it have anything to do with the ER/PR
 21 issue?
 22 MS. DAWE:
 23 A. No. The circumstances surrounding Mr.
 24 Tilley's leaving the organization, I think I
 25 had made public, that it was related to the

Page 190

1 Burin radiology review and circumstances all
 2 surrounding that. That was the trigger.
 3 COFFEY, Q.C.:
 4 Q. And was it the Board's--who instigated his
 5 leaving the organization, whose idea was it
 6 that he leave?
 7 MS. DAWE:
 8 A. Well, I've indicated earlier the contract
 9 between the chief executive officer is with he
 10 or she, the Chair of the Board, the Board and
 11 the Minister of Health, so it's the three
 12 parties. So there was the Minister of Health
 13 was certainly involved in discussions
 14 regarding dissatisfaction of the leadership of
 15 Eastern Health and the Board was engaged in
 16 the discussion, as well.
 17 COFFEY, Q.C.:
 18 Q. Okay. And Mr. Tilley did resign. I just want
 19 to, because I've been dealing with the Board
 20 minutes, I appreciate that you've told me that
 21 first you heard of ER/PR was July 20th, 2005
 22 in that e-mail. Confirm, though, that the
 23 Board had met during the spring of 2005?
 24 MS. DAWE:
 25 A. Yes, the Board--I'm not sure of the first

Page 191

1 month, but the Board certainly met March,
 2 April, May and June, yes.
 3 COFFEY, Q.C.:
 4 Q. And I take it routinely attending those Board
 5 meetings would be the VP medical of the day?
 6 MS. DAWE:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. Dr. Williams?
 10 MS. DAWE:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. And Mr. Tilley?
 14 MS. DAWE:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Okay. With respect to--now, certain more
 18 general matters. You've spoken to, you know,
 19 the approach of the Board to reach out to the
 20 community?
 21 MS. DAWE:
 22 A. Um-hm.
 23 COFFEY, Q.C.:
 24 Q. Right?
 25 MS. DAWE:

Page 192

1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. Has any thought been given by the Board to--
 4 and the outreach to the community involves,
 5 amongst other things, sometimes meeting with
 6 members of the community?
 7 MS. DAWE:
 8 A. Oh, absolutely.
 9 COFFEY, Q.C.:
 10 Q. Yes. Has any thought been given by the Board
 11 to conducting or having meetings in the
 12 community with the patients affected by this
 13 ER/PR issue?
 14 MS. DAWE:
 15 A. Not precisely. It certainly could--I mean,
 16 there would be absolutely no objection from
 17 the Board, absolutely.
 18 COFFEY, Q.C.:
 19 Q. I'm not making a suggestion or otherwise, I'm
 20 just asking if -
 21 MS. DAWE:
 22 A. No, no, but it could certainly happen any day,
 23 absolutely. It would be very consistent with
 24 what we've done to date.
 25 COFFEY, Q.C.:

Page 193

1 Q. Now, with respect to the issue of
 2 communications, because it's apparent from the
 3 Board minutes in May 23, 2007 that the Board
 4 was intervening in terms of, you know,
 5 insuring that the communications approach by
 6 Eastern Health was appropriate. Was any
 7 thought ever talked about within the Board
 8 meetings about the idea of hiring or retaining
 9 a consultant, a specialist in, for example,
 10 crisis management?
 11 MS. DAWE:
 12 A. The discussion at the Board was focussed on
 13 developing a very comprehensive strategic plan
 14 for communication, so if that would involve--
 15 that would be piece of the communication
 16 strategy which is under development for sure,
 17 it's active.
 18 COFFEY, Q.C.:
 19 Q. Okay. When did that first arise?
 20 MS. DAWE:
 21 A. The suggestion?
 22 COFFEY, Q.C.:
 23 Q. Yes.
 24 MS. DAWE:
 25 A. In that sense probably that May of 2007, more

Page 194

1 precisely May, but you know, as you've seen in
 2 our minutes, matters around communication were
 3 raised earlier than that.
 4 COFFEY, Q.C.:
 5 Q. Ma'am, Mr. Tilley, as you've indicated, left,
 6 your understanding his leaving related to the
 7 Burin radiology matter and that's, of course,
 8 outside the mandate of this Commission. And
 9 that occurred in early July, 2007?
 10 MS. DAWE:
 11 A. Um-hm.
 12 COFFEY, Q.C.:
 13 Q. Right?
 14 MS. DAWE:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. And it related to a number of cases that
 18 apparently had been, and I use the word
 19 "missed", I don't mean to cast any aspersions
 20 by it, but missed in the initial review
 21 involving the radiology. Before that
 22 happened, like at the beginning of July, 2007,
 23 how did the Board feel at the time about Mr.
 24 Tilley in terms of its confidence in his
 25 handling of the ER/PR issue?

Page 195

1 MS. DAWE:
 2 A. Well, I think it's--that level of discussion
 3 is, I believe, reflected in the May minutes.
 4 COFFEY, Q.C.:
 5 Q. Meaning what?
 6 MS. DAWE:
 7 A. In a sense. May of 2007, sorry.
 8 COFFEY, Q.C.:
 9 Q. Yes.
 10 MS. DAWE:
 11 A. Because there's a reference there for the
 12 support of the Board. I would also tell you
 13 that following that Board meeting there were
 14 comments publicly regarding calling for Mr.
 15 Tilley's resignation that was in the media.
 16 COFFEY, Q.C.:
 17 Q. Yes.
 18 MS. DAWE:
 19 A. There was around the same time, and I don't
 20 know if it was precisely the same day as the
 21 premier released the letter -
 22 COFFEY, Q.C.:
 23 Q. Dr. Ejeckam -
 24 MS. DAWE:
 25 A. - Dr. Ejeckam's letter.

Page 196

1 COFFEY, Q.C.:
 2 Q. Yes.
 3 MS. DAWE:
 4 A. But it was that same period. Whether it's the
 5 day or, certainly within that week. I
 6 remember when the premier came from the House
 7 of Assembly, at a scrum, he was asked the
 8 question about did he have confidence in Mr.
 9 Tilley. And I believe the premier's response
 10 was "That's the responsibility of the Board",
 11 something to that effect.
 12 COFFEY, Q.C.:
 13 Q. Okay.
 14 MS. DAWE:
 15 A. That gave me cause to go see the minister of
 16 health, which I did, and I believe it was
 17 within the first few days of June, so it's all
 18 around the same period. So I met with the
 19 minister of health and asked the question
 20 directly, "Is there a concern with confidence
 21 in Mr. Tilley?", again, because we are
 22 partners in this. It's the minister of
 23 health, the Board and so on. And because it
 24 was important for me to know if this is an
 25 issue at the minister's level or government so

Page 197

1 that I could communicate to the Board, as
 2 well, given the fact that a week beforehand
 3 the Board supported Mr. Tilley.
 4 COFFEY, Q.C.:
 5 Q. Yes.
 6 MS. DAWE:
 7 A. And the minister's response was "This is not
 8 an issue." It is that they had confidence in-
 9 -so I did not--there was no need for me to
 10 take it further at that time. And I really, I
 11 think it's important to say, you know, I've
 12 been presented with individual pieces of
 13 paper.
 14 COFFEY, Q.C.:
 15 Q. Sure.
 16 MS. DAWE:
 17 A. That I had never seen before. I don't
 18 understand the--I wouldn't have the knowledge
 19 at the level of the context around a lot of
 20 this information. As I think you said at the
 21 beginning, don't jump to any conclusions
 22 because many people have to tell their story
 23 here. So it is very fair to allow the people
 24 who were the authors of these documents to
 25 tell the context and the story. I just want

Page 198

1 to, for the record, indicate both Dr. Williams
 2 and Mr. Tilley have a long history of
 3 providing health services in this province and
 4 are very, very respected by their peers and
 5 have contributed significantly. The fact that
 6 it appears there are gaps in information
 7 exchange, I think, I don't want it to detract
 8 from their contribution to this province and
 9 the people of this province.
 10 COFFEY, Q.C.:
 11 Q. And I appreciate, you know, the expression of
 12 sentiment or the thought. With respect to
 13 these four reports, Banerjee's and
 14 Wegrynowski's.
 15 MS. DAWE:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. And I have only taken you actually to Dr.
 19 Banerjee's first, but you have reviewed the
 20 other three?
 21 MS. DAWE:
 22 A. I have.
 23 COFFEY, Q.C.:
 24 Q. Yes. And the chief technologist, Ms.
 25 Wegrynowski's reports which related in the

Page 199

1 main to the technological end of it?
 2 MS. DAWE:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. It'd be fair to say that in her first report
 6 she pointed out numerous shortcoming in the -
 7 MS. DAWE:
 8 A. Um-hm.
 9 COFFEY, Q.C.:
 10 Q. - lab?
 11 MS. DAWE:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. Technologically?
 15 MS. DAWE:
 16 A. Um-hm.
 17 COFFEY, Q.C.:
 18 Q. Has many, many suggestions as to how things
 19 might be improved?
 20 MS. DAWE:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. That would be correct?
 24 MS. DAWE:
 25 A. Yes.

Page 200

1 COFFEY, Q.C.:
 2 Q. When she returned in the spring of 2006 you've
 3 seen her second report?
 4 MS. DAWE:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. Is it fair to say, and again, without taking
 8 you all the way through the report, because
 9 it's there, she reiterated a number of the
 10 recommendations that she'd had in the first
 11 place that had not yet been--not yet
 12 implemented?
 13 MS. DAWE:
 14 A. That was 2006?
 15 COFFEY, Q.C.:
 16 Q. Yes.
 17 MS. DAWE:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. There were still outstanding, as it were?
 21 MS. DAWE:
 22 A. Yeah.
 23 COFFEY, Q.C.:
 24 Q. Certain things. Be fair to say or is it your
 25 memory, and I'll ask you about this, Ms.

Page 201

1 Wegrynowski doesn't say it was the DAKO
 2 machine, does she?
 3 MS. DAWE:
 4 A. No.
 5 COFFEY, Q.C.:
 6 Q. No?
 7 MS. DAWE:
 8 A. No.
 9 COFFEY, Q.C.:
 10 Q. She doesn't point out that we, Mount Sinai,
 11 actually use a DAKO?
 12 MS. DAWE:
 13 A. No.
 14 COFFEY, Q.C.:
 15 Q. But she certainly doesn't, as it were, finger
 16 the DAKO, does she?
 17 MS. DAWE:
 18 A. No.
 19 COFFEY, Q.C.:
 20 Q. Dr. Banerjee's initial report certainly, from
 21 his perspective, anyway, exonerated the DAKO
 22 and the Ventana? That would be a fair -
 23 MS. DAWE:
 24 A. From his perspective.
 25 COFFEY, Q.C.:

Page 202

1 Q. From his perspective, yes.
 2 MS. DAWE:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And jus so we're clear on this, because you
 6 referred yesterday to well, that's, you said,
 7 "Well, that's one person's opinion," and in
 8 reference to Dr. Banerjee. Do you have any
 9 reason to question the conclusions in Dr.
 10 Banerjee's reports?
 11 MS. DAWE:
 12 A. No, no. You know, I wouldn't have the
 13 knowledge or the ability, but I certainly
 14 respect and I accept his recommendations.
 15 COFFEY, Q.C.:
 16 Q. So that being so, in terms of those four
 17 reports, and you described yesterday how you
 18 were, I think the word you used when I asked
 19 you about how you felt about not being
 20 apprised of it at least generally or in some
 21 substantiative way about their contents, you
 22 said you were disappointed. I'm going to ask
 23 you why were you disappointed or why are you
 24 disappointed? What is it about what's
 25 happened here that you're disappointed about?

Page 203

1 MS. DAWE:
 2 A. Because, you know, I and in representing the
 3 Board, I'll speak -
 4 COFFEY, Q.C.:
 5 Q. Sure.
 6 MS. DAWE:
 7 A. - of the Board in this case. For a
 8 considerable period of time felt that the
 9 change in technology was a major contributing
 10 factor to the circumstances surrounding the
 11 testing.
 12 COFFEY, Q.C.:
 13 Q. Yes.
 14 MS. DAWE:
 15 A. Okay. And now I see in the reports that that
 16 may not be and I'm aware now of the
 17 inefficiencies in quality and monitoring and
 18 documentation and the like, okay, so the not
 19 consistent.
 20 COFFEY, Q.C.:
 21 Q. Do you have any reason to believe that Dr.
 22 Williams, in particular, because he was the
 23 one was briefing the Board?
 24 MS. DAWE:
 25 A. Yes, yes.

Page 204

1 COFFEY, Q.C.:
 2 Q. Would have been under any misapprehension
 3 about what you understood the nature of the
 4 problem was? And you just told us what the
 5 nature, you thought the nature of the problem
 6 was.
 7 MS. DAWE:
 8 A. I have no reason to think that he--no, I--no.
 9 COFFEY, Q.C.:
 10 Q. Okay. Thank you.
 11 MS. DAWE:
 12 A. Not at all.
 13 COFFEY, Q.C.:
 14 Q. If I could, Commissioner, before I finish up,
 15 there is -
 16 MS. DAWE:
 17 A. Excuse me, because, you know, I have to go
 18 back again to what's recorded in the minutes.
 19 COFFEY, Q.C.:
 20 Q. Sure.
 21 MS. DAWE:
 22 Q. I have to rely on three years of minutes and
 23 so there was--both the minutes and any
 24 briefing material that was public or that you
 25 have or I have, always had referenced to the

Page 205

1 systems, the change in the systems. So if
 2 that were not an issue, well what would be the
 3 point of referencing it?
 4 COFFEY, Q.C.:
 5 Q. Sure.
 6 MS. DAWE:
 7 A. And a document that I saw of, I think it was
 8 May of 2007, still had the reference to the
 9 changing of the system. Well, you know, for a
 10 person who is not into the operations and down
 11 at the level of the laboratory, then you'd
 12 have to assume that this is a factor or else
 13 why would it be continued to be referenced?
 14 COFFEY, Q.C.:
 15 Q. And if I could, Registrar, Exhibit P-0056
 16 please? And we have to rely upon the screen
 17 for this. This is an excerpt from an
 18 Administrative Policy Manual of Eastern Health
 19 or the Health Care Corporation actually of St.
 20 John's. And this is the predecessor
 21 organization.
 22 MS. DAWE:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. But their policies continued in place even

Page 206

1 after Eastern Health came into force, at least
 2 initially, and on the second page, page 2 of 7
 3 if I could, and this one happens to be dated
 4 October 1, '97. Under "Definitions: A
 5 serious complaint is defined as a complaint
 6 that has resulted from or identifies the
 7 potential for an occurrence and has
 8 implications for external involvement, i.e.
 9 minister's office, media, legal or demands
 10 major correction action within the program
 11 department and is perceived as significant
 12 risk to patient, finance or reputation." And
 13 then under "Guidelines: 1) All serious
 14 complaints will be documented on an occurrence
 15 report form and forwarded to the appropriate
 16 director for investigation and follow-up. 2)
 17 On receiving a complaint, the following
 18 information will be ascertained, if possible,
 19 and documented on the occurrence report form."
 20 And then it goes on to describe the necessary
 21 contents. Do you know if in relation to ER/PR
 22 there was ever an occurrence report form?
 23 MS. DAWE:
 24 A. I had not seen a report form. I would assume
 25 that there would be one.

Page 207

1 COFFEY, Q.C.:
 2 Q. And page 8, please? Now this is again a
 3 Health Care Corporation of St. John's,
 4 Administrative Policy Manual excerpt. This
 5 one is section quality title "Critical
 6 Occurrence/Incident Review Issuing Authorities
 7 of VP Quality and Planning", dated June 20th,
 8 2002, it's revised. Now with respect to this
 9 and I'm not going to read it into the record
 10 here, but on the second page of it--before I
 11 go to that, I'm sorry, "A critical occurrence
 12 incident review is any situation that, because
 13 of its nature, may be a significant risk to
 14 the clients, staff reputation or finances of
 15 the Health Care Corporation." And outcomes
 16 that may result are, one of them is
 17 interruption of normal departmental clinical
 18 activity, extensive news coverage, extension
 19 public scrutiny and legal or financial
 20 liability. I take it that ER/PR would fall
 21 into that category?
 22 MS. DAWE:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. And at the bottom of the page there, it notes,

Page 208

1 the last two lines, "All occurrences are to be
 2 documented using the Health Care Corporation
 3 of St. John's' occurrence report form"
 4 MS. DAWE:
 5 A. Uh-hm.
 6 COFFEY, Q.C.:
 7 Q. So you would expect such a form to have been
 8 filled out.
 9 MS. DAWE:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. Have you actually seen one?
 13 MS. DAWE:
 14 A. No, I haven't. I said earlier I haven't seen
 15 one.
 16 COFFEY, Q.C.:
 17 Q. Have you asked anybody if one exists?
 18 MS. DAWE:
 19 A. I've asked the question, I'm not sure that I
 20 have an answer yet as to what kind of an
 21 occurrence--what kind of a report there is.
 22 I've asked the question.
 23 COFFEY, Q.C.:
 24 Q. And when did you ask the question?
 25 MS. DAWE:

Page 209

1 A. Just in recent weeks.
 2 COFFEY, Q.C.:
 3 Q. And if I could please, look at page 16 of this
 4 document? And this is the--I'm trying to get
 5 this, sure I got it right, now this particular
 6 document in P-0056, Commissioner, this page 16
 7 of it actually is page 5 of 6 of the original
 8 document. This is a particular Administrative
 9 Policy Manual excerpt dealing with occurrence
 10 reporting, issued October 22nd, 1997.
 11 THE COMMISSIONER:
 12 Q. Nineteen when?
 13 COFFEY, Q.C.:
 14 Q. 1997 and it's at page 12 on P-0056. And at
 15 page 5 of 6 of this document and at page 16 of
 16 P-0056, quality initiative's department is
 17 described as monitor, trend and provide
 18 summary reports and occurrence to the program
 19 department leadership on a quarterly basis and
 20 upon request. No. 5 here, "The risk manager
 21 liaises with insurer and/or legal counsel as
 22 appropriate." So in this context, do you have
 23 any knowledge of who the risk manager was
 24 throughout the ER/PR matter?
 25 MS. DAWE:

Page 210

1 A. I believe from the documents, Heather Predham.
 2 Again, you know, you understand you're asking
 3 me questions that are very much on an
 4 operational level and I'm doing my best to
 5 respond to you.
 6 COFFEY, Q.C.:
 7 Q. And I appreciate that, I don't think anybody
 8 is going to jump up and contradict you on your
 9 educated guess. With respect to this, just go
 10 back a page before, put this in context, on
 11 the same page, page 5 of 6, there's a
 12 reference to loss control and it says, "When
 13 there's an occurrence or someone is injured,
 14 the first responsibility is to the injured
 15 person, in order to ensure the area is safe in
 16 a case of a property issue." He goes on from
 17 there. Under 4) it says "Lost control
 18 activities" and when you turn to E, 4(e):
 19 "Needs of the various individuals should be
 20 anticipated and may include emotional support
 21 for the patient/family; providing an
 22 opportunity for patient/family to review
 23 chart; providing a copy of the chart to the
 24 physician for the Canadian Medical Protective
 25 Association." In relation to ER/PR, do you

Page 211

1 know if--or can you tell us from your
 2 perspective on the Board how much of an effort
 3 was made that you can see to actually comply
 4 with what written policies existed?
 5 MS. DAWE:
 6 A. Well, I have the benefit now of hearing what
 7 witnesses last week indicated. I have to tell
 8 you from the level of the Board, again our
 9 responsibility would be to ensure that the
 10 procedures, policies and procedures exist and
 11 we would expect that they would be adhered to.
 12 COFFEY, Q.C.:
 13 Q. If I could, please 18 of P-0056. Thank you.
 14 This is the Administrative Policy Manual
 15 excerpt, section "Legal/Ethics Guidelines and
 16 Disclosure of Adverse Events Issuing
 17 Authorities VP Medical Services." It's
 18 September 9th, 2004 and there's a signature
 19 there. Do you recognize the signature? And
 20 if you don't, that's fine -
 21 MS. DAWE:
 22 A. I would say it's Dr. Williams.
 23 COFFEY, Q.C.:
 24 Q. Yes, you're -
 25 MS. DAWE:

Page 212

1 A. It's a doctor's signature.
 2 COFFEY, Q.C.:
 3 Q. Yes, and -
 4 THE COMMISSIONER:
 5 Q. Is that just because you can't read it?
 6 COFFEY, Q.C.:
 7 Q. And it's dated August 1, 2005, I can take a
 8 stab at that. Now, this is a policy, it's on-
 9 -if we could, I just want to put this in
 10 context, Health Care Corporation of St.
 11 John's' letterhead.
 12 MS. DAWE:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. Footnoting it and it begins, "The policy: The
 16 Health Care Corporation of St. John's is
 17 committed to candid and timely disclosure to
 18 patients and substitute decision-makers of
 19 adverse events, particularly those that may
 20 cause risk to a patient. An adverse event is
 21 defined as an unexpected and undesired
 22 incident directly associated with the care or
 23 services provided to the patient and/or an
 24 incident that occurs during the process of
 25 providing health care and results in patient

Page 213

1 injury or death, and/or an adverse outcome for
 2 a patient, including an injury or complication
 3 citing the Patient Safety Dictionary, 2003."
 4 Now, ma'am, the ER/PR matter and do you think
 5 that would fall within the confines of being
 6 an adverse events?
 7 MS. DAWE:
 8 A. Well, by definition "an unexpected or
 9 undesired incident", yes.
 10 COFFEY, Q.C.:
 11 Q. There you have it.
 12 MS. DAWE:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. Now with respect to that, Eastern Health had
 16 come into being on April 1, 2005.
 17 MS. DAWE:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. This apparently is signed into force and if it
 21 is Dr. Williams' signature, it's certainly
 22 somebody's, August 1, 2005 and he was
 23 certainly the VP Medical Services as of August
 24 1, 2005. Do you have any explanation as to
 25 how it could be that a policy can be dated

Page 214

1 September 9, 2004, created presumably while
 2 the Health Care Corporation of St. John's was
 3 a going concern and now only gets enacted?
 4 MS. DAWE:
 5 A. No, I tell you my interpretation of this would
 6 be this was the policy of the Health Care
 7 Corporation dated 2004. We were created and
 8 in transition through this period, so the
 9 policies were being reviewed and standardized
 10 across the region, so this could have been, if
 11 it is Dr. Williams and the organization
 12 concurring that this policy would now apply to
 13 Eastern Health, effective August 1st until the
 14 policies were then, if necessarily revised or
 15 documented as Eastern Health policies. I'm
 16 not sure, I'm just -
 17 COFFEY, Q.C.:
 18 Q. You're surmising, yes.
 19 MS. DAWE:
 20 A. That's the way I would interpret that.
 21 COFFEY, Q.C.:
 22 Q. On the second page of this, page 2 of 3 under
 23 "Disclosure" at paragraph 6 and 7 and 7 says
 24 that "The person making the disclosure should
 25 be aware of the following"--and it goes on

Page 215

1 from (a) to (k) onto the next page. And I
 2 appreciate that you've indicated that based
 3 upon even what you heard earlier this week and
 4 last week from at least the patients or
 5 patient's relatives that have been here, you'd
 6 have some concerns about whether the policy
 7 was complied with.
 8 MS. DAWE:
 9 A. Uh-hm, yes.
 10 COFFEY, Q.C.:
 11 Q. With respect to the Board and the Board's
 12 involvement in this, at any time did it come
 13 before the Board or did the Board consider the
 14 issue of are we complying with any policy we
 15 have, written or otherwise, in respect of
 16 disclosure of adverse events?
 17 MS. DAWE:
 18 A. It would come under the questions surrounding
 19 patient notification, okay, but then precisely
 20 each step in that process, no, I mean, we
 21 would not have discussed a), b), c), d) or e)
 22 there, but it would be captured under the
 23 question and the issues raised on patient
 24 disclosure And I have to continue to say that
 25 would be the concern from July, September

Page 216

1 2005.
 2 COFFEY, Q.C.:
 3 Q. I'm sorry, until -
 4 MS. DAWE:
 5 A. I said from July to the present, it's still
 6 related to the same concern at the Board
 7 level.
 8 COFFEY, Q.C.:
 9 Q. Now if we can look at Exhibit P-0057, this is
 10 on Eastern Health letterhead and it's a policy
 11 named "Disclosure of Adverse Events, Quality
 12 and Risk Management (QRM - 30)." It's
 13 original approval date, April 28th, 2007,
 14 effective date upon signature, review date,
 15 December 2007. Now, with respect to this sort
 16 of a policy, would the Board be involved in
 17 this at all or even know that it was going on?
 18 MS. DAWE:
 19 A. Not in the precise creation of that because
 20 that's an operational policy, but the Board's-
 21 -if you look at Board policies and as they
 22 were developed as of the spring of 2006, I
 23 think or governance policies, it would be that
 24 level of governance policy that would lead to
 25 the creation of the detail here. We would

Page 217

1 not--this is an operational level, we would
 2 not develop it, we would want assurances that
 3 they are in place.
 4 COFFEY, Q.C.:
 5 Q. Did you know that a) a policy was actually
 6 adopted, this particular policy, QRM - 30,
 7 Disclosure of Adverse Events, were you aware
 8 that this had occurred?
 9 MS. DAWE:
 10 A. That it had been developed there?
 11 COFFEY, Q.C.:
 12 Q. Developed and adopted?
 13 MS. DAWE:
 14 A. I'm not sure that I knew, you know, at this
 15 date, but I certainly have a copy of it and I
 16 can't tell you when I received that, but our
 17 interest would be--and my understanding here
 18 as well is the Canadian Patient Safety
 19 Institute and its development, the definitions
 20 of sentinel event and the process of
 21 disclosure has been evolving over months,
 22 even, and so, you know, I assume you know that
 23 with the release and the discussion last week
 24 from the Canadian Patient Safety Institute on
 25 their new guidelines for disclosure. So this

Page 218

1 is an evolutionary process as well at the
 2 national level.
 3 COFFEY, Q.C.:
 4 Q. Are you aware of whether or not there is
 5 really any substantive or substantial
 6 difference in terms of what's required under
 7 this one, at P-0057 on the second page, which
 8 is, refers to disclosure and the person making
 9 the disclosure must, a), b), c), d), e), f),
 10 g) and go on to h), i), j), are you aware of
 11 whether or not there's really any difference
 12 in substance between that listing of what's
 13 required and the listing of what's required in
 14 the August 1, 2005?
 15 MS. DAWE:
 16 A. No, I'd have to take them and compare, but I
 17 would, in principle, I would say they would be
 18 the same in principle.
 19 COFFEY, Q.C.:
 20 Q. Now with respect to that, do you know if
 21 Eastern Health has a policy, a disclosure
 22 policy on adverse events that would deal with
 23 large scale events, such as, you know, not two
 24 or three patients, but two or three or four
 25 hundred patients?

Page 219

1 MS. DAWE:
 2 A. I can't say that I've seen, you know, again,
 3 this is new chartered, unchartered territory
 4 that we've been engaged in with the ER/PR
 5 issue, so I can't--I can't confirm that I've
 6 seen that on the large scale.
 7 COFFEY, Q.C.:
 8 Q. I'm not suggesting that it exists.
 9 MS. DAWE:
 10 A. I can't recall that there is a document to
 11 deal with that. Now, there may be one under
 12 development given the experience over this
 13 past year, but it would be more related to
 14 what I see there is what I would be familiar
 15 with.
 16 COFFEY, Q.C.:
 17 Q. Yes. Just a moment please, Commissioner.
 18 There is in P-0057, while it's there, page 23
 19 of P-0057, Registrar please. Thank you. This
 20 deals, as you can see the top right-hand side,
 21 "Sentinel Event Policy of Eastern Health" and
 22 on page 3 of 7 of it in relation to sentinel
 23 events and towards the bottom of the page,
 24 you'll see the last bullet, "Disclosure of
 25 Adverse Events Policy (QRM - 050)" suggesting

Page 220

1 that Eastern Health's approach to disclosure
 2 of adverse events policy is identical to -
 3 MS. DAWE:
 4 A. To them, yes.
 5 COFFEY, Q.C.:
 6 Q. - the disclosure of adverse events.
 7 MS. DAWE:
 8 A. Yes, that was the point I was trying to make
 9 earlier as well.
 10 COFFEY, Q.C.:
 11 Q. Sure. Now, Commissioner, I've gone longer
 12 than I had anticipated. I would like to, if
 13 we could take a short break. If I come back,
 14 I will only have a couple of questions, but I
 15 just want to -
 16 THE COMMISSIONER:
 17 Q. All right, we'll take the afternoon break.
 18 Fifteen minutes.
 19 (RECESS)
 20 THE COMMISSIONER:
 21 Q. Please be seated. Mr. Coffey.
 22 COFFEY, Q.C.:
 23 Q. Thank you, Commissioner. If I could please,
 24 Exhibit P-0021, I apologize, it's P-0020.
 25 These are the minutes of the Board's meetings

Page 221

1 in 2007, in particular and I'd like to turn
 2 please to, probably page 21. There is a
 3 reference here to information systems and
 4 Meditech would arguably fall within that. I
 5 take it that under paragraph 6.3.1 in the
 6 Board minutes of February 28th, 2007 and this
 7 is, Commissioner, at page 21 of this exhibit,
 8 that the release was on the 30th of January,
 9 2007, the Board was advised that there was 1.3
 10 million being provided.

11 MS. DAWE:
 12 A. Yes.

13 COFFEY, Q.C.:
 14 Q. So there was some money being provided at
 15 times?

16 MS. DAWE:
 17 A. Start of it, uh-hm.

18 COFFEY, Q.C.:
 19 Q. Start of it.

20 MS. DAWE:
 21 A. No where near the requirement.

22 THE COMMISSIONER:
 23 Q. So would this be an indication of money in
 24 addition to what you had had in your--that's
 25 extra money that came along in February?

Page 222

1 MS. DAWE:
 2 A. When it's reflected then through the year, it
 3 means something--it may have been requested
 4 earlier, may have been requested in the budget
 5 and we may have just gotten approval now,
 6 something like that, or it could be something
 7 that occurred and was requested during the
 8 year for extraordinary purposes.

9 THE COMMISSIONER:
 10 Q. So it wouldn't be reflected there if it was
 11 the normal budgetary process and you just
 12 gotten your regular approval?

13 MS. DAWE:
 14 A. I'm just looking at the timing, you know,
 15 that's close to the end of the budget year, so
 16 it seems to me to be something new. I would
 17 have to check, but it's unusual that it's
 18 reflected there.

19 COFFEY, Q.C.:
 20 Q. And please, I didn't expect to see a redacted
 21 because I don't think there's, because I'm
 22 going to ask you about it anyway, because
 23 whether it's in the minutes or not, you've
 24 advised me of it before. You spoke earlier
 25 yesterday about and referenced the problems

Page 223

1 Eastern Health and other hospital authorities
 2 across Newfoundland and I gather across Canada
 3 have in retaining certain types of
 4 specialists, including pathologists, you
 5 recall that.

6 MS. DAWE:
 7 A. Yes.

8 COFFEY, Q.C.:
 9 Q. I understand that generally your approach to
 10 your role as Board Chair is not to get
 11 involved in operational issues?

12 MS. DAWE:
 13 A. Correct.

14 COFFEY, Q.C.:
 15 Q. Yet I understand as well that where the issue
 16 of retaining and keeping pathologists and one
 17 of the aspects of that is providing them with
 18 sufficient remuneration.

19 MS. DAWE:
 20 A. Yes.

21 COFFEY, Q.C.:
 22 Q. I understand that you got involved in that at
 23 one point?

24 MS. DAWE:
 25 A. I did and probably on two occasions, now that

Page 224

1 I recall.

2 COFFEY, Q.C.:
 3 Q. Okay, could you tell us, please, about that?

4 MS. DAWE:
 5 A. The first would have been in the summer of
 6 2006 with Minister Osborne which, when I spoke
 7 with you earlier I didn't remember that one,
 8 but on reflection, we met with Minister
 9 Osborne, he was appointed as minister in the
 10 spring of 2006 and the practice is to invite
 11 the minister to come and meet with the Board
 12 and to discuss issues of relevance and
 13 concern. And so we did meet, I asked to meet
 14 with the Minister and the Chair of the Finance
 15 Committee and the Chair of Planning and the
 16 CEO and I met with the minister and his
 17 officials, and one of the matters discussed
 18 then was the recruitment and retention of
 19 pharmacists and pathologists, I recall. And
 20 the reason I would intervene is as a last
 21 resort when the CEO and I understand now,
 22 historically the CEO and the vice-president of
 23 Medical Services would have met with officials
 24 from the Department of Health in bringing to
 25 their attention critical issues with physician

Page 225

1 recruitment or with other professionals. But
 2 I know in particular, they had reached a high
 3 level of frustration and inability to move
 4 this along as quickly as was necessary, so I
 5 became involved. So that was one occasion,
 6 and then another was with Minister--current
 7 minister.
 8 COFFEY, Q.C.:
 9 Q. Ross Wiseman.
 10 MS. DAWE:
 11 A. Mr. Wiseman, I did the same thing and I would
 12 think that would have been in, maybe the
 13 spring or so of 2007, of both--and it was, as
 14 I said, because of the urgency associated with
 15 this and we were not getting a response
 16 quickly enough. And I understand, you know,
 17 here we are in this province with a shortage.
 18 There is a shortage of pathologists all across
 19 the country and recent article in the Globe
 20 from the Royal College of Physicians and
 21 Surgeons suggests that there are between two
 22 and three hundred and five hundred vacancies
 23 in the country and we only graduate in the
 24 country 30 a year, so it is a critical issue.
 25 And Newfoundland is competing nationally and

Page 226

1 internationally and our salaries are non-
 2 competitive to say the least. And so that's
 3 where I would intervene.
 4 COFFEY, Q.C.:
 5 Q. And you did intervene, I take it, in the
 6 spring of '07.
 7 MS. DAWE:
 8 A. In both cases.
 9 COFFEY, Q.C.:
 10 Q. You spoke with Mr. Wiseman?
 11 MS. DAWE:
 12 A. Yes, I did.
 13 COFFEY, Q.C.:
 14 Q. And the message you delivered to him at the
 15 time was what?
 16 MS. DAWE:
 17 A. Similarly as to what we've discussed here,
 18 that the officials have been dealing with this
 19 for quite some while, it is a major factor
 20 with recruitment and retention and my
 21 understanding now is even with bonuses and
 22 stipends and so on that have been added, our
 23 base salary for pathologists is somewhere in
 24 the range of \$200 to \$210,000; whereas the
 25 starting salary in Ontario is over \$300,000,

Page 227

1 so they were really not competitive. And for
 2 all the reasons we have to be seen to be much
 3 more aggressive in recruiting and retaining
 4 professionals, and in this case, it was
 5 pathology.
 6 COFFEY, Q.C.:
 7 Q. Now after you spoke with--I take it you
 8 wouldn't have gotten involved in speaking with
 9 Mr. Wiseman about this in the spring of 2007
 10 unless you understood that the officials, as
 11 it were, from Eastern Health had reached the
 12 end of the line?
 13 MS. DAWE:
 14 A. Absolutely, and another is I'm pretty sure it
 15 also came to my attention through MAC, through
 16 Dr. Inkpen and the reports from MAC. So it
 17 came both ways.
 18 COFFEY, Q.C.:
 19 Q. After you spoke with Mr. Wiseman in the spring
 20 of 2007, do you have any understanding about
 21 what happened, in terms of the pathology
 22 stipend?
 23 MS. DAWE:
 24 A. Now I believe that--I'm not sure if it was
 25 precisely then, but I believe then what is

Page 228

1 called the oncologist stipend was added, which
 2 was for the same purpose for oncologists, same
 3 principle was implemented for pathology.
 4 COFFEY, Q.C.:
 5 Q. Ma'am, we have a number of times made
 6 reference to or the subject has come up, the
 7 idea that the MAC does report to the Board of
 8 Trustees.
 9 MS. DAWE:
 10 A. Uh-hm.
 11 COFFEY, Q.C.:
 12 Q. Now, do you know if there ever was or were
 13 reports by the MAC to the Board of Trustees on
 14 an ER/PR issue?
 15 MS. DAWE:
 16 A. It would have been referenced in their report,
 17 yes, in minutes or a general commentary, yes.
 18 COFFEY, Q.C.:
 19 Q. Do you have any recollection of how often that
 20 occurred?
 21 MS. DAWE:
 22 A. I would have to, you know, I mean, we've had
 23 30 minutes--30 meetings, I should say, so I
 24 would have to review them, but I know it came
 25 through in reporting from MAC.

Page 229

1 COFFEY, Q.C.:

2 Q. If I was to suggest to you that it did come up

3 in the reports but it came up very

4 infrequently, very infrequently, like

5 September 21st, 2005 and then again in June of

6 2007. Would that sound about right?

7 MS. DAWE:

8 A. I would think it would be more than that. I

9 would think, now, you know, I stand to be

10 corrected, but I would think it's--it might

11 have been, though if it's not recorded in the

12 minutes when Dr. Williams or subsequently when

13 Dr. Howell would give their verbal report,

14 they would be reporting on behalf of MAC as

15 well. So I would feel MAC discussed it more

16 than two occasions for sure.

17 COFFEY, Q.C.:

18 Q. And they may have discussed it themselves, I'm

19 talking about the report to the Board.

20 MS. DAWE:

21 A. Yeah, but the reports could come through the

22 VP of Medical Services.

23 COFFEY, Q.C.:

24 Q. What was your understanding throughout the

25 period, say July of 2005 through June, 2007

Page 230

1 and even later about what the MAC--what were

2 you given to understand the MAC was actually

3 doing about ER/PR issue?

4 MS. DAWE:

5 A. I would think that they would be receiving a

6 report through the clinical chief, for sure

7 and be discussing it. I couldn't tell you the

8 degree of involvement of MAC.

9 COFFEY, Q.C.:

10 Q. Did the MAC, do you recall, ever ask anything

11 of the Board in relation to ER/PR? The MAC

12 and its reports or otherwise, ever ask

13 anything of the Board of Trustees in relation

14 to ER/PR?

15 MS. DAWE:

16 A. No, the issue would have been focussed on

17 pathologists, the manpower issue, the human

18 resource issue. Now, that's again my

19 recollection, that would be an element there,

20 for sure.

21 COFFEY, Q.C.:

22 Q. Ma'am, the idea of, taking aside legal issues

23 or legal concerns, ethical issues that might

24 arise or exist in relation to ER/PR. Did the

25 Board of Trustees ever consider utilizing or

Page 231

1 availing of the services of a person who is an

2 expert in ethics?

3 MS. DAWE:

4 A. Well we have a person as an expert in ethics

5 with Dr. Rick Singleton, within the

6 organization.

7 COFFEY, Q.C.:

8 Q. Within the--yes, and I appreciate within the

9 organization, but how about the Board of

10 Trustees itself, did they ever utilize Rick

11 Singleton in relation to ER/PR?

12 MS. DAWE:

13 A. To come to the Board?

14 COFFEY, Q.C.:

15 Q. Yes.

16 MS. DAWE:

17 A. No, no, but you know, I appreciate that Dr.

18 Singleton, as well as ethicists from Memorial

19 would have been involved in discussions with

20 the officials of Eastern Health on this

21 matter.

22 COFFEY, Q.C.:

23 Q. Concerning ER/PR?

24 MS. DAWE:

25 A. I would--I can't tell you at what stage, but I

Page 232

1 would assume that they were. There is, you

2 know, it's a resource and a well respected

3 resource within our own system.

4 COFFEY, Q.C.:

5 Q. Did you have any discussions or have you ever

6 had any discussions with any minister of

7 Health or any other minister of the government

8 or the Premier, for that matter, about ER/PR?

9 MS. DAWE:

10 A. Certainly had nothing with the Premier, I'm

11 trying to rule out--I don't recall even with

12 any in-depth discussion of any nature with

13 Minister Ottenheimer or certainly with

14 Minister Osborne. And the matters, any

15 discussion that I would have had with Minister

16 Wiseman would be related, more particularly to

17 his public commentary and, you know, along

18 these lines. Now, I have no documentation to

19 support any discussions that we would have

20 had, but I would certainly have to search back

21 into the files to see, but I don't recall a

22 meeting precisely related to this matter.

23 COFFEY, Q.C.:

24 Q. Is there any reason why you never did have any

25 discussions with any of the ministers about

Page 233

1 ER/PR? Because you've indicated your
 2 connection at that level would be with the
 3 minister of the day.
 4 MS. DAWE:
 5 A. Yes. Well, as I said, the discussions--the
 6 person I recall having more discussion with
 7 would be with Minister Osborne--well, there
 8 are factors of ER/PR associated with the
 9 recruitment of the pathologists, okay?
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 MS. DAWE:
 13 A. And so, I'm sure as we were discussing that
 14 matter, there would be the ER/PR and the
 15 importance of that, but in terms of in-depth
 16 details associated with the ER/PR and the
 17 findings and all of that, no, there would not
 18 have been that level of discussion. But
 19 associated with recruitment of pathologists,
 20 absolutely yes.
 21 COFFEY, Q.C.:
 22 Q. Ma'am, it's apparent from a review of the
 23 Board's minutes that ER/PR certainly was a
 24 topic of discussion at various times before
 25 the Board.

Page 234

1 MS. DAWE:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. In varying levels of detail. It was not
 5 until, at least in respect of what's recorded
 6 in the minutes, that until May 23rd, 2007 that
 7 the Board actually intervened, as it were, in
 8 an operational sense.
 9 MS. DAWE:
 10 A. In an operational sense.
 11 COFFEY, Q.C.:
 12 Q. Yes. Looking back on it, would you have done
 13 anything any differently?
 14 MS. DAWE:
 15 A. Well at the time, all along the way from July,
 16 2005 with the information that was available
 17 to me and to the Board at each time, we had a
 18 level of confidence that what the organization
 19 had engaged in, in a very proactive sense,
 20 from the summer of 2005 and I would just
 21 restate these again, from the discontinuance
 22 of the service, engaging discussions on the
 23 equipment, contact with Health Canada, contact
 24 with the Canadian Patient Safety Institute,
 25 the Canadian Institute of

Page 235

1 Pathologists/Oncologists and then the external
 2 review. I have to say that we had confidence
 3 that this action--these actions were
 4 addressing the issue appropriately. And then,
 5 having been advised as we discussed this on
 6 numerous occasions about the patients being
 7 notified, having a level of comfort and
 8 confidence that all patients were notified or
 9 the process was enacted and so on. I have to
 10 remember the context in which things moved
 11 along there.
 12 COFFEY, Q.C.:
 13 Q. If something like this was to come an issue of
 14 potential--of potential or equivalent or a
 15 greater or thereabouts significance was to
 16 come along in the future and you were still
 17 and continued to be Chair of the Board and
 18 even if you weren't and the then current chair
 19 asked to go about it, do you think now that,
 20 knowing what you do now, that you'd be more
 21 aggressive or sceptical in dealing with the
 22 administrative -
 23 MS. DAWE:
 24 A. I have to say to you along the chain of
 25 events, we were very comfortable. Now, it's

Page 236

1 easy after the fact when I have reports and
 2 when I hear that the database was inadequate,
 3 it has taken months to determine--and I don't
 4 know today that the database is adequate,
 5 okay, so when you put all of these factors
 6 together, I think, I'm not, you know, would I
 7 or would I not--I can't suggest to you that
 8 the Board was deficient along the chain of
 9 events because I think we were engaged and we
 10 were asking questions and given information
 11 and the staff were doing the best that--and
 12 they did it on the basis of information that
 13 was available to them. The one learning, I
 14 think I've already indicated to you, and that
 15 is related to any recommendations, if there
 16 were reviews, whether or not they were peer
 17 review, and we're putting a mechanism in place
 18 to address that. That is certainly a
 19 learning, how much more, you know, I'd have to
 20 really reflect. We felt the staff honestly
 21 were doing their very best along the way and
 22 it was obviously now there were inadequacies.
 23 Communication is a major issue and it remains
 24 one that we are--we started to deal with last
 25 year and I think there's certainly more to

Page 237

1 come along these. So we've learned as well.
 2 COFFEY, Q.C.:
 3 Q. Okay, those are the questions I have,
 4 Commissioner, thank you.
 5 THE COMMISSIONER:
 6 Q. Thank you. Mr. Pritchard?
 7 MR. PRITCHARD:
 8 Q. Ms. Dawe, thank you for your evidence. I
 9 don't have any questions for this witness,
 10 Commissioner.
 11 THE COMMISSIONER:
 12 Q. Thank you. Mr. Browne?
 13 MR. BROWNE:
 14 Q. I do have a couple of questions, Commissioner.
 15 THE COMMISSIONER:
 16 Q. Perhaps, Mr. Coffey, perhaps you can remove
 17 the many volumes.
 18 COFFEY, Q.C.:
 19 Q. I certainly will.
 20 THE COMMISSIONER:
 21 Q. Thank you.
 22 MS. JOAN DAWE, EXAMINATION BY MR. PETER BROWNE
 23 Q. Good afternoon, Ms. Dawe.
 24 MS. DAWE:
 25 A. Good afternoon.

Page 238

1 MR. BROWNE:
 2 Q. My name is Peter Browne. I represent a number
 3 of individual physicians who have requested
 4 standing here before the Commission. I just
 5 want to go back and on a number of occasions,
 6 I think you described yourself in your role
 7 as--and your approach as Chair of the Board of
 8 Trustees, that you look at it from a very,
 9 lines of communication, organizational
 10 perspective, in so far as you see your direct
 11 contact of being the minister and then CEO,
 12 deputy minister and so on.
 13 MS. DAWE:
 14 A. Yes.
 15 MR. BROWNE:
 16 Q. And that sort of chain of command down through
 17 the organization. Is that a correct depiction
 18 of your approach.
 19 MS. DAWE:
 20 A. Yes, it is, uh-hm.
 21 MR. BROWNE:
 22 Q. Now, early on yesterday--I know this has been
 23 a long two days for you, so please bear with
 24 me. Yesterday I believe you made a statement
 25 to the effect that organizationally, at least

Page 239

1 operationally within Eastern Health there was
 2 line of communication between the clinical
 3 chief and the program director?
 4 MS. DAWE:
 5 A. Yes.
 6 MR. BROWNE:
 7 Q. Okay. Can the witness be shown Exhibit 0118,
 8 please, page 1.
 9 REGISTRAR:
 10 Q. You'll have to enter it.
 11 THE COMMISSIONER:
 12 Q. That one has not been entered.
 13 MR. BROWNE:
 14 Q. Oh, I--oh, I'm sorry.
 15 REGISTRAR:
 16 Q. It must be entered.
 17 MR. BROWNE:
 18 Q. Oh, I'm sorry, my apologies.
 19 REGISTRAR:
 20 Q. (Inaudible).
 21 MR. BROWNE:
 22 Q. Registrar, could we enter Exhibit P-0118,
 23 please?
 24 THE COMMISSIONER:
 25 Q. Yes, it's to be entered.

Page 240

1 EXHIBIT P-0118 ENTERED INTO EVIDENCE.
 2 MR. BROWNE:
 3 Q. Thank you. My apologies.
 4 THE COMMISSIONER:
 5 Q. You want page 1?
 6 MR. BROWNE:
 7 Q. Yes, please. Now, this is, Ms. Dawe, a
 8 diagram which we understand has been provided
 9 to the Commission from, I believe, the program
 10 manager. And it depicts the lines of
 11 communication within the laboratory medicine
 12 program. And you'll see it's chief executive
 13 officer down to the VP of medical, and then
 14 two lines going off either side, one to the
 15 laboratory program director to the left and
 16 then the laboratory clinical chief, yes, to
 17 the right. Would you agree with me that there
 18 is no line in between the laboratory clinical
 19 chief and -
 20 MS. DAWE:
 21 A. Not a direct line, absolutely.
 22 MR. BROWNE:
 23 Q. Okay.
 24 MS. DAWE:
 25 A. According to the chart.

Page 241

1 MR. BROWNE:
 2 Q. But that chart would indicate if there were
 3 one, organizationally, there should be a line
 4 between these two positions?
 5 MS. DAWE:
 6 A. Yes.
 7 MR. BROWNE:
 8 Q. Thank you.
 9 MS. DAWE:
 10 A. I think what I was referencing was related to
 11 the role of the clinical chief, because there
 12 is an explanation of roles and
 13 responsibilities of the clinical chief and
 14 there makes--it makes reference to working in
 15 an interdisciplinary fashion, so it brings
 16 together the program director and the clinical
 17 chief. But you're absolutely correct, there's
 18 not line, a direct line here.
 19 MR. BROWNE:
 20 Q. Okay.
 21 MS. DAWE:
 22 A. But it's a working relationship.
 23 MR. BROWNE:
 24 Q. Thank you. Nevertheless, also these, both
 25 these lines there's a -

Page 242

1 MS. DAWE:
 2 A. Yes.
 3 MR. BROWNE:
 4 Q. - up--the program director's immediate
 5 superior is the VP of medical -
 6 MS. DAWE:
 7 A. Yes, correct.
 8 MR. BROWNE:
 9 Q. Now, the other area I just wanted to cover
 10 with you in -
 11 THE COMMISSIONER:
 12 Q. I'm sorry, Mr. Browne, before you go off that,
 13 do we know if this is current or do we know
 14 what time frame -
 15 MR. BROWNE:
 16 Q. I understand this was in effect during the
 17 time frame we're looking, of the Commission's
 18 mandate. And I'm not sure if it has been
 19 changed recently.
 20 MS. DAWE:
 21 A. I understand, because, again, this was an area
 22 that was discussed in Dr. Banerjee's report as
 23 a problem area.
 24 MR. BROWNE:
 25 Q. Yes.

Page 243

1 MS. DAWE:
 2 A. I would suggest, that's not his words, that's
 3 what I'm saying. It was referenced as an
 4 issue. And I understand that that has been
 5 dealt with of bringing the relationship
 6 closer. So I'm not sure that this is
 7 absolutely current.
 8 MR. BROWNE:
 9 Q. Correct. And if I could assist you perhaps,
 10 is there now a position in between here such
 11 as the director of -
 12 MS. DAWE:
 13 A. I can't speak--I would have to check on that.
 14 But I know that the response to Dr. Banerjee's
 15 recommendation is to deal with that, to bring
 16 that relationship -
 17 MR. BROWNE:
 18 Q. With this particular depiction?
 19 MS. DAWE:
 20 A. Yes, yes.
 21 MR. BROWNE:
 22 Q. Yes.
 23 MS. DAWE:
 24 A. But this was, you're absolutely right, this
 25 was the situation -

Page 244

1 MR. BROWNE:
 2 Q. Pre the reports of -
 3 MS. DAWE:
 4 A. Pre, yes.
 5 MR. BROWNE:
 6 Q. - Banerjee?
 7 MS. DAWE:
 8 A. Yes.
 9 MR. BROWNE:
 10 Q. Okay. Thank you. Now the next area I just
 11 want to cover briefly with you, Ms. Dawe, is,
 12 and it came up--Commissioner, we may have some
 13 difficulty, because I think at the outset this
 14 afternoon you mentioned there may be some
 15 problems with this particular document. But -
 16 THE COMMISSIONER:
 17 Q. You're delving into 0019?
 18 MR. BROWNE:
 19 Q. Yes, I am.
 20 THE COMMISSIONER:
 21 Q. Okay.
 22 MR. BROWNE:
 23 Q. Okay.
 24 THE COMMISSIONER:
 25 Q. We'll be brave.

Page 245

1 MR. BROWNE:
 2 Q. I had it this morning at page 148.
 3 THE COMMISSIONER:
 4 Q. Okay. That's P-0019. Probably will not be
 5 148 now. Could you tell me which -
 6 MR. BROWNE:
 7 Q. Yes, there was a reference -
 8 THE COMMISSIONER:
 9 Q. - minutes we're looking for?
 10 MR. BROWNE:
 11 Q. There was a reference in the minutes, and I'm
 12 not sure what date, I apologize, but and
 13 perhaps we can deal with this, Ms. Dawe, just
 14 globally, and if we do find it, all the
 15 better. But among the minutes there was a
 16 reference to the Canadian Council on Hospital
 17 Accreditation.
 18 MS. DAWE:
 19 A. Yes.
 20 MR. BROWNE:
 21 Q. Okay. And this is something that the Board, I
 22 guess, would be intimately involved with from
 23 its perspective in terms of accreditation and
 24 so on, they would be informed of issues
 25 surrounding accreditation from time to time?

Page 246

1 MS. DAWE:
 2 A. The outcome?
 3 MR. BROWNE:
 4 Q. Yes.
 5 MS. DAWE:
 6 A. Well, certainly it is a voluntary, you know,
 7 the participation is voluntary in the
 8 accreditation council, but we have been
 9 actively engaged in seeking accreditation, so
 10 the Board is very much engaged in that. And
 11 there's a section for governance, partnership
 12 and so on. We would not be in a detailed way
 13 engaged down at the level of a department, for
 14 example.
 15 MR. BROWNE:
 16 Q. Okay.
 17 MS. DAWE:
 18 A. But we would be supportive of the
 19 accreditation process and the implementation
 20 of any recommendations that would arise from
 21 that, for sure.
 22 MR. BROWNE:
 23 Q. Now, for Commission, the Commissioner's
 24 benefit, perhaps we just want to just explain
 25 what this council is and its purpose in terms

Page 247

1 of, I guess, a national perspective and how it
 2 applies to Eastern Health?
 3 MS. DAWE:
 4 A. Well, it's a national accreditation body, so
 5 it's with national standards. So we would
 6 voluntarily apply to the Accreditation Council
 7 to have these experts from across the country,
 8 and it's a sort of a peer review because there
 9 are people who come from various health
 10 backgrounds who would come into our
 11 organization and assess based on predetermined
 12 standards at the national level.
 13 MR. BROWNE:
 14 Q. And again, I appreciate where you stand in
 15 this whole process.
 16 MS. DAWE:
 17 A. (Inaudible, 1650) yes.
 18 MR. BROWNE:
 19 Q. The global process.
 20 MS. DAWE:
 21 A. Global.
 22 MR. BROWNE:
 23 Q. But is the purpose of this to look at all
 24 areas of hospital care and to assess them on
 25 national standards?

Page 248

1 MS. DAWE:
 2 A. Yes. But now, there are not standards for
 3 every single entity within the health system.
 4 MR. BROWNE:
 5 Q. Okay. And perhaps this is -
 6 MS. DAWE:
 7 A. And lab being one of them.
 8 MR. BROWNE:
 9 Q. This is where I'm going.
 10 MS. DAWE:
 11 A. Would have--yes.
 12 MR. BROWNE:
 13 Q. This is where I'm going.
 14 MS. DAWE:
 15 A. Yes.
 16 MR. BROWNE:
 17 Q. Can you advise the Commissioner, please, it is
 18 only recently, and I understand that, in fact,
 19 a pilot project, is it not?
 20 MS. DAWE:
 21 A. Yes.
 22 MR. BROWNE:
 23 Q. Can you explain the fact that over the years
 24 that this council has been in existence, the
 25 fact that laboratory services has not been

Page 249

1 included -
 2 MS. DAWE:
 3 A. Has not been.
 4 MR. BROWNE:
 5 Q. - as part of this accreditation?
 6 MS. DAWE:
 7 A. Yes, has not been included.
 8 MR. BROWNE:
 9 Q. Do you know why?
 10 MS. DAWE:
 11 A. I can't give you the reason why, but it has
 12 not been included, you're absolutely right.
 13 And the matters around ER/PR testing have not,
 14 there have been no national standards, as we
 15 all know now. When this matter arose in
 16 Newfoundland, we went to both the national
 17 bodies and I believe as a result of that
 18 that's why we are engaged with the
 19 Accreditation Council as a pilot.
 20 MR. BROWNE:
 21 Q. Right. So Eastern Health has been the first
 22 hospital that you're aware of, at least, in
 23 the country -
 24 MS. DAWE:
 25 A. Among the first, yes.

Page 250

1 MR. BROWNE:
 2 Q. Among the first?
 3 MS. DAWE:
 4 A. Among the first, yes.
 5 MR. BROWNE:
 6 Q. Okay.
 7 MS. DAWE:
 8 A. Yes, absolutely.
 9 MR. BROWNE:
 10 Q. Thank you for your answer.
 11 MS. DAWE:
 12 A. Thank you.
 13 THE COMMISSIONER:
 14 Q. Thank you, Mr. Browne. Ms. -
 15 MS. O'DEA:
 16 Q. Commissioner, we have no questions.
 17 THE COMMISSIONER:
 18 Q. No questions. Now, it's--I'm sorry, I've been
 19 looking at you for a couple of days and every
 20 time I go to ask you what your name is -
 21 MS. O'DEA:
 22 Q. Stacey O'Dea, Commissioner.
 23 THE COMMISSIONER:
 24 Q. Thank you, Ms. O'Dea, because every time I
 25 remind myself I should do that, Mr. Eaton

Page 251

1 turns up and throws my plan all out the
 2 window. So, we're on to you, Ms. Newbury. Do
 3 you have any questions?
 4 MS. NEWBURY:
 5 Q. Yes, I do have a few questions.
 6 THE COMMISSIONER:
 7 Q. All right, then.
 8 MS. JOAN DAWE, EXAMINATION BY MS. JENNIFER NEWBURY
 9 MS. NEWBURY:
 10 Q. Good afternoon, Ms. Dawe. Jennifer Newbury
 11 for the Canadian Cancer Society, Newfoundland
 12 and Labrador Division. Now I hope you bear
 13 with me here because my notes are a little bit
 14 of a mess. I just have a few questions for
 15 you. Starting yesterday I believe you
 16 indicated that it was unprecedented to have a
 17 look back, I think you used the term "look
 18 back" a couple of times referring to the ER/PR
 19 situation. Is that correct?
 20 MS. DAWE:
 21 A. Yes, that's correct.
 22 MS. NEWBURY:
 23 Q. And you indicated it was unprecedented to look
 24 at--look back. And you said that from a
 25 national perspective you're not aware of any

Page 252

1 other situations quite like this?
 2 MS. DAWE:
 3 A. The information that I have is that we could
 4 not find another organization which had
 5 engaged in the level of look back that we had
 6 undertaken. That's my understanding.
 7 MS. NEWBURY:
 8 Q. And would that go to, say, the numbers of
 9 people or the number of years that you've had
 10 to look back?
 11 MS. DAWE:
 12 A. I think both. Certainly the number of years.
 13 And you heard me yesterday reference my
 14 involvement at the national level with the
 15 Canadian Health Boards Association, so I would
 16 be asking that question at that level from a
 17 very different, from a governance point of
 18 view, has anybody had any experience in this
 19 area previously. And I'm not aware, I've
 20 never received information that suggests that
 21 anybody has been down this road.
 22 MS. NEWBURY:
 23 Q. Okay. And when did you first become aware of
 24 the uniqueness of this situation?
 25 MS. DAWE:

Page 253

1 A. Well, I was--you know, you know the July 20th
 2 information that I had. And then the written
 3 documentation would be the September, 2005.
 4 MS. NEWBURY:
 5 Q. I guess on a more general level when did you,
 6 in your mind, come to the conclusion that what
 7 you're dealing with is unprecedented in terms
 8 of the magnitude?
 9 MS. DAWE:
 10 A. I would think in September we had enough
 11 knowledge to know that there's something
 12 different here.
 13 MS. NEWBURY:
 14 Q. Okay.
 15 MS. DAWE:
 16 A. And that was part of the reason for the
 17 outreach to the national organizations to try
 18 to see if there was experience elsewhere to
 19 help people. That's my understanding.
 20 MS. NEWBURY:
 21 Q. And are you referring to the Canadian Patient
 22 Safety Institute and the -
 23 MS. DAWE:
 24 A. And the pathologists -
 25 MS. NEWBURY:

Page 254

1 Q. - Canadian Association of Pathologists and
 2 Oncologists.
 3 MS. DAWE:
 4 A. - and oncologists and Health Canada and so on.
 5 And while it wouldn't be at my level, it's
 6 noted in the minutes and the e-mails that we
 7 all have access to now that Mr. Tilley would
 8 have made contact with his colleagues in
 9 health facilities across the country to see if
 10 indeed anybody could help him with, you know,
 11 with experiences in this area, as well.
 12 MS. NEWBURY:
 13 Q. Okay, so not only were you, yourself, asking
 14 questions, you're aware that George Tilley and
 15 perhaps others were trying to -
 16 MS. DAWE:
 17 A. Well, perhaps others, but I--well, I know that
 18 Dr. Williams was because he would be the
 19 person who would be presenting the reports to
 20 the Board and speaking about trying to find if
 21 there is any experience elsewhere to help with
 22 this.
 23 MS. NEWBURY:
 24 Q. Okay.
 25 MS. DAWE:

Page 255

1 A. I don't know how far it went beyond -
 2 MS. NEWBURY:
 3 Q. Right, okay.
 4 MS. DAWE:
 5 A. - what I would hear at a Board meeting.
 6 MS. NEWBURY:
 7 Q. And I'm just wondering generally, are there
 8 any protocols in place by the Board from a
 9 governance perspective point of view about
 10 when to intervene in an operational matter?
 11 Do you have like a scoring system or a
 12 checklist, if we get five out of these ten
 13 factors, we'll intervene in an operational
 14 matter?
 15 MS. DAWE:
 16 A. Not as precise as that. But you heard me
 17 refer to we are still in the, well, we are in
 18 process with the implementation of our
 19 governance policies.
 20 MS. NEWBURY:
 21 Q. Um-hm.
 22 MS. DAWE:
 23 A. And the establishment of ends as they refer
 24 to, if you know about policy governance. So
 25 we're not finished that process yet, so we may

Page 256

1 have that level of detail based on some
 2 experiences now. Because, and I want to take
 3 the opportunity, those of us who've been
 4 engaged in the health system for quite some
 5 period and there are others on our Board of
 6 directors who could speak to this adequately,
 7 as well, we believe the model of governance
 8 that we've embarked upon provides much greater
 9 definition for the role of the Board, the role
 10 of the CEO, goals, monitoring processes, like
 11 what to achieve. We define what the
 12 organization is to achieve at the high level.
 13 Then the executive, the staff of the
 14 organization determines how they're going to
 15 achieve that. And then we have monitoring
 16 policies that would regularly come to the
 17 Board on how these goals are being achieved.
 18 So, we're at--we've started the process of the
 19 development of these ends, as I refer to, but
 20 -
 21 MS. NEWBURY:
 22 Q. And do the ends include monitoring?
 23 MS. DAWE:
 24 A. Yes.
 25 MS. NEWBURY:

Page 257

1 Q. Okay.
 2 MS. DAWE:
 3 A. Yes, absolutely. And some of them, some of--
 4 we've already started. And I'm sure you've
 5 seen reference in our minutes to the
 6 monitoring processes that are already
 7 developed that come to the Board on a regular
 8 occasion. We're not finished the process yet,
 9 and certainly we're not finished it in the
 10 area of safety and improvement; it's still
 11 evolving. And we're learning through the
 12 Canadian Patient Safety Institute, as, you
 13 know, late (?? 2200) as this past week.
 14 MS. NEWBURY:
 15 Q. And you're learning from this experience, as
 16 well?
 17 MS. DAWE:
 18 A. Absolutely.
 19 MS. NEWBURY:
 20 Q. Okay. And in terms of protocols, do you think
 21 the Board will consider or has the Board
 22 already considered factors such as, you know,
 23 the fact that you actually went outside and
 24 went to various national groups because of the
 25 uniqueness of the situation, would that be a

Page 258

1 factor that would lean the Board of Trustees
 2 towards interfering or intervening in an
 3 operational matter?
 4 MS. DAWE:
 5 A. I would think it really is very unique to the
 6 set of circumstances.
 7 MS. NEWBURY:
 8 Q. I appreciate that.
 9 MS. DAWE:
 10 A. And we have to be so careful of not becoming
 11 engaged in the operations of an organization.
 12 That is not the role of a volunteer Board of
 13 Trustees. We are not employees of an
 14 organization. So that's why we've spent so
 15 much time on the role definition, that's why
 16 the legislation is very clear on roles.
 17 MS. NEWBURY:
 18 Q. Right. I appreciate that, but you have, I
 19 think, acknowledged that at a point in time it
 20 will be necessary for -
 21 MS. DAWE:
 22 A. Yes.
 23 MS. NEWBURY:
 24 Q. - the Board to intervene. And I'm just trying
 25 to get a gage on when that might arise.

Page 259

1 MS. DAWE:
 2 A. To intervene to provide direction.
 3 MS. NEWBURY:
 4 Q. Right. And some policy advice or guidance?
 5 MS. DAWE:
 6 A. Right.
 7 MS. NEWBURY:
 8 Q. Okay.
 9 MS. DAWE:
 10 A. Okay. Not intervene in the operations, but -
 11 MS. NEWBURY:
 12 Q. Not to actually send out the letters to the
 13 patients -
 14 MS. DAWE:
 15 A. Or to go--yes. But to give direction to the
 16 president/CEO.
 17 MS. NEWBURY:
 18 Q. Right, okay. And again, in the issue of
 19 protocols that the Board has or perhaps will
 20 start to develop, would the number of patients
 21 that could potentially be affected by a
 22 particular issue, would you think that would
 23 be a factor?
 24 MS. DAWE:
 25 A. It may be, but I wouldn't want to say that

Page 260

1 it's only reliant on numbers of people. It
 2 might be the issue.
 3 MS. NEWBURY:
 4 Q. Okay.
 5 MS. DAWE:
 6 A. Okay. I wouldn't want to say. It may be a
 7 factor, it may not.
 8 MS. NEWBURY:
 9 Q. And how about giving some consideration to
 10 media attention or reputation of the
 11 organization, are those factors that you
 12 expect the Board might consider or has the
 13 Board already considered that?
 14 MS. DAWE:
 15 A. The Board has already considered, and I think
 16 that's certainly reflected in our initiatives
 17 on communications.
 18 MS. NEWBURY:
 19 Q. Okay.
 20 MS. DAWE:
 21 A. And it's -
 22 MS. NEWBURY:
 23 Q. And in terms of -
 24 MS. DAWE:
 25 A. Sorry.

Page 261

1 MS. NEWBURY:
 2 Q. And in terms of intervening in an operational
 3 matter?
 4 MS. DAWE:
 5 A. Yes.
 6 MS. NEWBURY:
 7 Q. Okay. And when you refer to the
 8 communications, are you talking about
 9 communications from the organization to
 10 patients or physicians or are you talking
 11 about communications between the organization
 12 and the Board of Trustees?
 13 MS. DAWE:
 14 A. In its totality. So it can be communication
 15 strategy which deals with internal
 16 communications.
 17 MS. NEWBURY:
 18 Q. Um-hm.
 19 MS. DAWE:
 20 A. With patients, clients, with our partners,
 21 with government. So it's very, very
 22 comprehensive.
 23 MS. NEWBURY:
 24 Q. And in terms of, I guess, the monitoring
 25 issue, you've spoken many times about the high

Page 262

1 level, that the Board operates, the Board of
 2 Trustees operates at a high level. And I take
 3 it that you don't want to get involved in the
 4 nitty gritty details, you just want to know
 5 generally are things working, is there
 6 anything that the Board has to be made aware
 7 of, is there anything going on that could
 8 affect the Board's obligations?
 9 MS. DAWE:
 10 A. It's more, it's more than that, with respect.
 11 MS. NEWBURY:
 12 Q. Okay.
 13 MS. DAWE:
 14 A. It's more than that.
 15 MS. NEWBURY:
 16 Q. Could you explain that?
 17 MS. DAWE:
 18 A. If you've had a chance, well, to look at our
 19 minutes or to look at an agenda, you would see
 20 the Board is much more than just wanting to
 21 know is are things okay.
 22 MS. NEWBURY:
 23 Q. Right.
 24 MS. DAWE:
 25 A. Okay. We've been very aggressive as a Board

Page 263

1 in fulfilling our mandate in the first year to
 2 two in our outreach to the community, okay,
 3 which we really see as a significant
 4 responsibility of the Board so as to
 5 understand the needs of our communities,
 6 because if we don't understand the needs, how
 7 are we going to fulfil our mandate. So the
 8 responsibilities of the Board are much greater
 9 than--they're not superficial in any way, in
 10 any way. They're very, they've very well
 11 documented in our minutes. And the history, I
 12 think the history that this Board has
 13 demonstrated in the last three years, and its
 14 been public in its outreach to the community
 15 and the needs assessment process, the
 16 development of the infrastructure plan, the
 17 equipment plan, all of that is there today
 18 because of the initiative of the Board.
 19 MS. NEWBURY:
 20 Q. Okay. Now, you've been presented, as I take
 21 it from your evidence over the last couple of
 22 days, with some information probably since
 23 your first interviews with Commission counsel
 24 in February, I think mid February, late
 25 February?

Page 264

1 MS. DAWE:
 2 A. Yes.
 3 MS. NEWBURY:
 4 Q. And some of this information you had no seen
 5 before.
 6 MS. DAWE:
 7 A. Yes.
 8 MS. NEWBURY:
 9 Q. And as an example, that would include reports
 10 of Dr. Banerjee and Trish Wegrynowski. And I
 11 think you specifically indicated that you
 12 would have been interested from a Board
 13 perspective in at least knowing what the
 14 recommendations were. And is there any other
 15 information that you can look back on now and
 16 say that you think the Board ought to have had
 17 that?
 18 MS. NEWBURY:
 19 Q. And again, I'm not saying--I know that you
 20 don't want to recreate decisions that were
 21 made, but if you were to develop policy on a
 22 go-forward basis to allow the Board to perform
 23 its role, including deciding when or if there
 24 should be an intervention, is there any
 25 information that you would now like to see on

Page 265

1 a go-forward basis?

2 MS. DAWE:

3 A. Well, you know, with respect, I would like the

4 opportunity now to sit and reflect after this

5 last two days, and identify these matters, so

6 that we can take them under advisement and

7 consideration by the Board. I'm sure there

8 would be other areas.

9 MS. NEWBURY:

10 Q. Okay, I appreciate that.

11 MS. DAWE:

12 A. At this point, I don't want to pick one or two

13 issues, because I'm sure I would miss others

14 that are -

15 MS. NEWBURY:

16 Q. Okay, I can appreciate that, because I know

17 there's been a lot of information -

18 MS. DAWE:

19 A. But I will certainly--you know, that is--I can

20 assure you that is certainly a plan.

21 MS. NEWBURY:

22 Q. Okay.

23 MS. DAWE:

24 A. To reflect upon what I've heard and what I've

25 been engaged in the last two days in

Page 266

1 particular, and what I've heard from patients

2 this past week.

3 MS. NEWBURY:

4 Q. And in light of that, is it possible that the

5 Board, had it had that information, might have

6 intervened at an earlier basis? And again, I

7 don't want--I know you've asked--been asked

8 before about would you have done things

9 differently. I'm not asking that question,

10 but on a go-forward basis, if you were

11 presented with a similar problem of this

12 magnitude would you possibly intervene

13 earlier, or is that, again, something that you

14 would need more time to reflect upon?

15 MS. DAWE:

16 A. I'd rather reflect. I could say to you, yes,

17 I'm sure there are areas that had I known then

18 what I know now, the responses may be

19 different. But I'd rather take the

20 opportunity to really study these well.

21 MS. NEWBURY:

22 Q. I'm going to move to another area. You've

23 mentioned some time--or on a couple of

24 occasions that it was your understanding that

25 all patients had been contacted throughout,

Page 267

1 and I believe that that comment would probably

2 apply to the latter part of 2005, 2006 and

3 into early 2007?

4 MS. DAWE:

5 A. Yes.

6 MS. NEWBURY:

7 Q. Is that correct?

8 MS. DAWE:

9 A. Yes.

10 MS. NEWBURY:

11 Q. Okay, throughout that time period, it was your

12 understanding that all patients who had been

13 affected were contacted?

14 MS. DAWE:

15 A. Yes.

16 MS. NEWBURY:

17 Q. I'd like to refer to -

18 MS. DAWE:

19 A. Excuse me, and what I suggest today, based on

20 the information that has been gleaned over

21 time was it may--what the staff may have been

22 advising us was what they knew at that time,

23 the number of patients that they knew at that

24 time.

25 MS. NEWBURY:

Page 268

1 Q. Okay.

2 MS. DAWE:

3 A. But the information that was transferred to us

4 was all patients, so I can only assume that

5 that was absolute. If you say--if you tell me

6 all, that's absolute.

7 MS. NEWBURY:

8 Q. All is not most.

9 MS. DAWE:

10 A. There's no qualifier.

11 MS. NEWBURY:

12 Q. Yes.

13 MS. DAWE:

14 A. There's no qualifier.

15 MS. NEWBURY:

16 Q. And I think you've indicated today that you're

17 now aware that there were some deficiencies in

18 the database?

19 MS. DAWE:

20 A. No question.

21 MS. NEWBURY:

22 Q. Okay. Were you aware of any other

23 deficiencies in contact or communication with

24 the patient that may have come from a cause

25 other than a deficiency in the database?

Page 269

1 MS. DAWE:
 2 A. No, other than what I would have heard
 3 publicly or any information that I've gleaned
 4 through this. It was more--the disturbing
 5 point for me always was I understood all
 6 patients because that's the documentation, but
 7 I was hearing something differently in the
 8 media, through either the media or patients
 9 speaking publicly that they hadn't been
 10 contacted.
 11 MS. NEWBURY:
 12 Q. Had any concerns been raised with you about
 13 the quality of the contact?
 14 MS. DAWE:
 15 A. No.
 16 MS. NEWBURY:
 17 Q. Okay.
 18 MS. DAWE:
 19 A. Not that--I mean, that was not the overriding
 20 concern. It was just the fact that people
 21 were not contacted. I've heard--you know,
 22 I've heard commentary over this last week
 23 about the quality of the contact.
 24 MS. NEWBURY:
 25 Q. Okay, and I wonder if I could refer to -

Page 270

1 MS. DAWE:
 2 A. For example, let me just say -
 3 MS. NEWBURY:
 4 Q. Sure.
 5 MS. DAWE:
 6 A. - in clarification, I've never received a
 7 letter from a patient which would have
 8 identified problems in this area that I could
 9 say to you today "yes, I was aware because I
 10 received communication from a patient."
 11 MS. NEWBURY:
 12 Q. Okay, that's not something you would typically
 13 receive, is it?
 14 MS. DAWE:
 15 A. Well, I have received them, and then I would
 16 refer that--obviously that's an operational
 17 matter. I would refer that to the
 18 President/CEO. I certainly have received
 19 calls from patients or representatives family,
 20 not on ER/PR, but on other matters. I
 21 certainly--I meet people who complain about
 22 something and I put them in contact with the
 23 appropriate person in the organization.
 24 That's not uncommon at all.
 25 MS. NEWBURY:

Page 271

1 Q. Okay, but you've never received a call from a
 2 family member -
 3 MS. DAWE:
 4 A. I don't deal with it directly.
 5 MS. NEWBURY:
 6 Q. Sure.
 7 MS. DAWE:
 8 A. But I make sure that the appropriate contacts
 9 are made.
 10 MS. NEWBURY:
 11 Q. Sure, okay. I wonder if I could refer to
 12 Exhibit P-0102. This is a statement, I
 13 believe, that was provided by Eastern Health
 14 to the current, and you were referred to this
 15 earlier today, I believe. I'd like to refer
 16 you to paragraph five, in particular.
 17 Paragraph five indicates that "our clinical
 18 team members have communicated individually
 19 with all patients impacted by this review,"
 20 and as indicated earlier this morning, this
 21 document is dated August the 4th, 2006.
 22 THE COMMISSIONER:
 23 Q. Now are you talking about the paragraph five?
 24 MS. NEWBURY:
 25 Q. Paragraph five of the page one. It says

Page 272

1 "Eastern Health is committed to disclosure,
 2 and our clinical team members have
 3 communicated individually with all patients."
 4 THE COMMISSIONER:
 5 Q. Thank you.
 6 MS. DAWE:
 7 A. And that's precisely what I've been saying.
 8 MS. NEWBURY:
 9 Q. Okay.
 10 MS. DAWE:
 11 A. Okay, that would be the level of information
 12 and the confidence and comfort that I would
 13 have because I -
 14 MS. NEWBURY:
 15 Q. Okay, and you relied upon that?
 16 MS. DAWE:
 17 A. Absolutely.
 18 MS. NEWBURY:
 19 Q. Do you know who the members of the clinical
 20 team would include? Maybe not specifically,
 21 but what--by profession, what types of people
 22 would be included in the clinical team?
 23 MS. DAWE:
 24 A. I'm assuming here we're speaking of the
 25 professionals, the oncologists. But in terms

Page 273

1 of the contact with people, it would be the
 2 oncologist or the family physician or the
 3 quality--the people in the quality department,
 4 and the patient relations officer, these
 5 people.
 6 MS. NEWBURY:
 7 Q. Okay, so that to you would include all of
 8 those individuals?
 9 MS. DAWE:
 10 A. Well, if you're talking about the contact with
 11 patients, is that your question?
 12 MS. NEWBURY:
 13 Q. Yes. This refers specifically to "clinical
 14 team members have communicated individually
 15 with -
 16 MS. DAWE:
 17 A. Yes.
 18 MS. NEWBURY:
 19 Q. - all patients impacted by this review."
 20 MS. DAWE:
 21 A. So it could be an oncologist, a family
 22 physician, a surgeon or the patient relations
 23 officer, I believe, was also involved in the
 24 contacting people.
 25 MS. NEWBURY:

Page 274

1 Q. Okay, and that's not stated here, but that's
 2 from your other information?
 3 MS. DAWE:
 4 A. No, that's my--yes, that's my understanding.
 5 THE COMMISSIONER:
 6 Q. What was your understanding of what "impacted"
 7 meant? In short, did you read this as saying
 8 we've contacted the 117 or whatever it is?
 9 MS. DAWE:
 10 A. Well, this date again was--could you just -
 11 MS. NEWBURY:
 12 Q. August the 4th, 2006, on the bottom right-hand
 13 corner.
 14 MS. DAWE:
 15 A. Yes, okay, 2006. So it would be the patients
 16 who were impacted, who are identified. It
 17 says all.
 18 THE COMMISSIONER:
 19 Q. Patients impacted, but when you read that, you
 20 would have had at least the knowledge that had
 21 been provided to the Board -
 22 MS. DAWE:
 23 A. Yes.
 24 THE COMMISSIONER:
 25 Q. - and would you have thought "oh, that's the

Page 275

1 ones whose treatment changed. That's
 2 everybody who has had a retest."
 3 MS. DAWE:
 4 A. A retest. It's more everybody.
 5 THE COMMISSIONER:
 6 Q. It's everybody whose had a retest?
 7 MS. DAWE:
 8 A. Yes, it's more everybody, because I think I
 9 said yesterday, my--what I would expect is
 10 that the person who was being retested, I
 11 understand these people were notified or the
 12 process had been undertaken in October of
 13 2005, so if the person was notified that they
 14 were being retested, my expectation is that
 15 these same people would be notified about the
 16 results of their retesting.
 17 MS. NEWBURY:
 18 Q. Okay, and that's to you what would consist of
 19 -
 20 MS. DAWE:
 21 A. That's what I would interpret.
 22 MS. NEWBURY:
 23 Q. Right, okay.
 24 MS. DAWE:
 25 A. That's how I would interpret, and I guess when

Page 276

1 I asked the question about all patients being
 2 notified, that's the reason I would ask the
 3 question. I wouldn't be specific to only
 4 those whose treatment had changed. I'm
 5 talking in a very generic sense, all people
 6 who were affected.
 7 MS. NEWBURY:
 8 Q. Okay, and does that mean, in your view, that
 9 for patients to be notified to satisfy your
 10 expectations, that they would have all the
 11 information they need, not just that the
 12 retesting is taking place, but "we have your
 13 results back, and here are the results and
 14 here's what it means to you," does it include
 15 the complete package or just notification of
 16 retesting?
 17 MS. DAWE:
 18 A. Well, as again, I believe, I would interpret
 19 that all patients were notified of the
 20 results. Now this is, again, this is the
 21 summer of 2006, and I understand then all the
 22 results were back.
 23 MS. NEWBURY:
 24 Q. Right.
 25 MS. DAWE:

Page 277

1 A. Okay, so I have to make--draw the conclusion
 2 that all the results are back, so therefore it
 3 says all patients were notified.
 4 MS. NEWBURY:
 5 Q. Okay, and in your mind, reading this now,
 6 would that mean that some patients would have
 7 to have been contacted more than once? Say,
 8 for example, you have a patient who was
 9 advised in October 2005 that her sample was
 10 going to be retested -
 11 MS. DAWE:
 12 A. Yes.
 13 MS. NEWBURY:
 14 Q. - but of course, the results weren't back as
 15 of that date.
 16 MS. DAWE:
 17 A. Right.
 18 MS. NEWBURY:
 19 Q. And if the results came back, say, in early
 20 2006, that would require a second call?
 21 MS. DAWE:
 22 A. Contact, yes.
 23 MS. NEWBURY:
 24 Q. Right, okay, and is it fair to say that one
 25 call in that case wouldn't suffice in terms of

Page 278

1 making that contact with the patient?
 2 MS. DAWE:
 3 A. The first contact?
 4 MS. NEWBURY:
 5 Q. Yes.
 6 MS. DAWE:
 7 A. The first contact, no. The second contact to
 8 say the result is back and here, either it's
 9 the same or it has changed.
 10 MS. NEWBURY:
 11 Q. Okay.
 12 MS. DAWE:
 13 A. That's where I have been from the beginning,
 14 in making sure that patients were contacted.
 15 I did not differentiate between those--in my
 16 mind, I didn't differentiate between those
 17 whose results had changed and those whose
 18 didn't.
 19 MS. NEWBURY:
 20 Q. Okay, so everyone would be contacted?
 21 MS. DAWE:
 22 A. That's--you're asking me an opinion and -
 23 MS. NEWBURY:
 24 Q. Yes, and -
 25 MS. DAWE:

Page 279

1 A. - I'm expressing clearly to you -
 2 MS. NEWBURY:
 3 Q. - and that's what I want to know, yes. And
 4 again, I don't want to repeat this too much,
 5 but in your view then, it would be necessary
 6 that many of these patients would have to be
 7 contacted twice, just because of the timing of
 8 when the results were coming back. Everyone,
 9 unfortunately, couldn't be told in October
 10 2005 -
 11 MS. DAWE:
 12 A. Right.
 13 MS. NEWBURY:
 14 Q. - "your sample is being retested. Here are
 15 the results." They just didn't have that done
 16 quickly enough. So there was a necessity, in
 17 this case, that many patients would have to be
 18 contacted on more than one occasion?
 19 MS. DAWE:
 20 A. Yes. Now, and I understand from some of the
 21 documents presented this week, that--and I
 22 can't point to you at this stage which one,
 23 but I think there was reference that when
 24 patients were notified in October that their
 25 test was being retested, they were told then

Page 280

1 that they would be contacted when the result
 2 came back. I'm pretty sure I read that over
 3 the last 24 hours or so.
 4 MS. NEWBURY:
 5 Q. And you were never made aware that some people
 6 were only contacted about the retesting and
 7 not prior to August 2006?
 8 MS. DAWE:
 9 A. No. I've heard in the media, and that's been--
 10 -I'm only repeating myself at this stage, but
 11 that's what triggered some of my questioning.
 12 MS. NEWBURY:
 13 Q. Okay, and are you aware of whether the
 14 communication would have to be, you know,
 15 direct communication or would a message on an
 16 answering machine, for example, be sufficient,
 17 from your perspective, in terms of what you
 18 would have expected when you read this
 19 particular document?
 20 MS. DAWE:
 21 A. I wouldn't accept personally that a message
 22 left on a machine would be appropriate.
 23 MS. NEWBURY:
 24 Q. Okay.
 25 MS. DAWE:

Page 281

1 A. Not in this matter.
 2 MS. NEWBURY:
 3 Q. And how about a message being left with a
 4 family member?
 5 MS. DAWE:
 6 A. Well, that would depend on circumstances, but
 7 certainly, it wouldn't be acceptable to me to
 8 only leave a message on an answering machine,
 9 unless it were a message to "please call me."
 10 MS. NEWBURY:
 11 Q. Right.
 12 MS. DAWE:
 13 A. Okay, obviously.
 14 MS. NEWBURY:
 15 Q. And to leave a number and a name to contact.
 16 MS. DAWE:
 17 A. And to leave a number and a name.
 18 MS. NEWBURY:
 19 Q. Sure.
 20 MS. DAWE:
 21 A. But not to leave any message more than that.
 22 MS. NEWBURY:
 23 Q. You indicated, I believe it was yesterday
 24 afternoon, I'm losing track of time now, but I
 25 believe it was yesterday afternoon that you

Page 282

1 indicated it has been a challenging area for
 2 the Board, I believe, to get information? I'm
 3 not sure if I captured your evidence
 4 correctly.
 5 MS. DAWE:
 6 A. No, the challenging area would relate again to
 7 all patients being notified.
 8 MS. NEWBURY:
 9 Q. Okay.
 10 MS. DAWE:
 11 A. And the challenge there is again seeing
 12 documentation like this and hearing something
 13 in the media or from patients which was not
 14 reflective, not consistent with this. That
 15 was the greatest challenge.
 16 MS. NEWBURY:
 17 Q. So the challenge for the Board was to
 18 reconcile what you are hearing from Mr. Tilley
 19 and, as an example, in his statement here for
 20 the current, and reconciling that with what
 21 you're hearing in the media, okay.
 22 MS. DAWE:
 23 A. And I want to state again, I believe that Mr.
 24 Tilley felt that he had the correct
 25 information when he signed these documents.

Page 283

1 MS. NEWBURY:
 2 Q. Okay.
 3 MS. DAWE:
 4 A. I believe that was the advice and the
 5 information given to him.
 6 MS. NEWBURY:
 7 Q. When did you or the Board or any member of
 8 your Board first recognize this challenge in
 9 reconciling what you're hearing in the media
 10 and what you're hearing from Mr. Tilley?
 11 MS. DAWE:
 12 A. Either Mr. Tilley or Dr. Williams or whomever.
 13 MS. NEWBURY:
 14 Q. Or Dr. Williams, yes.
 15 MS. DAWE:
 16 A. But it would be either or of these. It was
 17 probably October of 2005 maybe. No, it--no, I
 18 can't give you--our concern early on was to
 19 make sure people were notified. So that would
 20 have been September meeting, October meeting
 21 and so on. Today, or at the moment, I can't
 22 give you a date as to when I started to have
 23 doubt, but it was certainly because of
 24 listening to commentary in the public domain,
 25 okay, and I'm not sure the first that we would

Page 284

1 have heard would have been patients saying
 2 that they were not notified, because I
 3 certainly heard that, or whether it was the
 4 media who said patients say they're not. I
 5 can't give you a date, but that's what would
 6 have triggered the response, the concern.
 7 MS. NEWBURY:
 8 Q. Could you narrow down even by year when that
 9 concern might have first developed in your
 10 mind?
 11 MS. DAWE:
 12 A. It may be '06. I'm not sure that it was in
 13 the fall of '05. I'm really--you know, I'm
 14 speculating here and I don't want to go down
 15 that road. But it wasn't too long. It wasn't
 16 2007, for example. So I would suspect it was
 17 2006.
 18 MS. NEWBURY:
 19 Q. 2006, and possibly even -
 20 MS. DAWE:
 21 A. But whenever it--whenever the information was
 22 discussed publicly by either patients or the
 23 media. I would have heard that. I listened
 24 to the news as well, so that's when I would
 25 have started asking questions.

1 MS. NEWBURY:
 2 Q. And did you give any consideration then to
 3 intervening from a Board governance
 4 perspective?
 5 MS. DAWE:
 6 A. But our intervention was "please give me the
 7 information to demonstrate that all," and when
 8 you start getting written documentation, yes,
 9 all patients have been notified.
 10 MS. NEWBURY:
 11 Q. Okay.
 12 MS. DAWE:
 13 A. Okay, you have to--these are professionals.
 14 MS. NEWBURY:
 15 Q. You took that at face value then?
 16 MS. DAWE:
 17 A. You have to. These are professionals who
 18 have, you know, responsibilities and I had, at
 19 that point, at that point, no reason to doubt
 20 the accuracy of the information that we were
 21 given. But there was a disconnect.
 22 MS. NEWBURY:
 23 Q. Regarding the involvement of Peter Dawe of
 24 Canadian Cancer Society and he's had some
 25 contact with the media. I assume you're aware

1 organization, not a member of the Board of
 2 Trustees, but the organization itself, raised
 3 with you or any other member of the Board,
 4 that you're aware of, any concerns regarding
 5 his role as a spokesperson?
 6 MS. DAWE:
 7 A. No, I think there's a recognition that he has
 8 a role. So, it certainly wouldn't be
 9 questioning -
 10 MS. NEWBURY:
 11 Q. Sure.
 12 MS. DAWE:
 13 A. - the role.
 14 MS. NEWBURY:
 15 Q. But in terms, of course, the memo regarding--
 16 there was a memo from Susan Bonnell
 17 questioning his credibility, I think, on
 18 these issues.
 19 MS. DAWE:
 20 A. I saw that yesterday.
 21 MS. NEWBURY:
 22 Q. Okay. And there's no other concern. I know
 23 that you didn't get the memo until yesterday,
 24 but were there any other concerns that were
 25 expressed to you?

1 of that. You would have heard Mr. Dawe on the
 2 media?
 3 MS. DAWE:
 4 A. Sure, sure.
 5 MS. NEWBURY:
 6 Q. Okay, and did you or anyone on the Board have
 7 any concerns with Mr. Dawe, in terms of his
 8 role as a spokesperson or as an advocate, as
 9 you've -
 10 MS. DAWE:
 11 A. No, because I think it's an appropriate role.
 12 It's one that's needed. My and the Board's
 13 wish would be that as partners, we work
 14 together in the interest of the patients we
 15 serve, and I very much recognize the role of
 16 Mr. Dawe and the Cancer Society, so we
 17 certainly--no, no, it would be a supportive
 18 one, because I think we both have a role and
 19 we both have to work to obviously now deal
 20 with matters that appear that we need to work
 21 more aggressively on improving relationships.
 22 It appears to me now, improving relationships
 23 in the interest of the people we serve.
 24 MS. NEWBURY:
 25 Q. Had anyone at Eastern Health, in the

1 MS. DAWE:
 2 A. No, but you know, it would be another example
 3 of in the media and I can't tell you at what
 4 point Mr. Dawe would have been commenting and
 5 saying that all patients were not notified. I
 6 think he's quoted as saying that as well
 7 through some period.
 8 MS. NEWBURY:
 9 Q. Yes.
 10 MS. DAWE:
 11 A. So, the same principle would be there. Why is
 12 Peter saying it if we're being told that all
 13 patients are notified? There's some
 14 disconnect here and I can't give an
 15 explanation for that.
 16 MS. NEWBURY:
 17 Q. Okay. And again, I think your response was to
 18 make some inquiries and then you received
 19 further assurances from George Tilley or
 20 Doctor Williams and you were satisfied with
 21 those.
 22 MS. DAWE:
 23 A. Yes.
 24 MS. NEWBURY:
 25 Q. You were referred to some policies earlier

Page 289

1 this morning, P-0056. I want to go through it
 2 in detail, but I wanted to let you know what
 3 the number is. And those policies deal with
 4 issues such as a critical occurrence and
 5 incident review, adverse events, serious
 6 complaints. Does the Board have any systems
 7 or protocols in place to ensure that these
 8 policies and procedures are being adhered to?
 9 Or do you just make sure they're implemented
 10 and then trust that the people in the
 11 organization follow them?
 12 MS. DAWE:
 13 A. Well, if--yes, I mean, essentially the
 14 operational of these are left with the staff.
 15 If a matter is referred to the Board which
 16 shows a breach of policy, then we would ask
 17 the questions. The other that I want--and
 18 that's based on the past system. The policies
 19 and the end goals that we're developing now
 20 with monitoring, with ongoing monitoring
 21 through the policy governance were more
 22 clearly defined the processes and the
 23 accountabilities much more so than the
 24 traditional methods of operating at a trustee
 25 level. And that's why we have chosen this

Page 290

1 model because it's more detailed, it's more
 2 specific and the accountabilities through
 3 monitoring are more clearly defined.
 4 MS. NEWBURY:
 5 Q. Is that the model that was developed in or
 6 implemented in 1005?
 7 MS. DAWE:
 8 A. Well, we started, we agreed to pursue that
 9 model. We started the developed of them the
 10 latter part of 2005. The policies were
 11 developed in the spring of 2006 and we are--
 12 it's still through an evolutionary process,
 13 the finer details--we had monitoring policies
 14 already in place and the practices at some of
 15 the Board meetings, that we have indeed, for
 16 quite a number of months now, have monitoring
 17 reports based on the policies. We don't have
 18 a complete set yet; they not all fully
 19 developed, but in coming months, they will.
 20 MS. NEWBURY:
 21 Q. Okay. And would you expect that that new
 22 procedure would, at the very least, allow the
 23 Board to know which policies may be applicable
 24 in a given situation.
 25 MS. DAWE:

Page 291

1 A. Yes.
 2 MS. NEWBURY:
 3 Q. And then to have some sort of assurance, a
 4 written report that the policy has been
 5 followed.
 6 MS. DAWE:
 7 A. Yes. And, you know, I'd be happy to share
 8 with you the monitoring report on any one of--
 9 those that we already have developed because
 10 it clearly defines the role, the objective and
 11 then states what is done within the
 12 organization. And the only person who reports
 13 on that is our only employee who is the Chief
 14 Executive Officer.
 15 MS. NEWBURY:
 16 Q. Okay. Thank you. Those are all the questions
 17 I have. Thank you, Ms. Dawe.
 18 THE COMMISSIONER:
 19 Q. Thank you. Mr. Crosbie, I believe you're
 20 next.
 21 CROSBIE, Q.C.:
 22 Q. Commissioner, I'm unable to carry out my
 23 cross-examination successfully in the time
 24 left today and it would benefit from the night
 25 as well.

Page 292

1 THE COMMISSIONER:
 2 Q. So, you're asking that we adjourn early?
 3 CROSBIE, Q.C.:
 4 Q. I am.
 5 THE COMMISSIONER:
 6 Q. Can we deal with the subject of your exhibit
 7 before we go? I understand there's an exhibit
 8 you want entered. So, we can at least save
 9 ourselves that time.
 10 CROSBIE, Q.C.:
 11 Q. The note I have here is the exhibit is being
 12 entered in our database as P-0117.
 13 THE COMMISSIONER:
 14 Q. And this you want to be an exhibit in this
 15 matter?
 16 CROSBIE, Q.C.:
 17 Q. What I'm looking at is an e-mail from George
 18 Tilley, May 25, 2007.
 19 THE COMMISSIONER:
 20 Q. Yes, to which there is, I believe,
 21 attachments?
 22 CROSBIE, Q.C.:
 23 Q. Correct.
 24 THE COMMISSIONER:
 25 Q. And that's a five-page document.

Page 293

1 CROSBIE, Q.C.:

2 Q. I have four, including a cover that -

3 THE COMMISSIONER:

4 Q. If you would have a look at the top of the

5 pages, there should be in red or pink or

6 whatever colour that is -

7 CROSBIE, Q.C.:

8 Q. Red, yes.

9 THE COMMISSIONER:

10 Q. - numbers and so would the total be five?

11 CROSBIE, Q.C.:

12 Q. You're right, it is five.

13 THE COMMISSIONER:

14 Q. All right. So, exhibit P-0117 is entered as

15 an exhibit for Mr. Crosbie. Thank you, Mr.

16 Crosbie

17 EXHIBIT P-0117 ENTERED

18 CROSBIE, Q.C.:

19 Q. There's one other item on the subject of

20 exhibits.

21 THE COMMISSIONER:

22 Q. Yes.

23 CROSBIE, Q.C.:

24 Q. And that was some material I sent up that had

25 to do with insurance matters.

Page 294

1 THE COMMISSIONER:

2 Q. Had to do with?

3 CROSBIE, Q.C.:

4 Q. Insurance matters.

5 THE COMMISSIONER:

6 Q. Insurance matters?

7 CROSBIE, Q.C.:

8 Q. Freedom of Information production from Eastern

9 Health; and I sent it up a couple of days ago.

10 THE COMMISSIONER:

11 Q. And you were asking that that be made an

12 exhibit?

13 CROSBIE, Q.C.:

14 Q. That's correct.

15 THE COMMISSIONER:

16 Q. It doesn't seem to be on our list, but if

17 you'll provide the details to the Registrar,

18 then we can deal with that at the beginning of

19 the morning, if that acceptable.

20 CROSBIE, Q.C.:

21 Q. Certainly.

22 THE COMMISSIONER:

23 Q. Thank you. I'm assuming, Mr. Simmons, that

24 you'll also--I'm just trying to do an

25 assessment of time required tomorrow because

Page 295

1 we do have some scheduling matters for

2 tomorrow in terms of the Commission, not

3 necessarily those involved in this room. I'm

4 assuming that you might want some time in the

5 morning.

6 MR. SIMMONS:

7 Q. Yes, I will, Commissioner, and depending on

8 how long, of course, Mr. Crosbie is, I don't

9 intend to be too long. So, we may very be

10 able to wrap it up in the morning.

11 THE COMMISSIONER:

12 Q. All right. Mr. Crosbie, can you give me some

13 ball park estimates--I'm not holding you to

14 it, I'm just trying to schedule something.

15 CROSBIE, Q.C.:

16 Q. Three quarters of an hour to an hour, I

17 estimate right now. The other reason I'm

18 asking for the adjournment is to quote

19 yourself a few weeks ago, being an enormous

20 number of documents and including in the last

21 week and it's been very difficult sitting here

22 in the hearing to digest and collate the

23 documents. So, I'm also asking for the

24 adjournment early in order to relate the

25 questions I have to the documents we've been

Page 296

1 dealing with.

2 THE COMMISSIONER:

3 Q. All right then. I appreciate you doing that.

4 We'll adjourn then until 9:30 in the morning.

5 Thank you.

CERTIFICATE

1
2 I, Judy Moss, hereby certify that the foregoing is
3 a true and correct transcript in the matter of the
4 Commission of Inquiry on Hormone Receptor Testing,
5 heard on the 27th day of March, A.D., 2008 before
6 the Honourable Justice Margaret A. Cameron,
7 Commissioner, at the Commission of Inquiry, St.
8 John's, Newfoundland and Labrador and was
9 transcribed by me to the best of my ability by
10 means of a sound apparatus.
11 Dated at St. John's, Newfoundland and Labrador
12 this 27th day of March, A.D., 2008
13 Judy Moss

<p style="text-align: center;">-\$-</p> <p>\$200 [1] 226:24 \$210,000 [1] 226:24 \$300,000 [1] 226:25</p> <hr/> <p style="text-align: center;">-?-</p> <p>' [1] 114:25 '05 [2] 178:23 284:13 '06 [8] 8:10 86:10 90:13 98:11 109:21 111:17 112:18 284:12 '07 [11] 8:10 12:20 90:14 107:12 109:6,13,22 110:12 111:5 113:14 226:6 '97 [1] 206:4 'all' [1] 147:6 'facts [2] 126:2,5 'negative [1] 114:25 'numbers' [1] 133:18 'Out [2] 138:7 139:24</p> <hr/> <p style="text-align: center;">---</p> <p>-I'm [2] 69:1 280:10 -if [2] 212:9 216:21 -so [1] 197:9 -the [1] 161:9</p> <hr/> <p style="text-align: center;">-0-</p> <p>0016 [1] 62:15 0019 [2] 42:12 244:17 0020 [1] 116:24 0088 [1] 39:11 0106 [1] 131:13 0113 [1] 187:13 0118 [1] 239:7 050 [1] 219:25</p> <hr/> <p style="text-align: center;">-1-</p> <p>1 [12] 2:4 187:23 188:2 206:4,13 212:7 213:16 213:22,24 218:14 239:8 240:5 1.1 [1] 143:16 1.3 [2] 150:24 221:9 100 [2] 89:4 179:6 1005 [1] 290:6 10:14 [1] 40:11 11 [1] 102:9 117 [16] 111:18 112:18 114:20 115:17 133:13 145:25 146:10,16,20,25 147:23,24 148:14 149:3 150:11 274:8 11th [5] 102:6 105:2,17 106:19 107:2 12 [3] 63:6,11 209:14 12,000 [1] 122:4 12th [1] 106:23</p>	<p>13 [1] 85:4 13th [7] 86:8 98:20 102:1 103:12 104:24 105:1 159:11 14 [4] 5:24 44:13 84:4 99:20 148 [3] 80:6 245:2,5 14:07 [1] 23:12 14th [4] 30:19,23 31:3 32:8 15 [3] 85:5 132:3 135:9 15th [1] 134:4 16 [4] 137:19 209:3,6,15 165 [1] 83:12 1650 [1] 247:17 16th [5] 63:17 86:8 137:24 139:2 160:5 17 [1] 144:6 178 [1] 84:6 17th [1] 24:8 18 [4] 122:20 144:15 155:19 211:13 182 [1] 93:1 184 [1] 95:11 18th [9] 39:13 112:9,11 115:21 123:14 157:5,22 158:25 163:1 19 [2] 5:10 81:21 1997 [2] 209:10,14 19th [1] 187:24 1:15 [1] 25:22 1st [2] 4:17 214:13</p> <hr/> <p style="text-align: center;">-2-</p> <p>2 [6] 71:12 187:23 188:2 206:2,16 214:22 20 [1] 161:22 200 [2] 112:23 115:23 2000 [1] 116:5 2002 [1] 207:8 2003 [16] 172:18,23 173:13 174:4 176:8,9,13 176:14 179:14 183:9,15 184:2 185:1 186:7 187:5 213:3 2004 [3] 211:18 214:1,7 2005 [49] 5:7,14 6:20 16:20 17:21 18:13 23:12 24:13,14 25:20 26:19 27:2 30:10,17,19,23 31:3 32:9,22 39:14,19 40:19 52:3 69:8 73:22 132:9 132:10 173:1 174:7 178:14 190:21,23 212:7 213:16,22,24 216:1 218:14 229:5,25 234:16 234:20 253:3 267:2 275:13 277:9 279:10 283:17 290:10 2006 [60] 33:17,18 41:23 42:19 44:24 45:6,24 57:4 58:25 64:14 67:17,18,19 68:22 70:19,23,25 71:18 72:7 73:2 80:4 81:12</p>	<p>82:14 83:11 84:13 85:5 88:4 89:17 95:13 96:1,9 97:4 98:21 99:20 102:1 103:12,16 105:17 107:5 108:18 111:5 116:4,10 174:1 185:12 200:2,14 216:22 224:6,10 267:2 271:21 274:12,15 276:21 277:20 280:7 284:17,19 290:11 2007 [57] 12:4 62:8 63:17 64:5 74:21 101:8 104:18 104:20 116:22 117:8 122:20 132:3 135:9 137:19,24 139:3 142:5 142:15 144:15 145:11 152:14,18 155:5,20 160:5 163:1 169:19 170:22,25 171:1,5 172:14 175:20 177:17 178:21 183:25 184:1 193:3,25 194:9,22 195:7 205:8 216:13,15 221:1,6,9 225:13 227:9 227:20 229:6,25 234:6 267:3 284:16 292:18 2008 [5] 1:4 2:2 4:21 297:5,12 20th [5] 69:8 73:22 190:21 207:7 253:1 21 [2] 221:2,7 217 [1] 98:24 219 [1] 100:3 21st [1] 229:5 2200 [1] 257:13 22nd [7] 83:11 84:12 93:25 96:1,8 119:14 209:10 23 [2] 193:3 219:18 237 [2] 2:4,5 23rd [14] 16:20 57:4 116:22 117:8 139:3 142:15 143:5,8 144:18 144:23 145:11 170:25 177:9 234:6 24 [2] 64:7 280:3 240 [1] 3:2 24th [4] 157:22,23 159:2 162:19 25 [6] 5:14 6:19 42:19 44:24 81:12 292:18 251 [2] 2:5,6 25th [2] 27:2 80:4 27 [3] 1:4 2:2 155:5 27th [4] 152:14 177:17 297:5,12 28th [3] 17:21 216:13 221:6 291 [2] 2:6,7 293 [1] 3:3 296 [1] 2:7 29th [2] 169:19 170:21 2:00 [1] 165:17 2:10 [1] 165:16 2:56 [1] 25:20 2nd [2] 176:13 187:23</p>	<p style="text-align: center;">-3-</p> <p>3 [2] 214:22 219:22 3.2 [3] 44:17 48:8 53:7 30 [7] 114:6,9 216:12 217:6 225:24 228:23,23 300 [1] 145:21 30th [1] 221:8 31 [1] 45:6 317 [5] 133:11,13 144:18 144:21 145:22 31st [3] 172:14 175:20 176:16 34 [2] 57:5 108:13 35 [1] 105:15 3:56 [1] 132:3 3rd [3] 23:11 25:20,25</p> <hr/> <p style="text-align: center;">-4-</p> <p>4 [2] 210:17,18 4.1 [1] 153:10 4.4 [1] 155:4 45 [4] 61:9,13,19 62:2 47 [1] 5:25 4th [7] 25:21 70:19,23 176:13 186:7 271:21 274:12</p> <hr/> <p style="text-align: center;">-5-</p> <p>5 [9] 98:23 99:5,7 187:23 188:3 209:7,15,20 210:11 5.1 [1] 99:6 5.5 [1] 99:18 50 [1] 30:13 53 [1] 117:6 55 [1] 150:24</p> <hr/> <p style="text-align: center;">-6-</p> <p>6 [7] 42:20,23,25 209:7 209:15 210:11 214:23 6.1 [1] 99:24 6.3.1 [1] 221:5 6.4 [1] 84:13 62 [1] 152:15 6th [1] 39:19</p> <hr/> <p style="text-align: center;">-7-</p> <p>7 [5] 100:2 206:2 214:23 214:23 219:22 74 [1] 155:3 75 [1] 161:21 7:53 [1] 137:19 7th [3] 32:21 71:18 106:20</p> <hr/> <p style="text-align: center;">-8-</p> <p>8 [2] 43:11 207:2 8.1 [1] 55:2 80 [1] 161:21</p>	<p>80's [1] 78:8 8:49 [1] 137:24 8:52 [1] 105:17 8:56 [1] 135:10 8th [1] 152:17</p> <hr/> <p style="text-align: center;">-9-</p> <p>9 [3] 114:16,18 214:1 90's [2] 78:8,25 928 [1] 45:17 9:30 [1] 296:4 9:52 [1] 39:19 9th [1] 211:18</p> <hr/> <p style="text-align: center;">-A-</p> <p>A's [4] 122:19,25 124:5 124:14 a-there's [1] 104:22 A.D [2] 297:5,12 a.m [6] 39:20 105:17 137:19,24 138:11 142:3 ability [7] 46:12 63:20 78:22 130:22 175:12 202:13 297:9 able [8] 31:10 61:4 69:5 72:25 161:2 162:16 163:10 295:10 above [4] 40:9 48:7 63:2 72:4 absolute [2] 268:5,6 absolutely [31] 9:4 14:25 15:10 17:13 18:6,22 30:4 38:16,20 56:24 70:5,5 74:22 98:15 116:16 142:11 192:8,16,17,23 227:14 233:20 240:21 241:17 243:7,24 249:12 250:8 257:3,18 272:17 accept [2] 202:14 280:21 acceptable [4] 134:18 140:16 281:7 294:19 accepted [2] 84:20 179:9 access [5] 67:24 68:7 78:14 126:13 254:7 accordance [2] 20:4 21:23 according [3] 24:4 178:22 240:25 accordingly [1] 55:17 account [2] 46:20 104:22 accountabilities [4] 19:9 22:13 289:23 290:2 accountability [3] 15:21 18:16 19:13 accreditation [12] 93:19 180:9 245:17,23,25 246:8 246:9,19 247:4,6 249:5 249:19 accumulated [1] 174:24 accuracy [6] 76:23 110:14 120:14 149:17 179:6 285:20 accurate [9] 39:1 89:4</p>
--	---	---	--	--

<p>130:23 146:25 147:5,25 149:6,21 171:3</p> <p>accurately [1] 147:25</p> <p>achieve [3] 256:11,12,15</p> <p>achieved [1] 256:17</p> <p>acknowledged [4] 155:21,24 156:20 258:19</p> <p>Act [11] 4:16,23 18:18 19:11,14 55:2,3,9,17,19 67:25</p> <p>acting [1] 144:24</p> <p>action [13] 1:12 14:6 57:17 80:23 134:15 136:19 143:17 170:3 183:18,21 185:7 206:10 235:3</p> <p>actions [2] 136:19 235:3</p> <p>active [1] 193:17</p> <p>actively [1] 246:9</p> <p>activities [6] 20:10 100:20 153:19 169:21 170:6 210:18</p> <p>activity [2] 183:3 207:18</p> <p>actual [9] 42:25 44:9 76:14 80:5 81:22 101:15 104:24 108:11 173:18</p> <p>acute [2] 155:15 159:20</p> <p>ad [1] 175:10</p> <p>added [2] 226:22 228:1</p> <p>addition [2] 20:22 221:24</p> <p>address [2] 55:22 236:18</p> <p>addressed [7] 16:21 17:4 31:8 32:22 59:9 132:7 136:10</p> <p>addresses [1] 135:10</p> <p>addressing [3] 132:18 171:24 235:4</p> <p>adequate [1] 236:4</p> <p>adequately [1] 256:6</p> <p>adhered [2] 211:11 289:8</p> <p>adjourn [2] 292:2 296:4</p> <p>adjournment [2] 295:18 295:24</p> <p>ADM [3] 23:14 24:16 27:9</p> <p>administering [1] 78:11</p> <p>administration [9] 40:25 46:24 73:11 82:17 103:15 107:1 174:16 183:13 186:5</p> <p>administrative [6] 165:25 205:18 207:4 209:8 211:14 235:22</p> <p>admit [1] 138:4</p> <p>ADMs [1] 29:6</p> <p>adopted [2] 217:6,12</p> <p>advantage [1] 54:8</p> <p>adverse [13] 211:16 212:19,20 213:1,6 215:16 216:11 217:7 218:22 219:25 220:2,6 289:5</p> <p>advertisement [1] 125:6</p>	<p>advice [15] 11:11 13:3 15:19 16:1 40:22,23 56:15 127:11,14 128:7 133:24 134:8 136:21 259:4 283:4</p> <p>advise [4] 14:4 84:21 160:21 248:17</p> <p>advised [19] 4:12 6:7 73:7 75:12 77:6 88:24 88:25 120:15,16 136:1 142:14 165:25 184:2 185:10 186:21 221:9 222:24 235:5 277:9</p> <p>advisement [1] 265:6</p> <p>advises [2] 132:17 158:1</p> <p>advising [2] 154:8 267:22</p> <p>Advisory [6] 155:4,18 160:4 162:20,25 163:25</p> <p>advocacy [2] 60:21,21</p> <p>advocate [1] 286:8</p> <p>affect [1] 262:8</p> <p>affected [5] 143:23 192:12 259:21 267:13 276:6</p> <p>affidavit [4] 111:21 133:1,10 144:25</p> <p>affidavits [1] 143:21</p> <p>afternoon [11] 25:24,25 134:3 173:7 220:17 237:23,25 244:14 251:10 281:24,25</p> <p>afterward [2] 105:3 176:7</p> <p>again [70] 8:5 9:17 12:1 18:13 19:6,10 25:6,12 25:18 26:12 30:10 39:21 39:24 42:12 43:10 49:17 50:15 51:15 56:4,15 65:8 68:4 71:13 75:5 76:8 88:16 90:12 95:19 96:20 100:20 101:7 109:25 113:10,11,12 118:24 139:11,21 142:19 145:4 150:2 163:20 166:18 176:20 183:17 188:15 196:21 200:7 204:18 207:2 210:2 211:8 219:2 229:5 230:18 234:21 242:21 247:14 259:18 264:19 266:6,13 274:10 276:18,20 279:4 282:6 282:11,23 288:17</p> <p>agenda [3] 31:22 106:21 262:19</p> <p>aggravated [1] 140:9</p> <p>aggressive [3] 227:3 235:21 262:25</p> <p>aggressively [1] 286:21</p> <p>ago [8] 15:25 18:20 64:7 69:14,18 132:21 294:9 295:19</p> <p>agree [1] 240:17</p> <p>agreed [1] 290:8</p> <p>agreement [4] 32:7,7 156:3 160:22</p> <p>agrees [1] 138:2</p>	<p>ahead [3] 12:3 35:20 61:12</p> <p>aid [1] 102:7</p> <p>alert [1] 166:14</p> <p>alerted [2] 53:24 164:24</p> <p>allegation [1] 118:22</p> <p>allegations [1] 136:5</p> <p>allow [6] 115:4 160:25 161:19 197:23 264:22 290:22</p> <p>almost [2] 117:1 159:2</p> <p>alone [1] 135:5</p> <p>along [14] 10:24 32:20 40:15 74:19 221:25 225:4 232:17 234:15 235:11,16 235:24 236:8,21 237:1</p> <p>altitude [1] 53:22</p> <p>altogether [1] 123:22</p> <p>always [7] 6:15 14:2 86:1 108:1 122:13 204:25 269:5</p> <p>American [1] 101:3</p> <p>among [5] 161:12 245:15 249:25 250:2,4</p> <p>amongst [2] 55:3 192:5</p> <p>amount [4] 19:23 46:23 106:12 177:6</p> <p>analysis [2] 6:2 95:13</p> <p>announcement [1] 119:12</p> <p>announcing [1] 95:18</p> <p>answer [5] 114:18 133:7 174:4 208:20 250:10</p> <p>answering [2] 280:16 281:8</p> <p>antibodies [2] 184:5 186:6</p> <p>anticipate [1] 82:21</p> <p>anticipated [3] 46:10 210:20 220:12</p> <p>anxious [1] 84:23</p> <p>anybody's [2] 78:19 113:3</p> <p>anyway [2] 201:21 222:22</p> <p>anyways [1] 188:18</p> <p>apologies [2] 239:18 240:3</p> <p>apologize [8] 5:23 62:21 63:8 83:19 116:24 175:14 220:24 245:12</p> <p>apologized [1] 113:1</p> <p>apparatus [1] 297:10</p> <p>apparent [4] 105:18 144:22 193:2 233:22</p> <p>appear [4] 126:9,11 136:3 286:20</p> <p>Appearances [1] 1:5</p> <p>appeared [3] 121:3,3,9</p> <p>applicable [1] 290:23</p> <p>applies [1] 247:2</p> <p>apply [4] 30:6 214:12 247:6 267:2</p>	<p>appointed [2] 168:5 224:9</p> <p>appreciate [37] 10:2 13:24 14:20 25:2 26:12 28:3 29:18 31:2,24 32:3 41:5 54:24,25 61:13,20 70:8 91:25 101:12 108:9 109:13 114:12 136:10 154:12 171:13 183:11 190:20 198:11 210:7 215:2 231:8,17 247:14 258:8,18 265:10,16 296:3</p> <p>appreciation [1] 156:1</p> <p>appreciative [1] 160:6</p> <p>apprise [1] 144:9</p> <p>apprised [5] 9:14 10:9 93:5 126:1 202:20</p> <p>approach [8] 137:1 142:8 191:19 193:5 220:1 223:9 238:7,18</p> <p>approached [2] 19:6,8</p> <p>appropriate [20] 13:16 13:18 23:3 56:8 57:23 65:21 76:16,19 79:22 114:20 147:15 148:20 167:17 193:6 206:15 209:22 270:23 271:8 280:22 286:11</p> <p>appropriately [2] 58:19 235:4</p> <p>approval [3] 216:13 222:5,12</p> <p>approve [3] 126:5 128:23 130:17</p> <p>April [10] 4:17 18:13 91:22 176:13 184:2,25 186:7 191:2 213:16 216:13</p> <p>area [20] 50:17,21 55:8 73:20 74:22 92:17 93:20 149:23 210:15 242:9,21 242:23 244:10 252:19 254:11 257:10 266:22 270:8 282:1,6</p> <p>areas [8] 9:18 34:13 88:19 100:12 101:5 247:24 265:8 266:17</p> <p>arguably [1] 221:4</p> <p>arise [4] 193:19 230:24 246:20 258:25</p> <p>arose [1] 249:15</p> <p>article [1] 225:19</p> <p>articulated [1] 10:4</p> <p>ASAP [1] 175:16</p> <p>ascertained [1] 206:18</p> <p>aside [1] 230:22</p> <p>aspects [1] 223:17</p> <p>aspersions [1] 194:19</p> <p>Assembly [12] 24:2 26:9 113:6 119:8 132:5 144:11 172:17 175:22 181:12 182:21 183:5 196:7</p> <p>assertion [3] 76:4 115:24 148:14</p> <p>assess [2] 247:11,24</p> <p>assessment [3] 20:11</p>	<p>263:15 294:25</p> <p>assist [2] 187:10 243:9</p> <p>associated [5] 212:22 225:14 233:8,16,19</p> <p>Association [10] 57:25 58:1 60:2,3 61:17,19 88:11 210:25 252:15 254:1</p> <p>assume [12] 31:7 35:5 48:20 76:9 122:25 141:17 205:12 206:24 217:22 232:1 268:4 285:25</p> <p>assumed [1] 18:12</p> <p>assumedly [1] 122:23</p> <p>assuming [5] 8:7 79:9 272:24 294:23 295:4</p> <p>assumption [1] 48:23</p> <p>assurance [14] 55:5,6 55:19 59:11 93:7 100:24 149:18 169:21 170:6 179:21 180:3,18,19 291:3</p> <p>assurances [3] 147:24 217:2 288:19</p> <p>assure [4] 27:19 146:3 149:15 265:20</p> <p>Atlantic [1] 86:17</p> <p>attached [1] 157:20</p> <p>attachments [4] 106:17 108:12,14 292:21</p> <p>attendance [3] 95:22 156:10 161:21</p> <p>attended [1] 159:14</p> <p>attending [3] 45:22 160:3 191:4</p> <p>attention [12] 7:7 24:15 27:14 105:11 116:12 119:7 132:22 174:18 179:1 224:25 227:15 260:10</p> <p>audience [6] 87:9,12,20 88:5,24 89:19</p> <p>August [11] 70:18,23 71:18 212:7 213:22,23 214:13 218:14 271:21 274:12 280:7</p> <p>authorities [11] 1:16 4:16 18:18 19:14 30:2 37:11 56:12 86:17 207:6 211:17 223:1</p> <p>authority [5] 1:10 17:6 68:14 71:20,22</p> <p>authority's [1] 71:25</p> <p>authors [1] 197:24</p> <p>availability [2] 126:16 147:10</p> <p>available [5] 36:22 71:23 75:15 234:16 236:13</p> <p>availing [1] 231:1</p> <p>aware [40] 19:11 34:2,21 36:20 37:3 41:11 50:16 56:17 72:6,11 73:10 103:13 136:11 139:1,4,7 150:11 164:25 171:6 175:21 184:19 186:4 203:16 214:25 217:7 218:4,10 249:22 251:25</p>
--	---	--	---	--

<p>252:19,23 254:14 262:6 268:17,22 270:9 280:5 280:13 285:25 287:4 away [3] 35:23 133:25 134:9</p>	<p>better [3] 138:10 142:4 245:15 between [24] 13:20 20:20 25:7 27:23 28:25 29:5 64:23 150:4,9 167:12 168:9 169:15 182:5 183:2 190:9 218:12 225:21 239:2 240:18 241:4 243:10 261:11 278:15,16</p>	<p>193:3,3,7,12 194:23 195:12,13 196:10,23 197:1,3 203:3,7,23 211:2 211:8 215:11,13,13 216:6 216:16,21 221:6,9 223:10 224:11 228:7,13 229:19 230:11,13,25 231:9,13 233:25 234:7,17 235:17 236:8 238:7 245:21 246:10 254:20 255:5,8 256:5,9,17 257:7,21,21 258:1,12,24 259:19 260:12,13,15 261:12 262:1,1,6,20,25 263:4,8 263:12,18 264:12,16,22 265:7 266:5 274:21 282:2 282:17 283:7,8 285:3 286:6 287:1,3 289:6,15 290:15,23</p>	<p>104:25 106:18,19,21 107:4 114:13 122:19 124:5 132:24 145:11 173:8 203:23 204:24 briefings [2] 100:10,16 briefly [2] 167:6 244:11 bring [7] 24:15 30:10 56:12 131:4 146:7 150:5 243:15 bringing [3] 174:23 224:24 243:5 brings [1] 241:15 Bristol [1] 175:9 broadly [1] 77:23 broke [1] 134:4 brought [5] 10:8 12:11 88:9,12 116:12 Browne [59] 2:5 63:5,11 63:13 166:17,21 237:12 237:13,22 238:1,2,15,21 239:6,13,17,21 240:2,6 240:22 241:1,7,19,23 242:3,8,12,15,24 243:8 243:17,21 244:1,5,9,18 244:22 245:1,6,10,20 246:3,15,22 247:13,18 247:22 248:4,8,12,16,22 249:4,8,20 250:1,5,9,14</p>	<p>62:4 64:11,15 65:13 100:7 127:1 140:1 251:11 285:24 286:16 Cancer-Health [1] 71:20 candid [1] 212:17 capacity [1] 18:1 capital [4] 78:15 79:18 125:12,12 captured [2] 215:22 282:3 captures [1] 154:24 carboned [2] 32:24 132:8 care [21] 29:1 40:5 45:22 63:21 95:1 115:16 155:16 159:20 162:3 167:13 205:19 207:3,15 208:2 212:10,16,22,25 214:2,6 247:24 careful [1] 258:10 carried [1] 46:9 carries [1] 21:21 carry [1] 291:22 carrying [2] 97:12 167:15 Carter [3] 32:24 33:1,19 case [16] 11:20 35:13 60:23 65:14 75:20 136:8 138:16 154:5 166:3,5 174:8 203:7 210:16 227:4 277:25 279:17 cases [5] 27:21 29:15 133:11 194:17 226:8 cast [1] 194:19 categorically [1] 52:18 category [1] 207:21 caused [6] 48:4 79:4 113:2 145:19 162:24 180:24 causes [2] 89:21,21 causing [2] 47:10 54:7 CBC [8] 68:25 70:18,23 132:6 135:25 173:4,6,12 central [4] 1:15 45:9 48:15,16 centralized [2] 48:22 49:14 CEO [20] 15:18 17:17 20:21 29:1 38:22 70:20 71:25 72:5 117:23 119:6 120:4 122:18 125:9 155:22 177:3 224:16,21 224:22 238:11 256:10 certain [13] 46:23 48:11 68:24 100:2 148:21 153:17 156:17 163:5,7 166:6 191:17 200:24 223:3 certainly [74] 9:17,25 15:24 22:3 25:5 27:19 36:19 37:3 42:10 44:12 46:22 48:2 52:2,4 56:2 60:7 73:15 74:16,20 79:15 82:3 90:2,9 92:10 93:18 94:5 102:14 105:9</p>
-B-				
<p>b [4] 170:20,20 215:21 218:9 background [2] 54:25 138:13 backgrounds [3] 131:2 131:3 247:10 bad [1] 136:3 ball [1] 295:13 Banerjee [5] 33:12 90:17 202:8 244:6 264:10 Banerjee's [8] 52:3 53:25 198:13,19 201:20 202:10 242:22 243:14 barring [1] 57:20 Barry [1] 33:5 base [2] 24:11 226:23 based [11] 75:14 76:3 91:18 127:13 136:20 215:2 247:11 256:1 267:19 289:18 290:17 basic [1] 146:7 basis [12] 5:2 60:25 77:8 175:15 181:21 182:6 209:19 236:12 264:22 265:1 266:6,10 BC [4] 23:23 24:19 26:5 26:21 bear [5] 83:14 138:6 139:24 238:23 251:12 bearing [2] 53:20 90:16 became [4] 9:24 75:20 77:11 225:5 become [3] 105:18 136:11 252:23 becoming [1] 258:10 beforehand [1] 197:2 begin [4] 65:6 83:11 95:18 165:24 beginning [11] 13:9 24:13 33:17 75:4 85:15 88:3 162:18 194:22 197:21 278:13 294:18 begins [3] 23:9 119:4 212:15 behalf [7] 60:22 143:22 144:24 149:2 157:13 159:5 229:14 behest [1] 9:9 believes [1] 138:16 benefit [4] 98:12 211:6 246:24 291:24 ber [1] 25:20 Bernard [3] 1:6 2:4 4:3 best [11] 65:18 75:23 85:24 86:19 89:9 104:7 149:19 210:4 236:11,21 297:9</p>	<p>Beverley [1] 32:24 beyond [3] 46:11 174:11 255:1 Bill [3] 136:9,15 137:21 binder [2] 70:15 106:2 Bishop [1] 99:11 bit [10] 5:11,15 40:10 80:1 83:14 98:18 117:1 152:12 172:10 251:13 blame [3] 153:5 154:11 154:21 blank [1] 185:4 board [332] 5:1,6 6:6,13 7:8,23 8:7,18 9:7,13 10:8 10:9,11 11:6,10,12,14 12:8,20,22 13:8,21,25 15:2,19,25 16:6,7 17:3,5 17:10,12 18:1,12 19:2,3 19:17,22,25 20:21 21:20 21:20 22:25 28:1,15 29:13 30:9,16 33:17,25 35:1,15 36:1 37:12,19 38:2,13 39:2 40:19 41:22 42:18 46:9 47:9 48:9 49:3,19 50:8 51:18 52:10 52:15,19,19 54:5,13,22 55:13 56:2,3,7,11,17 58:25 59:21 60:13,16 64:14,25 65:2,9,12 66:2 67:3,6 72:6 73:9,10,15 73:16 74:21,25 76:10 77:6,16 79:8 80:3,12 81:11 82:21 83:10 84:18 84:23 85:13,16,21 86:21 89:8 90:25 93:5,21 94:11 96:2,23 97:15,22 99:5,6 99:21,23 103:11 104:8 104:15,23 105:1,6 107:6 107:10,16,22 111:3 113:8 113:9,13,15 116:20,21 117:2,7,16,20,21 118:6 118:11,12 119:2,5,16 120:4 122:1,14 123:23 125:25 126:2,5 127:13 128:21,22,23 129:9 130:2 132:7 134:19 135:5 136:16,23 137:20 139:2 142:7,15,23,24,25 143:6 144:17 145:6 149:2,2,18 149:23 150:19 151:1,2,3 151:9,11,12,21 152:2,13 153:9,18,24 154:5,7,9 155:8,24 156:12 159:22 160:8 164:4,11,15 167:12 167:20 168:5,9 170:22 170:23 171:6,10,16,18 172:14 175:5,12 176:10 176:16,18 177:2 184:12 184:16 186:4,9,11 190:10 190:10,15,19,23,25 191:1 191:4,19 192:3,10,17</p>	<p>Board's [18] 8:23 27:14 45:25 116:9,12 135:2 136:25 137:15 156:8 168:1 179:1 190:4 215:11 216:20 220:25 233:23 262:8 286:12 boards [3] 18:25 86:21 252:15 Bob [8] 14:22 24:11 26:1 173:1,2 178:13,17,21 bodies [1] 249:17 body [1] 247:4 bold [2] 45:2 169:19 Bolt [1] 99:11 Bonnell [9] 63:17 64:4 65:24 66:12 105:16 137:22,25 175:8 287:16 bonuses [1] 226:21 book [4] 32:20 131:10 167:7 172:11 Boone [8] 39:13,20,21 40:8,22 141:15,17,19 Boone's [1] 41:15 bottom [14] 7:4 23:9 39:17,23 70:16 71:19 95:14 100:4 114:15 183:7 186:18 207:25 219:23 274:12 Boyd [4] 135:9,12,13 137:21 Branch [5] 58:9,18 60:10 62:3 64:11 brand [2] 19:25 92:13 brave [1] 244:25 breach [1] 289:16 break [9] 82:7 83:2 158:10,11 165:12,15,22 220:13,17 breast [10] 1:11 6:21 33:15 45:11 50:3,10,13 51:10 53:10 100:7 brief [1] 24:8 briefed [6] 9:8 28:11 100:7 132:21 133:22 144:7 briefing [25] 10:25 24:6 26:7,9 100:11,17 101:22 103:9,12,17,17 104:24</p>	<p>budgetary [1] 222:11 budgeting [1] 21:25 build [1] 125:24 buildings [2] 79:15,22 bullet [3] 63:22 173:21 219:24 Burin [4] 119:10 154:25 190:1 194:7 business [1] 180:12 busy [1] 6:20 bylaws [1] 168:15</p>	<p>care [21] 29:1 40:5 45:22 63:21 95:1 115:16 155:16 159:20 162:3 167:13 205:19 207:3,15 208:2 212:10,16,22,25 214:2,6 247:24 careful [1] 258:10 carried [1] 46:9 carries [1] 21:21 carry [1] 291:22 carrying [2] 97:12 167:15 Carter [3] 32:24 33:1,19 case [16] 11:20 35:13 60:23 65:14 75:20 136:8 138:16 154:5 166:3,5 174:8 203:7 210:16 227:4 277:25 279:17 cases [5] 27:21 29:15 133:11 194:17 226:8 cast [1] 194:19 categorically [1] 52:18 category [1] 207:21 caused [6] 48:4 79:4 113:2 145:19 162:24 180:24 causes [2] 89:21,21 causing [2] 47:10 54:7 CBC [8] 68:25 70:18,23 132:6 135:25 173:4,6,12 central [4] 1:15 45:9 48:15,16 centralized [2] 48:22 49:14 CEO [20] 15:18 17:17 20:21 29:1 38:22 70:20 71:25 72:5 117:23 119:6 120:4 122:18 125:9 155:22 177:3 224:16,21 224:22 238:11 256:10 certain [13] 46:23 48:11 68:24 100:2 148:21 153:17 156:17 163:5,7 166:6 191:17 200:24 223:3 certainly [74] 9:17,25 15:24 22:3 25:5 27:19 36:19 37:3 42:10 44:12 46:22 48:2 52:2,4 56:2 60:7 73:15 74:16,20 79:15 82:3 90:2,9 92:10 93:18 94:5 102:14 105:9</p>
-C-				
<p>c [6] 125:12 170:20,20 215:21 218:9 234:25 Cabinet [1] 144:10 cable [1] 140:2 calls [3] 76:18 164:22 270:19 Cameron [2] 1:3 297:6 campaign [1] 7:1 Canada [4] 86:17 223:2 234:23 254:4 Canadian [28] 1:14 57:25 58:1,9,18 60:1,2 60:10 62:4 64:11,15 65:13 85:3 87:24 88:8 88:10,19 210:24 217:18 217:24 234:24 245:16 251:11 252:15 253:21 254:1 257:12 285:24 cancer [21] 1:11,14 6:22 23:23 24:19 33:16 58:9 58:18 60:10,20 61:22</p>				

<p>107:9 116:9 129:24 143:5 154:24 155:12 160:1 162:3 169:15 176:11,18 176:23 179:9 189:1 190:13 191:1 192:15,22 196:5 201:15,20 202:13 213:21,23 217:15 232:10 232:13,20 233:23 236:18 236:25 237:19 246:6 252:12 257:9 260:16 265:19,20 270:18,21 281:7 283:23 284:3 286:17 287:8 294:21 Certificate [2] 2:8 297:1 certification [1] 138:15 certify [1] 297:2 chain [4] 171:14 235:24 236:8 238:16 chair [31] 16:7 17:5 18:1 19:16 38:12 40:19 60:12 65:2 67:2 72:5 84:20 97:22 124:24 142:6 155:24 161:18 164:5,11 164:13,15,17 168:4,9 186:12 190:10 223:10 224:14,15 235:17,18 238:7 chaired [2] 15:6 99:8 chairperson [1] 155:18 chairs [2] 86:16 161:10 challenge [4] 282:11,15 282:17 283:8 challenged [4] 149:1,3 149:5,17 challenges [2] 78:10 155:22 challenging [4] 149:23 159:9 282:1,6 chance [1] 262:18 change [13] 83:17 112:24 115:16 133:2,14 144:2,2 146:11,12 148:24 165:5 203:9 205:1 changed [16] 21:12 38:23 104:13 112:21 114:25 133:4,12 144:1 148:23 166:11 174:8 242:19 275:1 276:4 278:9,17 changes [4] 114:20,22 114:22 148:23 changing [1] 205:9 characterization [1] 97:14 characterize [1] 98:4 characterizing [1] 40:2 Charlotte [1] 99:12 chart [4] 210:23,23 240:25 241:2 chartered [1] 219:3 Chaytor [4] 1:7 63:3 148:19 150:5 check [10] 58:4 95:5,21 107:8,15 110:14 111:10 166:15 222:17 243:13 checked [3] 40:17 150:15 150:16</p>	<p>checking [1] 177:17 checklist [2] 76:19 255:12 Ches [3] 62:7 64:1 138:20 Ches' [1] 138:16 Chesley [1] 1:11 chief [22] 23:23,24 24:18 24:19 126:25 132:14 155:21 170:12,12 173:9 173:11 190:9 198:24 230:6 239:3 240:12,16 240:19 241:11,13,17 291:13 chiefs [4] 161:8,10 168:7 168:7 chosen [1] 289:25 chronological [1] 151:4 chronologically [1] 67:16 chronologies [1] 108:16 chronology [5] 100:12 106:21 109:1 110:8 189:16 circulated [2] 122:17 155:16 circumstance [1] 15:20 circumstances [12] 12:21 14:1 57:21 103:3 142:21 163:17,19 189:23 190:1 203:10 258:6 281:6 citing [1] 213:3 claim [1] 143:17 clarification [2] 138:21 270:6 clarify [4] 105:23 126:14 144:6,13 clarifying [1] 138:3 clarity [1] 174:23 class [3] 1:12 80:22 143:17 clear [9] 7:2 76:12 77:11 108:1 116:18 145:20 175:6 202:5 258:16 clearly [20] 11:12 19:9 19:20 20:22 22:12,20 47:6 65:14 73:3 78:5 85:18 113:3 148:3 159:14 167:20 168:16 279:1 289:22 290:3 291:10 click [1] 84:3 clients [3] 122:8 207:14 261:20 clinic [1] 127:10 clinical [25] 115:14 126:25 127:11,13,20 128:7 161:8,10 168:7 170:12 173:9,10 207:17 230:6 239:2 240:16,18 241:11,13,16 271:17 272:2,19,22 273:13 close [1] 222:15 closer [1] 243:6 Co-counsel [4] 1:6,7,13 1:17 Coffey [554] 1:6 2:4 4:2</p>	<p>4:3,5,10,18,22 5:4,20 6:5 6:11,18 7:15,19 8:2,8,13 8:17,21 9:1,5,12 10:1,7 10:14,18 11:3,13,12 11:2 12:7,14,19 13:5,12,17 13:23 14:7,11,15,19,21 15:1,5,11,22 16:4,11,25 17:14,20,24 18:7,19 20:16 21:1,9,15 22:2,7 22:14 23:5 25:1,10,17 26:16,25 27:5,16 28:2,7 28:20 29:8,17,23 30:7 30:22 31:1,9,15,23 32:2 32:14,18 34:4,15 35:18 35:19 39:8,9 41:4,8,18 42:3,9,13,17,24 43:4,8 43:16,20,25 44:6,11,16 44:22 46:14,18 47:3,19 48:6 49:1,7,25 50:6,22 51:7 52:1,14 53:2,14,18 54:6,17,23 55:12 56:14 56:21 57:1,10 58:14,23 59:12,18,24 60:8 61:2 61:11,18 62:1,12,20 63:1 63:7,12 64:9,19 66:3,11 66:16,21 67:1,11,15 68:3 68:15,20 69:7,11,17,22 70:1,7,13 71:6,11 72:17 73:4 74:3,9,23 75:21 77:12 79:25 80:9 81:4 81:19 82:6,9,15,20 83:1 83:7,8,18,22 84:2,10,17 86:3,7,11 87:1,8,13 88:21 89:11,16 90:1,11 91:4,8,24 92:3,19,24 93:13,22 94:3,9,15,20 94:24 95:6,10 96:7,15 97:5,13,20 98:3,10,16 99:3,16 101:18,25 102:5 102:13,19,23 103:10,20 103:25 104:4,10,17,21 105:8,13,24 106:3,8,16 107:11,18,23 108:3,8,21 109:2,7,12,20 110:3 111:4,12,22 112:8,12 113:16,21,25 114:4,10 116:8,17 117:24 118:15 119:3,23 120:3,9,19,24 121:6,10,18,22 122:15 122:24 123:5,9,15,19,24 124:4,9,13,22 125:16,20 126:19 127:3,19,23 128:2 128:6,11,15,19 129:6,12 129:16 130:1,7,11,16,20 131:6,14,18,22 132:15 134:20,24 135:4,16,20 137:4,8,16 139:12,19 140:5,15,19,25 141:11 141:18,22 142:1,13 143:3 143:11,15 145:10 146:9 146:15,19,23 147:11,17 147:22 148:5,13,17 149:7 150:1,21 151:17,24 152:6 152:10 153:14 154:6,17 155:1,14 156:13,18,25 157:9,19 158:12,17,23 159:25 160:14 161:5 162:17 163:4,12,16,22 164:8,14,18 165:11,18 165:25 166:25 167:2,3 167:25 168:11,18 169:13 171:12,19 172:3,8 176:1 176:5,25 177:11,16,21</p>	<p>178:2,10 179:2,11,19,25 180:5,15,22 181:3,8,14 181:23 183:6,24 184:11 184:21 185:9,19 186:3 186:10,15 187:4,9,14,18 187:22 188:7,12,20,21 189:3,7,13 190:3,17 191:3,8,12,16,23 192:2 192:9,18,25 193:18,22 194:4,12,16 195:4,8,16 195:22 196:1,12 197:4 197:14 198:10,17,23 199:4,9,13,17,22 200:1 200:6,15,19,23 201:5,9 201:14,19,25 202:4,15 203:4,12,20 204:1,9,13 204:19 205:4,14,24 207:1 207:24 208:6,11,16,23 209:2,13 210:6 211:12 211:23 212:2,6,14 213:10 213:14,19 214:17,21 215:10 216:2,8 217:4,11 218:3,19 219:7,16 220:5 220:10,21,22 221:13,18 222:19 223:8,14,21 224:2 225:8 226:4,9,13 227:6 227:18 228:4,11,18 229:1 229:17,23 230:9,21 231:7 231:14,22 232:4,23 233:10,21 234:3,11 235:12 237:2,16,18 cognizant [1] 150:8 collate [1] 295:22 colleagues [2] 135:23 254:8 College [2] 101:3 225:20 colour [1] 293:6 comfort [2] 235:7 272:12 comfortable [2] 172:12 235:25 coming [8] 19:6 92:12 97:11 111:7 170:11,14 279:8 290:19 command [1] 238:16 commence [1] 100:19 comment [11] 33:4,10 53:6 65:23 114:12 138:11 142:2,3,4 150:3 267:1 commentary [4] 228:17 232:17 269:22 283:24 commented [1] 74:14 commenting [1] 288:4 comments [10] 65:9,20 72:7 135:24 136:19 140:24 150:3 160:9 161:14 195:14 Commission [15] 1:1,6 1:7 71:14 119:13 168:20 176:11 194:8 238:4 240:9 246:23 263:23 295:2 297:4,7 Commission's [1] 242:17 Commissioner [182] 1:3 4:1,6,11 5:5,16,17,22 17:2 30:18 32:5,16 34:6 34:22,23 35:4,10,17,21 36:5,10,15,25 37:8,22</p>	<p>38:4,8,17 39:7,10 41:24 41:25 42:1,6,11,15,19 42:22 43:2,6,9,22,23 44:2,8,12,14 53:19 57:3 58:4,6,16,21 61:3,16,21 62:9,18,23 63:8,10 77:13 77:14,22 80:1,2,5,7 81:1 81:5,7 82:5 83:2,3,6,9 83:10,20,24 84:6,8 93:1 95:11 98:17,25 99:1 102:16 106:11 110:5,15 110:20,24 114:8,11 116:19 117:5 150:6,25 152:15 155:2 158:5,8,15 158:19 165:13,14,20,23 166:19,23 167:4 169:1 177:12 182:10,22 187:12 187:15,16,20 188:4 204:14 209:6,11 212:4 219:17 220:11,16,20,23 221:7,22 222:9 237:4,5 237:10,11,14,15,20 239:11,24 240:4 242:11 244:12,16,20,24 245:3,8 248:17 250:13,16,17,22 250:23 251:6 271:22 272:4 274:5,18,24 275:5 291:18,22 292:1,5,13,19 292:24 293:3,9,13,21 294:1,5,10,15,22 295:7 295:11 296:2 297:7 Commissioner's [1] 246:23 commitment [1] 45:15 committed [3] 86:23 212:17 272:1 committee [42] 55:25 56:1 84:14,19,22 85:12 85:20 86:21,25 93:12,24 93:24 94:12 99:6,8,10 99:13,18,20,22 152:18 152:23 153:11,15,19,21 153:22 154:4,4,8 155:4 155:19 160:4,5 162:20 163:1,25 174:13,15 183:19 186:18 224:15 committees [4] 85:17 99:5,21 153:10 communicate [1] 197:1 communicated [4] 43:3 271:18 272:3 273:14 communicating [3] 76:13 112:19 159:21 communication [24] 46:23 107:16 125:5,21 125:22 126:6 129:25 131:1,5 142:7,24 170:10 193:14,15 194:2 236:23 238:9 239:2 240:11 261:14 268:23 270:10 280:14,15 communications [16] 66:10 74:17 105:19 125:11,12 129:3,21 175:8 175:9 193:2,5 260:17 261:8,9,11,16 communities [1] 263:5 community [16] 7:24 7:24 16:18 20:14 77:19 105:20 118:7,8 156:4</p>
--	---	---	--	---

<p>164:2 191:20 192:4,6,12 263:2,14 compare [1] 218:16 compared [1] 132:25 competing [1] 225:25 competitive [2] 226:2 227:1 complain [1] 270:21 complaint [3] 206:5,5 206:17 complaints [2] 206:14 289:6 complete [6] 26:8 45:16 47:23 57:19 276:15 290:18 completed [6] 45:21 82:25 100:6,22,23 169:25 completion [1] 80:14 complex [1] 155:22 complication [1] 213:2 complied [1] 215:7 comply [1] 211:3 complying [1] 215:14 component [2] 37:5 173:16 components [1] 180:3 comprehensive [3] 87:19 193:13 261:22 concern [39] 46:8 47:11 51:22,23 73:20 74:22 75:5 76:20 87:24 117:17 117:17 118:3,4,24 122:1 122:14 126:15 129:20 130:25 134:12,14 142:23 145:18 153:4 154:10 161:12 173:15 174:7 176:20 196:20 214:3 215:25 216:6 224:13 269:20 283:18 284:6,9 287:22 concerned [4] 51:13 119:18 129:2 147:6 concerning [5] 22:17 33:20 107:3 186:6 231:23 concerns [20] 33:20 40:1 51:18 97:16 104:25 118:6 129:11 160:25 161:19 165:2 169:20 170:10 172:22 174:10 215:6 230:23 269:12 286:7 287:4,24 concluded [2] 46:3 47:4 concludes [4] 72:3 133:20 134:7 175:4 conclusion [2] 253:6 277:1 conclusions [2] 197:21 202:9 concurring [1] 214:12 conducting [1] 192:11 conference [13] 31:19 85:4,8 86:6,12,15,15 112:6 117:9 144:14 145:5 174:21,22 confidence [12] 119:19</p>	<p>122:2 125:25 149:24 194:24 196:8,20 197:8 234:18 235:2,8 272:12 confident [1] 148:12 confidential [4] 55:8 179:22 180:4,11 confines [1] 213:5 confirm [3] 169:5 190:22 219:5 confronted [1] 135:22 confusion [4] 7:3 113:1 174:23 175:7 connection [1] 233:2 conscious [7] 103:14,14 104:1,11 115:22 116:4 139:15 consensus [1] 125:3 consequently [1] 144:11 consider [4] 215:13 230:25 257:21 260:12 considerable [3] 19:23 144:10 203:8 consideration [5] 81:6 127:6 260:9 265:7 285:2 considered [5] 85:16 115:10 257:22 260:13,15 consist [1] 275:18 consisted [1] 174:13 consistent [7] 117:19 118:9,10,16 192:23 203:19 282:14 consists [1] 168:6 consult [1] 125:10 consultant [1] 193:9 consultants [5] 12:11 28:10 51:2,13 57:15 consultants' [4] 45:1 48:9 50:25 89:20 consumer [1] 73:5 Cont'd [2] 2:4 4:4 contact [19] 27:23 28:25 234:23,23 238:11 254:8 268:23 269:13,23 270:22 273:1,10 277:22 278:1,3 278:7,7 281:15 285:25 contacted [18] 23:19,21 77:4 88:25 89:1 156:24 266:25 267:13 269:10,21 274:8 277:7 278:14,20 279:7,18 280:1,6 contacting [4] 23:17 26:2 118:24 273:24 contacts [2] 77:4 271:8 contain [1] 166:7 contained [1] 111:20 content [2] 171:2 175:10 contents [8] 2:1 26:17 34:2,5 63:16 155:6 202:21 206:21 context [29] 20:14 28:3 41:12 50:15 64:20 65:8 75:5 76:24 82:16 90:12 92:11 101:20 139:16,20 140:11 141:1,4,8,13 153:7,8 154:13 163:21</p>	<p>197:19,25 209:22 210:10 212:10 235:10 continue [8] 8:10,14 45:20 54:20 125:8 165:6 188:1 215:24 continued [7] 9:2 46:8 145:23 172:15 205:13,25 235:17 continues [9] 7:4 40:17 50:20 57:18,24 58:10 60:11 63:23 188:1 continuing [3] 62:4 101:5 180:13 contract [1] 190:8 contradict [1] 210:8 contrary [2] 73:8 75:25 contributed [1] 198:5 contributing [1] 203:9 contribution [1] 198:8 control [7] 34:20 46:11 173:14 179:15,21 210:12 210:17 controls [1] 170:4 conversion [1] 114:23 conversions [5] 115:7,9 115:25 116:14 133:16 converted [7] 45:19 111:19 112:23 114:18 115:12 145:22 146:1 conveyed [4] 50:8 52:10 96:1,25 conveyer [1] 53:23 Cook [3] 32:24 33:4 173:10 coordination [1] 169:21 copies [2] 122:18 187:25 copy [7] 21:5 155:17 156:5 166:7,9 210:23 217:15 core [1] 101:5 corner [1] 274:13 Corporation [11] 29:1 95:1 162:4 205:19 207:3 207:15 208:2 212:10,16 214:2,7 correct [17] 32:13,15 125:6,23 199:23 223:13 238:17 241:17 242:7 243:9 251:19,21 267:7 282:24 292:23 294:14 297:3 corrected [2] 168:24 229:10 correction [1] 206:10 correctly [3] 14:21 38:14 282:4 correspondence [9] 17:25 40:2 155:17 156:3 156:6 157:12,20,24 173:22 couched [2] 101:11,20 council [6] 245:16 246:8 246:25 247:6 248:24 249:19 counsel [10] 61:4 71:15</p>	<p>133:24 134:8 151:9 152:2 168:21 176:11 209:21 263:23 count [2] 53:5 108:12 counterparts [1] 58:2 countersign [1] 21:6 countersigned [1] 21:4 country [9] 78:4 85:24 88:14 225:19,23,24 247:7 249:23 254:9 couple [11] 15:24 58:15 69:14 85:10 220:14 237:14 250:19 251:18 263:21 266:23 294:9 course [15] 29:19 64:10 66:17 98:11 102:1 120:6 134:15 171:9 172:13 173:2 178:16 194:7 277:14 287:15 295:8 Court [5] 133:1 134:1 134:10 138:25 143:17 cover [3] 242:9 244:11 293:2 coverage [13] 6:8,23 7:6 7:9 95:15 112:15 132:17 132:19 135:11 138:1,5 152:25 207:18 covered [2] 55:8 90:10 covering [1] 100:11 covers [2] 159:1,2 CPSI [1] 85:4 created [2] 214:1,7 creation [3] 150:25 216:19,25 credentialling [1] 167:19 credibility [1] 63:20 credible [1] 63:24 creditability [1] 287:17 crisis [1] 193:10 critical [7] 126:4 173:17 207:5,11 224:25 225:24 289:4 Crosbie [26] 1:11 30:20 30:24 62:7 64:1 188:19 291:19,21 292:3,10,16 292:22 293:1,7,11,15,16 293:18,23 294:3,7,13,20 295:8,12,15 Cross [2] 126:9,11 cross-examination [1] 291:23 culture [1] 153:1 current [11] 70:18,23 71:1,23 173:9 225:6 235:18 242:13 243:7 271:14 282:20 <hr/> <p style="text-align: center;">-D-</p> <hr/> d [6] 170:20,20,20 215:21 218:9 234:25 daily [1] 27:22 DAKO [4] 201:1,11,16 201:21</p>	<p>damning [2] 33:11,23 Dan [10] 39:20 40:17 138:11,19 141:12,15,17 141:19 142:2,2 Dan's [1] 40:12 Daniel [4] 1:9 39:12 40:8 40:22 Darlene [1] 1:13 data [2] 75:15,18 database [7] 75:8 147:9 236:2,4 268:18,25 292:12 date [15] 5:19 16:19 30:18 45:5 101:1 192:24 216:13,14,14 217:15 245:12 274:10 277:15 283:22 284:5 dated [10] 63:17 155:19 172:18 206:3 207:7 212:7 213:25 214:7 271:21 297:11 dates [2] 111:11 177:8 David [1] 1:15 Davis [2] 160:7 163:6 Dawe [711] 2:3 4:3,6,8 4:11,14,20,25 6:2,3,9,14 7:12,17,21 8:4,11,15,19 8:24 9:3,10,15 10:5,12 10:16 11:1,8,17,24 12:5 12:12,17 13:1,10,15,19 14:3,9,13,17,24 15:3,9 15:14 16:2,9,12,23 17:9 17:18,22 18:4,11,21 20:18 21:7,13,17 22:5,9 22:21 24:23 25:4,15 26:14,23 27:3,12,18 28:5 28:16 29:4,14,21 30:3 31:5 32:21 34:1,8,18 35:2,8,12 36:3,8,13,18 37:2,13,24 38:6,15,19 41:1,6,10 43:14,18 44:17 44:20 46:4,16 47:1,5,24 48:18 49:5,11 50:4,14 51:5,14 52:11,17 53:12 53:16 54:1,10,19 55:10 55:23 56:19,23 57:7,8 58:12,24 59:5,15,22 60:5 60:14 62:7 63:13,25 64:6 64:10,17,21 65:3 66:6 66:14,19,24 67:8,13 68:1 68:11,18 69:2,9,15,20 69:24 70:4,11,15 71:2,8 71:14 72:10,20 73:14 74:7,12 75:1 76:7 77:15 77:20 78:1 81:10,17,25 82:13,18,23 84:11,15,21 85:2,7,14 86:5,9,13 87:6 87:11,18 89:3,14,23 90:3 90:22 91:6,12 92:1,6,21 93:10,15 94:1,7,13,17 94:22 95:3,8 96:3,13,17 97:7,18,25 98:6,14,17 99:14 101:16,23 102:3 102:10,17,21,25 103:18 103:23 104:2,6,14,19 105:4,10,22 106:1,6,14 107:7,13,20,25 108:5,19 108:23 109:4,9,15,24 110:10,18,22 111:1,8,14 111:24 112:10,14 113:19 113:23 114:2,6 116:6,15</p>
---	--	---	---	--

<p>117:14 118:1,18 119:21 120:1,7,13,22 121:2,8 121:12,20,24 122:21 123:2,7,11,17,21 124:2 124:7,11,20 125:14,18 126:12,24 127:9,21,25 128:4,9,13,17 129:1,10 129:14,18 130:5,9,14,18 130:24 131:11,12,16,20 132:12 134:17,22 135:1 135:14,18 136:13 137:6 137:11 138:6 139:10,14 139:24,25 140:1,3,13,17 140:22 141:3,16,20,24 142:10,18 143:9,13 145:2 145:16 146:13,17,21 147:1,13,19 148:2,7,15 149:4,10 150:14 151:15 151:19 152:4,8 153:12 154:2,15,20 155:10 156:11,15,22 157:7,12 157:14,17 158:1,24 159:6 160:12,16 161:7 163:2,9 163:14,18 164:6,12,16 164:20 167:7,14 168:3 168:13 171:8,15 172:1,5 172:10 175:23 176:3,17 177:4,14,19,24 178:4,24 179:5,17,23 180:2,7,20 181:1,5,10,19 182:2,18 182:24 183:16 184:9,13 185:5,17,22 186:8,13,20 187:7 188:3,5,9,14,25 189:5,10,22 190:7,24 191:6,10,14,21,25 192:7 192:14,21 193:11,20,24 194:10,14 195:1,6,10,18 195:24 196:3,14 197:6 197:16 198:15,21 199:2 199:7,11,15,20,24 200:4 200:13,17,21 201:3,7,12 201:17,23 202:2,11 203:1 203:6,14,24 204:7,11,16 204:21 205:6,22 206:23 207:22 208:4,9,13,18,25 209:25 211:5,21,25 212:12 213:7,12,17 214:4 214:19 215:8,17 216:4 216:18 217:9,13 218:15 219:1,9 220:3,7 221:11 221:16,20 222:1,13 223:6 223:12,19,24 224:4 225:10 226:7,11,16 227:13,23 228:9,15,21 229:7,20 230:4,15 231:3 231:12,16,24 232:9 233:4 233:12 234:1,9,14 235:23 237:8,22,23,24 238:13 238:19 239:4 240:7,20 240:24 241:5,9,21 242:1 242:6,20 243:1,12,19,23 244:3,7,11 245:13,18 246:1,5,17 247:3,16,20 248:1,6,10,14,20 249:2 249:6,10,24 250:3,7,11 251:8,10,20 252:2,11,25 253:9,15,23 254:3,16,25 255:4,15,22 256:23 257:2 257:17 258:4,9,21 259:1 259:5,9,14,24 260:5,14 260:20,24 261:4,13,19 262:9,13,17,24 264:1,6 265:2,11,18,23 266:15</p>	<p>267:4,8,14,18 268:2,9 268:13,19 269:1,14,18 270:1,5,14 271:3,7 272:6 272:10,16,23 273:9,16 273:20 274:3,9,14,22 275:3,7,20,24 276:17,25 277:11,16,21 278:2,6,12 278:21,25 279:11,19 280:8,20,25 281:5,12,16 281:20 282:5,10,22 283:3 283:11,15 284:11,20 285:5,12,16,23 286:1,3 286:7,10,16 287:6,12,19 288:1,4,10,22 289:12 290:7,25 291:6,17 days [10] 28:24 118:5 149:22 196:17 238:23 250:19 263:22 265:5,25 294:9 deal [20] 9:23 47:8 75:6 78:6 99:24 113:9 118:14 145:17 159:17 161:12 218:22 219:11 236:24 243:15 245:13 271:4 286:19 289:3 292:6 294:18 dealing [9] 5:6 79:13 155:23 190:19 209:9 226:18 235:21 253:7 296:1 deals [2] 219:20 261:15 dealt [4] 173:13,23 179:14 243:5 death [1] 213:1 debate [3] 133:25 134:9 142:22 December [38] 24:14 26:18 30:17,19,23 31:3 32:8,21 95:15 98:20 99:20 100:1 102:1,6,9 103:12,16 105:17 106:18 106:20,23 107:2,5 108:18 109:21 110:13,25 111:17 112:18,19 116:4,10 132:23 133:3 144:22 145:9,24 216:15 decide [1] 144:21 deciding [1] 264:23 decision [9] 103:14,15 104:11 115:22 116:4 127:16 144:16 145:24 172:24 decision-makers [1] 212:18 decisions [1] 264:20 dedicated [1] 122:12 deemed [2] 13:16 183:22 defence [1] 136:8 246:1,5,17 247:3,16,20 248:1,6,10,14,20 249:2 249:6,10,24 250:3,7,11 251:8,10,20 252:2,11,25 253:9,15,23 254:3,16,25 255:4,15,22 256:23 257:2 257:17 258:4,9,21 259:1 259:5,9,14,24 260:5,14 260:20,24 261:4,13,19 262:9,13,17,24 264:1,6 265:2,11,18,23 266:15</p>	<p>Definitely [1] 123:22 definition [4] 114:24 213:8 256:9 258:15 definitions [2] 206:4 217:19 degree [2] 14:10 230:8 delay [3] 47:11 48:3,5 deliberately [1] 136:4 delineate [1] 168:16 delivered [3] 125:9,24 226:14 deliverers [1] 60:18 delivery [1] 20:12 delving [1] 244:17 demands [3] 78:14 79:17 206:9 demonstrate [1] 285:7 demonstrated [3] 60:16 159:15 263:13 Denic [2] 173:7,9 Denise [1] 25:22 denying [1] 169:9 department [21] 16:17 23:15 24:16,21 25:8 27:25 28:8,13 29:11 105:20 107:2 162:8 181:22 182:6 183:2 206:11 209:16,19 224:24 246:13 273:3 departmental [1] 207:17 depend [1] 281:6 dependent [1] 48:1 depending [4] 13:25 15:20 27:22 295:7 depiction [2] 238:17 243:18 depicts [1] 240:10 deputy [7] 29:3 68:23 144:5,8 156:7 157:15 238:12 describe [3] 77:23 173:20 206:20 described [8] 22:17 73:7 94:4 115:20 117:4 202:17 209:17 238:6 descriptions [1] 106:24 designated [2] 6:25 35:7 destabilize [1] 92:16 detail [9] 48:24 49:22 65:25 177:6 187:2 216:25 234:4 256:1 289:2 detailed [3] 117:3 246:12 290:1 details [10] 52:20 118:21 138:24 164:4,10 186:25 233:16 262:4 290:13 294:17 determine [4] 86:18,19 115:5 236:3 determined [1] 142:9 determines [1] 256:14 detract [1] 198:7 develop [4] 20:12 217:2</p>	<p>259:20 264:21 developed [16] 21:23 84:25 126:3 128:22 138:16 151:5 216:22 217:10,12 257:7 284:9 290:5,9,11,19 291:9 developing [2] 193:13 289:19 development [10] 20:2 20:3,8 21:20 101:6 193:16 217:19 219:12 256:19 263:16 diagnostic [1] 184:8 diagram [1] 240:8 dialogue [2] 22:16 25:7 Dianne [1] 40:12 Dictionary [1] 213:3 difference [2] 218:6,11 differences [2] 65:16 129:23 different [9] 30:1 113:13 121:16 123:20,22 143:1 252:17 253:12 266:19 differentiate [2] 278:15 278:16 differently [5] 75:9 162:25 234:13 266:9 269:7 difficult [7] 138:13,18 141:5 159:8 161:24 162:13 295:21 difficulty [1] 244:13 digest [1] 295:22 direct [6] 168:8,8 238:10 240:21 241:18 280:15 directed [4] 18:2 28:4 65:18 107:22 directing [1] 78:11 direction [8] 11:11 15:20 118:11 129:4,17,25 259:2 259:15 directly [10] 18:5 117:22 119:6 159:22 161:18 162:14 171:10 196:20 212:22 271:4 director [10] 14:4,5 39:3 172:21 175:8 206:16 239:3 240:15 241:16 243:11 director's [1] 242:4 directors [1] 256:6 disappeared [1] 143:8 disappointed [4] 202:22 202:23,24,25 disciplines [1] 161:11 disclose [2] 112:22 136:2 disclosure [23] 88:18 90:7 100:13 112:3 153:5 154:11 211:16 212:17 214:23,24 215:16,24 216:11 217:7,21,25 218:8 218:9,21 219:24 220:1,6 272:1 disclosures [1] 136:7 disconnect [4] 64:23</p>	<p>73:12 285:21 288:14 discontinuance [1] 234:21 discouraging [2] 175:2 175:3 discovered [1] 115:13 discovery [2] 88:3 98:9 discuss [5] 117:22 164:3 164:10 178:18 224:12 discussed [21] 31:4 68:5 74:2 117:19 145:3 155:13 159:11 165:4 176:21,22 177:2,7 184:18 215:21 224:17 226:17 229:15,18 235:5 242:22 284:22 discussing [4] 173:2 178:14 230:7 233:13 discussion [46] 2:7 19:7 19:19 23:2 41:12,14 51:16 52:25 55:25 56:3 56:13 67:20 74:15 85:15 86:1 88:17 91:15,19 96:10 104:8,15 111:16 112:1 113:5,6 117:17 127:5 139:17 144:5 146:4 151:8,25 152:2 158:3 159:18 178:6 186:1 190:16 193:12 195:2 217:23 232:12,15 233:6 233:18,24 discussions [18] 37:18 51:17 88:10 107:10 119:7 146:3 154:24 161:14 162:7 179:7 190:13 231:19 232:5,6,19,25 233:5 234:22 disease [1] 115:2 dissatisfaction [1] 190:14 distracted [1] 153:2 distressing [2] 73:18,19 District [1] 16:16 disturbed [2] 73:23 137:1 disturbing [2] 112:4 269:4 division [5] 1:14 66:12 125:17 167:10 251:12 divisional [1] 168:7 divisions [1] 38:14 DM [1] 28:24 Doctor [1] 288:20 doctor's [1] 212:1 Doctors [2] 32:24 126:10 document [23] 23:4 61:9 62:10 65:7 81:21,22 100:3 152:16 169:8 182:8 182:14,16 187:8 205:7 209:4,6,8,15 219:10 244:15 271:21 280:19 292:25 documentary [1] 46:21 documentation [10] 34:20 37:15 72:15 170:14 203:18 232:18 253:3 269:6 282:12 285:8</p>
---	---	--	--	---

<p>documented [6] 34:13 206:14,19 208:2 214:15 263:11</p> <p>documents [10] 36:20 108:11 137:9 197:24 210:1 279:21 282:25 295:20,23,25</p> <p>Dodge [5] 63:18 66:5,18 67:4,10</p> <p>doesn't [7] 90:4 110:2 138:23 201:1,10,15 294:16</p> <p>domain [2] 144:19 283:24</p> <p>Don [2] 33:4 173:10</p> <p>done [13] 40:5 59:4 73:16 90:6 145:9 174:3 183:9 183:15 192:24 234:12 266:8 279:15 291:11</p> <p>double [2] 43:12 166:15</p> <p>doubt [5] 108:24 130:21 136:16 283:23 285:19</p> <p>doubtful [1] 110:25</p> <p>down [21] 5:12,13,15 14:14 39:18 43:9 53:22 75:16 76:17 83:13 98:18 117:1 152:12 166:10 205:10 238:16 240:13 246:13 252:21 284:8,14</p> <p>Dr [80] 9:8 10:24 25:19 25:23 26:17 27:7 32:23 32:23 33:1,4,12,18,19 33:23 35:15 40:14 44:24 48:10 50:7 52:2,4 53:25 57:11 66:22 69:18 81:15 81:22 90:17 95:19 96:5 101:9,10 126:8,8,20 127:16 144:6 149:12 155:19,24 156:2,6 157:12 157:15 158:2,4 159:4 160:19,20 165:4 176:8 183:17 184:2 185:7,11 185:15 187:5 191:9 195:23,25 198:1,18 201:20 202:8,9 203:21 211:22 213:21 214:11 227:16 229:12,13 231:5 231:17 242:22 243:14 254:18 264:10 283:12,14</p> <p>draft [2] 26:8 84:24</p> <p>draw [2] 105:11 277:1</p> <p>due [1] 81:6</p> <p>Dunn [1] 25:22</p> <p>duplicate [1] 166:7</p> <p>duplication [1] 166:6</p> <p>during [19] 6:6 36:7,17 38:9 60:6 88:22,23 89:17 103:11 135:24 143:20 147:2 174:21 189:4,6 190:23 212:24 222:7 242:16</p> <p>Dyer [1] 33:5</p> <hr/> <p style="text-align: center;">-E-</p> <hr/> <p>e [10] 170:20,20,20,20 210:18,18 215:21 218:9 234:25,25</p>	<p>e-mail [14] 39:12,19 62:6 63:16 64:8,24 65:1,5,5 73:22 105:16 108:10 190:22 292:17</p> <p>e-mails [4] 39:14,22 62:24 254:6</p> <p>early [20] 19:2,21 20:25 33:18 67:18 77:3 82:2 93:19 101:8 103:16 107:1 170:23 184:1 194:9 238:22 267:3 277:19 283:18 292:2 295:24</p> <p>East [1] 16:15</p> <p>Eastern [83] 1:9 7:10 17:5,8,21 27:24 29:2,12 29:16,19 38:11,21,25 40:25 46:12,24 67:21 68:6 70:15,20 71:15,21 72:8,9 73:8,12 81:11 82:17 85:6 87:4 88:24 94:11 95:12 100:8 103:15 106:21,25 107:4 116:21 117:7 122:4 125:13 126:18 132:9,10 136:1 141:23 142:8,11 143:22 144:24 150:12 157:11 162:11 167:13 168:21 169:8 171:23 182:5,17 183:14 186:5 190:15 193:6 205:18 206:1 213:15 214:13,15 216:10 218:21 219:21 220:1 223:1 227:11 231:20 239:1 247:2 249:21 271:13 272:1 286:25 294:8</p> <p>easy [1] 236:1</p> <p>Eaton [2] 1:15 250:25</p> <p>editing [1] 69:23</p> <p>educated [1] 210:9</p> <p>education [6] 19:24 36:17,21,24 37:6,19</p> <p>effect [5] 4:17 22:1 196:11 238:25 242:16</p> <p>effective [2] 214:13 216:14</p> <p>efficiently [1] 78:24</p> <p>effort [2] 7:2 211:2</p> <p>eight [4] 8:23 18:8 24:4 46:7</p> <p>either [14] 34:5 35:14 96:4 98:13 129:19 149:11 166:13 171:11 240:14 269:8 278:8 283:12,16 284:22</p> <p>Ejeckam [9] 32:25 69:19 176:8 183:17 184:2 185:7 185:11 187:5 195:23</p> <p>Ejeckam's [3] 185:16 185:21 195:25</p> <p>element [1] 230:19</p> <p>elements [1] 78:23</p> <p>elsewhere [5] 78:10,20 86:19 253:18 254:21</p> <p>email [15] 23:8,9 25:18 26:13 132:1 135:9 137:23 141:13 157:4,10 172:13 175:19 178:12,22 179:13</p>	<p>emails [4] 23:11 25:13 131:9,23</p> <p>embark [1] 79:14</p> <p>embarked [1] 256:8</p> <p>emotional [1] 210:20</p> <p>emphasis [1] 33:15</p> <p>emphasized [1] 151:6</p> <p>employ [1] 125:22</p> <p>employee [5] 15:16 117:25 118:2 141:10 291:13</p> <p>employees [2] 122:4 258:13</p> <p>enacted [2] 214:3 235:9</p> <p>encouraged [1] 129:24</p> <p>end [23] 5:7 45:24 57:20 58:24 59:14 80:17 81:24 82:11 116:2 131:10,24 158:21 167:7 171:5 178:16 181:4,16 183:25 189:8 199:1 222:15 227:12 289:19</p> <p>endeavour [1] 118:5</p> <p>endeavoured [2] 112:16 112:25</p> <p>endorsed [1] 155:23</p> <p>endorsing [1] 159:7</p> <p>ends [3] 255:23 256:19 256:22</p> <p>engaged [20] 9:19 19:12 37:20 38:1 75:16 77:2 85:21 144:5 190:15 219:4 234:19 236:9 246:9,10 246:13 249:18 252:5 256:4 258:11 265:25</p> <p>engagement [2] 7:25 91:1</p> <p>engaging [2] 118:7 234:22</p> <p>enormous [1] 295:19</p> <p>enrolled [1] 45:12</p> <p>ensued [3] 151:8,25 152:3</p> <p>ensure [12] 23:19 49:13 56:7 58:17 76:23 125:2 125:6,23 167:22 210:15 211:9 289:7</p> <p>ensuring [1] 167:16</p> <p>enter [2] 239:10,22</p> <p>entered [11] 3:2,3 58:20 239:12,16,25 240:1 292:8 292:12 293:14,17</p> <p>entire [1] 169:22</p> <p>entirely [4] 10:19,20 30:9 32:15</p> <p>entity [1] 248:3</p> <p>environment [1] 159:9</p> <p>envisaged [1] 85:11</p> <p>equipment [6] 34:17 78:15 79:18,23 234:23 263:17</p> <p>equivalent [1] 235:14</p> <p>ER [2] 32:11 184:6</p> <p>ER/PR [9] 6:21 7:6</p>	<p>9:13 10:2,13,15 11:5 13:8 23:13 25:20 30:15 31:3 33:21 39:24 44:25 57:11,12,13 59:1,25 71:19 72:9 77:24 80:12 80:13,19 81:20 85:7 87:5 87:22 95:17,25 97:15 100:14 101:11 103:4 106:19 111:6 114:13,23 119:9 122:19 124:5 127:7 129:8 132:16,20 135:11 137:25 143:20 144:8 151:5 152:15,17,22,24 153:20 154:19,23 155:9 169:25 170:7,15 172:15 172:22 189:20 190:21 192:13 194:25 206:21 207:20 209:24 210:25 213:4 219:4 228:14 230:3 230:11,14,24 231:11,23 232:8 233:1,8,14,16,23 249:13 251:18 270:20</p> <p>eroded [1] 119:20</p> <p>erosion [1] 122:2</p> <p>erratic [1] 184:7</p> <p>error [11] 95:17,25 96:10 97:15,17,24 98:5 103:22 114:17 115:5 133:4</p> <p>essence [1] 159:23</p> <p>essentially [1] 289:13</p> <p>establish [1] 85:17</p> <p>established [2] 39:4,5</p> <p>establishing [1] 84:18</p> <p>establishment [3] 85:16 86:25 255:23</p> <p>estimate [1] 295:17</p> <p>estimates [1] 295:13</p> <p>estimation [1] 46:6</p> <p>estrogen [4] 33:6 100:5 119:8 122:16</p> <p>ethical [1] 230:23</p> <p>ethicists [1] 231:18</p> <p>ethics [2] 231:2,4</p> <p>evening [2] 4:15 176:4</p> <p>event [4] 151:9 212:20 217:20 219:21</p> <p>events [23] 6:16 100:12 103:1 109:1 110:8 124:15 151:5,8 211:16 212:19 213:6 215:16 216:11 217:7 218:22,23 219:23 219:25 220:2,6 235:25 236:9 289:5</p> <p>eventually [2] 63:9 150:4</p> <p>everybody [6] 75:23 158:14 275:2,4,6,8</p> <p>everybody's [1] 32:6</p> <p>everyday [1] 181:13</p> <p>evidence [10] 25:23 34:25 46:21 55:2 65:24 107:17 237:8 240:1 263:21 282:3</p> <p>evident [2] 75:20 124:16</p> <p>evolutionary [2] 218:1 290:12</p>	<p>evolving [2] 217:21 257:11</p> <p>exactly [1] 146:2</p> <p>examination [7] 2:4,5 2:6 4:3 166:13 237:22 251:8</p> <p>example [13] 49:23 115:8 118:13 129:3 193:9 246:14 264:9 270:2 277:8 280:16 282:19 284:16 288:2</p> <p>examples [1] 75:25</p> <p>excellent [1] 124:15</p> <p>except [1] 208:7</p> <p>exception [2] 78:7 136:22</p> <p>excerpt [4] 205:17 207:4 209:9 211:15</p> <p>exchange [4] 23:8,9 182:4 198:7</p> <p>exchanged [1] 22:12</p> <p>exchanging [1] 19:8</p> <p>excluded [1] 37:17</p> <p>excuse [3] 22:10 204:17 267:19</p> <p>executive [22] 6:7 14:4 14:5 17:8,12 25:8 39:3 99:24 100:1 101:13,14 101:19 120:5 132:8,10 155:21 172:2 182:5 190:9 240:12 256:13 291:14</p> <p>exhibit [63] 3:1,2,3 5:8 5:11 6:1 16:8 23:6 25:11 32:19 39:10,11 41:19 44:9,12 57:4,5 58:7 67:18 70:14 71:12 80:1 80:5 83:9 84:5 98:17,25 105:14,15 114:1,9 131:8 131:9,25 135:8 150:24 157:2 166:1,12,18,24 167:5,6 168:19,20 172:9 187:10 205:15 216:9 220:24 221:7 239:7,22 240:1 271:12 292:6,7,11 292:14 293:14,15,17 294:12</p> <p>exhibits [1] 293:20</p> <p>exist [4] 12:22 73:13 211:10 230:24</p> <p>existed [3] 22:19 139:8 211:4</p> <p>existence [5] 8:23 21:11 172:25 178:12 248:24</p> <p>exists [3] 150:12 208:17 219:8</p> <p>exonerated [1] 201:21</p> <p>expect [10] 34:7 35:13 80:16 82:11 178:18 211:11 222:20 260:12 275:9 290:21</p> <p>expectation [2] 76:21 275:14</p> <p>expectations [5] 19:5 20:24 23:4 135:3 276:10</p> <p>expected [13] 10:11 19:16,20 34:11 35:5 47:13 53:5 59:13 95:16</p>
---	---	--	---	---

<p>133:24 144:16 167:24 280:18</p> <p>experience [15] 9:23 28:22,23 56:6 81:2 85:6 85:7 87:4,5 88:13 219:12 252:18 253:18 254:21 257:15</p> <p>experienced [1] 114:21</p> <p>experiences [2] 254:11 256:2</p> <p>experiencing [1] 119:18</p> <p>expert [6] 45:18 47:20 57:18 59:13 231:2,4</p> <p>expertise [2] 49:14 101:5</p> <p>experts [1] 247:7</p> <p>explain [6] 112:17,25 118:6 246:24 248:23 262:16</p> <p>explained [1] 143:18</p> <p>explaining [1] 109:16</p> <p>explanation [9] 74:24 145:23 170:13 178:8 179:9 183:10 213:24 241:12 288:15</p> <p>explore [4] 85:23 125:4 169:14 181:24</p> <p>explored [1] 126:7</p> <p>exploring [1] 88:7</p> <p>expose [1] 181:11</p> <p>express [5] 126:14 160:25 161:19 169:20 170:9</p> <p>expressed [21] 51:22,22 64:4,24 65:1 67:10 74:19 101:9 105:1 129:20,22 136:12,15,23 143:2 155:25 159:10 161:25 162:2 165:1 287:25</p> <p>expressing [2] 159:8 279:1</p> <p>expression [1] 198:11</p> <p>expressions [1] 142:23</p> <p>extended [2] 120:4 151:11</p> <p>extension [1] 207:18</p> <p>extensive [4] 88:2 112:15 155:11 207:18</p> <p>extent [1] 52:12</p> <p>external [11] 28:10 45:1 48:8 50:24 51:1 89:20 100:24 125:21 170:1 206:8 235:1</p> <p>extra [7] 45:10 50:2,9,12 51:9 53:9 221:25</p> <p>extraordinary [1] 222:8</p> <p>extremely [3] 6:20 88:4 88:5</p> <p>eyebrows [1] 50:11</p>	<p>facilities [2] 159:21 254:9</p> <p>facility [2] 17:10 155:16</p> <p>fact [40] 7:18 12:10 16:7 17:1 24:15,20 27:8 28:8 28:12,13,17,24 29:10 59:25 61:14 62:15 71:15 72:2 88:7 90:13 109:22 113:18 115:5 116:3 119:14 133:6 147:8 170:18 176:14 184:20 187:24 189:17 197:2 198:5 236:1 248:18,23 248:25 257:23 269:20</p> <p>factor [7] 122:3 203:10 205:12 226:19 258:1 259:23 260:7</p> <p>factors [7] 33:15 115:2 233:8 236:5 255:13 257:22 260:11</p> <p>facts [8] 119:25 120:11 121:1,4 124:17 128:21 130:3,23</p> <p>factual [1] 76:14</p> <p>fair [9] 9:22 96:20 106:12 197:23 199:5 200:7,24 201:22 277:24</p> <p>fairly [4] 10:25 33:11,23 153:8</p> <p>fall [5] 40:19 207:20 213:5 221:4 284:13</p> <p>familiar [8] 108:25 109:10 110:2,9,11 151:7 189:11 219:14</p> <p>familiarity [1] 55:1</p> <p>family [5] 270:19 271:2 273:2,21 281:4</p> <p>fan [1] 138:9</p> <p>far [7] 5:13 28:24 34:25 80:24 98:23 238:10 255:1</p> <p>fashion [3] 46:17 173:24 241:15</p> <p>faster [1] 152:12</p> <p>February [15] 47:15 57:4,20 58:24 59:14,17 64:13 67:19 111:25 189:8 221:6,25 263:24,24,25</p> <p>feedback [6] 40:13 152:23 162:15 169:18 170:1 171:4</p> <p>feeling [1] 170:5</p> <p>feels [1] 138:2</p> <p>fell [1] 180:17</p> <p>fellow [1] 61:4</p> <p>felt [12] 23:3 33:5 75:18 77:3 92:9 117:20 160:24 162:20 202:19 203:8 236:20 282:24</p> <p>few [15] 45:8 48:14 49:4 49:10 51:9 53:9 56:25 84:25 94:18 118:5 149:22 196:17 251:5,14 295:19</p> <p>Fifteen [2] 83:4 220:18</p> <p>fifth [1] 157:6</p> <p>figure [4] 40:13 150:10 150:12 169:16</p>	<p>figures [1] 97:2</p> <p>file [2] 71:9 144:25</p> <p>filed [1] 143:21</p> <p>files [2] 107:8 232:21</p> <p>filled [1] 208:8</p> <p>final [6] 80:16,20 82:11 94:5 103:5 106:22</p> <p>finance [2] 206:12 224:14</p> <p>finances [1] 207:14</p> <p>financial [1] 207:19</p> <p>finding [2] 26:6 147:7</p> <p>findings [5] 26:22 27:10 28:10 112:19 233:17</p> <p>fine [7] 13:20 43:5 65:6 65:16 75:9 106:10 211:20</p> <p>finer [1] 290:13</p> <p>finger [1] 201:15</p> <p>finish [3] 59:13 82:8 204:14</p> <p>finished [3] 255:25 257:8 257:9</p> <p>fires [1] 138:10</p> <p>first [73] 8:6,22 16:17 19:2 20:3 21:22 22:11 25:13,18 26:8 33:2 37:14 41:2 42:16 46:20 48:7,8 52:19 54:11 62:16 64:3 65:20 69:13 73:20 76:2 79:8 81:9 85:24 86:1 94:18 99:19 104:15 105:15 108:10 110:1 130:8 131:25 135:12 136:21 139:11,13 141:7 157:3 160:1,13 164:9 175:24 176:2 178:16 184:17 187:19 188:10 190:21,25 193:19 196:17 198:19 199:5 200:10 210:14 224:5 249:21,25 250:2,4 252:23 263:1,23 278:3,7 283:8,25 284:9</p> <p>firstly [2] 11:9 162:19</p> <p>fit [2] 14:1 15:25</p> <p>Fitzpatrick [1] 99:12</p> <p>five [11] 20:19 131:9 172:14 225:22 255:12 271:16,17,23,25 293:10 293:12</p> <p>five-page [1] 292:25</p> <p>flag [1] 49:18</p> <p>flowing [1] 174:19</p> <p>flu [1] 7:5</p> <p>focus [10] 22:12 90:5 112:18 114:19 118:6 132:21 144:10 145:23 158:2 174:5</p> <p>focusing [1] 133:10</p> <p>focussed [9] 19:21 85:6 87:4 101:4 109:6 133:12 143:25 193:12 230:16</p> <p>fodder [1] 138:9</p> <p>Fog [1] 140:1</p> <p>Fog' [2] 138:7 139:25</p> <p>follow [9] 36:22 80:14</p>	<p>86:24 100:21,23 175:4 183:22 186:1 289:11</p> <p>follow-up [5] 57:17,23 59:20 173:18 206:16</p> <p>followed [5] 57:24 60:1 76:22 100:17 291:5</p> <p>following [12] 72:1 98:19 99:25 100:11,20 133:5 160:8,17 184:4 195:13 206:17 214:25</p> <p>follows [4] 45:1 57:12 81:10 142:3</p> <p>Footnoting [1] 212:15</p> <p>force [2] 206:1 213:20 28:10 112:19 233:17</p> <p>foregoing [1] 297:2</p> <p>forgive [1] 158:21</p> <p>form [7] 126:4 206:15 206:19,22,24 208:3,7</p> <p>format [1] 85:22</p> <p>formed [1] 99:7</p> <p>former [1] 18:24</p> <p>forms [1] 23:10</p> <p>forth [2] 7:3 56:12</p> <p>forthcoming [4] 47:13 47:17 112:2 118:21</p> <p>forum [1] 144:25</p> <p>forward [2] 18:5 84:23</p> <p>forwarded [5] 25:22 137:20 156:6 157:13 206:15</p> <p>forwarding [2] 156:3 157:20</p> <p>forwards [2] 25:24 40:11</p> <p>found [3] 52:15 165:7 169:9</p> <p>four [8] 98:13 117:11 153:9 160:2 198:13 202:16 218:24 293:2</p> <p>fourth [1] 157:6</p> <p>frame [2] 242:14,17</p> <p>frames [1] 45:2</p> <p>framework [2] 18:23 20:23</p> <p>frankly [1] 64:23</p> <p>Freedom [1] 294:8</p> <p>Friday [2] 122:20 144:15</p> <p>front [3] 31:6 44:19 78:12</p> <p>frustration [1] 225:3</p> <p>fulfil [2] 162:12 263:7</p> <p>fulfilling [1] 263:1</p> <p>full [6] 112:3 146:6 159:1 159:2 162:8 166:9</p> <p>fully [2] 20:13 290:18</p> <p>fund [2] 78:17,23</p> <p>funding [2] 78:5 79:24</p> <p>future [2] 77:18 235:16</p>	<p>game [3] 115:8 116:2 133:18</p> <p>gaps [1] 198:6</p> <p>gather [10] 9:9 10:24 15:23 22 18 55:14 66:22 129:7 139:5 150:2 223:2</p> <p>general [13] 6:24 20:24 26:6,22 28:9 68:8 72:11 125:3 138:23 152:21 191:18 228:17 253:5</p> <p>generalize [1] 13:22</p> <p>generally [5] 189:15 202:20 223:9 255:7 262:5</p> <p>generic [1] 276:5</p> <p>gentleman [1] 184:23</p> <p>George [40] 9:9 18:2 23:15,16 24:14 25:3 63:17 66:5 67:21 68:5 68:16,21 70:19 71:24 72:4 85:2,5 87:3 88:1,23 95:23 120:4 123:25 125:10 132:2 134:2 135:10,22 136:11 137:24 144:7 145:13 156:2 172:13 178:19,19 179:3 254:14 288:19 292:17</p> <p>Geri [3] 62:6,22 63:25</p> <p>get-go [1] 128:12</p> <p>gist [1] 159:4</p> <p>given [37] 23:1 34:25 45:22 54:4,24 55:13,20 55:21 67:12 89:9,10 90:23 97:10 103:3 122:19 127:12,12 128:7 142:21 142:21,22 145:6 149:14 149:18 179:10 183:11 185:6,23 192:3,10 197:2 219:12 230:2 236:10 283:5 285:21 290:24</p> <p>giving [4] 40:22 74:24 81:23 260:9</p> <p>glance [2] 110:1 188:10</p> <p>gleaned [2] 267:20 269:3</p> <p>global [2] 247:19,21</p> <p>globally [1] 245:14</p> <p>Globe [1] 225:19</p> <p>go-forward [3] 264:22 265:1 266:10</p> <p>goals [3] 256:10,17 289:19</p> <p>goes [18] 33:9 45:13 85:1 99:23 100:18 128:23 133:9,19 143:18 169:23 170:9 173:4,20 174:1 175:1 206:20 210:16 214:25</p> <p>gone [2] 9:25 220:11</p> <p>good [8] 4:2,9 59:14,21 122:7 237:23,25 251:10</p> <p>govern [1] 55:16</p> <p>governance [14] 21:20 37:5 94:14,16 216:23,24 246:11 252:17 255:9,19 255:24 256:7 285:3 289:21</p> <p>government [10] 11:19</p>			
<p align="center">-F-</p> <p>f [5] 152:17 170:20,20 218:9 234:25</p> <p>face [4] 33:11 125:8 169:3 285:15</p>		<p>figure [4] 40:13 150:10 150:12 169:16</p>		<p>follow [9] 36:22 80:14</p>		<p align="center">-G-</p> <p>g [1] 218:10</p> <p>gage [1] 258:25</p>	

<p>16:13 31:21 56:13 67:23 79:1 162:9 196:25 232:7 261:21 graduate [1] 225:23 grave [1] 118:24 great [9] 47:8 75:6 78:6 118:3,4 136:22 145:17 159:17 161:12 greater [3] 235:15 256:8 263:8 greatest [1] 282:15 gritty [1] 262:4 groups [1] 257:24 guess [16] 25:22 65:22 91:2,13 92:22 98:8 112:1 138:20 140:23 162:12 210:9 245:22 247:1 253:5 261:24 275:25 guidance [1] 259:4 guide [1] 88:14 guidelines [3] 206:13 211:15 217:25 Gulliver [1] 32:25</p>	<p>169:8 171:23 181:22 182:5,6,17 183:3,14 186:5 190:11,12,15 193:6 196:16,19,23 198:3 205:18,19 206:1 207:3 207:15 208:2 212:10,16 212:25 213:15 214:2,6 214:13,15 216:10 218:21 219:21 223:1 224:24 227:11 231:20 232:7 234:23 239:1 247:2,9 248:3 249:21 252:15 254:4,9 256:4 271:13 272:1 286:25 294:9 Health's [5] 82:17 85:6 87:4 168:21 220:1 healthy [1] 65:17 hear [7] 119:6 138:19 141:14 183:4 185:25 236:2 255:5 heard [28] 63:14 65:20 66:4 135:23 136:21 138:4 138:17 175:24 184:10,14 184:14,16,17 190:21 215:3 252:13 255:16 265:24 266:1 269:2,21 269:22 280:9 284:1,3,23 286:1 297:5 hearing [23] 72:13,15,18 72:22 73:6,23 74:5 92:4 113:13 118:10 121:16 122:10 137:17 143:17 176:19 211:6 269:7 282:12,18,21 283:9,10 295:22 Heather [14] 25:24 39:13 39:20,25 40:18,24 137:22 137:23 138:25 140:18,20 141:13,14 210:1 held [6] 32:9 81:12 99:20 116:22 117:8 144:14 help [6] 44:10 61:4 88:14 253:19 254:10,21 helps [1] 136:17 hence [2] 63:25 78:15 Hennessey [4] 23:13 25:18 26:1,19 HER-2 [1] 33:7 herceptin [1] 7:6 hereby [1] 297:2 hesitate [1] 39:6 hesitation [1] 38:20 hi [3] 23:16 26:1 138:1 high [9] 34:11,24 53:4 53:22 95:16 225:2 256:12 261:25 262:2 highest [1] 100:25 highlights [2] 99:25 101:12 himself [1] 75:11 hindsight [1] 51:25 hiring [1] 193:8 HIROC [2] 141:19,21 HIROC's [2] 142:9,16 histochemistry [1] 172:20</p>	<p>historically [1] 224:22 history [4] 22:11 198:2 263:11,12 HOA [1] 24:1 hold [3] 107:4 138:10 142:4 holding [2] 37:25 295:13 honest [2] 148:8,16 honestly [1] 236:20 Honourable [2] 1:3 297:6 hope [2] 30:9 251:12 hormonal [1] 115:11 Hormone [2] 1:2 297:4 hospital [7] 17:7 93:9 152:21 223:1 245:16 247:24 249:22 Hospitals [1] 19:11 hour [3] 135:25 295:16 295:16 hours [3] 23:12 64:7 280:3 house [15] 23:21 24:2,8 26:8 113:6,7 119:8 132:5 144:11 172:17 175:22 181:12 182:20 183:5 196:6 Howell [21] 63:18 66:22 67:4 81:14,22 95:19,23 96:5 101:9 126:8,10 137:21,25 139:5,6 144:7 144:7,20 149:13 173:8 229:13 human [4] 66:7,8 162:5 230:17 hundred [3] 218:25 225:22,22</p>	<p>impacted [5] 271:19 273:19 274:6,16,19 impediments [3] 56:9 56:17,18 impetus [1] 94:6 implementation [6] 45:3 59:8 84:24 171:17 246:19 255:18 implemented [8] 80:22 125:1 152:20 153:25 200:12 228:3 289:9 290:6 implications [1] 206:8 importance [2] 90:6 233:15 important [9] 15:19 56:4 93:20 117:21 118:3 151:6,13 196:24 197:11 impression [1] 48:3 improve [2] 74:16 180:13 improved [1] 199:19 improvement [16] 49:15 50:21 56:1 80:17 84:13 84:19 85:12 93:12,24 99:18,19 152:19 153:11 153:23,25 257:10 Improvements [3] 99:8 99:10,22 improving [2] 286:21 286:22 in-depth [2] 232:12 233:15 inability [4] 78:17 79:3 79:4 225:3 inaccurate [1] 137:3 inadequacies [6] 34:12 34:16,19 75:7 77:10 236:22 inadequate [1] 236:2 inappropriate [2] 65:10 140:24 Inaudible [2] 239:20 247:17 incident [6] 152:23 207:12 212:22,24 213:9 289:5 include [12] 99:10 100:16 126:7 151:11 173:13 179:13 210:20 256:22 264:9 272:20 273:7 276:14 included [8] 103:8 150:7 173:19 176:15 249:1,7 249:12 272:22 includes [1] 161:9 including [10] 134:5 142:14 147:9 174:2 183:8 213:2 223:4 264:23 293:2 295:20 inconsistency [1] 118:17 indeed [8] 18:12 74:13 77:8 88:12 91:22 164:21 254:10 290:15 index [2] 62:16 174:8 indicate [4] 71:10 150:19</p>	<p>198:1 241:2 indicated [28] 25:6 34:9 55:24 59:3 65:11 67:14 69:12 71:17 73:22 79:7 96:21 102:11 112:1 113:3 161:9 190:8 194:5 211:7 215:2 233:1 236:14 251:16,23 264:11 268:16 271:20 281:23 282:1 indicates [3] 57:16 173:21 271:17 indicating [1] 156:8 indication [4] 34:12 108:1 174:6 221:23 indications [1] 153:3 individual [5] 115:6,25 133:16 197:12 238:3 individually [4] 124:25 271:18 272:3 273:14 individuals [6] 114:21 115:12,24 133:13 210:19 273:8 inefficiencies [1] 203:17 infer [1] 162:6 influence [1] 184:25 inform [2] 35:7 186:16 information [130] 7:13 7:13,16 10:20 11:9 13:7 17:11 26:20 27:10,20 40:23 48:25 49:17 50:7 51:24 53:23 56:8 60:24 66:8 67:24,24 68:7,24 69:4 72:22,24 73:24 75:6 75:8,14,18 76:25 77:10 77:24 78:2,7,15 79:5,16 82:25 89:7,9 90:8 91:21 96:2 97:9 98:8 103:7 106:25 107:22 109:19 111:3,16,20 117:18,20 121:13,14 122:22 123:4 123:23 126:4 127:12 132:22,25 133:1 136:2 141:6 143:24 144:4 145:6 145:21 147:10 148:9,11 148:12 149:14,17,20,25 150:18 151:20,21 157:21 161:2 163:6,7 165:8 171:7,9,16 174:24 177:6 178:8 182:4,20 183:1 184:17,20 185:25 188:17 197:20 198:6 206:18 221:3 234:16 236:10,12 252:3,20 253:2 263:22 264:4,15,25 265:17 266:5 267:20 268:3 269:3 272:11 274:2 276:11 282:2,25 283:5 284:21 285:7,20 294:8 informational [1] 171:1 informed [10] 35:6 70:25 87:23 91:20 92:10 170:17 173:3 178:17 183:13 245:24 informing [1] 36:1 infrastructure [3] 78:16 79:6 263:16 infrequently [2] 229:4 229:4</p>
<p>-H-</p>				
<p>h [2] 218:10 234:25 half [1] 18:8 Halifax [3] 85:4 86:12 94:10 hand [4] 37:15,16 70:17 121:14 handle [1] 83:25 handling [1] 194:25 hands [1] 29:11 hang [2] 63:9 158:16 happening [5] 74:16 85:23 86:18 117:18 161:13 happy [2] 78:6 291:7 hard [1] 162:11 He'd [1] 37:19 head [2] 61:5 62:14 heading [5] 45:14 50:24 95:12 152:17 170:9 headings [1] 100:2 heads [2] 55:16 135:21 health [135] 1:10,16 4:16 7:10 16:18 17:6,8,21 18:17 19:14 20:8 23:15 24:17,21 25:8 27:9,24 28:9 29:1,2,11,12,16,19 30:2 37:11 38:11,21,25 40:25 46:12,24 48:20 60:17 67:21 68:6,23 70:16,21 71:15,22 72:8 72:9 73:8,12 81:12 88:24 94:12 95:1,12 100:8 103:16 105:20 106:21,25 107:3,4 116:21 117:7 122:4 125:13 126:18 132:9,10 133:21 136:1 141:23 142:8,12 143:22 144:24 150:13 152:21 156:4,7 157:11 158:1 162:3,11 164:2,24 167:13</p>	<p>hearing [23] 72:13,15,18 72:22 73:6,23 74:5 92:4 113:13 118:10 121:16 122:10 137:17 143:17 176:19 211:6 269:7 282:12,18,21 283:9,10 295:22 Heather [14] 25:24 39:13 39:20,25 40:18,24 137:22 137:23 138:25 140:18,20 141:13,14 210:1 held [6] 32:9 81:12 99:20 116:22 117:8 144:14 help [6] 44:10 61:4 88:14 253:19 254:10,21 helps [1] 136:17 hence [2] 63:25 78:15 Hennessey [4] 23:13 25:18 26:1,19 HER-2 [1] 33:7 herceptin [1] 7:6 hereby [1] 297:2 hesitate [1] 39:6 hesitation [1] 38:20 hi [3] 23:16 26:1 138:1 high [9] 34:11,24 53:4 53:22 95:16 225:2 256:12 261:25 262:2 highest [1] 100:25 highlights [2] 99:25 101:12 himself [1] 75:11 hindsight [1] 51:25 hiring [1] 193:8 HIROC [2] 141:19,21 HIROC's [2] 142:9,16 histochemistry [1] 172:20</p>	<p>historically [1] 224:22 history [4] 22:11 198:2 263:11,12 HOA [1] 24:1 hold [3] 107:4 138:10 142:4 holding [2] 37:25 295:13 honest [2] 148:8,16 honestly [1] 236:20 Honourable [2] 1:3 297:6 hope [2] 30:9 251:12 hormonal [1] 115:11 Hormone [2] 1:2 297:4 hospital [7] 17:7 93:9 152:21 223:1 245:16 247:24 249:22 Hospitals [1] 19:11 hour [3] 135:25 295:16 295:16 hours [3] 23:12 64:7 280:3 house [15] 23:21 24:2,8 26:8 113:6,7 119:8 132:5 144:11 172:17 175:22 181:12 182:20 183:5 196:6 Howell [21] 63:18 66:22 67:4 81:14,22 95:19,23 96:5 101:9 126:8,10 137:21,25 139:5,6 144:7 144:7,20 149:13 173:8 229:13 human [4] 66:7,8 162:5 230:17 hundred [3] 218:25 225:22,22</p>	<p>impacted [5] 271:19 273:19 274:6,16,19 impediments [3] 56:9 56:17,18 impetus [1] 94:6 implementation [6] 45:3 59:8 84:24 171:17 246:19 255:18 implemented [8] 80:22 125:1 152:20 153:25 200:12 228:3 289:9 290:6 implications [1] 206:8 importance [2] 90:6 233:15 important [9] 15:19 56:4 93:20 117:21 118:3 151:6,13 196:24 197:11 impression [1] 48:3 improve [2] 74:16 180:13 improved [1] 199:19 improvement [16] 49:15 50:21 56:1 80:17 84:13 84:19 85:12 93:12,24 99:18,19 152:19 153:11 153:23,25 257:10 Improvements [3] 99:8 99:10,22 improving [2] 286:21 286:22 in-depth [2] 232:12 233:15 inability [4] 78:17 79:3 79:4 225:3 inaccurate [1] 137:3 inadequacies [6] 34:12 34:16,19 75:7 77:10 236:22 inadequate [1] 236:2 inappropriate [2] 65:10 140:24 Inaudible [2] 239:20 247:17 incident [6] 152:23 207:12 212:22,24 213:9 289:5 include [12] 99:10 100:16 126:7 151:11 173:13 179:13 210:20 256:22 264:9 272:20 273:7 276:14 included [8] 103:8 150:7 173:19 176:15 249:1,7 249:12 272:22 includes [1] 161:9 including [10] 134:5 142:14 147:9 174:2 183:8 213:2 223:4 264:23 293:2 295:20 inconsistency [1] 118:17 indeed [8] 18:12 74:13 77:8 88:12 91:22 164:21 254:10 290:15 index [2] 62:16 174:8 indicate [4] 71:10 150:19</p>	<p>impacted [5] 271:19 273:19 274:6,16,19 impediments [3] 56:9 56:17,18 impetus [1] 94:6 implementation [6] 45:3 59:8 84:24 171:17 246:19 255:18 implemented [8] 80:22 125:1 152:20 153:25 200:12 228:3 289:9 290:6 implications [1] 206:8 importance [2] 90:6 233:15 important [9] 15:19 56:4 93:20 117:21 118:3 151:6,13 196:24 197:11 impression [1] 48:3 improve [2] 74:16 180:13 improved [1] 199:19 improvement [16] 49:15 50:21 56:1 80:17 84:13 84:19 85:12 93:12,24 99:18,19 152:19 153:11 153:23,25 257:10 Improvements [3] 99:8 99:10,22 improving [2] 286:21 286:22 in-depth [2] 232:12 233:15 inability [4] 78:17 79:3 79:4 225:3 inaccurate [1] 137:3 inadequacies [6] 34:12 34:16,19 75:7 77:10 236:22 inadequate [1] 236:2 inappropriate [2] 65:10 140:24 Inaudible [2] 239:20 247:17 incident [6] 152:23 207:12 212:22,24 213:9 289:5 include [12] 99:10 100:16 126:7 151:11 173:13 179:13 210:20 256:22 264:9 272:20 273:7 276:14 included [8] 103:8 150:7 173:19 176:15 249:1,7 249:12 272:22 includes [1] 161:9 including [10] 134:5 142:14 147:9 174:2 183:8 213:2 223:4 264:23 293:2 295:20 inconsistency [1] 118:17 indeed [8] 18:12 74:13 77:8 88:12 91:22 164:21 254:10 290:15 index [2] 62:16 174:8 indicate [4] 71:10 150:19</p>
<p>-I-</p>				
<p>idea [16] 13:24 33:20 43:11 51:8 53:4 56:16 69:23 94:4,5 95:24 98:4 134:6 190:5 193:8 228:7 230:22 identical [1] 220:2 identified [9] 45:4 53:25 85:18 89:1 168:22 169:7 186:7 270:8 274:16 identifier [1] 169:7 identifies [1] 206:6 identify [1] 265:5 IHC [3] 169:23 170:8,12 230:22 immediate [2] 24:9 242:4 immediately [3] 98:19 142:3 144:4 immunohistochemical [2] 169:22 184:4 immunohistochemistry [5] 33:14 101:2 169:18 170:21 171:4 impact [5] 115:10 145:7 145:7,19 152:24</p>	<p>idea [16] 13:24 33:20 43:11 51:8 53:4 56:16 69:23 94:4,5 95:24 98:4 134:6 190:5 193:8 228:7 230:22 identical [1] 220:2 identified [9] 45:4 53:25 85:18 89:1 168:22 169:7 186:7 270:8 274:16 identifier [1] 169:7 identifies [1] 206:6 identify [1] 265:5 IHC [3] 169:23 170:8,12 230:22 immediate [2] 24:9 242:4 immediately [3] 98:19 142:3 144:4 immunohistochemical [2] 169:22 184:4 immunohistochemistry [5] 33:14 101:2 169:18 170:21 171:4 impact [5] 115:10 145:7 145:7,19 152:24</p>	<p>idea [16] 13:24 33:20 43:11 51:8 53:4 56:16 69:23 94:4,5 95:24 98:4 134:6 190:5 193:8 228:7 230:22 identical [1] 220:2 identified [9] 45:4 53:25 85:18 89:1 168:22 169:7 186:7 270:8 274:16 identifier [1] 169:7 identifies [1] 206:6 identify [1] 265:5 IHC [3] 169:23 170:8,12 230:22 immediate [2] 24:9 242:4 immediately [3] 98:19 142:3 144:4 immunohistochemical [2] 169:22 184:4 immunohistochemistry [5] 33:14 101:2 169:18 170:21 171:4 impact [5] 115:10 145:7 145:7,19 152:24</p>	<p>idea [16] 13:24 33:20 43:11 51:8 53:4 56:16 69:23 94:4,5 95:24 98:4 134:6 190:5 193:8 228:7 230:22 identical [1] 220:2 identified [9] 45:4 53:25 85:18 89:1 168:22 169:7 186:7 270:8 274:16 identifier [1] 169:7 identifies [1] 206:6 identify [1] 265:5 IHC [3] 169:23 170:8,12 230:22 immediate [2] 24:9 242:4 immediately [3] 98:19 142:3 144:4 immunohistochemical [2] 169:22 184:4 immunohistochemistry [5] 33:14 101:2 169:18 170:21 171:4 impact [5] 115:10 145:7 145:7,19 152:24</p>	<p>idea [16] 13:24 33:20 43:11 51:8 53:4 56:16 69:23 94:4,5 95:24 98:4 134:6 190:5 193:8 228:7 230:22 identical [1] 220:2 identified [9] 45:4 53:25 85:18 89:1 168:22 169:7 186</p>

Inquiry on Hormone Receptor Testing

<p>initial [3] 100:16 194:20 201:20 initiated [3] 80:16,18 115:4 initiative [4] 9:21 59:7 160:20 263:18 initiative's [1] 209:16 initiatives [7] 49:13 80:21 93:7,7 126:1 162:9 260:16 injured [2] 210:13,14 injury [2] 213:1,2 Inkpen [13] 155:19,25 156:2,6,9 157:13,16 158:2,4 160:19,20 165:4 227:16 Inkpen's [1] 159:4 input [4] 67:22 124:24 142:15 175:13 inquire [1] 67:4 inquiries [2] 146:24 288:18 inquiring [1] 24:17 inquiry [5] 1:1 119:13 151:10 297:4,7 instance [1] 117:13 instead [1] 165:16 instigated [2] 33:9 190:4 Institute [11] 23:24 24:19 85:3 87:25 88:9 88:20 217:19,24 234:24 253:22 257:12 insurance [3] 293:25 294:4,6 insurer [1] 209:21 insurers [1] 141:23 insuring [2] 180:8 193:5 Integrated [4] 1:9,16 17:6 71:22 integration [1] 18:24 intend [2] 67:7 295:9 intent [5] 5:3 86:1 112:21 113:4 115:19 interaction [1] 90:15 interdisciplinary [1] 241:15 interest [9] 65:19 84:22 87:24 93:20 118:12 142:22 217:17 286:14,23 interested [2] 87:20 264:12 interfering [3] 54:20,21 258:2 interim [1] 24:10 interject [1] 46:19 interjal [4] 125:13 172:18 176:9 261:15 internationally [1] 226:1 interpret [4] 214:20 275:21,25 276:18 interpretation [3] 118:20 139:23 214:5 interruption [1] 207:17</p>	<p>intervene [16] 11:19,22 12:8,23 14:1 129:17 143:7 224:20 226:3,5 255:10,13 258:24 259:2 259:10 266:12 intervened [3] 129:9 234:7 266:6 intervening [5] 73:17 193:4 258:2 261:2 285:3 intervention [10] 11:11 11:14,15 12:15,24,25 13:13 14:10 264:24 285:6 interventions [1] 122:7 interview [3] 173:6 189:4,6 interviews [2] 100:17 263:23 intimately [1] 245:22 inventory [1] 79:14 investigated [1] 42:7 investigation [1] 206:16 invite [1] 224:10 invited [1] 18:25 involve [3] 15:12 34:16 193:14 involved [23] 9:17,18 39:21 62:6 93:9 115:2 127:2,5,16,24 149:11 150:10 190:13 216:16 223:11,22 225:5 227:8 231:19 245:22 262:3 273:23 295:3 involvement [13] 29:12 40:22 41:15 86:6 99:6 126:22,22 162:1 206:8 215:12 230:8 252:14 285:23 involves [1] 192:4 involving [5] 93:8 174:8 175:17 176:8 194:21 isolation [1] 38:7 issue [62] 6:22,22 9:16 9:21 15:16 27:22 57:24 71:19 72:9,13 74:20 75:4 76:9 78:2,5,21 80:23 90:5 93:23 95:20 96:24 111:9,9 119:1,10 125:8 127:7 134:1,10 140:9 142:11 144:9 146:5 150:6 154:13 176:19 178:6 189:21 192:13 193:1 194:25 196:25 197:8 205:2 210:16 215:14 219:5 223:15 225:24 228:14 230:3,16,17,18 235:4,13 236:23 243:4 259:18,22 260:2 261:25 issued [3] 71:25 72:4 209:10 issues [21] 50:19 59:9,25 79:6 87:21 105:5 150:9 155:22 172:16 173:15,23 215:23 223:11 224:12,25 230:22,23 245:24 265:13 287:18 289:4 Issuing [2] 207:6 211:16 It'd [1] 199:5</p>	<p>It'll [1] 116:24 italics [2] 70:17 72:3 item [2] 31:22 293:19 items [1] 110:11 itself [11] 46:2 68:6 81:21 94:11 113:18 131:9 135:8 157:1,3 231:10 287:2</p> <hr/> <p style="text-align: center;">-J-</p> <p>j [2] 157:12 218:10 January [4] 42:19 44:24 45:24 221:8 Jennifer [4] 1:14 2:6 251:8,10 Joan [8] 2:3 4:3 84:21 85:2,7 157:14 237:22 251:8 job [1] 14:23 John [1] 16:14 John's [13] 16:15 29:2 33:22 59:2 95:1 155:16 159:21 205:20 207:3 212:16 214:2 297:8,11 John's' [2] 208:3 212:11 Jones [1] 95:23 Joyce [1] 157:10 Judge [2] 138:15,15 Judge's [1] 144:16 Judy [2] 297:2,13 July [16] 69:8 73:22 90:14 157:22,23 159:1 160:5 162:18 190:21 194:9,22 215:25 216:5 229:25 234:15 253:1 jump [3] 12:3 197:21 210:8 jumping [1] 114:14 June [22] 91:23 152:14 152:17 155:5,19 157:5 157:22 158:25 159:11 163:1 171:1 172:18 176:9 177:15,17 184:1 187:24 191:2 196:17 207:7 229:5 229:25 jurisdictions [2] 30:6 86:24 jus [1] 202:5 Justice [2] 1:3 297:6</p> <hr/> <p style="text-align: center;">-K-</p> <p>k [3] 126:8 170:20 215:1 keep [8] 65:8 75:5 76:23 83:21 92:11,12 118:25 121:15 keeping [9] 7:23 17:1 50:19 54:13,22 60:3 136:25 137:15 223:16 kept [8] 9:13 10:9 64:15 64:21 92:9 93:5 117:2 126:1 key [8] 6:24 95:19 106:20 108:15 125:2 126:17,25 138:20 kind [14] 12:23 17:25</p>	<p>46:20 76:5 77:19 87:15 89:6 97:23 108:14 110:8 128:1 167:2 208:20,21 Kindly [1] 184:3 knew [8] 69:5 73:1 90:19 91:22 136:24 217:14 267:22,23 knowing [4] 19:11 53:15 235:20 264:13 knowledge [19] 54:12 76:6 89:9,12 95:2 96:22 104:7 149:20 170:1,2,13 170:15,16 176:6 197:18 202:13 209:23 253:11 274:20 knowledgeable [1] 93:21 known [8] 55:15 87:22 145:14 172:25 178:13,21 178:22 266:17 knows [1] 138:22</p> <hr/> <p style="text-align: center;">-L-</p> <p>lab [9] 101:8 154:1 172:20 173:14 174:12 175:1 179:15 199:10 248:7 laboratories [1] 100:19 laboratory [16] 33:14 45:6 57:14 80:19 106:22 152:21 172:21 173:10,11 183:20 205:11 240:11,15 240:16,18 248:25 Labrador [4] 16:13 251:12 297:8,11 Labrador-Grenfell [1] 1:15 lack [4] 81:2 136:19 161:15 162:9 Laing [4] 126:8,11,20 127:17 language [2] 101:20 173:17 large [3] 126:13 218:23 219:6 last [24] 4:15 52:21 56:25 71:24 118:5 138:12 149:22 163:24 174:20 184:6 208:1 211:7 215:4 217:23 219:24 224:20 236:24 263:13,21 265:5 265:25 269:22 280:3 295:20 late [9] 27:2 46:5 64:13 71:24 74:21 97:22 175:20 257:13 263:24 latter [3] 92:10 267:2 290:10 lawsuit [1] 80:23 lawyer [9] 55:1 135:17 135:19 137:21 141:19 142:9,16 143:22 152:3 lawyers [3] 136:1 144:23 150:10 lead [2] 82:3 216:24 leader [1] 140:7</p>	<p>leadership [8] 101:10 155:23 159:8,16,23 161:16 190:14 209:19 leading [1] 103:1 lean [1] 258:1 learn [1] 64:3 learned [1] 237:1 learning [7] 56:5,5 178:20 236:13,19 257:11 257:15 learnings [3] 56:7,24 77:1 least [29] 27:7 28:9 30:19 40:23 48:11 53:4 55:15 63:15 89:13 97:22 98:11 139:3 142:6 143:7 153:18 171:2 175:3 177:22 202:20 206:1 215:4 226:2 234:5 238:25 249:22 264:13 274:20 290:22 292:8 leave [10] 30:8 93:23 167:9 172:11 189:15 190:6 281:8,15,17,21 leaving [6] 160:18,21 189:19,24 190:5 194:6 left [10] 90:14 91:15,17 166:8 194:5 240:15 280:22 281:3 289:14 291:24 legal [14] 56:15 115:3,4 133:24 134:8 136:8,20 151:8 152:1 206:9 207:19 209:21 230:22,23 Legal/Ethics [1] 211:15 legislation [10] 5:2 18:15 18:16,22 19:13 20:5 22:23 56:10 68:14 258:16 legislative [3] 18:23 20:23 56:18 length [1] 144:8 lengthy [3] 10:25 35:25 65:5 less [6] 63:24 112:2 118:21 148:12 149:24 162:8 letter [39] 16:12,19,22 18:8,10 19:8,19 21:2,3 22:12,19 32:21,23 33:1 33:9 34:2,3 155:25 156:16,24 157:1,2,5,6 158:24,25 159:2,24 160:1 160:2,10,11,13,17 162:18 181:11 195:21,25 270:7 letterhead [4] 16:17 70:16 212:11 216:10 letters [2] 157:22 259:12 level [58] 11:18,23 27:13 27:25 34:11,24 46:9 48:24 49:17 51:15 53:4 56:1,2 58:3 66:10 76:18 79:19 85:22 88:13 94:14 94:16 104:9 142:20 167:22,24 172:2 186:9 186:11 187:2 188:15 195:2 196:25 197:19 205:11 210:4 211:8 216:7 216:24 217:1 218:2 225:3</p>
---	--	--	--	---

<p>233:2,18 234:18 235:7 246:13 247:12 252:5,14 252:16 253:5 254:5 256:1 256:12 262:1,2 272:11 289:25</p> <p>levels [2] 47:11 234:4</p> <p>liability [1] 207:20</p> <p>liaises [1] 209:21</p> <p>light [2] 34:24 266:4</p> <p>likely [2] 82:1 133:22</p> <p>Linda [3] 155:19 157:13 157:16</p> <p>line [14] 13:20 15:18 58:17 78:12 138:11 142:4 151:7 227:12 239:2 240:18,21 241:3,18,18</p> <p>lines [9] 33:3 151:14,16 208:1 232:18 238:9 240:10,14 241:25</p> <p>link [1] 168:8</p> <p>list [8] 3:1 146:16,18 147:14 148:25 150:8 184:6 294:16</p> <p>listed [4] 51:3 62:16 106:18 108:12</p> <p>listen [2] 161:18 162:15</p> <p>listened [1] 284:23</p> <p>listening [1] 283:24</p> <p>listing [4] 148:19 151:4 218:12,13</p> <p>local [2] 80:19 140:2</p> <p>located [2] 57:5 81:21</p> <p>location [5] 45:10 48:15 48:17,21,22</p> <p>logically [1] 60:23</p> <p>long-term [1] 175:18</p> <p>longer [3] 46:10 66:17 220:11</p> <p>look [39] 14:21 16:16 33:17 41:20,21 50:8 54:2 55:14 63:24 72:2 75:23 79:6 81:10 89:24 108:24 109:25 110:2 114:1,5 131:8 145:13,13 154:22 169:3 209:3 216:9,21 238:8 247:23 251:17,17 251:23,24 252:5,10 262:18,19 264:15 293:4</p> <p>looked [10] 11:4 27:1 39:11 52:3 64:13 69:12 98:12 123:1 170:22 177:13</p> <p>looking [22] 5:18 24:21 26:20 27:9 28:9,14 50:23 52:6,7 61:8 72:7,24 77:17 90:19 91:9 188:23 222:14 234:12 242:17 245:9 250:19 292:17</p> <p>loop [2] 64:16,21</p> <p>Lorraine [2] 138:5 140:6</p> <p>losing [1] 281:24</p> <p>loss [1] 210:12</p> <p>Lost [1] 210:17</p> <p>Louise [1] 95:23</p> <p>lower [1] 53:22</p>	<p>lunch [4] 158:6 165:12 165:15,22</p> <hr/> <p style="text-align: center;">-M-</p> <hr/> <p>m [1] 170:20</p> <p>ma'am [30] 4:7 5:5 23:7 25:12 30:8 31:10 40:18 41:5 46:19 59:13 64:2 80:10 85:9 101:11 102:7 105:14 106:4 111:5 116:9 117:4 120:20 139:1 144:17 175:19 189:14 194:5 213:4 228:5 230:22 233:22</p> <p>MAC [43] 155:7,8,13,15 155:21 156:1 157:24 159:5,11,14 160:24 161:9 161:13,18 163:7,20 164:13,17,17 167:9,12 167:15,22 168:2,4,4,6,9 168:10,17 186:22 227:15 227:16 228:7,13,25 229:14,15 230:1,2,8,10 230:11</p> <p>machine [4] 201:2 280:16,22 281:8</p> <p>magnitude [2] 253:8 266:12</p> <p>mail [2] 39:25 138:12</p> <p>main [1] 199:1</p> <p>Majesty [1] 1:8</p> <p>major [8] 74:20 111:9,9 122:3 203:9 206:10 226:19 236:23</p> <p>majority [1] 169:23</p> <p>makes [3] 136:3 241:14 241:14</p> <p>maligned [1] 63:21</p> <p>manage [1] 6:24</p> <p>management [4] 80:11 171:23 193:10 216:12</p> <p>manager [7] 170:13,15 170:16,17 209:20,23 240:10</p> <p>mandate [10] 20:1 22:25 88:19 92:14 162:10,12 194:8 242:18 263:1,7</p> <p>manner [1] 182:19</p> <p>manpower [1] 230:17</p> <p>Manual [4] 205:18 207:4 209:9 211:14</p> <p>March [8] 1:4 2:2 45:6 67:19 185:12 191:1 297:5 297:12</p> <p>Margaret [1] 297:6</p> <p>marks [1] 101:1</p> <p>material [2] 204:24 293:24</p> <p>materials [1] 176:15</p> <p>matter [41] 9:24 15:13 22:17 25:7 31:7 33:18 45:23 47:4,14 56:3 60:19 76:20 79:9,23 83:14 91:16 111:15 126:23 129:8,19 143:10,14,16 176:7 194:7 209:24 213:4</p>	<p>231:21 232:8,22 233:14 249:15 255:10,14 258:3 261:3 270:17 281:1 289:15 292:15 297:3</p> <p>matters [20] 93:17 126:14 143:8 162:6 171:2 171:20,25 183:18 191:18 194:2 224:17 232:14 249:13 265:5 270:20 286:20 293:25 294:4,6 295:1</p> <p>may [103] 12:3,20 39:17 61:4 62:7 63:17 64:4 65:15 74:21 83:21 91:22 104:16,18,20 107:9,12 109:6,13,22 110:12,21 110:23 111:2,3,10 112:9 113:14,17 115:16,21 116:22 117:8 119:14 122:20 123:14 132:3,9 132:10 134:3,4 135:9 137:10,19,24 139:1,3,16 142:5,15 143:5,8 144:6 144:15,18,23 145:11 154:18 169:19 170:21,24 170:25 171:5 172:14 175:20 176:13,16 177:8 177:8 178:20 183:25 187:23 191:2 193:3,25 194:1 195:3,7 203:16 205:8 207:13,16 210:20 212:19 219:11 222:3,4,5 229:18 234:6 244:12,14 255:25 259:25 260:6,7 266:18 267:21,21 268:24 284:12 290:23 292:18 295:9</p> <p>mean [23] 21:11 29:10 50:23 64:20 76:4 90:4 91:14 108:14 113:11 118:25 129:17 140:11 146:18 172:2 176:11 192:15 194:19 215:20 228:22 269:19 276:8 277:6 289:13</p> <p>meaning [2] 73:25 195:5</p> <p>means [5] 159:19 165:15 222:3 276:14 297:10</p> <p>meant [2] 166:10 274:7</p> <p>meantime [1] 24:9</p> <p>measures [3] 93:4 173:18 175:18</p> <p>mechanism [1] 236:17</p> <p>mechanisms [1] 56:8</p> <p>media [82] 6:2,8,21 7:4 7:7,9 8:9 12:10 63:15,24 72:7,13,18,23 73:5,6 74:6 95:12,14 100:10,15 101:21 103:17 104:25 105:3 106:18,19 107:3 111:16 113:14 114:13 115:21 116:13 118:10 119:7,11,17 121:5 122:10 122:18,19,20 123:12,25 124:5,10,16,18 131:23 132:6,16,19,23 133:10 133:23 134:5 135:11 136:6 138:1,23 143:24 144:22 172:19 173:6,22 174:2 176:19 183:8</p>	<p>195:15 206:9 260:10 269:8,8 280:9 282:13,21 283:9 284:4,23 285:25 286:2 288:3</p> <p>medical [28] 57:25 60:1 61:17 82:4 155:4,18 159:20 160:4 161:11 162:20,25 163:25 167:13 167:16,23,23 168:14,24 172:6 186:23 191:5 210:24 211:17 213:23 224:23 229:22 240:13 242:5</p> <p>Medication [1] 61:19</p> <p>medicine [4] 172:21 173:10,11 240:11</p> <p>Meditech [1] 221:4</p> <p>meet [12] 19:1,3 45:20 57:19 133:20 157:25 160:23 164:1 224:11,13 224:13 270:21</p> <p>meeting [86] 6:13 15:7 24:7 26:10 28:19 30:17 30:21 31:4,18,19,20 32:1 32:8,10 42:16,18 47:25 80:4 81:8,11 83:11 94:10 96:14 99:19 101:15 103:11 104:16,24 107:10 109:6 110:12 111:3 113:8 113:9,15,17,18 116:21 117:7,11,12,15,15 118:13 119:4 120:6 136:16,24 138:14 139:2,6 142:15 152:13,18 156:12 158:2 158:3 159:11,13 160:4 160:18 161:4,6,24 162:22 162:24 164:4,11 165:1,6 165:10 166:25 170:23,23 170:25 177:9,13,22,23 184:16 192:5 195:13 232:22 255:5 283:20,20</p> <p>meetings [10] 6:7 35:16 41:23 73:16 191:5 192:11 193:8 220:25 228:23 290:15</p> <p>member [6] 137:21 271:2 281:4 283:7 287:1 287:3</p> <p>members [18] 1:11 54:5 73:9 99:9 105:1 117:21 132:7 151:13 160:5 161:19 162:20 168:6 172:15 192:6 271:18 272:2,19 273:14</p> <p>memo [15] 69:8 172:18 172:25 173:13 174:11 176:9,13,14 178:13 179:14 180:23 186:7 287:15,16,23</p> <p>Memorial [1] 231:18</p> <p>memorized [1] 61:5</p> <p>memory [2] 87:15 200:25</p> <p>memos [2] 187:5,6</p> <p>mention [1] 27:7</p> <p>mentioned [5] 19:23 168:5 177:22 244:14 266:23</p> <p>mess [1] 251:14</p>	<p>message [17] 52:8 70:18 70:19,21,22 73:6 76:12 87:16 125:7 138:19 226:14 280:15,21 281:3 281:8,9,21</p> <p>messages [7] 6:24 73:2 106:20 108:15 125:2,23 144:13</p> <p>Messrs [1] 67:4</p> <p>met [11] 86:16 164:21 165:3 175:8 180:9 190:23 191:1 196:18 224:8,16 224:23</p> <p>methods [1] 289:24</p> <p>MHA [1] 16:15</p> <p>Michaels [2] 138:5 140:6</p> <p>mid [1] 263:24</p> <p>middle [2] 70:24 81:13</p> <p>midway [1] 134:3</p> <p>might [37] 10:22 11:15 13:14,25 15:2,6,12,25 28:12,14 31:14 35:22 40:13 47:23 56:17 61:9 65:15 67:22,22,23 68:23 96:11,12 127:8 143:6 154:23 169:9 187:10 199:19 229:10 230:23 258:25 260:2,12 266:5 284:9 295:4</p> <p>million [1] 221:10</p> <p>mind [11] 35:22 38:12 53:20 64:2 90:16 102:12 109:5 253:6 277:5 278:16 284:10</p> <p>minister [55] 16:16,19 19:20 23:20 24:7 26:7 26:10 28:11 29:3 68:13 68:23 128:8 133:21 135:24 136:18,18 137:2 137:14,17 144:5,8,9 156:4,7,7 157:14,15 158:1 161:15 164:2,24 164:24 165:7 190:11,12 196:15,19,22 224:6,8,9 224:11,14,16 225:6,7 232:6,7,13,14,15 233:3 233:7 238:11,12</p> <p>minister's [4] 24:1 196:25 197:7 206:9</p> <p>ministers [1] 232:25</p> <p>minor [1] 115:9</p> <p>minutes [74] 5:6,13,14 5:18,21,25 12:9 15:25 24:4 27:2,8 28:18 30:9 31:6 32:10 33:17 41:22 42:25 43:21 44:23 50:2 50:24 51:19,21 52:25 57:3,13 64:13 74:19 81:10 83:4,10 84:12 93:1 95:22 96:19 97:6,8 98:19 105:7 117:3,4,6 151:3 155:11 158:21 166:6,25 171:18 177:23,25 190:20 193:3 194:2 195:3 204:18 204:22,23 220:18,25 221:6 222:23 228:17,23 229:12 233:23 234:6 245:9,11,15 254:6 257:5 262:19 263:11</p>
---	---	---	---	---

<p>misapprehension [1] 204:2</p> <p>misconception [1] 7:3</p> <p>mislead [2] 113:4 136:4</p> <p>misled [1] 136:5</p> <p>misrepresentation [4] 119:24 120:10,25 121:4</p> <p>misrepresented [1] 120:12</p> <p>misrepresenting [1] 120:21</p> <p>miss [1] 265:13</p> <p>missed [3] 42:4 194:19 194:20</p> <p>missing [1] 166:3</p> <p>misunderstanding [2] 126:14 143:19</p> <p>mixed [1] 73:2</p> <p>model [4] 256:7 290:1,5 290:9</p> <p>modification [1] 22:3</p> <p>modules [1] 36:21</p> <p>Moira [5] 23:13 24:6 25:18 26:11,19</p> <p>moment [14] 12:3 30:16 58:3 61:3 77:5,13 80:2 109:14 155:6 169:2 177:12 188:3 219:17 283:21</p> <p>moments [1] 18:20</p> <p>Monday [1] 105:16</p> <p>money [3] 221:14,23,25</p> <p>monitor [1] 209:17</p> <p>monitoring [15] 20:6 54:14 59:7 203:17 256:10 256:15,22 257:6 261:24 289:20,20 290:3,13,16 291:8</p> <p>month [8] 19:3 23:22 26:8 27:9 39:15 52:21 60:7 191:1</p> <p>months [14] 8:6,23 9:25 18:9 19:6 56:25 79:10 79:10 94:19 119:2 217:21 236:3 290:16,19</p> <p>morning [19] 4:2,9 27:6 40:11 71:24 82:7 107:2 129:4 133:21 137:19 166:2,24 245:2 271:20 289:1 294:19 295:5,10 296:4</p> <p>Moss [2] 297:2,13</p> <p>most [8] 6:23 33:3 73:19 82:1 111:15 119:9 172:12 268:8</p> <p>Mount [9] 23:24 24:20 26:5,21 45:15,16 46:13 46:24 201:10</p> <p>mouse [1] 81:3</p> <p>move [4] 79:11 84:23 225:3 266:22</p> <p>moved [1] 235:10</p> <p>Mrs [1] 158:1</p> <p>Ms [828] 1:13,17 2:3,6 4:3 4:6,8,11,14,20,25 6:2,3</p>	<p>6:9,14 7:12,17,21 8:4,11 8:15,19,24 9:3,10,15 10:5,12,16 11:1,8,17,24 12:5,12,17 13:1,10,15 13:19 14:3,9,13,17,24 15:3,9,14 16:2,9,12,23 17:9,18,22 18:4,11,21 20:18 21:7,13,17 22:5,9 22:21 24:23 25:4,15,25 26:14,23 27:3,12,18 28:5 28:16 29:4,14,21 30:3 31:5 32:21 34:1,8,18 35:2,8,12 36:3,8,13,18 37:2,13,24 38:6,15,19 40:10 41:1,6,10 43:14 43:18 44:17,20 46:4,16 47:1,5,24 48:18 49:5,11 50:4,14 51:5,14 52:11 52:17 53:12,16 54:1,10 54:19 55:10,23 56:19,23 57:6,8 58:12,24 59:5,15 59:22 60:5,14 61:22,24 63:13 64:6,17 65:3 66:6 66:14,19,24 67:8,13 68:1 68:11,18 69:2,9,15,20 69:24 70:4,11,15 71:2,8 71:14 72:10,20 73:14 74:7,12 75:1 76:7 77:15 77:20 78:1 81:9,17,25 82:13,18,23 84:11,15,19 85:14 86:5,9,13 87:6,11 87:18 89:3,14,23 90:3 90:22 91:6,12 92:1,6,21 93:10,15 94:1,7,13,17 94:22 95:3,8 96:3,13,17 97:7,18,25 98:6,14,17 99:14 101:16,23 102:3 102:10,17,21,25 103:18 103:23 104:2,6,14,19 105:4,10,19,22 106:1,6 106:14 107:7,13,20,25 108:5,19,23 109:4,9,15 109:24 110:10,18,22 111:1,8,14,24 112:10,14 113:19,23 114:2,6 116:6 116:15 117:14 118:1,18 119:21 120:1,7,13,22 121:2,8,12,20,24 122:21 123:2,7,11,17,21 124:2 124:7,11,20 125:14,18 126:12,24 127:9,21,25 128:4,9,13,17 129:1,10 129:14,18 130:5,9,14,18 130:24 131:11,12,16,20 132:12 134:17,22 135:1 135:14,18 136:13 137:6 137:11 139:10,14 140:3 140:8,13,17,22 141:3,16 141:20,24 142:10,18 143:9,13 145:2,16 146:13 146:17,21 147:1,13,19 148:2,7,15,19 149:4,10 150:5,14 151:15,19 152:4 152:8 153:12 154:2,15 154:20 155:10 156:9,11 156:15,22 157:7,17 158:24 159:6 160:12,16 161:7 163:2,9,14,18 164:6,12,16,20 167:7,14 168:3,13 171:8,15 172:1 172:5,10 175:23 176:3 176:17 177:4,14,19,24 178:4,24 179:5,17,23</p>	<p>180:2,7,20 181:1,5,10 181:19 182:2,18,24 183:16 184:9,13 185:5 185:17,22 186:8,13,20 187:7 188:3,5,9,14,25 189:5,10,22 190:7,24 191:6,10,14,21,25 192:7 192:14,21 193:11,20,24 194:10,14 195:1,6,10,18 195:24 196:3,14 197:6 197:16 198:15,21,24 199:2,7,11,15,20,24 200:4,13,17,21,25 201:3 201:7,12,17,23 202:2,11 203:1,6,14,24 204:7,11 204:16,21 205:6,22 206:23 207:22 208:4,9 208:13,18,25 209:25 211:5,21,25 212:12 213:7 213:12,17 214:4,19 215:8 215:17 216:4,18 217:9 217:13 218:15 219:1,9 220:3,7 221:11,16,20 222:1,13 223:6,12,19,24 224:4 225:10 226:7,11 226:16 227:13,23 228:9 228:15,21 229:7,20 230:4 230:15 231:3,12,16,24 232:9 233:4,12 234:1,9 234:14 235:23 237:8,22 237:23,24 238:13,19 239:4 240:7,20,24 241:5 241:9,21 242:1,6,20 243:1,12,19,23 244:3,7 244:11 245:13,18 246:1 246:5,17 247:3,16,20 248:1,6,10,14,20 249:2 249:6,10,24 250:3,7,11 250:14,15,21,24 251:2,4 251:8,8,9,10,20,22 252:2 252:7,11,22,25 253:4,9 253:13,15,20,23,25 254:3 254:12,16,23,25 255:2,4 255:6,15,20,22 256:21 256:23,25 257:2,14,17 257:19 258:4,7,9,17,21 258:23 259:1,3,5,7,9,11 259:14,17,24 260:3,5,8 260:14,18,20,22,24 261:1 261:4,6,13,17,19,23 262:9,11,13,15,17,22,24 263:19 264:1,3,6,8,18 265:2,9,11,15,18,21,23 266:3,15,21 267:4,6,8 267:10,14,16,18,25 268:2 268:7,9,11,13,15,19,21 269:1,11,14,16,18,24 270:1,3,5,11,14,25 271:3 271:5,7,10,24 272:6,8 272:10,14,16,18,23 273:6 273:9,12,16,18,20,25 274:3,9,11,14,22 275:3 275:7,17,20,22,24 276:7 276:17,23,25 277:4,11 277:13,16,18,21,23 278:2 278:4,6,10,12,19,21,23 278:25 279:2,11,13,19 280:4,8,12,20,23,25 281:2,5,10,12,14,16,18 281:20,22 282:5,8,10,16 282:22 283:1,3,6,11,13 283:15 284:7,11,18,20 285:1,5,10,12,14,16,22</p>	<p>286:3,5,10,24 287:6,10 287:12,14,19,21 288:1,8 288:10,16,22,24 289:12 290:4,7,20,25 291:2,6 291:15,17</p> <p>multiple [2] 115:2 187:25</p> <p>mum [1] 134:13</p> <p>Mundon [2] 105:18,19</p> <p>must [5] 47:15 135:25 136:4 218:9 239:16</p> <hr/> <p style="text-align: center;">-N-</p> <hr/> <p>n [3] 234:25,25,25</p> <p>name [5] 38:11 238:2 250:20 281:15,17</p> <p>named [1] 216:11</p> <p>namely [2] 48:12 123:25</p> <p>names [4] 77:4 146:22 148:24 150:6</p> <p>narrow [1] 284:8</p> <p>Nash [2] 173:7,9</p> <p>national [20] 7:7 9:19 9:21 50:16 58:2 88:7,13 93:3 218:2 247:1,4,5,12 247:25 249:14,16 251:25 252:14 253:17 257:24</p> <p>nationally [2] 87:22 225:25</p> <p>Naturally [1] 35:13</p> <p>nature [9] 40:21 126:21 173:19 182:14 204:3,5,5 207:13 232:12</p> <p>NDP [1] 140:7</p> <p>near [1] 221:21</p> <p>nearing [1] 80:14</p> <p>necessarily [4] 187:1 188:17 214:14 295:3</p> <p>necessary [9] 78:23 80:14 110:13 125:23 160:24 206:20 225:4 258:20 279:5</p> <p>necessity [2] 40:6 279:16</p> <p>need [18] 11:10,14,18 23:19 24:10 50:20 70:6 74:16 92:8 111:10 138:22 144:12 162:4 175:14 197:9 266:14 276:11 286:20</p> <p>needed [1] 286:12</p> <p>needs [10] 20:10,13 77:17 78:13 79:17 162:1 210:19 263:5,6,15</p> <p>negative [3] 6:23 114:23 122:11</p> <p>neu [1] 33:7</p> <p>never [15] 26:13 27:25 48:3 70:9 91:10 113:3 115:22 149:1,2 197:17 232:24 252:20 270:6 271:1 280:5</p> <p>Nevertheless [1] 241:24</p> <p>new [17] 5:2 18:14,17,22 18:23,23 19:25 22:23 27:20 38:23 92:13 148:10</p>	<p>162:5 217:25 219:3 222:16 290:21</p> <p>Newbury [122] 1:14 2:6 61:22,24 251:2,4,8,9,10 251:22 252:7,22 253:4 253:13,20,25 254:12,23 255:2,6,20 256:21,25 257:14,19 258:7,17,23 259:3,7,11,17 260:3,8 260:18,22 261:1,6,17,23 262:11,15,22 263:19 264:3,8,18 265:9,15,21 266:3,21 267:6,10,16,25 268:7,11,15,21 269:11 269:16,24 270:3,11,25 271:5,10,24 272:8,14,18 273:6,12,18,25 274:11 275:17,22 276:7,23 277:4 277:13,18,23 278:4,10 278:19,23 279:2,13 280:4 280:12,23 281:2,10,14 281:18,22 282:8,16 283:1 283:6,13 284:7,18 285:1 285:10,14,22 286:5,24 287:10,14,21 288:8,16 288:24 290:4,20 291:2 291:15</p> <p>Newfoundland [13] 16:13 58:9,18 60:9 62:3 64:11 71:20 223:2 225:25 249:16 251:11 297:8,11</p> <p>newly [1] 99:7</p> <p>news [7] 59:14,21 106:23 175:25 176:2 207:18 284:24</p> <p>next [22] 25:21,24 30:21 30:25 45:14 59:6,11 84:25 98:17 99:17 111:6 111:9 113:8 124:23 137:19 150:22 152:12 173:21 177:13 215:1 244:10 291:20</p> <p>night [2] 138:12 291:24</p> <p>nine [1] 133:7</p> <p>Nineteen [1] 209:12</p> <p>nitty [1] 262:4</p> <p>NL [2] 1:8,14</p> <p>noise [1] 138:14</p> <p>non [1] 226:1</p> <p>non-health [1] 131:3</p> <p>none [1] 105:9</p> <p>normal [3] 180:8 207:17 222:11</p> <p>normally [1] 93:11</p> <p>note [14] 24:1,2 57:13 61:23 70:17 71:13,21 81:12 85:1 100:20 101:8 165:12 184:3 292:11</p> <p>noted [10] 6:20 27:7 82:10 117:8,9,10 119:16 124:14 151:2 254:6</p> <p>notes [5] 26:9 44:24 125:9 207:25 251:13</p> <p>nothing [12] 8:1 21:14 30:14 49:16,19 51:23 71:9 105:11 134:16 162:21 165:2 232:10</p> <p>notice [1] 21:3</p>
--	---	--	---	---

<p>notification [5] 4:15 57:22 59:19 215:19 276:15</p> <p>notified [33] 72:14,16 73:21,25 75:3,13,19,23 77:7,7 80:13 113:11 120:16,17 124:21 127:7 127:8 235:7,8 275:11,13 275:15 276:2,9,19 277:3 279:24 282:7 283:19 284:2 285:9 288:5,13</p> <p>noting [1] 119:4</p> <p>notion [3] 13:24 120:10 134:6</p> <p>Novem [1] 25:19</p> <p>November [30] 5:14,18 5:21 6:19 11:5 16:20 17:21 23:11 24:8,13 25:21,25 26:18 27:2 28:19 80:17 82:12 83:11 84:12 85:4 86:8 88:4 89:17 90:13 93:25 95:15 96:1,8 97:23 98:11</p> <p>now [173] 5:22 7:8 8:9 9:22 18:8 21:4 24:12 26:12 29:2 32:6,19 34:10 35:23 41:19 44:3,7 45:7 48:9,22 49:2,3,8 50:23 51:24 52:24 53:7,8,13 53:15,17,17 54:3,24 55:1 56:25 58:3 63:13 69:25 70:5 72:23 73:5 75:10 75:13 76:24 80:23 81:14 87:2 89:12,19 90:12,17 90:20 91:9 92:25 93:24 95:11 97:14 99:12 100:2 100:6 101:11 102:6 103:11 104:3,22 108:24 113:14,17 114:12 115:3 115:17 116:2,25 117:12 119:11 122:16 125:11 128:20,24 131:23 137:5 139:1,25 141:12,19 142:5 144:17 146:10 149:12,16 151:1 153:7 155:5 157:2 158:4 167:2 168:20 169:2 169:11 170:19 175:19 178:1 179:3,12,20 183:7 183:9,25 184:14 188:23 188:24 189:14 191:17 193:1 203:15,16 207:2,8 209:5 211:6 212:8 213:4 213:15 214:3,12 216:9 216:15 218:20 219:11 220:11 222:5 223:25 224:21 226:21 227:7,24 228:12 229:9 230:18 232:18 235:19,20,25 236:22 238:22 240:7 242:9 243:10 244:10 245:5 246:23 248:2 249:15 250:18 251:12 254:7 256:2 263:20 264:15,25 265:4 266:18 268:17 271:23 276:20 277:5 279:20 281:24 286:19,22 289:19 290:16 295:17</p> <p>number [47] 20:19 42:12 44:4,9 53:3 61:6 74:15 74:18 76:9 80:5 84:5</p>	<p>85:17 104:12 112:22 115:16 116:14 120:15 130:8,12 133:9,11 143:25 144:18,21 145:22 146:10 146:25 147:23,24 148:1 150:20 153:15 166:18 194:17 200:9 228:5 238:2 238:5 252:9,12 259:20 267:23 281:15,17 289:3 290:16 295:20</p> <p>numbering [1] 166:11</p> <p>numbers [20] 96:12,25 103:7 111:17 113:2 115:6 115:8,25 116:2 118:19 118:22 133:2,16 145:8 146:6 148:16 166:15 252:8 260:1 293:10</p> <p>numerous [3] 170:11 199:6 235:6</p> <hr/> <p style="text-align: center;">-O-</p> <hr/> <p>o [3] 144:6 170:20 234:25</p> <p>O'Dea [5] 1:17 250:15 250:21,22,24</p> <p>objection [1] 192:16</p> <p>objective [1] 291:10</p> <p>objectively [1] 29:25</p> <p>obligations [1] 262:8</p> <p>obvious [1] 9:24</p> <p>obviously [21] 6:15 7:22 21:18 24:25 25:5 37:9 46:5 52:25 87:25 89:8 91:14 112:5 118:23 129:21 139:18 159:10 181:21 236:22 270:16 281:13 286:19</p> <p>occasion [3] 225:5 257:8 279:18</p> <p>occasions [7] 74:18 76:10 223:25 229:16 235:6 238:5 266:24</p> <p>occur [4] 11:16 53:1 71:4 188:2</p> <p>occurred [12] 41:13 98:2 102:2,4,6 115:6 143:21 170:5 194:9 217:8 222:7 228:20</p> <p>occurrence [12] 181:13 206:7,14,19,22 207:11 208:3,21 209:9,18 210:13 289:4</p> <p>Occurrence/Incident [1] 207:6</p> <p>occurrences [1] 208:1</p> <p>occurring [1] 8:22</p> <p>occurs [1] 212:24</p> <p>October [17] 6:20 11:5 39:13,19 52:3 80:4 81:12 81:24 95:13 206:4 209:10 275:12 277:9 279:9,24 283:17,20</p> <p>off [6] 61:5 62:13 138:5 169:25 240:14 242:12</p> <p>offering [2] 13:2 95:18</p> <p>office [8] 16:18 17:11,13 17:16 18:3 43:3 168:23</p>	<p>206:9</p> <p>officer [6] 155:21 190:9 240:13 273:4,23 291:14</p> <p>Officers [1] 132:14</p> <p>offices [2] 17:4,8</p> <p>official [2] 18:9 21:8</p> <p>officials [8] 25:9 27:23 27:24 224:17,23 226:18 227:10 231:20</p> <p>often [3] 11:20 147:2 228:19</p> <p>old [1] 19:11</p> <p>once [6] 39:24 82:24,24 100:19 101:7 277:7</p> <p>oncologist [6] 126:9 127:1,17 228:1 273:2,21</p> <p>oncologists [6] 88:11 174:14 228:2 254:2,4 272:25</p> <p>oncology [3] 57:25 58:2 60:2</p> <p>one [79] 10:15 18:25 23:11 25:14 30:25 31:2 36:1 39:22 40:7 50:8 56:6 58:17 60:23 61:10 62:16 71:21 74:5,15 75:24 79:7 80:2 81:23 82:10 83:17 86:16 88:1 88:18 91:1 93:4 95:2 120:15,17 121:14 122:17 130:8,8 133:6 135:8 139:22 149:23 152:3 159:7,14 162:6 166:3 177:12 187:23,24 202:7 203:23 206:3,25 207:5 207:16 208:12,15,17 218:7 219:11 223:16,23 224:7,17 225:5 236:13 236:24 239:12 240:14 241:3 248:7 265:12 271:25 277:24 279:18,22 286:12,18 291:8 293:19</p> <p>ones [1] 275:1</p> <p>ongoing [12] 25:7 26:3 49:13 57:22 59:19 60:25 173:14 174:25 179:15 182:6 183:3 289:20</p> <p>Ontario [1] 226:25</p> <p>onto [1] 215:1</p> <p>open [4] 90:25 113:7 118:8 161:20</p> <p>opening [2] 81:8 95:21</p> <p>openness [1] 126:15</p> <p>opens [3] 23:21 135:21 172:16</p> <p>operates [3] 29:7 262:1 262:2</p> <p>operating [4] 5:2 132:14 169:24 289:24</p> <p>operation [2] 27:13 79:19</p> <p>operational [21] 11:22 12:15,25 13:14 15:13 29:9 142:20 143:7 173:19 210:4 216:20 217:1 223:11 234:8,10 255:10 255:13 258:3 261:2</p>	<p>270:16 289:14</p> <p>operationally [3] 12:23 14:2 239:1</p> <p>operations [6] 54:21 187:2 188:16 205:10 258:11 259:10</p> <p>opinion [7] 65:16 129:23 137:20 143:1 165:5 202:7 278:22</p> <p>opportunity [16] 65:4 117:22 119:5 126:8 157:25 161:1,8,17 162:14 164:1,3 175:13 210:22 256:3 265:4 266:20</p> <p>opposed [2] 44:9 110:12</p> <p>order [3] 117:11 210:15 295:24</p> <p>organization [62] 13:21 14:14 18:24 20:4 41:16 45:11 46:8 63:20 66:18 72:16 75:17 76:17,22 90:6 91:16 92:13,15 93:9 95:16,24 112:2 118:20 119:17 121:15 122:12 125:4 136:20 139:9 141:10 144:3,4,12 153:2 160:18,21 162:2 182:17 183:2 188:16 189:18,24 190:5 205:21 214:11 231:6,9 234:18 238:17 247:11 252:4 256:12,14 258:11,14 260:11 261:9 261:11 270:23 287:1,2 289:11 291:12</p> <p>organizational [1] 238:9</p> <p>organizationally [2] 238:25 241:3</p> <p>organizations [5] 9:20 60:18 93:8 94:25 253:17</p> <p>organize [1] 165:10</p> <p>orientation [2] 19:22 19:25</p> <p>original [9] 42:25 46:6 76:4 81:22 98:23 100:3 152:16 209:7 216:13</p> <p>Osborne [4] 224:6,9 232:14 233:7</p> <p>Oscar [10] 63:18 66:22 81:14 95:23 137:21,25 139:5 144:7,20 173:8</p> <p>otherwise [9] 15:7 22:4 49:21 65:7 73:8 171:4 192:19 215:15 230:12</p> <p>Ottawa [1] 24:6</p> <p>Ottenheimer [4] 16:14 19:1 22:16 232:13</p> <p>ought [1] 264:16</p> <p>ourselves [2] 55:17 292:9</p> <p>outcome [4] 103:6 164:25 213:1 246:2</p> <p>outcomes [3] 100:15 106:22 207:15</p> <p>outlined [1] 22:1</p> <p>outlines [1] 19:20</p> <p>outlining [1] 126:3</p>	<p>output [1] 73:5</p> <p>outreach [5] 7:24 192:4 253:17 263:2,14</p> <p>outset [2] 120:6 244:13</p> <p>outside [6] 12:10 59:3 93:8 182:17 194:8 257:23</p> <p>outsiders [1] 55:20</p> <p>outstanding [1] 200:20</p> <p>overall [3] 170:2,5 175:17</p> <p>overlaps [1] 154:23</p> <p>overriding [1] 269:19</p> <p>oversee [1] 168:2</p> <p>overseeing [2] 130:23 172:20</p> <p>oversight [1] 174:14</p> <p>overview [1] 46:21</p> <p>own [3] 86:23 100:19 232:3</p> <hr/> <p style="text-align: center;">-P-</p> <hr/> <p>P [3] 39:10 62:14 116:23</p> <p>P-0011 [1] 63:4</p> <p>P-0015 [1] 62:14</p> <p>P-0017 [2] 62:17,19</p> <p>P-0018 [4] 5:8 6:1 30:10 30:13</p> <p>P-0019 [18] 41:19 43:11 44:13 57:5 62:2 64:12 80:1 83:9 84:7 93:2 98:25 100:3 116:22,23 166:1,20,22 245:4</p> <p>P-0020 [6] 117:6 143:4 150:24 152:15 155:3 220:24</p> <p>P-0021 [1] 220:24</p> <p>P-0056 [6] 205:15 209:6 209:14,16 211:13 289:1</p> <p>P-0057 [4] 216:9 218:7 219:18,19</p> <p>P-0092 [1] 39:11</p> <p>P-0096 [1] 23:6</p> <p>P-0097 [1] 25:11</p> <p>P-0099 [2] 16:8,8</p> <p>P-0101 [2] 32:19,20</p> <p>P-0102 [2] 70:14 271:12</p> <p>P-0104 [5] 105:14 106:9 106:12 114:1,11</p> <p>P-0106 [2] 131:8,15</p> <p>P-0112 [1] 172:9</p> <p>P-0113 [3] 187:11 188:1 188:2</p> <p>P-0114 [1] 168:19</p> <p>P-0116 [5] 157:2,4 158:4 160:2 167:6</p> <p>P-0117 [4] 3:3 292:12 293:14,17</p> <p>P-0118 [3] 3:2 239:22 240:1</p> <p>p.m [6] 25:20,22 117:12 132:3 135:10 172:14</p> <p>package [4] 108:2,17,17</p>
--	--	--	---	--

<p>276:15 page [109] 5:10,24,25 7:5 16:17 17:16 21:3 23:10 25:14 30:13 39:18,23 42:20,23,25 43:11 44:10 44:13 57:5 61:9,13,19 62:2 69:19 71:12,14,20 80:5,6 81:9,21 83:12 84:4,6 93:1 95:11,14,21 98:23,23,24 99:5,7,17 100:2,3,4 105:16 106:5 108:10 114:6,6,9,16 117:6 124:23 131:25 135:7,8 150:23,24 152:15 152:16 155:3 157:3,4,5 158:4 159:1 160:2 163:23 166:8,11 167:1 183:7 186:19 187:23,23,23 188:2,2,3 206:2,2 207:2 207:10,25 209:3,6,7,14 209:15,15 210:10,11,11 214:22,22 215:1 218:7 219:18,22,23 221:2,7 239:8 240:5 245:2 271:25 pages [11] 32:22 42:2,4 42:20,20 105:15 108:13 109:17 131:10 159:2 293:5 paid [1] 125:5 pandemic/avian [1] 7:5 panel [4] 45:18 47:20 57:18 59:13 panelling [1] 48:4 panic [1] 44:3 paper [2] 175:11 197:13 paragraph [32] 44:17 48:7,8 50:1 53:7 69:18 84:13 87:2 99:4,17,24 100:4 122:1,17 141:12 143:16 150:24 151:2,18 152:17 153:9 154:19 155:4 162:19 163:24 178:16 214:23 221:5 271:16,17,23,25 paragraphs [1] 153:16 park [1] 295:13 part [24] 5:23 6:12 17:3 40:3 49:12,15 64:12 73:18 107:15 128:1,3,7 138:2,4,7,18 167:18 173:14 179:14 180:9 249:5 253:16 267:2 290:10 participation [1] 246:7 particular [25] 5:23 21:5 42:20 55:9 58:6 68:8 81:7 82:7 98:21 143:25 147:12 152:14 158:24 203:22 209:5,8 217:6 221:1 225:2 243:18 244:15 259:22 266:1 271:16 280:19 particularly [4] 67:19 88:17 212:19 232:16 parties [2] 91:2 190:12 partner [1] 60:20 partners [6] 7:25 60:23 65:14 196:22 261:20</p>	<p>286:13 partnership [2] 60:17 246:11 Party [1] 140:7 pass [1] 33:24 passed [2] 101:4 124:6 passes [1] 111:5 passing [2] 43:10 83:15 past [9] 38:22 63:15 143:20 171:18 173:10 219:13 257:13 266:2 289:18 Pat [1] 71:17 pathologist [8] 23:23 24:18 26:5,21 172:19,22 173:16,25 pathologists [23] 45:8 48:14 49:4,10 50:18 51:9 51:12 52:9 53:9 88:11 100:8 101:3 174:13 223:4 223:16 224:19 225:18 226:23 230:17 233:9,19 253:24 254:1 Pathologists/Oncologists [1] 235:1 pathology [18] 45:11 50:3,10,13 51:10,12 52:9 53:10 58:1 60:2 101:4 152:20 154:1 174:12 186:17 227:5,21 228:3 patient [30] 40:5,7 65:19 77:3 85:3 87:25 88:8,19 93:3 127:16 206:12 212:20,23,25 213:2,3 215:19,23 217:18,24 234:24 253:21 257:12 268:24 270:7,10 273:4 273:22 277:8 278:1 patient's [1] 215:5 patient/family [2] 210:21,22 patients [84] 23:18,19 23:20 26:3 33:16 45:21 57:20,22 59:19 72:14,16 73:25 75:2,3,12,19 77:6 80:15 88:25 89:1,2,6 104:12 111:18 112:20,23 113:11 115:1 118:25 120:14,15,16,17 122:8 124:21 138:22 143:23 145:25 146:18,20 147:15 192:12 212:18 215:4 218:24,25 235:6,8 259:13 259:20 261:10,20 266:1 266:25 267:12,23 268:4 269:6,8 270:19 271:19 272:3 273:11,19 274:15 274:19 276:1,9,19 277:3 277:6 278:14 279:6,17 279:24 282:7,13 284:1,4 284:22 285:9 286:14 288:5,13 patients' [1] 146:22 Patricia [1] 40:11 peer [8] 55:4,5,18 153:5 154:11 180:18 236:16 247:8 peers [1] 198:4</p>	<p>Penney [1] 157:10 people [47] 30:5 40:24 59:3 63:24 66:7 75:16 76:12 77:2 78:10 81:13 87:23 88:15 103:2 114:18 115:9,16,18 122:13 145:24 148:1,21 149:11 149:14 150:7 161:22 162:11 197:22,23 198:9 247:9 252:9 253:19 260:1 269:20 270:21 272:21 273:1,3,5,24 275:11,15 276:5 280:5 283:19 286:23 289:10 per [1] 39:25 perceived [2] 12:22 206:11 percent [4] 89:4 96:24 161:21 179:6 perform [1] 264:22 performance [2] 20:21 93:3 performed [2] 45:9 48:15 perhaps [12] 10:21 16:6 139:22 237:16,16 243:9 245:13 246:24 248:5 254:15,17 259:19 period [19] 18:14 19:21 22:22 36:7 38:9 47:18 77:1 78:9 147:3 177:10 188:22 196:4,18 203:8 214:8 229:25 256:5 267:11 288:7 periodically [2] 6:10 96:24 periods [1] 73:17 permission [1] 157:15 person [15] 37:25 126:25 130:22 205:10 210:15 214:24 218:8 231:1,4 233:6 254:19 270:23 275:10,13 291:12 person's [2] 139:22 202:7 personal [5] 28:23 66:1 101:9 117:17 156:1 personally [6] 54:4 60:19 65:21 119:1 136:22 280:21 persons [2] 37:10 60:22 perspective [26] 13:6 15:23 22:18 40:5 65:9 67:2 82:4 97:21 116:10 131:4 134:11 142:5 168:1 180:16 201:21,24 202:1 211:2 238:10 245:23 247:1 251:25 255:9 264:13 280:17 285:4 pertaining [1] 132:20 Peter [12] 2:5 62:7 63:25 64:21 138:6 139:24,25 139:25 237:22 238:2 285:23 288:12 Pg [2] 3:2,3 Pgs [4] 2:4,5,6,7 pharmacists [1] 224:19</p>	<p>philosophy [3] 7:23 137:1,15 phone [2] 14:22 164:22 phrase [1] 97:17 phrased [1] 146:11 physician [7] 57:23 59:20 162:5 210:24 224:25 273:2,22 physicians [7] 45:22 80:15 153:3 154:9 225:20 238:3 261:10 pick [2] 14:22 265:12 piece [2] 166:3 193:15 pieces [2] 126:4 197:12 Pilgrim [2] 40:12 71:17 pilot [3] 93:2 248:19 249:19 pink [1] 293:5 place [13] 54:15 76:2 100:25 101:3 170:7 200:11 205:25 217:3 236:17 255:8 276:12 289:7 290:14 plan [14] 20:3,9,12 21:22 21:24 100:18 115:13 133:14 170:3 193:13 251:1 263:16,17 265:20 planned [1] 101:7 planning [3] 77:15 207:7 224:15 plans [1] 67:3 play [1] 46:2 pleased [1] 59:10 plus [1] 22:25 point [44] 12:20 20:2 32:4 33:21 37:9 47:12 74:13 75:10 81:15 82:8 82:10 88:3,22 109:10 110:7 114:19 120:11 126:4 128:24 129:7,8 138:4,21 148:4 149:1,19 149:19 155:7 160:9 176:22 185:4 201:10 205:3 220:8 223:23 252:17 255:9 258:19 265:12 269:5 279:22 285:19,19 288:4 pointed [2] 15:24 199:6 pointedly [1] 185:20 points [3] 77:9 173:12 179:12 policies [19] 54:14 205:25 211:4,10 214:9 214:14,15 216:21,23 255:19 256:16 288:25 289:3,8,18 290:10,13,17 290:23 policy [31] 11:11,18 16:1 205:18 207:4 209:9 211:14 212:8,15 213:25 214:6,12 215:6,14 216:10 216:16,20,24 217:5,6 218:21,22 219:21,25 220:2 255:24 259:4 264:21 289:16,21 291:4 political [1] 162:1</p>	<p>politicians [2] 153:6 154:12 portrayed [1] 144:3 position [7] 37:21,25 141:5 159:5 185:16,21 243:10 positions [1] 241:4 positive [1] 114:24 possession [1] 181:17 possibility [1] 152:1 possible [5] 13:13 74:1 140:11 206:18 266:4 possibly [3] 11:15 266:12 284:19 posted [1] 143:23 postpone [1] 138:17 potential [4] 89:21 206:7 235:14,14 potentially [2] 64:2 259:21 power [2] 109:10 110:7 PR [1] 184:7 PR/ER [1] 57:23 practice [2] 105:7 224:10 practices [4] 85:24 86:20 100:13 290:14 pragmatic [1] 17:3 Pre [2] 244:2,4 pre-hearing [1] 138:14 precipitated [2] 143:19 174:9 precise [5] 147:7,8 182:11 216:19 255:16 precisely [13] 19:7 73:1 176:22 182:3,7 186:9 192:15 194:1 195:20 215:19 227:25 232:22 272:7 predecessor [2] 94:25 205:20 predetermined [1] 247:11 Predham [11] 25:25 39:13,20 40:10,24 137:22 137:23 140:9,18,20 210:1 Predham's [1] 141:13 predictive [1] 33:15 predominant [1] 6:22 preempt [1] 175:12 preface [1] 41:2 prejudicing [1] 136:8 premier [13] 157:25 164:1 165:7 172:17 175:21 178:7 180:24 181:4,11 195:21 196:6 232:8,10 premier's [2] 181:17 196:9 premise [1] 13:25 premises [1] 76:3 preparation [1] 7:5 prepared [2] 160:23 164:23</p>
---	--	--	--	--

<p>preparing [1] 93:18 present [8] 36:16 37:4,6 81:13 117:8 124:16 159:12 216:5 presentation [12] 49:16 85:5 87:3,19 88:2,23 89:18,25 97:10 108:15 109:11 110:7 presented [17] 49:20 85:2 87:10 91:20 107:21 111:17 112:17 124:19 148:11 150:19 162:21,23 165:9 197:12 263:20 266:11 279:21 presenters [1] 88:1 presenting [2] 118:21 254:19 president [15] 14:5 15:17 29:6 35:1,6 36:7 38:10 39:4 66:10 70:20 71:25 72:5 155:20 172:6 186:23 president/CEO [4] 38:3 129:5 259:16 270:18 Presidents [1] 132:13 press [5] 112:6 144:14 145:5 174:21,22 pressure [2] 47:8 119:17 presumably [1] 64:20 presumably [4] 12:21 82:16 128:8 214:1 presume [1] 77:17 presuming [1] 52:5 pretty [10] 65:11 112:15 136:14 142:20 156:17 161:20 167:8 181:20 227:14 280:2 prevents [2] 55:18,19 previous [1] 136:6 previously [1] 252:19 primarily [1] 36:23 Primrose [1] 99:11 principle [4] 218:17,18 228:3 288:11 principles [4] 21:18,25 39:2 100:13 print [3] 7:1 45:2 169:20 printout [2] 23:10 24:5 priority [3] 76:11,11 118:12 Pritchard [3] 1:8 237:6 237:7 privacy [1] 150:9 privy [4] 139:17 148:18 148:19 187:3 proactive [1] 234:19 problem [10] 77:24 83:21 102:14,24 132:20 173:15 204:4,5 242:23 266:11 problems [9] 26:4 49:22 53:25 89:22 129:22 166:1 222:25 244:15 270:8 procedure [1] 290:22 procedures [4] 169:24</p>	<p>211:10,10 289:8 proceed [2] 67:16 138:20 proceeding [1] 100:9 proceedings [1] 115:3 proceeds [2] 134:1,10 process [33] 26:3 35:24 36:17 48:4 57:21 59:20 97:12 115:5,8,17 116:1 133:18 134:2,10 167:19 175:1 180:10 212:24 215:20 217:20 218:1 222:11 235:9 246:19 247:15,19 255:18,25 256:18 257:8 263:15 275:12 290:12 processes [8] 20:7 80:18 152:20 153:23,25 256:10 257:6 289:22 proclaimed [2] 4:17 20:5 produced [2] 169:6,10 production [1] 294:8 profession [1] 272:21 professional [2] 100:22 101:6 professionals [6] 101:4 225:1 227:4 272:25 285:13,17 proficiency [3] 100:25 101:2 170:2 progesterone [4] 33:7 100:5 119:9 122:16 program [14] 45:12 100:24 101:2,6 127:1 179:15 206:10 209:18 239:3 240:9,12,15 241:16 242:4 programs [3] 79:12,21 92:17 project [1] 248:19 project-type [1] 170:11 promise [1] 158:20 proper [2] 54:14 56:12 property [1] 210:16 proposed [2] 99:6 134:15 protected [1] 55:8 Protective [1] 210:24 protocols [4] 255:8 257:20 259:19 289:7 provide [22] 7:13 15:19 16:1 49:17,22 63:21 72:25 78:6 79:22 99:22 100:10 119:5 122:5 126:13 130:23 144:21 162:15 163:10 175:13 209:17 259:2 294:17 provided [27] 13:8 44:25 48:25 57:12 60:24 64:7 68:25 69:4 70:22 71:16 78:13 97:10 121:14 123:23 132:23,24,25 163:5,7 167:17 181:21 212:23 221:10,14 240:8 271:13 274:21 providence [1] 169:11</p>	<p>provides [1] 256:8 providing [13] 40:23 65:24 78:14 79:12,20 107:1 112:3 129:4 198:3 210:21,23 212:25 223:17 province [13] 7:6 9:19 30:5 78:3,9,20,22 88:15 100:9 198:3,8,9 225:17 provinces [1] 86:24 provincial [1] 36:23 provincial-wide [1] 7:1 provision [2] 55:9 167:23 public [35] 6:25 7:14 72:12 73:25 74:1 78:13 111:25 113:4 117:16 125:3,7,8 126:6,13 127:6 127:8 132:4 133:25 134:9 136:6 138:23 142:22 143:19 144:13,19,25 159:17 161:13,25 189:25 204:24 207:19 232:17 263:14 283:24 publicly [13] 52:22 63:19 89:7 112:25 117:19 118:22 121:17 184:18,19 195:14 269:3,9 284:22 purpose [12] 7:11 9:6 11:7 22:15 32:10 54:7 126:10 151:22 160:13 228:2 246:25 247:23 purposes [3] 84:6 184:8 222:8 pursue [5] 49:24 56:22 67:7 165:6 290:8 pursued [3] 176:10 186:4,12 pursuing [1] 152:25 put [8] 7:3 145:12 150:17 153:7 210:10 212:9 236:5 270:22 putting [1] 236:17</p> <hr/> <p style="text-align: center;">-Q-</p> <hr/> <p>Q.C [564] 1:6,7,11,15 2:4 4:3,5,10,18,22 5:4,20 6:5 6:11,18 7:15,19 8:2,8,13 8:17,21 9:1,5,12 10:1,7 10:14,18 11:3,13,21 12:2 12:7,14,19 13:5,12,17 13:23 14:7,11,15,19 15:1 15:5,11,22 16:4,11,25 17:14,20,24 18:7,19 20:16 21:1,9,15 22:2,7 22:14 23:5 25:1,10,17 26:16,25 27:5,16 28:2,7 28:20 29:8,17,23 30:7 30:20,22,24 31:1,9,15 31:23 32:2,14,18 34:4 34:15 35:19 39:9 41:4,8 41:18 42:3,9,13,17,24 43:4,8,16,20,25 44:6,11 44:16,22 46:14,18 47:3 47:19 48:6 49:1,7,25 50:6,22 51:7 52:1,14 53:2,14,18 54:6,17,23 55:12 56:14,21 57:1,10 58:14,23 59:12,18,24</p>	<p>60:8 61:2,11,18 62:1,12 62:20 63:1,3,7,12 64:9 64:19 66:3,11,16,21 67:1 67:11,15 68:3,15,20 69:7 69:11,17,22 70:1,7,13 71:6,11 72:17 73:4 74:3 74:9,23 75:21 77:12 79:25 80:9 81:4,19 82:9 82:15,20 83:1,8,18,22 84:2,10,17 86:3,7,11 87:1,8,13 88:21 89:11 89:16 90:1,11 91:4,8,24 92:3,19,24 93:13,22 94:3 94:9,15,20,24 95:6,10 96:7,15 97:5,13,20 98:3 98:10,16 99:3,16 101:18 101:25 102:5,13,19,23 103:10,20,25 104:4,10 104:17,21 105:8,13,24 106:3,8,16 107:11,18,23 108:3,8,21 109:2,7,12 109:20 110:3 111:4,12 111:22 112:8,12 113:16 113:21,25 114:4,10 116:8 116:17 117:24 118:15 119:3,23 120:3,9,19,24 121:6,10,18,22 122:15 122:24 123:5,9,15,19,24 124:4,9,13,22 125:16,20 126:19 127:3,19,23 128:2 128:6,11,15,19 129:6,12 129:16 130:1,7,11,16,20 131:6,14,18,22 132:15 134:20,24 135:4,16,20 137:4,8,16 139:12,19 140:5,15,19,25 141:11 141:18,22 142:1,13 143:3 143:11,15 145:10 146:9 146:15,19,23 147:11,17 147:22 148:5,13,17 149:7 150:1,21 151:17,24 152:6 152:10 153:14 154:6,17 155:1,14 156:13,18,25 157:9,19 158:12,17,23 159:25 160:14 161:5 162:17 163:4,12,16,22 164:8,14,18 165:11,18 167:3,25 168:11,18 169:13 171:12,19 172:3 172:8 176:1,5,25 177:11 177:16,21 178:2,10 179:2 179:11,19,25 180:5,15 180:22 181:3,8,14,23 183:6,24 184:11,21 185:9 185:19 186:3,10,15 187:4 187:9,14,18,22 188:7,12 188:19,21 189:3,7,13 190:3,17 191:3,8,12,16 191:23 192:2,9,18,25 193:18,22 194:4,12,16 195:4,8,16,22 196:1,12 197:4,14 198:10,17,23 199:4,9,13,17,22 200:1 200:6,15,19,23 201:5,9 201:14,19,25 202:4,15 203:4,12,20 204:1,9,13 204:19 205:4,14,24 207:1 207:24 208:6,11,16,23 209:2,13 210:6 211:12 211:23 212:2,6,14 213:10 213:14,19 214:17,21 215:10 216:2,8 217:4,11 218:3,19 219:7,16 220:5</p>	<p>220:10,22 221:13,18 222:19 223:8,14,21 224:2 225:8 226:4,9,13 227:6 227:18 228:4,11,18 229:1 229:17,23 230:9,21 231:7 231:14,22 232:4,23 233:10,21 234:3,11 235:12 237:2,18 291:21 292:3,10,16,22 293:1,7 293:11,18,23 294:3,7,13 294:20 295:15 QA [1] 170:5 QI [1] 45:12 QRM [3] 216:12 217:6 219:25 qualifier [2] 268:10,14 quality [44] 34:19 40:1,3 40:14 49:13,15 50:20 55:5,6,19 57:16 59:7 63:21 80:11,13,17,21 85:19,20 86:22 93:7 100:24 153:10 167:13 169:21 170:6 173:14 174:14,25 179:15,20,21 180:3,18,18 203:17 207:5 207:7 209:16 216:11 269:13,23 273:3,3 quarterly [1] 209:19 quarters [1] 295:16 questioning [4] 54:15 280:11 287:9,17 questions [27] 47:10 58:15 67:6 85:10 135:23 174:2 183:7 184:22 186:6 189:15 210:3 215:18 220:14 236:10 237:3,9 237:14 250:16,18 251:3 251:5,14 254:14 284:25 289:17 291:16 295:25 quick [2] 23:25 24:22 quickly [4] 74:1 225:4 225:16 279:16 quite [9] 11:19 23:1 33:10 92:17 164:23 226:19 252:1 256:4 290:16 quizzical [1] 169:3 quote [5] 116:2,2 133:5 133:6 295:18 quoted [2] 72:3 288:6 quotes [2] 114:25 126:3</p> <hr/> <p style="text-align: center;">-R-</p> <hr/> <p>r [2] 170:20,20 radar [1] 77:25 Radio [2] 70:18,23 radiology [6] 119:10 154:13,25 190:1 194:7 194:21 raise [9] 27:1 97:16 144:20 145:1,12,14 148:18 178:11 181:15 raised [23] 32:11 33:19 68:9 70:2 74:18 76:9,20 96:8 105:6 113:12 129:11 132:5,6 175:21 176:6,16 176:18 178:7 183:18</p>
---	---	--	--	---

<p>194:3 215:23 269:12 287:2 raises [1] 172:22 range [1] 226:24 rate [9] 95:17,25 96:10 97:15,17 103:21 114:17 133:4 184:5 rather [4] 23:1 35:25 266:16,19 re [5] 66:7 138:15 143:17 170:1,4 re-evaluate [1] 76:3 reach [3] 14:14 27:25 191:19 reached [2] 225:2 227:11 reaching [1] 118:7 reacting [2] 153:4 154:10 reaction [1] 67:5 read [10] 52:5 108:18 110:16 116:7 207:9 212:5 274:7,19 280:2,18 reading [6] 47:16 48:23 72:14 91:17 106:24 277:5 readings [5] 45:7 48:13 49:3 51:8 53:8 realized [1] 145:7 really [21] 10:10 27:15 48:23 52:24 89:24 92:9 92:9 107:8,14 118:9 177:5 178:1 197:10 218:5 218:11 227:1 236:20 258:5 263:3 266:20 284:13 reason [14] 29:25 81:8 150:17 182:8 202:9 203:21 204:8 224:20 232:24 249:11 253:16 276:2 285:19 295:17 reasons [6] 10:3 22:25 46:10 115:14 147:9 227:2 recalling [2] 104:3 145:4 receipt [1] 155:25 receive [4] 16:22 136:14 153:24 270:13 received [31] 4:15 7:7 17:15 21:2 23:22 26:4 45:16 71:14 80:21 88:5 88:6 101:14 103:12 107:6 107:9 108:16,17 152:19 153:23 156:21,23 168:21 175:19 217:16 252:20 270:6,10,15,18 271:1 288:18 receiving [5] 7:8,9 115:15 206:17 230:5 recent [3] 85:3 209:1 225:19 recently [7] 33:3 36:12 47:16 119:10 150:16 242:19 248:18 receptor [4] 1:2 33:6,7 297:4 receptors [1] 57:14 RECESS [2] 83:5 220:19 recognition [2] 162:10</p>	<p>287:7 recognize [4] 49:9 211:19 283:8 286:15 recognized [4] 78:18,25 79:24 144:12 recollection [15] 45:25 52:7 68:21,25 71:5 97:9 111:6 112:4,5 115:20 116:11 155:8 186:14 228:19 230:19 recommendation [1] 243:15 recommendations [24] 45:3,21 48:12 49:23 50:9 51:1,3 54:2,3,3 55:7,15 55:20 57:17 59:8 100:22 100:23 167:20 174:19 200:10 202:14 236:15 246:20 264:14 recommended [3] 45:7 156:5 170:3 reconcile [1] 282:18 reconciling [2] 282:20 283:9 reconsider [1] 40:6 record [8] 21:8 41:16 95:5 98:24 117:5 132:4 198:1 207:9 recorded [4] 31:18 204:18 229:11 234:5 records [1] 91:19 recreate [1] 264:20 recruiting [1] 227:3 recruitment [6] 50:18 224:18 225:1 226:20 233:9,19 red [3] 49:18 293:5,8 redacted [4] 153:17 166:4,4 222:20 refer [20] 33:10 39:15 55:7 98:21 103:21 104:12 115:23 116:5 166:12 170:19 255:17,23 256:19 261:7 267:17 269:25 270:16,17 271:11,15 reference [34] 6:2 20:6 31:11 58:8,17 60:9 61:8 62:3,6 63:14 84:24 87:3 121:25 128:20 144:15 150:23 151:10 154:8 155:15 157:23 176:9 195:11 202:8 205:8 210:12 221:3 228:6 241:14 245:7,11,16 252:13 257:5 279:23 referenced [9] 52:16 59:16,16 180:11 204:25 205:13 222:25 228:16 243:3 references [4] 11:4 49:2 53:7 93:2 referencing [2] 205:3 241:10 referred [21] 4:23 18:16 18:20 28:21 39:23 45:18 47:21 53:3 62:10,24 127:10 133:7 134:7</p>	<p>166:25 171:21 186:18 189:16 202:6 271:14 288:25 289:15 referring [6] 5:1 40:1,7 67:17 251:18 253:21 refers [5] 55:3 123:14 178:11 218:8 273:13 refining [1] 38:25 reflect [10] 24:1 28:18 32:11 39:17 90:15 236:20 265:4,24 266:14,16 reflected [16] 43:12 51:19 52:24 74:21 96:19 97:6,8 105:6 171:3,18 177:25 195:3 222:2,10 222:18 260:16 reflecting [2] 65:12 66:1 reflection [3] 92:8 95:9 224:8 reflective [3] 75:9 163:20 282:14 reflects [2] 130:25 147:25 regard [6] 11:25 13:3 137:14 142:16 150:3,4 regarding [10] 119:7 151:8 152:1,24 170:10 190:14 195:14 285:23 287:4,15 region [2] 122:6 214:10 regional [9] 1:9,16 4:16 17:6 18:17 19:14 20:7,8 71:22 regions [1] 9:19 Registrar [20] 5:10 16:8 23:6 30:11 70:14 83:16 83:25 114:5,7 133:17 162:23 167:4 173:5 205:15 219:19 239:9,15 239:19,22 294:17 regrets [1] 117:10 regular [7] 6:6 77:8 99:23 152:13 165:16 222:12 257:7 regularly [2] 148:11 256:16 regulations [1] 168:15 reintroduce [1] 45:5 reiterated [1] 200:9 relate [3] 51:1 282:6 295:24 related [21] 10:10 20:10 72:24 80:23 85:1 96:23 101:8 112:16,20 119:8 173:15 189:25 194:6,17 198:25 216:6 219:13 232:16,22 236:15 241:10 relates [1] 78:4 relating [5] 7:9 13:7 111:18 169:20 171:2 relation [16] 17:2 29:9 58:16 80:24 83:12 85:9 107:3 131:7 163:13 206:21 210:25 219:22 230:11,13,24 231:11 relations [2] 273:4,22</p>	<p>relationship [5] 20:20 90:24 241:22 243:5,16 relationships [2] 286:21 286:22 relatively [1] 36:11 relatives [1] 215:5 release [6] 106:23 126:6 128:24 146:6 217:23 221:8 released [5] 52:22 172:18 182:16,20 195:21 releases [1] 106:22 releasing [4] 95:17,25 113:2 145:8 relevance [2] 30:15 224:12 relevant [4] 115:7,15 116:1 133:17 reliant [1] 260:1 relied [1] 272:15 reluctance [1] 143:6 rely [3] 148:10 204:22 205:16 remain [1] 95:16 remained [1] 184:7 remaining [1] 170:8 remains [1] 236:23 remember [7] 8:5 93:18 131:1 171:6 196:6 224:7 235:10 remind [3] 54:21 102:15 250:25 remove [1] 237:16 removed [1] 166:8 remuneration [1] 223:18 repeat [1] 279:4 repeating [2] 118:25 280:10 replaced [2] 81:15 166:5 report [42] 20:21 23:22 24:18 26:5,20 28:6 52:3 52:20 53:21,25 80:16,20 82:11,22 91:17 99:25 100:1 101:13,14,19 135:25 152:19 153:22,24 199:5 200:3,8 201:20 206:15,19,22,24 208:3 208:21 228:7,16 229:13 229:19 230:6 242:22 291:4,8 reported [6] 6:15 153:1 154:4 156:24 185:14 186:19 reporters [2] 133:3 173:12 reporting [9] 105:3 153:18,19 155:8 156:19 171:14 209:10 228:25 229:14 reports [44] 7:9 8:9 27:11 28:8 33:12,22 34:10 35:14 45:1,4 48:9 50:25 51:2,25 52:2,8,24 53:17 55:6,6 90:18,20</p>	<p>90:21 93:16 96:25 98:13 99:23 198:13,25 202:10 202:17 203:15 209:18 227:16 228:13 229:3,21 230:12 236:1 244:2 254:19 264:9 290:17 291:12 represent [1] 238:2 representation [1] 124:15 representative [1] 72:8 representatives [1] 270:19 represented [1] 96:11 representing [2] 143:23 203:2 represents [2] 64:10 156:8 reproduced [3] 30:12 30:14 43:22 reputation [3] 206:12 207:14 260:10 request [5] 68:14 170:10 170:14 175:5 209:20 requested [8] 84:21 100:17 151:3 152:18 222:3,4,7 238:3 requesting [1] 157:24 requests [2] 67:23 68:7 require [2] 112:24 277:20 required [6] 111:19 146:1 218:6,13,13 294:25 requirement [1] 221:21 requires [1] 50:12 residents [1] 122:8 resign [1] 190:18 resignation [3] 159:19 163:15 195:15 resigned [1] 36:11 resolution [1] 83:25 resolved [1] 166:2 resort [1] 224:21 resource [4] 66:8 230:18 232:2,3 resources [2] 79:2 162:5 respect [33] 7:8 26:17 34:10 45:23 48:7 56:10 66:4 68:16 69:4 81:7 89:12 124:25 126:20 143:20 146:10 150:2 157:23 171:20 189:14 191:17 193:1 198:12 202:14 207:8 210:9 213:15 215:11,15 216:15 218:20 234:5 262:10 265:3 respected [2] 198:4 232:2 respond [10] 39:6 46:13 67:22,23 68:7 79:2,4 133:23 136:4 210:5 responded [1] 174:17 responding [1] 78:13 response [15] 15:16</p>
--	---	--	---	---

Inquiry on Hormone Receptor Testing

<p>34:14,21 73:21 140:23 145:15 173:4 185:13,14 196:9 197:7 225:15 243:14 284:6 288:17</p> <p>responses [1] 266:18</p> <p>responsibilities [7] 19:4 20:20 22:13 168:17 241:13 263:8 285:18</p> <p>responsibility [14] 8:7 18:13 56:11 92:15,18 167:11,11,15,18,21 196:10 210:14 211:9 263:4</p> <p>responsible [2] 66:9 171:24</p> <p>rest [1] 108:10</p> <p>restarted [1] 170:16</p> <p>restarting [1] 33:21</p> <p>restate [1] 234:21</p> <p>restore [1] 125:24</p> <p>restored [1] 58:22</p> <p>restraint [1] 78:9</p> <p>restricted [5] 45:8 48:13 49:4 51:9 53:8</p> <p>result [15] 19:18 50:9 78:17 114:23 115:17 119:24 120:25 144:1 146:12,12 152:22 207:16 249:17 278:8 280:1</p> <p>resulted [2] 144:14 206:6</p> <p>results [31] 40:8 45:17 46:6 47:13,17 48:2 97:11 104:13 112:17,23 127:14 128:16 133:12,15 144:1 145:22 148:23 174:6,8 212:25 275:16 276:13,13 276:20,22 277:2,14,19 278:17 279:8,15</p> <p>resume [3] 57:15 59:2 80:19</p> <p>RESUMES [1] 2:3</p> <p>retaining [5] 152:1 193:8 223:3,16 227:3</p> <p>retention [3] 50:19 224:18 226:20</p> <p>retest [7] 127:14 128:16 172:24 185:3 275:2,4,6</p> <p>retested [5] 275:10,14 277:10 279:14,25</p> <p>retesting [19] 40:3,4 44:25 45:12,15,17,24 48:5 57:11,13 170:15 173:2 174:10,25 178:15 275:16 276:12,16 280:6</p> <p>retests [1] 97:2</p> <p>retrospect [2] 52:23 75:14</p> <p>return [1] 143:4</p> <p>returned [2] 97:2 200:2</p> <p>review [39] 31:20 33:13 40:1,4,14 55:4,5 57:16 57:19 65:5 80:13 100:5 100:6,21,22 101:11 103:2 103:4 106:22 115:12 151:3 174:9,12 180:18 186:17 190:1 194:20</p>	<p>207:6,12 210:22 216:14 228:24 233:22 235:2 236:17 247:8 271:19 273:19 289:5</p> <p>reviewed [2] 198:19 214:9</p> <p>reviewing [5] 45:19 47:21 57:18 100:14 103:5</p> <p>reviews [6] 55:5,18,19 153:5 154:11 236:16</p> <p>revised [2] 207:8 214:14</p> <p>Rick [2] 231:5,10</p> <p>right [49] 1:8 5:21 13:9 16:20 21:10 34:19 38:9 42:8 43:24 44:3,7 67:14 70:16 81:14 128:12 155:3 158:20 162:22 169:2,11 178:15 187:21 191:24 194:13 209:5 220:17 229:6 240:17 243:24 249:12,21 251:7 255:3 258:18 259:4,6,18 262:23 275:23 276:24 277:17,24 279:12 281:11 293:12,14 295:12,17 296:3</p> <p>right-hand [3] 17:16 219:20 274:12</p> <p>risk [8] 80:11 133:17 206:12 207:13 209:20,23 212:20 216:12</p> <p>road [2] 252:21 284:15</p> <p>Robert [6] 25:19,23 32:23 33:24 81:15 101:10</p> <p>Rogers [3] 62:7,22 64:1</p> <p>role [38] 13:20,21 16:5,5 21:19 36:2 37:12,18 38:2 38:3,22,23 39:1,2,3 54:13,22 60:22 65:15 77:16 79:9 84:20 223:10 238:6 241:11 256:9,9 258:12,15 264:23 286:8 286:11,15,18 287:5,8,13 291:10</p> <p>roles [8] 19:4 37:15,16 38:14 65:18 168:16 241:12 258:16</p> <p>Rolf [1] 1:8</p> <p>roof [1] 138:3</p> <p>room [2] 4:12 295:3</p> <p>Ross [1] 225:9</p> <p>routinely [2] 28:25 191:4</p> <p>Rowena [2] 84:19 99:9</p> <p>Royal [1] 225:20</p> <p>rule [1] 232:11</p> <p>rules [1] 168:15</p> <p>run [1] 106:12</p> <p>running [1] 29:12</p> <p>runs [2] 105:15 135:7</p> <p>Russell [1] 1:13</p> <hr/> <p style="text-align: center;">-S-</p> <hr/> <p>s [5] 26:6 125:12 170:20 170:20 234:25</p> <p>safe [1] 210:15</p>	<p>safety [25] 56:1 84:13,18 85:3,12 87:25 88:8,19 93:3,6,11,23 99:7,10,18 99:19,21 153:10 213:3 217:18,24 234:24 253:22 257:10,12</p> <p>salaries [1] 226:1</p> <p>salary [2] 226:23,25</p> <p>sample [2] 277:9 279:14</p> <p>samples [1] 40:3</p> <p>Sandra [1] 1:7</p> <p>satisfaction [1] 173:24</p> <p>satisfied [3] 183:21 185:7 288:20</p> <p>satisfy [1] 276:9</p> <p>save [1] 292:8</p> <p>saw [9] 52:19 65:19,20 74:1 110:21,25 134:12 205:7 287:20</p> <p>says [21] 23:16 24:5 39:25 40:16 63:19 75:23 95:14 100:6 114:16 132:19 138:1 139:23 162:19 169:20 179:13 210:12,17 214:23 271:25 274:17 277:3</p> <p>scale [2] 218:23 219:6</p> <p>scan [1] 42:5</p> <p>scanned [1] 58:5</p> <p>sceptical [1] 235:21</p> <p>schedule [1] 295:14</p> <p>scheduling [2] 158:3 295:1</p> <p>School [1] 161:11</p> <p>Science's [1] 48:20</p> <p>Sciences [1] 152:22</p> <p>scored [1] 101:1</p> <p>scoring [1] 255:11</p> <p>screen [14] 5:22 41:20 41:21 44:7,19 57:6 58:7 80:8,10 84:11 116:25 132:2 135:7 205:16</p> <p>scroll [6] 5:11 39:18 43:9 83:13 98:18 116:25</p> <p>scrolling [3] 81:9 84:1 102:12</p> <p>scrum [1] 196:7</p> <p>scrutiny [1] 207:19</p> <p>search [2] 96:18 232:20</p> <p>searching [1] 90:7</p> <p>seat [1] 150:25</p> <p>seated [4] 4:2 83:7 165:24 220:21</p> <p>second [25] 19:3 20:2 21:3,24 45:23 63:22 80:3 83:17 87:2 120:18 121:25 121:25 151:2 157:4 160:2 162:19 163:23,24 200:3 206:2 207:10 214:22 218:7 277:20 278:7</p> <p>Secondly [1] 11:10</p> <p>secret [1] 176:12</p> <p>section [4] 55:2 207:5 211:15 246:11</p>	<p>see [42] 5:13,24 8:10 12:9 14:1 15:25 25:21 44:18 44:23 59:10 75:22 76:18 84:11 98:22 106:17 107:15,16,17 109:17 140:23 146:22 147:16 150:23 153:24 170:22 179:15 183:5 196:15 203:15 211:3 219:14,20 219:24 222:20 232:21 238:10 240:12 253:18 254:9 262:19 263:3 264:25</p> <p>seeing [6] 41:2 87:14 139:11 140:10 141:6 282:11</p> <p>seeking [2] 175:6 246:9</p> <p>seem [3] 42:4 110:25 294:16</p> <p>send [1] 259:12</p> <p>sending [1] 157:11</p> <p>senior [1] 171:22</p> <p>sense [14] 12:8 13:2 21:12 37:16 90:16,19 91:9 149:21 193:25 195:7 234:8,10,19 276:5</p> <p>sensitive [2] 80:25 119:16</p> <p>sent [9] 23:15 33:12 71:1 125:7 132:3 137:23 172:14 293:24 294:9</p> <p>sentences [1] 163:24</p> <p>sentiment [6] 64:3,24 65:1 136:12 139:8 198:12</p> <p>sentiments [1] 65:10</p> <p>sentinel [3] 217:20 219:21,22</p> <p>September [12] 6:21 10:23 60:7 95:13 138:18 211:18 214:1 215:25 229:5 253:3,10 283:20</p> <p>series [4] 39:14,22 131:9 131:23</p> <p>serious [5] 49:21 105:5 206:5,13 289:5</p> <p>serve [2] 286:15,23</p> <p>service [6] 20:12 60:18 169:22 170:8 173:17 234:22</p> <p>services [25] 16:18 20:8 78:12,14 79:12,21 92:16 105:21 122:5 156:4 164:2 167:16,23 172:7 180:14 183:20 186:23 198:3 211:17 212:23 213:23 224:23 229:22 231:1 248:25</p> <p>serving [1] 84:22</p> <p>session [1] 85:8</p> <p>sessions [1] 86:16</p> <p>set [8] 24:7 33:2 74:19 84:3 93:25 168:14 258:6 290:18</p> <p>settled [1] 4:7</p> <p>seven [1] 18:24</p> <p>several [3] 69:18 129:23</p>	<p>173:12</p> <p>share [4] 161:1,2 174:20 291:7</p> <p>shared [8] 89:7 127:15 165:1 173:22 174:11,16 182:9 183:1</p> <p>sharing [1] 167:11</p> <p>sheet [3] 128:21 130:4 130:23</p> <p>sheet' [2] 126:3,5</p> <p>shock [1] 97:23</p> <p>short [4] 47:18 175:17 220:13 274:7</p> <p>shortage [2] 225:17,18</p> <p>shortcoming [1] 199:6</p> <p>show [7] 25:23 46:22 91:19 123:10 132:4 140:2 173:23</p> <p>shown [3] 189:2,9 239:7</p> <p>shows [2] 21:8 289:16</p> <p>sic [1] 72:14</p> <p>side [6] 17:16 66:9 70:17 166:10 219:20 240:14</p> <p>signature [6] 21:6 211:18,19 212:1 213:21 216:14</p> <p>signatures [1] 43:12</p> <p>signed [8] 40:8,18 134:2 136:9 138:25 169:25 213:20 282:25</p> <p>significance [6] 9:16 28:13,15 49:9 93:17 235:15</p> <p>significant [9] 20:1 23:1 51:18 79:16 92:14 111:15 206:11 207:13 263:3</p> <p>significantly [1] 198:5</p> <p>signing [2] 16:15 70:20</p> <p>similar [1] 266:11</p> <p>Similarly [1] 226:17</p> <p>Simmons [18] 1:9 31:10 31:13,17,25 32:3,12,15 61:7,14,20 62:5 71:16 152:7 169:4,16 294:23 295:6</p> <p>simply [1] 146:5</p> <p>Sinai [9] 23:25 24:20 26:5,21 45:15,16 46:13 46:25 201:10</p> <p>single [4] 122:5,9 158:25 248:3</p> <p>single-spaced [1] 159:3</p> <p>Singleton [3] 231:5,11 231:18</p> <p>Sister [1] 99:11</p> <p>sit [2] 148:6 265:4</p> <p>site [2] 48:20 152:22</p> <p>sitting [2] 151:1 295:21</p> <p>situation [12] 50:17 58:11 60:11 62:5 72:1 133:22 207:12 243:25 251:19 252:24 257:25 290:24</p> <p>situations [1] 252:1</p>
--	--	--	---	--

Inquiry on Hormone Receptor Testing

<p>six [7] 8:6,22 46:7 52:21 152:16 166:8 186:6</p> <p>slide [2] 108:15 123:10</p> <p>slip [1] 35:22</p> <p>small [1] 70:17</p> <p>Smith [1] 40:12</p> <p>Society [14] 1:14 58:10 58:19 60:10,20 61:22 62:4 64:12,15 65:13 140:1 251:11 285:24 286:16</p> <p>solely [1] 31:20</p> <p>someone [5] 35:6 50:23 75:22 139:23 210:13</p> <p>sometimes [1] 192:5</p> <p>somewhere [2] 47:16 226:23</p> <p>SOPs [1] 169:23</p> <p>sorry [32] 5:15 35:18 39:8 41:23,24 45:13 62:21 70:5 72:18 73:23 92:12 98:20 102:22 110:6 116:23 120:16,23 123:13 123:13 140:18 162:22 170:7 175:3 178:15 195:7 207:11 216:3 239:14,18 242:12 250:18 260:25</p> <p>sort [10] 11:15 13:6 59:6 64:3 139:7 171:7 216:15 238:16 247:8 291:3</p> <p>sorts [4] 8:9 93:6 171:20 171:24</p> <p>sought [3] 124:24 142:17 173:4</p> <p>sound [2] 229:6 297:10</p> <p>sounds [1] 136:2</p> <p>source [3] 71:16 169:6,8</p> <p>sources [1] 170:12</p> <p>South [1] 17:6</p> <p>spaced [1] 158:25</p> <p>speak [12] 63:19,22,25 65:25 71:23 75:2 78:20 89:18 140:18 203:3 243:13 256:6</p> <p>speaking [7] 68:22 115:18 141:8 227:8 254:20 269:9 272:24</p> <p>speaks [1] 35:1</p> <p>special [15] 31:20 33:14 113:8,18 116:20 117:6 117:15 118:13 119:4 139:6 160:3 162:21,24 170:23 177:9</p> <p>specialist [1] 193:9</p> <p>specialists [4] 100:8 125:21 126:17 223:4</p> <p>specific [13] 11:25 14:6 15:15 19:15 32:9 68:13 70:6,9 72:23 96:5 174:18 276:3 290:2</p> <p>specifically [5] 48:21 75:2 264:11 272:20 273:13</p> <p>speculate [1] 178:25</p> <p>speculating [2] 96:20</p>	<p>284:14</p> <p>spent [2] 160:7 258:14</p> <p>spirit [1] 5:3</p> <p>spoke [6] 30:5 222:24 224:6 226:10 227:7,19</p> <p>spoken [3] 161:23 191:18 261:25</p> <p>spokes [1] 63:24</p> <p>spokesperson [5] 6:25 95:20 126:17 286:8 287:5</p> <p>spot [1] 21:4</p> <p>spring [9] 190:23 200:2 216:22 224:10 225:13 226:6 227:9,19 290:11</p> <p>squarely [1] 116:12</p> <p>St [15] 16:15 29:2 33:21 59:2 95:1 155:16 159:21 205:19 207:3 208:3 212:10,16 214:2 297:7 297:11</p> <p>stab [1] 212:8</p> <p>Stacey [2] 1:17 250:22</p> <p>staff [12] 73:9 152:24 153:1 159:20 166:1 168:15 207:14 236:11,20 256:13 267:21 289:14</p> <p>stage [11] 48:24 51:24 65:22 71:9 77:3 87:23 146:8 163:11 231:25 279:22 280:10</p> <p>staining [2] 173:16 174:5</p> <p>stains [1] 184:4</p> <p>stamp [2] 16:19 17:15</p> <p>stance [3] 153:6 154:12 154:21</p> <p>stand [5] 2:3 124:19 168:24 229:9 247:14</p> <p>standard [4] 6:12 36:20 36:23 169:24</p> <p>standardized [1] 214:9</p> <p>standards [10] 50:16 88:8 167:17,22 180:8 247:5,12,25 248:2 249:14</p> <p>standing [2] 6:12 238:4</p> <p>start [7] 47:8 85:11 101:7 221:17,19 259:20 285:8</p> <p>started [12] 33:8 40:8 55:25 60:6 112:5 236:24 256:18 257:4 283:22 284:25 290:8,9</p> <p>starting [4] 47:12 92:13 226:25 251:15</p> <p>startling [1] 33:11</p> <p>starts [1] 132:17</p> <p>state [2] 23:20 282:23</p> <p>statement [8] 72:1,4 122:18 123:13 124:1 238:24 271:12 282:19</p> <p>statements [2] 116:7 162:1</p> <p>states [1] 291:11</p> <p>stationary [1] 16:14</p> <p>status [3] 11:5 24:17 170:3</p>	<p>stay [1] 134:13</p> <p>stayed [1] 173:25</p> <p>staying [2] 133:25 134:9</p> <p>step [3] 59:6,11 215:20</p> <p>Stephen [2] 63:18 66:5</p> <p>still [15] 21:11 22:1 66:18 66:22 98:7 138:20 150:12 177:3 200:20 205:8 216:5 235:16 255:17 257:10 290:12</p> <p>stipend [2] 227:22 228:1</p> <p>stipends [1] 226:22</p> <p>stipulating [1] 130:3</p> <p>stood [1] 124:18</p> <p>stop [2] 93:4 184:25</p> <p>stories [1] 122:11</p> <p>story [7] 63:23 71:18 131:23 135:23 185:2 197:22,25</p> <p>strategic [7] 20:3 21:22 21:22,24 125:11,11 193:13</p> <p>strategies [4] 125:1,5 125:22 126:7</p> <p>strategize [1] 175:5</p> <p>strategy [3] 175:17 193:16 261:15</p> <p>strong [2] 159:23 161:25</p> <p>struck [1] 85:13</p> <p>structure [1] 186:24</p> <p>structured [1] 55:3</p> <p>structures [1] 183:20</p> <p>study [2] 93:3 266:20</p> <p>stuff [2] 77:19 167:2</p> <p>subject [14] 23:13 25:20 32:11 33:18 39:24 83:14 87:21 111:6 132:16 135:11 172:15 228:6 292:6 293:19</p> <p>submission [1] 31:21</p> <p>submissions [1] 101:1</p> <p>submitted [1] 21:24</p> <p>subsequent [5] 159:13 170:25 173:6 174:9,24</p> <p>subsequently [6] 46:22 105:18 108:7 173:25 178:7 229:12</p> <p>substance [3] 110:6 137:10 218:12</p> <p>substantial [1] 218:5</p> <p>substantially [1] 38:24</p> <p>substantiative [1] 202:21</p> <p>substantive [1] 218:5</p> <p>substitute [1] 212:18</p> <p>successfully [1] 291:23</p> <p>such [17] 17:10 40:24 86:25 92:14 94:12,25 108:16,17 125:5 132:1 164:4,11 208:7 218:23 243:10 257:22 289:4</p> <p>suffered [1] 78:16</p> <p>suffice [1] 277:25</p>	<p>sufficient [2] 223:18 280:16</p> <p>suggest [12] 12:10 30:4 49:21 58:25 76:1 85:10 116:3 137:9 229:2 236:7 243:2 267:19</p> <p>suggested [3] 126:2 128:21,22</p> <p>suggesting [14] 23:7 50:25 55:14 64:1 68:8 68:17 69:1 101:21 134:13 163:5 182:11 183:1 219:8 219:25</p> <p>suggestion [3] 33:4 192:19 193:21</p> <p>suggestions [3] 13:3 65:6 199:18</p> <p>suggests [6] 63:11 130:21 139:21 140:8 225:21 252:20</p> <p>suitable [1] 115:11</p> <p>suits [1] 22:10</p> <p>summarize [1] 159:4</p> <p>summarized [1] 7:14</p> <p>summarizes [1] 162:13</p> <p>summary [1] 209:18</p> <p>summer [10] 60:7 70:24 72:6 73:1 173:1 178:14 178:23 224:5 234:20 276:21</p> <p>superficial [1] 263:9</p> <p>superior [1] 242:5</p> <p>supper [1] 135:24</p> <p>support [15] 57:16 59:4 120:4 155:20 156:1 159:15,22,24 161:16 162:4,8 163:20 195:12 210:20 232:19</p> <p>supported [1] 197:3</p> <p>supportive [2] 246:18 286:17</p> <p>surgeon [1] 273:22</p> <p>surgeons [2] 174:14 225:21</p> <p>surgical [2] 174:12 186:17</p> <p>surmising [1] 214:18</p> <p>surprise [1] 185:24</p> <p>surprised [2] 140:10 147:20</p> <p>surrounded [1] 175:7</p> <p>surrounding [9] 103:4 103:7 163:19 186:25 189:23 190:2 203:10 215:18 245:25</p> <p>Susan [9] 63:16 64:4 65:23 66:12 105:16 137:22,25 175:8 287:16</p> <p>suspect [4] 28:23 72:11 185:25 284:16</p> <p>system [13] 29:7 77:18 78:11,23 119:19 122:3 125:25 205:9 232:3 248:3 255:11 256:4 289:18</p> <p>systems [10] 75:8 77:10</p>	<p>77:24 78:2,15 79:5 205:1 205:1 221:3 289:6</p> <hr/> <p style="text-align: center;">-T-</p> <hr/> <p>t [4] 234:25,25,25,25</p> <p>table [3] 2:1 23:2 155:17</p> <p>taking [3] 200:7 230:22 276:12</p> <p>Tamoxifen [1] 115:15</p> <p>Tansy [1] 105:17</p> <p>target [1] 45:5</p> <p>task [1] 47:23</p> <p>team [9] 120:5 128:1 132:9,10 271:18 272:2 272:20,22 273:14</p> <p>technical [9] 100:11,16 100:21 101:22 106:20 114:13 132:24 173:5,8</p> <p>technological [1] 199:1</p> <p>Technologically [1] 199:14</p> <p>technologist [6] 23:24 24:20 26:6,22 170:17 198:24</p> <p>technologists [5] 169:19 170:4,21 171:5,10</p> <p>technology [2] 162:5 203:9</p> <p>telephone [2] 31:19 32:9</p> <p>telling [1] 115:21</p> <p>tells [1] 109:18</p> <p>ten [2] 96:24 255:12</p> <p>tend [1] 137:9</p> <p>tenure [3] 18:9,9 82:2</p> <p>term [2] 58:24 251:17</p> <p>terms [52] 10:23 13:7 16:5 28:21 34:19 45:14 46:1,2,19 47:20 50:1 53:22 56:16 75:22 84:5 84:24 91:10 104:23 129:7 137:20 139:3,20 140:6 147:12,23 148:25 151:10 152:14 153:20 154:7 157:10 167:10 171:17 193:4 194:24 202:16 218:6 227:21 233:15 245:23 246:25 253:7 257:20 260:23 261:2,24 272:25 277:25 280:17 286:7 287:15 295:2</p> <p>territory [1] 219:3</p> <p>Terry [1] 32:25</p> <p>test [7] 40:7 45:17 57:18 95:18 100:14 133:12 279:25</p> <p>testified [1] 148:22</p> <p>testing [38] 1:2,12 33:6 33:21 39:24 45:5,7,9,13 48:13,14 49:3 51:8 53:8 57:24 59:1,25 80:20 85:7 87:5,22 100:5,19,25 101:7 103:4 119:9 122:16 132:16,20 135:11 137:25 170:2 172:23 184:25 203:11 249:13 297:4</p>
--	---	---	---	---

Inquiry on Hormone Receptor Testing

<p>tests [5] 45:19 47:22 97:1 103:7 133:4</p> <p>text [2] 123:25 159:13</p> <p>thank [59] 4:6,7 32:17 32:19,20 39:10 42:10 43:7,9 61:20 62:22 63:13 70:15 83:2,4,9 84:4 99:2 106:15 114:5,11,17 116:18 131:11 133:17 143:5 158:18 162:22,23 165:19,21 167:4 169:17 173:4 187:15 204:10 211:13 219:19 220:23 237:4,6,8,12,21 240:3 241:8,24 244:10 250:10 250:12,14,24 272:5 291:16,17,19 293:15 294:23 296:5</p> <p>thanks [5] 26:10 101:9 135:21 158:24 160:2</p> <p>themselves [3] 5:25 108:11 229:18</p> <p>therapy [1] 115:11</p> <p>thereabouts [1] 235:15</p> <p>thereafter [1] 184:1</p> <p>therefore [3] 76:2 184:8 277:2</p> <p>they've [1] 263:10</p> <p>thinking [3] 20:9 138:8 176:21</p> <p>third [3] 69:19 141:12 157:5</p> <p>thorough [1] 36:1</p> <p>thought [17] 5:15 47:14 55:13,21 75:17 131:3 137:3 181:6 182:12,13 182:15 192:3,10 193:7 198:12 204:5 274:25</p> <p>three [14] 32:22 33:3 79:10 187:5,5 188:1 190:11 198:20 204:22 218:24,24 225:22 263:13 295:16</p> <p>through [47] 5:12 6:25 8:10 17:12,12 18:2 35:14 35:14 43:9 48:4 56:5 67:17 72:11 76:22 78:8 78:24 93:11 97:3 108:25 134:1,3,10 139:2 152:12 155:11 168:9 169:10 171:13 183:19 200:8 214:8 222:2 227:15,15 228:25 229:21,25 230:6 238:16 257:11 269:4,8 288:7 289:1,21 290:2,12</p> <p>throughout [11] 51:20 78:4 86:15 95:15 97:4 122:6 187:25 209:24 229:24 266:25 267:11</p> <p>throws [1] 251:1</p> <p>Thursday [3] 39:19 144:6 175:20</p> <p>Tilley [93] 9:9 15:7 23:16 24:3,14 35:15 36:6,6,16 37:10 38:10 43:17 63:18 66:5,17 67:21 68:5,16 68:21 70:3,20 71:24 72:5 74:15,24 75:11 85:2</p>	<p>87:14 88:23 89:18 90:14 90:19 91:3,15,22 92:2,4 95:23 96:4 112:6,16 120:5 125:10 128:8 132:2 132:7,17 135:10 137:18 137:24 139:5 143:18 144:7,20 145:4,12,12,13 149:12 155:20 156:2 160:21 163:21 172:13 176:7 177:2,3 178:11,18 179:4 181:15,17,25 184:22 185:1,3 189:17 190:18 191:13 194:5,24 196:9,21 197:3 198:2 254:7,14 282:18,24 283:10,12 288:19 292:18</p> <p>Tilley's [15] 18:3 85:5 87:3 89:12 92:15 115:21 123:25 159:7,15,18 160:17 161:16 163:15 189:24 195:15</p> <p>timely [3] 46:17 173:24 212:17</p> <p>times [8] 53:3 65:15 129:23 221:15 228:5 233:24 251:18 261:25</p> <p>timing [4] 24:5 154:22 222:14 279:7</p> <p>tiny [1] 152:12</p> <p>tissue [1] 174:5</p> <p>title [1] 207:5</p> <p>today [20] 34:21 73:1 75:7 90:23 91:13 98:8 115:1 132:19 133:10 135:22 148:6 175:9 236:4 263:17 267:19 268:16 270:9 271:15 283:21 291:24</p> <p>together [3] 236:6 241:16 286:14</p> <p>tomorrow [4] 26:9 175:14 294:25 295:2</p> <p>too [9] 16:1 53:11 80:24 80:25 98:23 148:8 279:4 284:15 295:9</p> <p>took [4] 136:22 140:9 160:10 285:15</p> <p>top [9] 17:15 61:5 62:14 71:13 99:7 114:5 169:7 219:20 293:4</p> <p>topic [3] 86:18 87:24 233:24</p> <p>tops [1] 138:3</p> <p>total [4] 104:12 116:13 148:1 293:10</p> <p>totality [1] 261:14</p> <p>totally [1] 138:2</p> <p>totals [1] 133:3</p> <p>touch [1] 24:11</p> <p>toward [3] 5:7 71:19 131:10</p> <p>towards [2] 219:23 258:2</p> <p>track [1] 281:24</p> <p>traditional [1] 289:24</p> <p>training [8] 45:10 50:3 50:10,12 51:10,12 53:10 170:4</p>	<p>transcribed [1] 297:9</p> <p>transcript [1] 297:3</p> <p>transferred [1] 268:3</p> <p>transition [3] 19:10 22:23 214:8</p> <p>transparency [3] 18:15 19:13 126:16</p> <p>transparent [3] 91:1 118:8 165:3</p> <p>treatment [15] 100:7 111:19 112:20,24 114:20 114:21 115:13 133:14 144:2 146:1,12 148:23 148:24 275:1 276:4</p> <p>tremendous [1] 119:17</p> <p>trend [1] 209:17</p> <p>tried [2] 67:16 118:5</p> <p>trigger [1] 190:2</p> <p>triggered [3] 161:3 280:11 284:6</p> <p>Trish [3] 33:12 90:17 264:10</p> <p>true [1] 297:3</p> <p>truly [2] 107:14 161:23</p> <p>trust [1] 289:10</p> <p>trustee [7] 19:24 30:9 36:21,24 135:15 141:9 289:24</p> <p>trustees [38] 17:5 18:2 29:13 39:2 40:20 41:22 42:18 51:22 67:3 84:21 116:20,21 117:7 119:6 122:10,17 124:14,25 131:2 132:18 134:5 142:7 147:4 151:7 156:5 167:12 172:16 228:8,13 230:13 230:25 231:10 238:8 258:1,13 261:12 262:2 287:2</p> <p>Trustees' [3] 80:3 81:11 83:11</p> <p>trusting [1] 153:1</p> <p>truthfully [1] 41:13</p> <p>try [3] 61:8,12 253:17</p> <p>trying [12] 47:4 62:13 68:12 177:7 209:4 220:8 232:11 254:15,20 258:24 294:24 295:14</p> <p>turn [12] 83:13 99:4 109:17 115:7 116:1 131:24 138:5 167:6 168:19 172:9 210:18 221:1</p> <p>turning [1] 133:18</p> <p>turns [1] 251:1</p> <p>twice [2] 43:22 279:7</p> <p>two [34] 25:13 27:10 28:10 33:11,22 52:16 57:15 59:2 75:24 79:10 92:10 110:11 130:12 131:25 135:8 149:11 158:4 159:2 163:24 172:23 184:6 208:1 218:23,24 223:25 225:21 229:16 238:23 240:14 241:4 263:2 265:5,12,25</p>	<p>two-page [1] 16:12</p> <p>type [1] 12:24</p> <p>types [2] 223:3 272:21</p> <p>typical [1] 135:2</p> <p>typically [1] 270:12</p> <hr/> <p style="text-align: center;">-U-</p> <hr/> <p>u [1] 234:25</p> <p>uh-hm [10] 50:5 55:11 64:18 81:18 84:16 208:5 215:9 221:17 228:10 238:20</p> <p>Um-hm [13] 6:4 37:1 43:15 94:2 114:3 164:7 182:23 191:22 194:11 199:8,16 255:21 261:18</p> <p>umbrella [1] 180:17</p> <p>unable [1] 291:22</p> <p>unaware [1] 141:4</p> <p>uncertain [1] 169:11</p> <p>unchartered [3] 88:16 90:9 219:3</p> <p>uncommon [1] 270:24</p> <p>under [27] 48:8 67:24 80:10,11 81:12 95:11,12 99:4,24 143:16 152:16 153:9 154:18 170:9 180:17 193:16 204:2 206:4,13 210:17 214:22 215:18,22 218:6 219:11 221:5 265:6</p> <p>undermining [1] 122:11</p> <p>understand [46] 14:16 14:20 19:16 20:13,14 23:14 25:23 26:3,12 37:11 38:2 40:4 53:6 65:14,23 69:25 71:7 79:19 94:21 103:2 127:10 138:13 139:13 141:7 151:14 168:22 177:1 197:18 210:2 223:9,15 223:22 224:21 225:16 230:2 240:8 242:16,21 243:4 248:18 263:5,6 275:11 276:21 279:20 292:7</p> <p>understood [6] 38:13 38:18 59:1 204:3 227:10 269:5</p> <p>undertaken [5] 7:2 126:2 151:4 252:6 275:12</p> <p>undesired [2] 212:21 213:9</p> <p>undoubtedly [1] 63:14</p> <p>unexpected [2] 212:21 213:8</p> <p>unfair [1] 65:22</p> <p>unforseen [1] 57:21</p> <p>unfortunately [1] 279:9</p> <p>unhelpful [1] 184:8</p> <p>unique [1] 258:5</p> <p>uniqueness [2] 252:24 257:25</p> <p>unless [9] 49:20 82:7 141:1,4 174:18 189:1,1</p>	<p>227:10 281:9</p> <p>unlike [1] 174:7</p> <p>unprecedented [3] 251:16,23 253:7</p> <p>unreliable [1] 184:7</p> <p>untimely [2] 153:4 154:10</p> <p>unusual [12] 6:17 8:1 29:3 61:1 181:6,9 182:12 182:14,16,25 183:4 222:17</p> <p>up [54] 5:9 7:2 14:22 30:10 36:11 40:9 50:11 55:16 57:24 60:1 63:2 73:11 80:1,15 83:15 86:14,24 90:13,13 93:25 100:21,23 103:1 104:23 108:13 111:7 113:14 114:19 116:24 129:8 130:8 135:22 139:2 142:14 155:6 171:13 175:4,6 181:4,16 183:23 185:1 186:1 204:14 210:8 228:6 229:2,3 242:4 244:12 251:1 293:24 294:9 295:10</p> <p>update [11] 23:17,25 24:22 26:2,10 44:25 57:11,12 80:12 81:20,23</p> <p>updated [5] 58:10,19 60:11,24 62:5</p> <p>urgency [1] 225:14</p> <p>usage [1] 97:16</p> <p>used [6] 111:2 182:15 183:5 184:3 202:18 251:17</p> <p>useless [1] 79:20</p> <p>using [1] 208:2</p> <p>usual [1] 105:7</p> <p>utilize [1] 231:10</p> <p>utilizing [1] 230:25</p> <hr/> <p style="text-align: center;">-V-</p> <hr/> <p>vacancies [1] 225:22</p> <p>vague [1] 53:11</p> <p>value [1] 285:15</p> <p>varied [1] 131:2</p> <p>various [6] 65:18 161:11 210:19 233:24 247:9 257:24</p> <p>varying [2] 147:9 234:4</p> <p>vast [1] 169:23</p> <p>vein [1] 9:6</p> <p>Ventana [2] 33:6 201:22</p> <p>verbal [4] 10:25 96:25 156:23 229:13</p> <p>verbally [2] 155:24 156:20</p> <p>versa [1] 19:17</p> <p>verses [1] 53:21</p> <p>versus [1] 38:3</p> <p>via [1] 117:9</p> <p>vice [7] 19:17 29:5 66:9 132:13 161:17 172:6</p>
---	---	--	--	--

<p>186:22 vice-president [2] 66:7 224:22 view [22] 7:11 10:21 11:6 13:13 15:8 33:22 53:11 60:19,19 64:10,25 65:12 66:1 67:10,12 136:5 139:8 142:6 252:18 255:9 276:8 279:5 views [3] 89:20 156:9 161:25 vis-a-vis [2] 37:10,12 voice [2] 39:25 138:12 volumes [1] 237:17 voluntarily [1] 247:6 voluntary [2] 246:6,7 volunteer [1] 258:12 VP [8] 168:24 191:5 207:7 211:17 213:23 229:22 240:13 242:5</p>	<p>wide [1] 7:6 William [1] 135:9 Williams [32] 9:8 10:24 14:23 24:11 25:19,24 26:18 27:7 32:23 33:19 33:24 35:15 40:14 44:24 48:11 50:7 52:4 57:11 81:16 101:10 173:1 178:13 191:9 198:1 203:22 211:22 214:11 229:12 254:18 283:12,14 288:20 Williams' [1] 213:21 window [1] 251:2 Wing [1] 17:7 wise [1] 6:21 Wiseman [7] 136:18 225:9,11 226:10 227:9 227:19 232:16 wish [1] 286:13 withholding [1] 144:3</p>	<p>263:1 284:8 years [12] 9:25 20:25 78:3,22 92:10 93:19 172:23 204:22 248:23 252:9,12 263:13 yesterday [33] 4:24 5:6 9:18 15:17 17:2 18:17 19:23 25:6 27:2 34:9,13 35:24 39:12 52:4 69:12 74:2 79:7 83:15 91:21 96:22 172:17 202:6,17 222:25 238:22,24 251:15 252:13 275:9 281:23,25 287:20,23 yesterday's [1] 91:18 yet [11] 20:5 61:6 73:7 144:23 200:11,11 208:20 223:15 255:25 257:8 290:18 yourself [12] 16:21 21:2 43:17 124:24 134:6 157:11,13 169:15 172:11 238:6 254:13 295:19</p>		
<p>-W-</p>				
<p>wait [3] 32:6 127:14 128:16 waiting [1] 98:7 wanting [1] 262:20 wants [3] 95:21 138:17 138:20 watch [2] 138:6 139:24 watching [1] 132:1 Waterford [1] 17:7 waters [2] 88:16 90:9 Wayne [1] 99:11 ways [2] 165:8 227:17 website [3] 143:24 150:12,16 week [16] 63:15 71:24 143:20 174:20 175:2 196:5 197:2 211:7 215:3 215:4 217:23 257:13 266:2 269:22 279:21 295:21 weekend's [1] 175:11 weekly [3] 27:23 45:20 48:1 weeks [8] 46:7 47:14 52:21 69:14,18 84:25 209:1 295:19 Wegrzynowski [3] 33:13 201:1 264:10 Wegrzynowski's [3] 90:18 198:14,25 weighty [2] 92:18 167:21 welcome [1] 164:3 welcomed [2] 161:23 162:14 Western [1] 1:15 whereas [1] 226:24 whichever [1] 172:12 who've [1] 256:3 whole [6] 73:11 86:14 126:23 129:8 151:22 247:15</p>	<p>within [36] 8:6 19:2 41:15 46:7,8 47:14,17 55:7 57:14 66:12 68:13 76:22 77:17 79:9 121:15 139:8 159:20 171:22 180:17 183:20 187:2 188:15 193:7 196:5,17 206:10 213:5 221:4 231:5 231:8,8 232:3 239:1 240:11 248:3 291:11 without [8] 63:23 67:17 78:7 136:7 170:13,15,16 200:7 witness [4] 166:13,14 237:9 239:7 witnesses [1] 211:7 wonder [4] 91:2 180:24 269:25 271:11 wonderful [1] 122:7 wondering [5] 91:17,21 92:2,22 255:7 word [4] 49:18 97:24 194:18 202:18 wording [1] 40:16 words [4] 20:11 103:21 184:3 243:2 worked [3] 25:23 66:13 105:19 works [1] 17:12 wrap [1] 295:10 wrap-up [1] 85:8 wrapped [1] 86:14 write [2] 157:14 160:8 writing [4] 22:3 159:3 184:24 186:24 written [10] 26:1 45:15 70:22 158:5 183:12 211:4 215:15 253:2 285:8 291:4 wrong [3] 76:1,1 121:21 wrote [3] 33:1,2 163:1</p>			
<p>-Y-</p>				
	<p>year [8] 219:13 222:2,8 222:15 225:24 236:25</p>			